

**State Board of Health
Minutes
December 1, 2016 – 9:00 a.m.
Perimeter Center, 9960 Mayland Drive
Richmond, Virginia 23233**

Members present: Bruce Edwards, Chair; Brad Beall; Theresa Brosche; Tommy East; Jim Edmondson; Megan Getter; Linda Hines; Wendy Klein, MD; Hank Kuhlman; Benita Miller, DDS; Faye Prichard; Holly Puritz, MD; Jim Shuler, DVM; Stacey Swartz, PharmD; and Mary Margaret Whipple

VDH staff present: Dr. Marissa Levine, State Health Commissioner; Richard Corrigan, Deputy Commissioner for Administration; Bob Hicks, Deputy Commissioner for Community Health Services; Dr. Hughes Melton, Chief Deputy Commissioner; Joe Hilbert, Director of Governmental and Regulatory Affairs; Cathy Peppers, Administrative Assistant; Catherine West, Administrative Assistant; Maribeth Brewster, Risk Communications Manager; Allen Knapp, Director, Office of Environmental Health Services; Dwayne Roadcap, Director, Division of Onsite Sewage, Water Supplies, Environmental Engineering, and Marina Programs; Lance Gregory, Environmental Health Coordinator, Office of Environmental Health Services; Olivia McCormick, Tourist Establishment Services Program Manager, Division of Food and Environmental Services; Erik Bodin, Director, Office of Licensure and Certification; Steve Harrison, Director, Office of Radiological Health; Stan Orchel, Director, Division of X-Ray Programs; Marie Krauss, Program Manager, Division of Immunization, Office of Epidemiology; Peggy Slaughter, Nutrition Associate, New River Health District

Others Present: Robin Kurz and Grant Kronenberg, Office of the Attorney General; Dr. Kate Neuhausen, Chief Medical Officer, Virginia Department of Medical Assistance Services

Call to Order

Mr. Edwards called the meeting to order at 9:00 a.m. Ms. Prichard led those in attendance in the pledge of allegiance.

Welcome and Introductions

Following introductions, Mr. Edwards welcomed the public to the meeting. Mr. Hilbert then reviewed the agenda and the items contained in the Board's notebooks. The agenda was approved by unanimous consent.

Approval of Minutes

Mr. Edwards told the Board that he had received a request to delay the approval of the minutes from the September and October 2016 meetings and that he had requested advice from the Office of the Attorney General concerning this request. Ms. Kurz told the Board that the Code of Virginia indicates that minutes have to be taken; that draft minutes have to be posted within 10 working days of conclusion of the meeting; and that final approved minutes have to be posted

within three days of approval. However, the Code of Virginia is silent as to when final approval needs to be given to minutes. She also told the Board that the Virginia Freedom of Information Advisory Council states that minutes are not a transcript but a summary from the meeting. Ms. Kurz told the Board that it is its decision as to what the minutes contain. Ms. Whipple made a motion that the draft minutes remain posted but that the Board refrain from final approval of the minutes today from those two meetings. Dr. Puritz seconded the motion.

There was a discussion that a delay was not necessary because the minutes are a review of meetings that have already occurred and that some of the proposed revisions were to clarify what was said at the previous meetings; there was other discussion that a delay was necessary so that a review of the proposed revisions could be made against the original draft minutes. Mr. Edwards called for a vote by show of hands on this motion to delay approval of the minutes from the September and October 2016 Board of Health meetings. The vote was 10 ayes (Ms. Brosche, Mr. East, Mr. Edwards, Dr. Klein, Dr. Miller, Ms. Prichard, Dr. Puritz, Dr. Shuler, Ms. Swartz, and Ms. Whipple) and four nays (Mr. Beall, Ms. Getter, Ms. Hines, and Mr. Kuhlman). Mr. Edmondson was not in the room for the vote. The motion was approved.

Commissioner's Report

Dr. Levine provided the Commissioner's Report to the Board. She began with the introduction of the "agency stars" for the meeting: Marie Krauss with the Office of Epidemiology and Peggy Slaughter with the New River Health District.

