

**State Board of Health Executive Committee**  
**Minutes**  
**April 12, 2013 – 8:30 a.m.**  
**Perimeter Center, 9960 Mayland Drive**  
**Richmond, Virginia 23233**

Executive Committee Members present: Bruce Edwards; Paul Clements; Eric Deaton; and Dr. Steven Escobar

Other Board Members present: Kay Curling; Dr. John deTriquet; Jim Edmondson; Dr. Anna Jeng; Dr. Charles Johnson; Dr. John Seeds; Dr. Cathy Slusher; Gail Taylor; and Amy Vest

VDH Staff present: Dr. Cynthia Romero, State Health Commissioner; Joe Hilbert, Director of Governmental and Regulatory Affairs

The members discussed the appointment of the nominating committee that will take place during the regular meeting. Mr. Edwards has contacted Dr. Escobar, Ms. Curling, and Dr. Slusher about serving on the nominating committee.

The members also discussed the need to determine if the time for the public comment period would be extended during the regular meeting as has been done in past meetings. Mr. Edwards discussed that members of the public sitting in Boardroom 1 would be able to also sign up to speak during the public comment period. Individuals will be able to cede their time slot to another person to speak if they choose.

The meeting adjourned at 8:45 a.m.

**State Board of Health**  
**Minutes**  
**April 12, 2013 – 9:00 a.m.**  
**Perimeter Center, 9960 Mayland Drive**  
**Richmond, Virginia 23233**

Members present: Bruce Edwards, Chair; Paul Clements; Kay Curling; Eric Deaton; Dr. John deTriquet; Jim Edmondson; Dr. Steven Escobar; Dr. Anna Jeng; Dr. Charles Johnson; Dr. John Seeds; Dr. Cathy Slusher; Gail Taylor; and Amy Vest

Members absent: Dr. Bennie Marshall and Dr. Mary McCluskey

VDH staff present: Dr. Cynthia Romero, State Health Commissioner; Bob Hicks, Deputy Commissioner for Community Health Services; Joan Martin, Deputy Commissioner for Administration; Joe Hilbert, Director of Governmental and Regulatory Affairs; Catherine West, Administrative Assistant; Donna Tiller, Administrative Assistant; Susan Horn, Research Assistant; Maribeth Brewster, Risk Communications Manager; Matt LiPani, Public Information Officer; Erik Bodin, Director, Office of Licensure and Certification; Dr. David Trump, Director,

Office of Epidemiology; Michelle Johnson, Agency Training Resources Coordinator; and Marion Sharp, Nurse Practitioner, Lord Fairfax Health District

Others Present: Allyson Tysinger and Robin Kurz, Office of the Attorney General

### Call to Order

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

### Welcome and Introductions

Mr. Edwards welcomed the public to the meeting. Mr. Edwards introduced the new State Health Commissioner, Dr. Cynthia Romero. Dr. Romero introduced the VDH “agency stars” for the meeting: Michelle Johnson with the Office of Human Resources and Marion Sharp from the Lord Fairfax Health District.

Following introductions, Mr. Hilbert reviewed the agenda and the items contained in the Board’s notebooks. The agenda was approved by unanimous consent.

Mr. Edwards recognized the large turnout for members of the public at the meeting, located in both Boardroom 2 and Boardroom 1. He also reminded the public to maintain appropriate decorum during the meeting. In particular, Mr. Edwards asked the audience to be polite during the meeting, and to please refrain from waving of hands and signs. Mr. Edwards said that members of the audience would be given an opportunity to display their signs during the public comment period. Finally, Mr. Edwards stated that those members of the public that are disruptive during the meeting will be escorted out by security.

### Approval of Minutes

A motion was made and seconded to approve the draft minutes of the December 12, 2012 Board meeting. No corrections were noted. The minutes were approved by unanimous consent.

