

**State Board of Health
Minutes
March 17, 2016 – 9:00 a.m.
Perimeter Center, 9960 Mayland Drive
Richmond, Virginia 23233**

Members present: Bruce Edwards, Chair; Brad Beall; Theresa Brosche; Tommy East; Megan Getter; Linda Hines; Wendy Klein, MD; Hank Kuhlman; Benita Miller, DDS; Faye Prichard; John Seeds, MD; Jim Shuler, DVM; Amy Vest; and Mary Margaret Whipple

Members absent: Jim Edmondson

VDH staff present: Dr. Marissa Levine, State Health Commissioner; Richard Corrigan, Deputy Commissioner for Administration; Bob Hicks, Deputy Commissioner for Community Health Services; Dr. Lilian Peake, Deputy Commissioner for Population Health; Dr. David Trump, Chief Deputy Commissioner; Joe Hilbert, Director of Governmental and Regulatory Affairs; Mike McMahon, Operations Director for Administration; Cathy Peppers, Administrative Assistant; Catherine West, Administrative Assistant; Maribeth Brewster, Risk Communications Manager; John Aulbach, Director, Office of Drinking Water; Erik Bodin, Director, Office of Licensure and Certification; Gary Brown, Director, Office of Emergency Medical Services; Steve Harrison, Director, Office of Radiological Health; Dwayne Roadcap, Acting Director, Office of Environmental Health Services; Steve Sullivan, Deputy Director, Office of Financial Management; Dr. Vanessa Walker Harris, Director, Office of Family Health Services; Stacey Ferrer, Director, Accounts Payable and Payroll Division; Delores Paulding, Community Health Nursing Supervisor, Portsmouth Health District

Others Present: Robin Kurz, Grant Kronenberg, Amanda Lavin, and Sean Murphy, Office of the Attorney General; David Paylor, Director, Virginia Department of Environmental Quality

Call to Order

Mr. Edwards called the meeting to order at 9:00 a.m. Ms. Getter 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. Mr. Hilbert told the Board that the Office of the Attorney General requested that the two regulatory action items from the Office of Environmental Health Services be moved up on the agenda, to be considered before the Regulations for the Licensure of Home Care Organizations. The agenda was approved by unanimous consent.

Approval of Minutes

A motion was made and seconded to approve the draft minutes of the December 3, 2015 Board meeting and the revised draft minutes of the September 17, 2015 Board meeting. No corrections were noted. The minutes were approved unanimously by a voice vote.

Commissioner's Report

Dr. Levine began the Commissioner's report to the Board with the introduction of the "agency stars" for the meeting: Delores Paulding with the Portsmouth Health District and Stacey Ferrer with the Office of Financial Management.

Dr. Levine updated the Board on VDH's preparedness planning concerning response to the Zika virus. Dr. Levine said that this particular virus is primarily spread by a specific mosquito, but the public may become alarmed with the presence of any type of mosquito. She said that the public health concern is based primarily on the potential impact on pregnant women and their children. Dr. Levine told the Board that there are many emerging issues with respect to Zika, and VDH is learning a lot. Effective communication to the public is a critical component of VDH's planning efforts. So far, all Zika cases in Virginia have been related to travel to foreign countries.

Mosquito season begins, unofficially, on May 1 in Virginia. Dr. Levine explained that the mosquitos that transmit Zika are the same type of mosquitos the transmit chikangunya and dengue. These particular mosquitos bite during the day, do not fly far, and breed in small amounts of water (e.g., water found in open containers or old tires on residential/commercial property) as opposed to breeding in flood plains, swamps, or large bodies of water. Dr. Levine acknowledged that this distinction will be difficult to communicate to the public. Containers, old tires, etc. on people's property is the concern for breeding ground. Dr. Levine told the Board that Zika is now also considered to be a sexually transmitted disease—with an assumed connection between the virus and birth defects. Consequently, there is concern that pregnant women are adequately protected. The CDC has issued travel advisories for various types of individuals, including pregnant women. Specific guidance has been issued for sexual partners that have traveled to an area that may bring back Zika virus.

Dr. Levine told that Board that VDH is actively involved in disease surveillance and raising public awareness. Currently, testing for the Zika virus is only available at the CDC, but the state laboratory (DCLS) is expected to have a test available in the near future. A total of 350 Virginians have been tested so far, and that number is expected to increase.

Dr. Levine emphasized that the species of mosquitos that transmit Zika are present in Virginia. She told the Board that mosquito control efforts are critical, because the mosquito has to first bite an infected person in order to continue the cycle of disease transmission. For that reason, the use of insect repellent is essential.