The first item of the report pertained to opioid addiction. Dr. Levine told the Board that VDH has been dealing with opioid addiction issues for several years. A significant increase in deaths from heroin and fentanyl began to be observed in 2012, and is still increasing significantly this year. On average in 2016, three Virginians die of drug overdose each day. In addition, carfentanil, a synthetic opioid 100 times more potent than fentanyl, was recently discovered in Virginia for the first time. Carfentanil has resulted in significant clusters of drug overdose deaths in other states. Another concern is increasing incidence of Hepatitis C, particularly in southwest Virginia. As a result of all the above issues, Dr. Levine recently declared a Public Health Emergency in Virginia concerning the opioid addiction crisis. While the declaration does not have the force of law, it is intended to raise awareness and serve as a call to action. The Commissioner also issued a Standing Order for Naloxone. Dr. Levine told the Board that VDH has been researching and considering potential opiate harm reduction strategies, including needle exchange—which is currently illegal in Virginia but something that is authorized in several neighboring states. Dr. Levine said that a challenge with respect to opioids is how to strike an appropriate balance between preventing addiction on one hand while still allowing for appropriate treatment of chronic pain on the other.

There was a discussion of the root causes of the increase in opioid-related deaths. Dr. Levine told the Board that as restrictions have been placed on the prescription of opioids, there has been an increase in people seeking other drugs, particularly heroin. There was further discussion about ongoing collaboration between state agencies intended to identify and implement strategies to address opioid addiction.

Dr. Levine then briefed the Board concerning the 2015 Virginia Healthcare-Associated Infections (HAI) Annual Report. VDH is intimately involved with HAI prevention at many levels. HAI prevention requires a collaborative approach that extends beyond the health care facility. Dr. Levine told the Board that, according to the report, there has been improvement concerning central line-associated and catheter-associated infections, and in methicillin-resistant *Staphylococcus aureus* events. She told the Board that there has been an increase in surgical site infections following hysterectomies and that levels of events were about the same for surgical site infections following colon surgeries and *Clostridium difficile*.

Dr. Levine then updated the Board concerning the Application for a Letter Authorizing Cooperative Agreement, submitted by Wellmont Health System and Mountain States Health Alliance to VDH and the Tennessee Department of Health. Should the Commissioner approve the Application, as provided for by statute and regulation, and provided that there is active monitoring and supervision, Virginia statute states that the merger of the two health systems would be immune from anti-trust liability. Dr. Levine said that it took an extended period of time for the Southwest Virginia Health Authority to review the application and make a recommendation to the Commissioner, as outlined in Virginia statute and regulation. VDH has received a letter stating the Authority's recommendation that the Application be approved, but VDH does not yet have the full report providing the rationale for the recommendation. VDH's 45-day time period to make a decision will not commence until the full report is received. VDH has additional questions for the applicant. The deadline for Tennessee to make their decision is January 13, 2017. VDH's decision will likely not be due until after January 13.

Next, Dr. Levine briefed the Board on HB558 of 2016, which required VDH to create a plan to eliminate onsite systems evaluation and design services, and to transition those services to the private sector in an orderly manner over time. Work to develop the plan has been difficult and time-consuming, involving a number of contentious issues. One of the key challenges has been that many individuals cannot afford to pay for private sector design and evaluation services, requiring VDH to serve as the provider of last resort. Consequently, VDH is both the regulator and provider, which is problematic. The Virginia Department of Professional and Occupational Regulation has licensure oversight responsibility for designers and evaluators of onsite sewage systems. A report containing the plan has been submitted to the General Assembly. VDH is unsure what the General Assembly will do with the report. VDH is committed to moving forward.

Dr. Levine then provided the Board with an update concerning Zika. There have not yet been any locally-transmitted cases of Zika in Virginia. However, local transmission has occurred in Florida and more recently, Texas. Dr. Levine told the Board that she would not be surprised to find the Zika virus in Virginia mosquitoes at some point in the future. VDH will likely reconvene the Zika task force following the 2017 General Assembly Session. Some additional funding has been made available at the national level, which could enhance Virginia's mosquito control capability. Microcephaly continues to be a primary health concern related to Zika.

As follow-up to a discussion in a prior Board meeting, Dr. Levine provided the Board with information about epinephrine auto-injectors (EpiPen). Mylan has a monopoly on the EpiPen auto injector. Dr. Klein said that a product that was off the market is coming back, which will provide competition for EpiPen.

Dr. Levine told the Board that today is World AIDS Day. She told the Board that HIV is a pandemic. In Virginia, there are about 1,000 new cases of HIV every year. HIV prevention and treatment remains an important public health activity for VDH.