### Abortion Facility Licensure Status Report

Mr. Bodin provided the Board with this update. He reviewed the process for licensure. A facility submits an initial application to the agency and an announced survey is conducted. All facilities had some deficiencies which is not unusual for initial licensure. Licenses have been issued to all 20 facilities that applied. Consistent with standard OLC procedures, some facilities, received an unannounced re-visit. If deficiencies are found, a plan of correction is requested from the facility and accepted by OLC. For three facilities, OLC conducted a second unannounced re-visit. If repeat violations are found, OLC will make a recommendation for the next step to take with regard to that facility. The reports are still under evaluation by OLC staff for the second re-visits that were completed recently. OLC staff has not reached a point in the review process for recommendations regarding those re-visits. Reminder letters for licensure renewal were sent out in February; applications have been received from 19 of the 20 licensed

facilities for renewal (one facility has indicated that it is not renewing its license). There have been no additional complaints since the last Board meeting in December 2012. There were a number of bills introduced in the 2013 General Assembly session that dealt with abortion facilities; all of those bills were either left in committee or passed by indefinitely.

There was a discussion about whether there was any evidence that the condition of any of the inspected facilities put women's health at risk. Mr. Bodin indicated that the first re-visit showed a number of facilities that had deficiencies that had not been corrected from the first announced survey. The findings from the second re-visits are still under review by OLC staff. It is OLC's expectation that deficiencies found during an inspection would be corrected. An example of a deficiency found is expired medications. It is OLC's standard process to ask for a plan of correction for any deficiencies found during a survey. Mr. Bodin stated OLC gives facilities every opportunity to correct any deficiencies found. Mr. Edwards stated that in his experience with VDH and the EMS community, VDH is there to help an entity comply with its regulations, and does not abuse its authority. Mr. Edmondson noted that he agrees that VDH's role is not to close facilities and that has been VDH's action to this point; that VDH is to be applauded for this activity. However, he also encouraged VDH to take action to fix deficiencies that are found.

#### Public Comment

Mr. Edwards discussed the rules and procedures by which the public comment period would be conducted. Pursuant to the Board's public participation policy, each individual has a maximum of two minutes in which to address the Board.

Mr. Edwards said that the chair would entertain a motion to extend the time for the public comment period in order for the Board to hear from all that have signed up to speak. Dr. Slusher moved that the comment period be extended from the standard 20 minutes to one hour. Mr. Clements seconded the motion. The motion was adopted by unanimous consent.

Mr. Edwards further noted that there are two sets of sign in sheets for the public comment period; one for Boardroom 2 and one for Boardroom 1. Names will be called from the sheets for Boardroom 2 first and then if time allows, from the sheets for Boardroom 1. Mr. Edwards asked that speakers comply with the two minute time limit. He also stated that any person signed up to speak can cede their time slot to another individual. Finally, he asked that speakers not be unduly repetitive of what other speakers have already said.

Senator Stephen Martin and twenty-nine other individuals spoke during the public comment period. Eighteen individuals spoke in opposition to all or part of the Final Regulations for Licensure of Abortion Facilities. Eleven individuals spoke in support of the Final Regulations for Licensure of Abortion Facilities.

Senator Martin commented that the issue about licensure of abortion facilities has been around for some decades and that the General Assembly has passed legislation mandating facilities be regulated as hospitals. In this past session, five different bills were introduced that would undermine the intent of the law. He encouraged the Board not to compromise on this question.

He stated that the General Assembly had been asked to compromise with the introductions of these bills and had refused to do so.

The individuals who spoke in opposition to the final abortion facility regulations expressed several concerns. Many of these individuals expressed opposition to the design and construction provisions contained in the final regulations. These individuals stated that construction requirements are not related to patient safety, and that the decision to include these provisions in the final regulations is inappropriate. These individuals further stated that existing health care facilities have been “grandfathered” by the Board of Health in prior regulatory actions, and that no other entities such as the offices of plastic surgeons are required to comply with such regulations. Many individuals made reference to undue interference by the Office of the Attorney General with respect to the regulations. Other individuals expressed more general opposition to any regulation of these facilities.