The Governor directed VDH to create a Zika task force that will be focusing on a range of issues including mosquito control, blood supply, and communication. It was explained that some Virginia localities have mosquito control commissions but most do not. Dr. Levine said that she

would be convening a physician advisory panel to aid in the planning effort. In addition, a national pregnancy registry is being developed to follow pregnant women and help monitor birth outcomes.

There was a brief discussion concerning reports of a potential link between pesticide use in South America and microcephaly in Brazil. There was also brief discussion concerning efforts to genetically modify male mosquitos as part of overall mosquito control efforts. In response to other questions, Dr. Levine explained that about 80 percent of individuals exposed to the Zika virus never develop any symptoms.

Dr. Levine then briefed the Board on the situation concerning the presence of lead in the public drinking water supply in Flint, Michigan and how that situation has prompted VDH to examine its own regulatory program for ensuring the safety of Virginia's drinking water. Dr. Levine described the Flint situation as a "disaster," and said that as a result VDH is taking a strong look at the policies and procedures of its drinking water program. This includes making sure that the VDH Office of Drinking Water (ODW) is ensuring compliance with all regulations of the U.S. Environmental Protection Agency (EPA), including the EPA "lead and copper rule." Dr. Levine told the Board that failures at every level in Michigan are coming to light that will inform VDH's review. She said that she is confident that there is not any type of problem in Virginia comparable to what occurred in Flint. Nevertheless, EPA has asked all states, including Virginia, to be completely transparent in their policies, including the posting of water quality testing results on their websites. VDH expects that EPA will propose changes to the lead and copper rule. Dr. Levine said that certain public drinking water systems in Virginia are faced with aging infrastructure, and lead pipes and lead solder are still in use. However, every system is required to have a plan for corrosion control. Furthermore, each drinking water system is required to notify VDH and obtain its approval before making changes (e.g., water source) to its system. Dr. Levine told the Board that the strong working relationship that exists between the ODW field offices and the waterworks helps to ensure that these requirements are enforced.

There was a discussion concerning corrosion control, cost of replacing aging infrastructure, mapping of infrastructure, water quality testing, and actions that specific waterworks need to take to come back into compliance with regulatory requirements.

The next item in the Commissioner's report pertained to opioid abuse. Dr. Levine told the Board that there has been an overall increase in opioid-related deaths. The Governor's task force issued numerous recommendations in 2015, many of which were implemented via legislation during the 2016 General Assembly Session. Although the Department of Behavioral Health and Developmental Services is the lead state agency for this issue, VDH still plays a critical role-particularly in the analysis of relevant data. VDH will be participating in a multi-agency, multi-sector (including law enforcement) exercise in southwest Virginia pertaining to a disease outbreak scenario related to opioid abuse. Dr. Levine also told the Board that there is still some question concern about the effectiveness of naloxone, and there is a desire to avoid any unintended effects associated with its use. Dr. Levine said that there is also the need to look more closely at underlying causes of opioid abuse, including how to manage chronic pain.

There was a discussion concerning the reasons for the increase in opioid and heroin-related deaths, and how to properly dispose of prescription medications.

Dr. Levine ended the Commissioner's report by providing an update on recent VDH key personnel changes:

- Lauren Varah – Director of Process Improvement;
- Drew Hammond – Deputy Director, Office of Drinking Water;
- Dr. Wade Kartchner – Director of the Rappahannock-Rapidan Health District;
- Steve Sullivan – Deputy Director, Office of Financial Management;
- John Ringer – Director of Public Health Planning and Evaluation; and
- Dr. David Trump – Chief Deputy Commissioner, retiring effective April 1, 2016.

Budget Update

Mr. Sullivan provided an update on the budget. The General Assembly enacted the 2016 Appropriation Act, which is currently under review by the Governor. VDH has had success in obtaining federal funds and grants, and he noted that one-third of VDH's work force is supported by federal funds. VDH's appropriation of state general funds is now returning to the amount that it was at 2008, prior to a series of reductions. However, given the extent of VDH's reliance on federal funds, VDH has limited financial flexibility within its budget.

Legislative Update

Mr. Hilbert provided the legislative update. He told the Board that VDH has nine new study or reporting requirements and that four new regulatory actions will need to be taken. He then summarized a few of the bills that were enacted by the General Assembly which directly or indirectly pertained to public health. These included:

HB558 – Directs VDH to develop and present a plan to the General Assembly to transition soil evaluation and design services for onsite sewage systems and private wells to the private sector.

HB648 – Authorizes approval of nonconforming treatment works under certain conditions and for an owner to accept a voluntary upgrade as a condition for approval.

HB222/SB233 – Creates the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact.

HB311 – Directs the Secretary of Health and Human Resources to undertake efforts to establish collaborative agreements with other states for the interstate recognition of certifications of EMS providers, and report by November 1, 2016.