Dr. Levine ended the Commissioner's report by providing an update on recent VDH key personnel changes: Dr. Peake has resigned as Deputy Commissioner for Population Health.

There was discussion about the fact that VDH has 41 different business lines, or service areas. Mr. Edmondson requested that VDH provide a listing of the 41 service areas to the Board. Dr. Levine told the Board that it is a challenge to run an agency with 41 business lines but VDH is always engaged in determining how to improve and streamline the operation of its service areas. Mr. Edmondson asked if the Board could play a role in evaluating which business lines might be less essential, given budget constraints. Dr. Levine said that VDH would appreciate assistance, particularly in connection with its strategic planning and accreditation efforts.

Abortion Facility Licensure Status Report

Mr. Bodin provided the Board with the abortion facility licensure status report. OLC has completed the process of conducting biennial inspections on all of the licensed abortion facilities. Write-ups for three facilities are pending; three additional inspection reports are pending for receipt of plans of correction from the facilities; five re-visit inspections for facilities which have F level deficiencies have been completed; and several re-visit inspections are pending. Mr. Bodin told the Board that VDH does not release the number of re-visits pending because these inspections are unannounced and facilities will not know which ones need a re-visit inspection. He told the Board that OLC has not received any complaints since the September 2016 meeting.

Ms. Getter stated that it is disconcerting that OLC is still finding F level or greater deficiencies during facility inspections, and asked Mr. Bodin to describe his thoughts concerning that. Mr. Bodin responded that other than nursing homes, abortion facility inspections are the only ones for which OLC is using this type of deficiency level scoring. In nursing homes, it is not unusual to find similar results. Mr. Bodin told the Board that what OLC is most concerned about is what the facility is doing to correct the deficient finding, which is the purpose for doing the inspection.

Mr. Edmondson stated that the number of facilities providing abortions has decreased and asked if there were statistics showing if the number of abortions performed has decreased. Mr. Bodin said that the number of terminated pregnancies in Virginia is reported to the Division of Vital Records, but to also keep in mind that the number of available facilities would not be the only factor for a reduction in the number of terminated pregnancies—if that number has in fact decreased. Mr. Bodin indicated that VDH could provide a report of that information at the next meeting. In response to a question about the reporting of any instances of immediate jeopardy, Mr. Bodin told the Board that no such instances had been reported recently. He also told the Board that the facility that had a recently suspended license now has an expired license.

Matrix of Pending Regulatory Actions

Mr. Hilbert reviewed the summary of all pending VDH regulatory actions. Since the September 2016 meeting, there has been one regulatory action and one non-regulatory action that the Commissioner took on behalf of the Board while the Board was not in session. Those actions are:

- Radiation Protection Regulations (12VAC5-481) – Approval of final amendments exempt from the Administrative Process Act; and
- Issuance of a Declaration of Public Health Emergency in response to opioid addiction.

Mr. Hilbert advised the Board that there are 10 periodic reviews in progress:

- Regulations for Licensure of Hospice (12VAC5-391).
- Regulations for Summer Camps (12VAC5-440);
- Regulations Governing Tourist Establishment Swimming Pools and Other Public Pools (12VAC5-460);
- Swimming Pool Regulations Governing the Posting of Water Quality Results (12VAC5-462);
- Rules and Regulations Governing the Construction and Maintenance of Migrant Labor Camps (12VAC5-501);
- Regulations Governing the Virginia Medical Scholarship Program (12VAC5-530);
- Waterworks Regulations (12VAC5-590);
- Waterworks Operation Fee (12VAC5-600);
- Sewage Handling and Disposal Regulations (12VAC5-610); and
- Private Well Regulation (12VAC5-630).

Public Comment

There were no comments from any member of the public.

Board Action Item

Re-designation of Regional EMS Councils

Mr. Brown presented the re-designation of regional EMS councils. The Code of Virginia establishes regional EMS councils, and standards for those councils. The Board designates the councils every three years, with the last designation occurring in June 2013. Applications were received in late 2015 and the review was completed in mid-2016. Mr. Edwards told the Board that this is a well-run process and that the councils do a good job. Dr. Puritz moved that the re-designations be approved with Ms. Brosche seconding the motion. There was a brief discussion that there was no difference between the name of “alliance” and “council”; the difference in size of councils that in part comes from the combination of some councils; and that the Appropriation Act mandates the service areas. There being no further discussion, Mr. Edwards called for a voice vote to approve the re-designation of EMS councils. The motion was approved unanimously.