The individuals who spoke in support of the final abortion facility regulations stated that the regulations are common sense provisions that protect women’s health. Some individuals noted the regulations before the Board are legal and constitutional.

Mr. Edwards asked those individuals that did not have an opportunity to speak who support the regulations to stand. He then asked that group to be seated and asked that those individuals that did not have an opportunity to speak who oppose the regulations to stand. He then asked that group to be seated. Finally, he indicated that those having signs could carefully hold up the signs for the Board to look at. He then declared the public comment period to be ended and asked that the signs be put back down. Mr. Edwards thanked the members of the audience for their input.

### Regulatory Action Items

#### *Final Regulations for Licensure of Abortion Facilities (12VAC5-412)*

Mr. Bodin presented the final regulations to the Board. SB924 of 2011 required that any facility that performed more than 5 first trimester abortions per month be licensed as a category of hospital. The emergency regulations approved by the Board in September 2011 became effective in December 2011. Emergency regulations are effective for 12 months unless extended. In December 2012, the Governor extended the emergency regulations expiration date to June 29, 2013. The proposed regulations were published in January 2013 which opened a 60-day comment period. Approximately 6,000 comments were received via various methods of submission. The final regulations do not differ substantively from the proposed regulations adopted by the Board in September 2012. The final regulatory action also includes two amendments to 12VAC5-410, Regulations for the Licensure of Hospitals. Mr. Deaton moved that the Board adopt 12VAC5-410 as amended and 12VAC5-412. Dr. Slusher seconded the motion.

Mr. Edwards reminded the Board that, pursuant to the Board’s by-laws, the Board meeting was to be conducted pursuant to Robert’s Rules of Order. Mr. Edwards then reviewed Robert’s Rules of Order with the Board. As part of this review, Mr. Edwards reminded the Board that a second to a motion should only be made if appropriate (i.e., the member intends to vote for the

motion). Mr. Edwards also advised the Board that upon a motion to call the pending question, a majority vote can stop any further discussion on a pending matter.

Mr. Edwards asked the Board if there was any discussion concerning the motion. Mr. Edmondson stated he would like to bring to the attention of the Board, the strong possibility that the regulatory process to this point has not been fully compliant with all of the laws of the Commonwealth. Dr. Jeng then stated that she had read the public comments carefully, noting the differences in opinions on the interpretation of SB924, particularly with relation to the building code. Dr. Jeng noted that her concern was that the Board has not done its duty under the law. Dr. Jeng stated she believes the Attorney General's interpretation of the application of the building code is wrong, and before the Board moves forward, the Board must ask if it has met its obligation under the law. Dr. Jeng noted that she is referring specifically to § 2.2-4007.1 of the Code of Virginia which requires the Board to fully explore the impacts of regulation when the entity being regulated is a small business. She noted abortion facilities are small businesses. She further noted that the Department of Planning and Budget (DPB) conducted an economic impact assessment, which stated there is insufficient data to compare the benefits and costs of the proposed regulatory action. Dr. Jeng noted that to her knowledge, when deliberating regarding the proposed regulation, the Board has not considered the impacts to small business. Dr. Jeng said she challenged the Board to consider if it has fulfilled obligation according the process described.

Mr. Edmondson cited § 2.2-4007.04 of the Code of Virginia pertaining to the economic impact analysis. The statute states: "If the regulation may have an adverse effect on small businesses, the economic impact analysis shall also include (i) an identification and estimate of the number of small businesses subject to the regulation; (ii) the projected reporting, recordkeeping, and other administrative costs required for small businesses to comply with the regulation, including the type of professional skills necessary for preparing required reports and other documents; (iii) a statement of the probable effect of the regulation on affected small businesses; and (iv) a description of any less intrusive or less costly alternative methods of achieving the purpose of the regulation." Mr. Edmondson also cited from EO14 which identifies informed disclosure rather than mandate as an alternative to regulation. Other alternatives identified by EO14 include the use of economic incentives, and the use of performance standards, in lieu of regulation. Mr. Edmondson said that use of these alternatives would be permissible. Mr. Edmondson said that none of those alternatives have been identified or considered by the Board. Mr. Edmondson said that, in his opinion, with some appropriate action, it would be possible to be in compliance with these provisions, but that the Board has not yet complied with them.

Mr. Edmondson asked Ms. Tysinger and Ms. Kurz if they believe that VDH and DPB are correct in that there are no alternatives to the regulatory action that the Board is undertaking. He also asked Ms. Tysinger and Ms. Kurz if they believe VDH and the Board are required to comply with all applicable provisions of the Code of Virginia, including the provisions of the Administrative Process Act and EO14. Ms. Tysinger responded that the Board must comply with all provisions of the Code of Virginia. She stated further that she believed the Board has complied with all provisions of the Code of Virginia. Ms. Tysinger said the final regulations are properly before the Board. She said that DPB did look for potential alternatives and could not identify any. Ms. Tysinger continued by saying that she believes that this Board through its

debate has considered alternatives, including exempting existing facilities from the design and construction provisions of the regulation. However, the Attorney General's Office has previously advised the Board that it does not have the statutory authority to exempt existing facilities. Dr. Jeng said that she did not agree that alternatives had been considered by the Board.

Mr. Edmondson said he would like for the Attorney General's Office to provide the Board with a written opinion of whether and how Board has complied with the provisions of the Code of Virginia. He would also like for the Commissioner and VDH to explore alternatives with specific respect to section 370 of the regulations. Mr. Edmondson said that he is not opposed to regulation of abortion facilities, however he is opposed to using section 370 as currently drafted as a basis for shutting down facilities. He told the Board that over the course of the next few months, the written legal opinion and the review of possible alternatives could be explored and considered by the Board as it considers adoption of the final regulation.

Mr. Edwards asked if Mr. Edmondson is suggesting that the Board not vote on the regulations before the Board. Mr. Edmondson confirmed that he was asking to defer the vote until the June 6 meeting and for the two requested work products. Mr. Edwards stated that there would need to be a subsidiary motion to postpone action until the June meeting. Dr. deTriquet stated that in order to do that properly with a motion on the floor, a substitute motion must be made. Mr. Edmondson moved that the Board defer action on the final regulations for licensure of abortion facilities 12 VAC5-412 until the June 6, 2013 Board meeting. Dr. Jeng seconded.

Ms. Tysinger stated that the Board has followed the correct administrative procedure in considering this regulatory action. She stated that there are no alternatives to the final regulations that comply with the legislative mandate. She further stated that if the vote is deferred until the June 6 meeting, the emergency regulations will lapse and the Board will not be in compliance with the General Assembly's mandate to promulgate regulations. Mr. Edmondson stated that he disagreed with Ms. Tysinger's observations. He further stated that he is not suggesting that there be no regulations.

Dr. Slusher stated that she agrees that the Board is in full compliance with legal requirements and that the Board did consider the alternative of "grandfathering" existing facilities. Dr. Slusher then made a motion to call the pending question. Dr. deTriquet seconded the motion. The Board voted by show of hands, 11 in favor (Mr. Clements, Ms. Curling, Mr. Deaton, Dr. deTriquet, Mr. Edwards, Dr. Escobar, Dr. Johnson, Dr. Seeds, Dr. Slusher, Ms. Taylor, and Ms. Vest), 2 opposed (Mr. Edmondson and Dr. Jeng). The motion to call the pending question was approved.

The Chair then called for a roll-call vote on the motion to postpone the vote to the June 6, 2013 Board meeting. The vote was 2 in favor (Mr. Edmondson and Dr. Jeng), 11 opposed (Mr. Clements, Ms. Curling, Mr. Deaton, Dr. deTriquet, Mr. Edwards, Dr. Escobar, Dr. Johnson, Dr. Seeds, Dr. Slusher, Ms. Taylor, and Ms. Vest). The motion failed.