Mr. Edwards told the Board that after discussion with the Commissioner, Mr. Brown will make a presentation to the Board in March to provide an overview of the State trauma and EMS systems.

Regulatory Action Item

Virginia Radiation Protection Regulations: Fee Schedule (12VAC5-490) – Proposed Amendments

Mr. Harrison presented the proposed amendments. The current regulations do not require fees for the initial registration or renewal of individuals who inspect x-ray producing devices. The Radiation Advisory Board recommended to VDH that VDH be granted the authority to collect fees and the 2016 General Assembly passed legislation authorizing the collection of a registration fee via regulation. Fees will help offset administrative costs that were once supported by general funds appropriated to VDH, but have since been abolished. Three comments were received in response to the Notice of Intended Regulatory Action which was published in September 2016. Two of the comments supported the fee. The third comment asked a question about the registration of one individual on behalf of an organization for multiple inspectors. Each inspector is expected to register individually. Ms. Hines moved that the proposed amendments be approved with Ms. Whipple seconding the motion.

There was a brief discussion about the one individual being registered on behalf of an organization containing multiple inspectors. Mr. Harrison told the Board that each inspector has individual requirements, individual assessments, and that VDH's recommendation is that each individual be registered individually, thus each having the registration fee. There being no further discussion, Mr. Edwards then called for a voice vote on the motion to approve the proposed amendments as presented by VDH. The proposed amendments were approved unanimously.

Member Reports

Mr. Edwards told the Board that the meeting was running ahead of schedule. By unanimous consent, the Board moved the Member Reports ahead on the agenda, in front of the Working Lunch.

Theresa Brosche – Virginia Nurses Association (VNA). She told the Board that workplace violence is four times more common in health care than in other industries (from 2002 to 2013). In 2014, 21% of RNs, 12% of which were emergency room nurses, reported physical assault. The VNA held a conference earlier in the year that focused on de-escalating workplace violence and it has been working with a number of legislators who are interested in working to address this issue.

Mary Margaret Whipple – Hospital Industry. She told the Board that the Virginia Hospital and Healthcare Association, like many other health care industry stakeholders, is keeping a close eye on events in Washington D.C. following the election. There is a lot of uncertainty at present.

Stacey Swartz – Virginia Pharmacists Association (VPA). She told the Board that the VPA and pharmacists throughout the Commonwealth are enthusiastic in response to the opportunity to provide increased access to naloxone under the standing order issued by the Commissioner on November 21. She also told the Board that a total of 23,370 pounds of unused medications were collected throughout Virginia in the most recent drug take-back day on October 22. The total amount collected in Virginia over the last 12 national events is over 224,000 pounds.

Dr. Jim Shuler – Virginia Veterinary Medical Association (VVMA). He told the Board that he did not have a report from the VVMA. However, he went on to say that there are huge health care issues in southwest Virginia. He told the Board that it is appalling that the region has to depend on groups to have occasional special events to bring health care to that part of the state. He said that the loss of small hospitals; efforts to combine other hospital facilities; and dealing with an area that is economically depressed are all factors affecting the current situation for health care in the southwestern part of the Commonwealth.

Dr. Holly Puritz – Medical Society of Virginia (MSV). Dr. Puritz told the Board that she did not have a report. She went on to say that she would like for people to think about what is happening with graduate medical education in Virginia; specifically there are more medical school students in Virginia than there are residency slots. There is a need to have the number of residency slots available to match the number of students who desire such a slot. She told the Board that she, among others, is frustrated philosophically because there is need and desire for individuals to complete their medical training but not enough residency slots.

Ms. Whipple told the Board that the General Assembly appropriated additional funds to increase by 25 the number of residency slots; although this was a small number, it would be a help to start to meet the need described by Dr. Puritz. There was a discussion that if individuals do their residency out-of-state, they are more likely to stay out-of-state to practice when their residency is completed; there is a need for the number of residency slots to be connected with what is needed for the workforce; and how telehealth providers can help with the problem of isolation of local providers. Dr. Levine told the Board that she thinks there ought to be endowed residency slots.

Jim Edmondson – Corporate Purchaser of Health Care. He told the Board that he was glad to hear the commissioner's report and the statistics regarding health care associated infections. He said that 10 years ago there was an unwillingness on the part of health care providers to share information, and he hopes that reporting will be expanded to include additional types of infection. He told the Board that remarkable progress has been made, and he hopes for more. Mr. Edmondson also told the Board that he is anxious about the incoming administration's plans for reform or elimination of the Affordable Care Act (ACA).

Faye Prichard – Local Government. She told the Board that localities, particularly ones with small towns, have funding problems because of the cost of naloxone. For localities with a high hotel resident population, such as those along the I-95 corridor, there is a greater need for naloxone due to the increased incidence of heroin use. There was a discussion about the cost of naloxone. Ms. Prichard also asked Ms. Swartz about a program that is used in Chicago for the return of unused medication and if there is any movement in that direction in Virginia. Ms. Swartz answered that there are take-back programs in some pharmacies but that there is an issue with the cost involved with having those types of programs. Ms. Swartz also said that there are medications that require an enforcement presence in order to be collected. There was a discussion of what types of medication are returned during take-back programs and the reasons for having medication that is no longer used (such as changes in types or dosage levels of medication taken for a chronic disease or medication that is no longer needed).

Tommy East – Nursing Home Industry Representative. No report.

Dr. Benita Miller – Virginia Dental Association (VDA). She told the Board that the VDA provides dental care through its Mission of Mercy (MOM) programs to people in rural areas, particularly in the southwestern portion of Virginia. Although these programs still perform a lot of extractions, there has been an increase in other types of services being provided. For some people, an annual event in their location serves as their annual dental visit. She also told the Board that getting health care providers into rural areas can be tricky. Having a new member of the dental team, the community dental health coordinator (CDHC), may help positively impact rural areas. The CDHC can provide several services, including being a navigator to help families find a dental home.

Linda Hines – Managed Care Health Insurance Plans. She told the Board that the health insurance industry is concerned about possible reform of the ACA. She also said that Medicaid reforms could have a big impact on current Medicaid recipients and eligibility for those individuals currently not covered by Medicaid.

Brad Beall – Consumer Representative. No report.

Megan Getter – Public Environmental Health Representative. No report.

Hank Kuhlman – Consumer Representative. No report.

Dr. Wendy Klein – Medical Society of Virginia (MSV). She told the Board that MSV is considering several changes to help deal with the opioid epidemic so that physicians become part of the solution and not part of the problem. These changes include a mandatory CME specific to pain management for all prescribers; greater enforcement by the Board of Medicine based on unusual prescribing habits; and mandatory prescription monitoring program (PMP) checks for all prescribing of opioids and benzodiazepines. She also told the Board that MSV is supporting interoperability of the PMP to assist physicians with a state system to become more user-friendly and integrated with their electronic medical records. She told the Board that MSV supports significant reform in the certificate of public need process. She also told the Board that MSV is opposed to House Bill 900 regarding associate physicians which would allow a medical school graduate who had not completed a residency to practice under the supervision of a physician. There was a discussion concerning the difference between associate physicians and physician assistants.

Bruce Edwards – Emergency Medical Services (EMS) Representative. – He told the Board that the annual EMS symposium was held in November, providing 22,558 hours of continuing education credits to approximately 1,800 attendees. The symposium is a good forum for EMS providers to get continuing education for their re-certification and networking opportunities among providers.

Other Business

By unanimous consent, the Board moved the Other Business ahead on the agenda, in front of the Working Lunch.

At the September 2016 Board meeting, Dr. Levine told the Board about strategies that had been implemented by VDH that resulted in a low number of refusals for newborn screening. Ms. Brosche requested additional information from VDH about the strategies that had been used, which she shared with the Board. That work included a major outreach; education; site visits to over 25 Virginia birth hospitals; quarterly reports to each birth hospital; and the establishment of a newborn screening website. Ms. Brosche commended VDH on the outstanding work that had been done in this area.

Lunch Presentation

Dr. Levine introduced Dr. Neuhausen and Dr. Melton as the lunch speakers. They both briefed the Board on issues pertaining to opioid addiction, and the Addiction Recovery and Treatment Services (ARTS) Medicaid waiver program.