Mr. Edmondson then proposed a different alternative to the language as recommended by VDH for 12VAC5-412-370, so that the existing facilities would be exempted or “grandfathered” from the design and construction requirements. He moved to replace the entire section with the following language:

All construction of new buildings and additions, renovations, alterations and repairs of buildings for occupancy as abortion facilities shall comply with state and local codes, zoning, and building ordinances and the Uniform Statewide Building Code. In addition, abortion facilities shall be designed and constructed according to Part 1 and sections 3.1-1 through 3.1-8 and section 3.7 of Part 3 of the 2010 Guidelines for Design and Construction of Health Care Facilities of the Facilities Guidelines Institute. A building that meets the standards of the local government and the Uniform Statewide Building Code will be deemed to be in compliance until it is required or chooses to undergo substantial renovation.

Entities operating as of the effective date of this chapter as identified by the department through submission of Reports of Induced Termination of Pregnancy pursuant to 12VAC5-550-120 or other means and that are now subject to licensure may be licensed in their current buildings.

Dr. Jeng seconded the motion. Ms. Tysinger stated that this is the same language that the Board adopted during its meeting in June 2012 that the Office of the Attorney General did not certify. She stated that the Board does not have the statutory authority to “grandfather” existing facilities. She further stated that this was made clearer during the 2013 General Assembly session where introduced legislation to “grandfather” facilities failed. Mr. Edmondson stated that he acknowledges the legislative outcome during the General Assembly session but that public opinion on this issue is quite different.

Dr. Jeng said that the design and construction provision of the regulations is inconsistent with how other medical facilities are regulated by VDH. Ms. Vest told the Board that, as part of her own due diligence in reviewing the regulatory provisions concerning building design and construction, she contacted two facilities in her area and requested permission to tour the facilities. The first facility she contacted did not immediately respond her request. The second facility she contacted did allow her to visit the facility. Ms. Vest described her tour to the Board. She said that the facility was located on the second floor of a building that had no elevator. She told the Board that the stairway leading up to the facility was “creaky.” She viewed one procedure/treatment room. She observed that the hallway seemed narrow, which led her to question whether the width of the hallway would easily accommodate rescue personnel. She also questioned the suitability of the sink in the procedure/treatment room. Ms. Vest expressed her support for the final regulations.

Dr. Jeng said that regulations can improve care for women, but the Board should not pass any regulation that imposes requirements for costly improvements, which in effect would require clinics to shut down. Dr. Slusher said that it is not the intent of the regulations to close any facility. She said that the Board is complying with the legislative mandate. Dr. Jeng said that the regulations will impose an adverse impact on existing facilities, and questioned whether the

existing facilities will be able to absorb the economic burden. Mr. Edmondson said that he was not going to try to defend creaky stairs in any facility. He then said that patient safety should be VDH's primary consideration in administering and enforcing the regulations. Dr. Slusher reminded the Board of the Commissioner's authority in Section 480 of the regulations to grant a temporary variance to regulatory provisions, including the design and construction provisions.

The Chair called for a roll-call vote on the motion. The vote was 2 in favor (Mr. Edmondson and Dr. Jeng), and 11 opposed (Mr. Clements, Ms. Curling, Mr. Deaton, Dr. deTriquet, Mr. Edwards, Dr. Escobar, Dr. Johnson, Dr. Seeds, Dr. Slusher, Ms. Taylor, and Ms. Vest). The motion failed.

There being no further discussion, the Chair called for a roll-call vote on the motion to adopt 12VAC5-410 as amended and 12VAC5-412. The vote was 11 in favor (Mr. Clements, Ms. Curling, Mr. Deaton, Dr. deTriquet, Mr. Edwards, Dr. Escobar, Dr. Johnson, Dr. Seeds, Dr. Slusher, Ms. Taylor, and Ms. Vest), and 2 in opposition (Mr. Edmondson and Dr. Jeng). The final regulations were adopted.

The Board recessed for lunch. Mr. Edwards announced that the lunch would not be a working one, that no action items would be discussed during the lunch period.

### Commissioner's Report

Dr. Romero gave the Commissioner's report. She told the Board members that she looked forward to working with them, and she appreciated the warm welcome she had received from the Board. She then provided the Board with an update concerning key VDH personnel changes since the December 2012 meeting. This included appointment of Dr. Marissa Levine as Acting Chief Deputy Commissioner for Public Health, and Dr. William Gormley as Acting Chief Medical Examiner. In addition, two new health district directors have been appointed (Tom Franck, Chickahominy District; and Melody Counts, Cumberland Plateau District), as well as two new acting health directors (Heidi Kulberg, Virginia Beach Health District; and Matthew Arroyo, Pittsylvania/Danville and Southside Health Districts). Dr. Lauri Kalanges has been appointed acting director of the Office of Family Health Services.

Joe Hilbert then provided the legislative update portion of the Commissioner's report.

- SB1039 authorizes the Department of Motor Vehicles (DMV) to issue certified copies of birth records effective July 1, 2014. VDH and DMV are actively engaged in work to implement this legislation, subject to the Board's Regulations Governing Vital Records (12VAC5-550).
- HB1796 expands the types of individuals authorized to sign a death certificate.
- HB2161 authorizes RNs and LPNs to administer oxygen.
- HB1468, administration of epinephrine, adding employees of local governing bodies and local health departments to the list of entities that can administer epinephrine in schools.
- HB1769 directs VDH to provide assistance to the Bureau of Insurance in performing plan management functions to support Virginia's participation in the federally-facilitated health benefits exchange.
- SB942 allows the Commissioner to accept and approve amendments to charity care conditions on existing COPNs. This codifies current practice.

- HB1933 requires physicians to provide written information to patients pertaining to Lyme disease testing.

Finally, Mr. Hilbert told the Board that there is language in the state budget directing VDH to continue to work with an advisory committee to implement a plan to transition the current VDH dental program from a prevention/treatment model to a prevention only model.

Joan Martin provided the budget update portion of the Commissioner's report. She told the Board that the VDH budget fared pretty well during the 2013 General Assembly session. VDH received some new funding, while funding reductions were less than \$1,000,000. This level of reduction is relatively minor compared to the past several years. A key budgetary issue for VDH is its increasing reliance on non-general funds, including federal funds. She told the Board that state funding for the school health program in Norfolk is being discontinued. Norfolk was the last health district in the state with a state-funded school health program. This program will be transferred to Norfolk and managed by the local school division. There was a brief discussion concerning the stability of federal funding sources.

Dr. David Trump then provided an update concerning healthcare associated infections (HAI) as part of the Commissioner's report. An HAI unit has been in existence within the VDH Office of Epidemiology since 2009. Staff in this unit provide consultation and guidance with outbreaks. There is a great deal of collaboration with external partners. A big focus is on information sharing with health care providers, as well as patients and their families.

Virginia has met its 2013 target for HAI prevention/reduction as part of goals established by the U.S. Department of Health and Human Services. There was a discussion concerning collaborative efforts between VDH and hospitals pertaining to HAI surveillance and reporting.

Josh Czarda provided the performance improvement update component of the Commissioner's report. He reviewed the VDH performance dashboard and briefed the Board on VDH's efforts to improve revenue reconciliation efforts.

Joan Martin provided the VDH strategic plan update component of the Commissioner's report. She explained that the strategic plan performance measures are geared towards long range results, with performance data tracked on an annual basis. In the near future, VDH will begin the process of updating its strategic plan for the next biennium. Ms. Martin described four of VDH's key performance measures contained in the strategic plan: teen birth rate, emergency preparedness, obesity prevention, and infant mortality. She told the Board that the teen birth rate has been significantly reduced. VDH's latest emergency preparedness rating was 100%. The infant mortality rate has decreased. She also briefly described initiatives of the Interagency Task Force on Obesity and Nutrition (task force).