Dr. Neuhausen told the Board that historically, the Virginia Medicaid program has not covered substance abuse services for all Medicaid participants. She said that at least 40% of the Medicaid population has a substance abuse problem. In response to that need, the 2016 General Assembly enacted legislation establishing the ARTS waiver program, which includes expanded coverage for substance abuse across all types of Medicaid participants; medication assisted treatment; increased provider reimbursement rates; provider training based on national criteria; and establishment of peer supports within an integrated service delivery system. Dr. Neuhausen told the Board that when engaged by a peer, 80% of people enter treatment. She emphasized that the waiver does not expand Medicaid eligibility. The Department of Medical Assistance Services has also partnered with Medicaid providers for provision of naloxone.

Dr. Melton briefed the Board on VDH's role in the ARTS waiver program, which is focused heavily on training of providers. Dr. Melton explained that one particular community level impact of addiction is an increase in the number of children entering the foster care system. He also told the Board that the science about addiction has changed, and with it a greater understanding that addiction is a chronic disease. Re-education of thought leaders on this concept is necessary. Dr. Melton told the Board that he hopes that the health care workforce will increase in order to be able to address the issue.

There was a discussion concerning the importance of pain management within the practice of medicine, and how physician satisfaction scores received from their patients are often based on the patient's pain level. Dr. Melton said that a significant amount of re-education of the medical community, starting at the medical school level, needs to occur concerning these issues. There was also discussion concerning federal/state cost sharing percentage for the ARTS waiver, and the extent to which funding for the ARTS waiver is considered to be stable. There was also discussion concerning the flow of opioids across state lines due to a number of different circumstances, and the efforts to which individuals will go to obtain opioids. Finally, there was discussion about the potential for commercial health insurance plans to adopt the type of provisions contained in the Medicaid ARTS waiver. Dr. Levine told the Board that what is critical is the need to build capacity at the community level to address issues surrounding opioid

addiction. Ms. Brosche requested future updates concerning opioid addiction and the state's response. Dr. Levine told the Board that the state has a website, VAaware.com, that will make it easy for people to get to relevant useful information.

Regulatory Action Item

Regulations for Alternative Onsite Sewage Systems (12VAC5-613) – Fast Track Amendments

Mr. Knapp presented the fast track amendments. The amendments address a very specific situation defined in the regulations, specifically “direct dispersal”. The amendments improve the regulations by providing a clearer definition of direct dispersal; identifying appropriate exclusions from the definition; and specifying more reasonable and appropriate treatment and performance requirements for direct dispersal when an owner needs to repair or upgrade an installed alternative onsite sewage system. The amendments will promote greater protection of public health and the environment. Mr. Knapp gave the Board a brief overview of the different types of onsite sewage systems and outlined the differences between a conventional onsite sewage system and an alternative onsite sewage system. Ms. Swartz moved that the fast track amendments be approved with Ms. Prichard seconding the motion.

There was a discussion of whether these amendments would affect localities' ability to meet U.S. Environmental Protection Agency standards for total maximum daily load for the Chesapeake Bay watershed and how that information is reported. There was also discussion of the availability for grants to help homeowners with the cost of the repair or upgrade of their onsite sewage systems. There being no further discussion, Mr. Edwards then called for a voice vote on the motion to approve the fast track amendments as presented by VDH. The fast track amendments were approved unanimously.

Rules and Regulations Governing Campgrounds (12VAC5-450) – Proposed Amendments

Mr. Knapp presented the proposed amendments which are the result of a periodic review. The regulations were promulgated in 1971 and have not been updated since that time. The proposed amendments will update the regulations to address current camping practices; update terminology; and remove and replace outdated requirements. Following the notice of intended regulatory action in June 2016, a stakeholder group was formed to provide input and feedback on the proposed amendments. Mr. Edmondson moved that the fast track amendments be approved with Ms. Prichard seconding the motion.

There was a discussion about smoke detectors; what types of structures require smoke detectors; that the authority to enforce rules about the requirement for smoke detectors falls under a different state agency; and that any violations that VDH staff observe would be reported to the appropriate agency for investigation and any action needed.