There was a discussion concerning the type of data that VDH has to monitor obesity rates, and to evaluate the results and effectiveness of VDH obesity prevention initiatives. Mr. Hilbert elaborated on the work of the task force, and briefly described the self-reported obesity data that VDH has from the CDC's Behavioral Risk Factor Surveillance System telephone survey. Mr. Hilbert told the Board that VDH does track this data on an annual basis, but also explained that

VDH believes there is some value in establishing other objectives pertaining to interagency collaboration that can be tracked on a more frequent basis. Mr. Edmondson stated that greater emphasis should be placed on obesity-related information gathering and data collection in schools, as well as in health care facilities and physician offices.. Mr. Hilbert explained that some school systems collect body mass index (BMI) data on students, but there is not a state mandate to do so. In addition, VDH has some obesity data on children enrolled in the WIC program. He also said that developing stronger relationships between VDH, the Department of Education, and local school divisions around obesity prevention issues, and data needs in particular, is important.

There was further discussion concerning the amount of student obesity/BMI data that is needed for public health purposes. For example, is data needed on every student or would a sample be sufficient? Mr. Hilbert said that VDH conducts a Virginia Youth Survey, in conjunction with the Virginia Foundation for Healthy Youth, which collects obesity data through a sampling methodology. There was further discussion concerning potential difficulties in collecting BMI data in schools, as well as the importance of appropriate data to enable the Board to monitor the success of its various obesity prevention efforts and activities. Dr. Slusher asked what it would take to get BMI data on Virginia school children, without personal identifiers. Mr. Hilbert responded that state legislation would likely be necessary, as some local school divisions are probably doing more than others in this regard.

Dr. Romero told the Board that obesity prevention is a priority issue for VDH, and that recommendations that came out of the Virginia Foundation for Healthy Youth's recent Weight of the State conference will help to address these concerns. Mr. Edwards asked if a resolution from the Board would help move this issue forward. Mr. Hilbert explained the annual process by which state agencies are given the opportunity to develop legislative proposals for consideration by the Governor. He said that consensus among key stakeholders is essential to the approval of agency legislative proposals. A letter of support from the Board of Health would help, but support from a wider range of stakeholders would be necessary. There was further discussion, but no decision, concerning whether or how the Board should involve itself in potential legislative efforts pertaining to obesity prevention.

As the final part of the Commissioner's report, Mr. Hilbert provided the Board with a brief update concerning development and implementation of a health benefit exchange in Virginia. Legislation was enacted during the 2013 General Assembly session authorizing participation in a federally-facilitated health benefit exchange. The Department of Medical Assistance Services will conduct eligibility determination, enrollment, and consumer assistance; financial management will be a federal responsibility; and plan management functions will be performed by the Bureau of Insurance with assistance from VDH.

There was a brief discussion concerning the status of Medicaid eligibility expansion in Virginia.

#### Matrix of Pending Regulatory Actions

Mr. Hilbert reviewed the summary of all pending VDH regulatory actions. Since the December 2012 meeting, there have been two regulatory actions that the Commissioner approved on the Board's behalf while the Board was not in session. The first was a Notice of Intended

Regulation Action for the Regulations for Disease Reporting and Control (12VAC5-90); and the second was a Notice of Intended Regulation Action for the Regulations Governing Vital Records (12VAC5-550.)

### Regulatory Action Items

#### *Final Regulations for the Virginia Immunization Information System (12VAC5-115)*

Dr. Trump presented the final regulations. The regulations are necessary to comply with legislation enacted during the 2005 General Assembly session. There was a brief discussion concerning the value of an immunization registry, and the importance of awareness on the part of both families and clinicians concerning immunization records. There was also a brief discussion of the initiative to increase participation by pharmacists and pharmacies in the registry. Dr. deTriquet made a motion to approve the final regulations. Dr. Escobar seconded the motion. The final regulations were approved unanimously by a voice vote.