Mr. Edwards told the Board that several wordsmithing and housekeeping amendments had been provided to VDH prior to the meeting by Ms. Brosche and Ms. Getter. Mr. Hilbert explained that Ms. Brosche and Ms. Getter had contacted him separately with questions and comments that VDH responded to which led to four suggested amendments by Ms. Brosche and 12 suggested

amendments by Ms. Getter. The amendments are clarifying in nature and VDH concurs with the suggested amendments. Mr. Kronenberg added that one additional change needed to be made in 12VAC5-450-60 D with regard to enforcement. Mr. Edwards asked if the Board was comfortable with one motion to incorporate all of the changes proposed in Ms. Brosche's, Ms. Getter's, and Mr. Kronenberg's suggested amendments. Hearing no dissent, Dr. Shuler moved that the proposed amendments be considered together with Dr. Puritz seconding the motion. The 17 amendments are as follows:

1. On page one, in 12VAC5-450-10, delete the definition for the term "emergency". This term is not used in the regulations.
2. On page two, in 12VAC5-450-30 D, replace the words "major alteration" with the word "renovation".
3. On page five, in 12VAC5-450-50, delete the words "of camping places" in the title of the section.
4. On page seven, in 12VAC5-450-60 B, replace the word "director" with the words "Health Commissioner" between the words "The" and "may end the suspension" in the last line of the subsection.
5. On page 7, in 12VAC5-450-60 D, remove the words "§ 32.1-27 and" after the words "pursuant to" and before the words "35.1-7 of the Code of Virginia" in the second sentence of the subsection.
6. On page 12, in 12VAC5-450-100 A, delete the words "in the service building(s)" between the words "providing of showers" and "is optional" in the footnote of the table.
7. On page 12, in 12VAC5-450-100 B, replace the words "service building or buildings" with the words "sanitary facilities" between the added word "contiguous" and the existing words "required by the schedule" in the first sentence of the subsection.
8. On page 12, in 12VAC5-450-100, designate the new added section that begins "Privies of a type approved by 12VAC5-610-980", to be subsection E and re-alphabetize the remaining subsections accordingly.
9. On page 12, in 12VAC5-450-100 E, add the following sentence to the beginning of the subsection: "Sanitary facilities required by subsections A and B of this section may be in service buildings, or may be other sanitary facilities located outside of service buildings".
10. On page 13, in 12VAC5-450-100 H, replace the words "service buildings or other restroom facilities" with the words "sanitary facilities" between the words "All" and "and" in the first sentence of the subsection.

11. On page 14, in 12VAC5-450-100 K, insert the words “or areas with other sanitary facilities” between the words “two or more service buildings” and “exist, the ratio of fixtures” in the last sentence of the subsection.
12. On page 15, in 12VAC5-450-115 A, replace the word “facilities” with the words “camping units offered for rent to campers” between the words “cabins, yurts, and other” and “including self-contained camping” in the first sentence of the subsection.
13. On page 15, in 12VAC5-450-115 A, remove the words “offered by the campground for rental by campers” between the words “mobile units” and “and the equipment” in the first sentence of the subsection. When taken with proposed amendment 12, the first sentence now reads: “All cabins, yurts, and other camping units offered for rent to campers, including self-contained camping units and other mobile units, and the equipment, fixtures, and furnishings. . . .”
14. On page 17, in 12VAC5-450-170 A, restore the words “immediately and be” marked for deletion and remove the words “in a timely fashion and” that were proposed to be added in the last sentence of the subsection. That sentence now reads: “Animal waste shall be removed immediately and be disposed of in a waste receptacle. . . .”
15. On page 18, in 12VAC5-450-183 B 2, remove the letter “A” after “12VAC5-450-80” in the first sentence of the subsection.
16. On page 18, in 12VAC5-450-183 B 2, in the last sentence of the subsection, add the words “potable water is” after the word “When” and before the word “provided”; delete the words “water must meet” after the word “provided” and before the words “all requirements”; and add the words “shall apply” after the word “12VAC5-450-80”. The sentence now reads: “When potable water is provided, all requirements of 12VAC5-450-80 shall apply”.
17. On page 18, in 12VAC5-450-183 B, designate the new added section that begins “Lavatory and shower requirements of 12VAC5-450-100 A”, to be subsection 4 and re-number the remaining subsections accordingly.

There was a discussion that the proposed amendment for the replacement of the words “major alteration” with the word “renovation” was for consistency with the wording in 12VAC5-450-30.

There being no further discussion, Mr. Edwards called for a voice vote on this motion to amend the proposed amendments as presented by VDH. The motion was approved unanimously. Mr. Edwards then called for a voice vote on the main motion to approve the proposed amendments as amended during the foregoing discussions. The proposed amendments were approved unanimously.

Adjourn

The meeting adjourned at approximately 1:44 p.m.