### Nominating Committee

Mr. Edwards recommended three individuals to serve on the nominating committee: Ms. Curling, Dr. Escobar, and Dr. Slusher. He also recommended that Dr. Escobar be appointed as the chair of the nominating committee. The nominating committee will recommend a slate of Board officers for election at the June 2013 Board meeting. The nominating committee was approved by unanimous consent.

### Member Reports

*Kay Curling – Corporate Purchaser of Health Care.* She informed the Board that her company is reviewing disease prevention and health promotion plans pertaining to international travel as well as beginning to update pandemic and infectious disease plans.

*Amy Vest – Virginia Pharmacists Association.* She briefed the Board about two webcasts that have been available for continuing education credit for pharmacists. She also informed the Board about efforts by the Board of Pharmacy (BOP) and the FDA concerning the issues around sterile compounding. The BOP requires a current inspection report and is closely scrutinizing medications coming into Virginia. Dr. Escobar commented that the veterinary community has concerns about sterile compounding. Veterinarians use some of the same medications that are used for humans, but with different dosages. There is a great deal of compounding for veterinary patients.

*Dr. Steven Escobar – Virginia Veterinary Medical Association (VVMA).* The VVMA is continuing to educate practitioners about communicable diseases between pets and humans. Virginia is continuing to work on an animal emergency response team.

*Dr. John deTriquet – Local Government.* He commented concerning the budgetary challenges for the school health program in Norfolk, by shifting it from state funding to local funding. He indicated that local governments are faced with service-delivery budget challenges based on decisions made at both the federal and state levels.

*Dr. Catherine Slusher – Medical Society of Virginia.* She informed the Board that there has been a significant reduction in the number of late preterm delivery inductions. She stated that the number of elective inductions has been a target for reduction or elimination.

*Eric Deaton – Hospital Industry.* He informed the Board that patient safety is a critical issue for hospitals; he recently attended training about patient safety. He also briefly discussed Medicaid expansion in Virginia, the importance of handwashing for HAI prevention, and antibiotic resistance issues. He has also been appointed to the Virginia Hospital and Healthcare Association Board of Directors.

*Gail Taylor – Consumer Representative.* No report

*Dr. Charles Johnson – Virginia Dental Association.* He informed the Board that the Virginia Dental Association will meet with the Old Dominion Dental Society the weekend of April 13, celebrating the centennial anniversary for the Old Dominion Dental Society. The topics to be discussed at the meeting include access to dental health, mentoring new dentists in Virginia, increasing the number of students in classes, and encouraging students to stay and practice in Virginia once they graduate.

*Jim Edmondson – Consumer Representative.* He inquired if the Commissioner or Secretary has been involved in issues pertaining to gun regulation? He said he considers this to be a public health issue. Dr. Romero said that she has not but she could not speak for the Secretary. Ms. Tysinger briefly described the work of the Governor’s School Safety Task Force, which has a mental health component. Mr. Edmondson said that, in his opinion, there should be a public health role for the State Health Commissioner pertaining to gun control.

*Dr. Anna Jeng – Public Environmental Health Representative.* She stated that it is always interesting to hear issues and updates that other Board members are reporting.

*Paul Clements – Nursing Home Industry Representative.* He told the Board that there was a lot of legislative activity pertaining to long term care during the 2013 General Assembly session, including legislation concerning electronic monitoring of resident rooms in nursing facilities. He also said that National Health Care Decision day is April 16, in order to promote the use advanced directives and living wills.

*Bruce Edwards – Emergency Medical Services Representative.* He told the Board about the National Registry for Emergency Medical Technicians and its move to a competency based curriculum.

### Adjourn

The meeting adjourned at approximately 2:42 p.m.