SB592 – Outlines what information can be changed by the State Registrar on a death certificate and which of those changes require a court order or an affidavit.

HB312 – Mandates that the Secretary of Health and Human Resources work with stakeholders such as hospitals and health care provider to evaluate interoperability of electronic health record

systems between health systems and healthcare providers, and the ability of these entities to share electronic patient records with each other. A report to the General Assembly is due by December 1, 2016.

HB1273 – Eliminates ambiguity regarding the registration and inspection of x-ray producing devices and requires VDH to register and maintain an up-to-date private inspector list on an annual basis. It also authorizes the Board of Health to establish a registration fee, not to exceed \$150 from private inspectors by regulation.

HJR160 – Directs VDH to lead a study, with support from the Virginia Department of Agriculture and Consumer Services and key stakeholders, of Virginia’s procedures for licensing dogs and cats, and report by December 1, 2016.

SB553 – Directs the Board of Health to promulgate regulations by July 1, 2017 that address audio-visual recording of nursing home residents. This bill repeals Chapters 674 and 682 of the Acts of Assembly of 2013 which required the promulgation of regulations for voluntary electronic monitoring of residents in nursing homes. Mr. Hilbert explained that the Board had already approved fast-track amendments to the nursing facility licensure regulations pertaining to electronic monitoring action at its December 2015 meeting. However, the patron of SB553 believed that that regulatory action was taking too long to become effective. While the regulatory action previously approved by the Board pertained to “electronic monitoring,” the new legislative mandate is for regulations pertaining to “audio-visual recording.” VDH is required to convene stakeholders and report to the General Assembly concerning the status of action by December, with the regulations required to be promulgated by July 2017. Mr. Hilbert told the Board that the prior regulatory action approved by the Board will be used as a foundation to help meet the new requirement.

HB343 – Requires the Board of Health to include in its regulations a provision requiring nursing homes to provide a full refund of any unexpended patient funds on deposit with the facility, following the discharge or death of a patient, within 30 days upon request.

HB905 – Requires every hospital upon request of a patient scheduled to receive an elective procedure, to furnish the patient with an estimate of the payment amount for which the patient will be responsible. The request must be made three days in advance of the elective procedure.

HB202 – Requires VDH to convene a workgroup of key stakeholders to explore the options for using human remains for the purpose of training canines for search and rescue operations, to establish policies and procedures to accomplish these purposes, and to report and make recommendations by December 1, 2016.

HB1277 – Specifies each restaurant, summer camp, and campground in the Commonwealth receives an annual inspection, with no more than 12 months between each inspection.

SB211/HB357 – Requires programs of physical activity be available to all students in grades kindergarten through fifth grade to engage in 20 minutes of daily physical activity or an average of 100 minutes per week. Grades six through 12 would continue to have a goal of participating

in average of 150 minutes per week. Adds recess to the list of potential physical activities. Each school board is required to implement these standards beginning with the 2018-2019 school year.

HB1090 – Prohibits VDH from entering into contracts or providing funds to any entity that performs or maintains/operates a facility performing non-federally qualified abortions, except hospitals.

Abortion Facility Licensure Status Report

After a brief break, Mr. Bodin provided the Board with the abortion facility licensure update. All 15 of the licensed facilities are in the process of applying for licensure renewal. One abortion facility has closed since the date of the last Board meeting. Mr. Bodin told the Board that the facility surveyor workbook has been updated concerning anesthesia, as previously requested by the Board. Four complaints have been received since the last Board meeting. One of those complaints has already been investigated, and the complaint was determined to be unsubstantiated; specifically, that there was no evidence that a deficiency had existed. A second complaint was investigated. It was determined that that complaint was also unsubstantiated; while several of the allegations were found to be true, there were not any regulatory violations. The two additional complaints have not yet been investigated.

Matrix of Pending Regulatory Actions

Mr. Hilbert reviewed the summary of all pending VDH regulatory actions. Since the December 2015 meeting, there have been four regulatory actions that the Commissioner took on behalf of the Board while the Board was not in session. Those actions are:

- Regulations for Licensure of Hospitals (12VAC5-410) – Approval of a Notice of Intended Regulatory Action;
- Regulations for Licensure of Hospice (12VAC5-391) – Approval of final exempt amendments;
- Regulations for the Licensure of Hospitals (12VAC5-410) – Approval of final exempt amendments; and
- Radiation Protection Regulations (12VAC5-481) – Approval of final exempt amendments.

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

- Regulations for Licensure of Hospice (12VAC5-391).
- Rules and Regulations Governing the Construction and Maintenance of Migrant Labor Camps (12VAC5-501); and
- Regulations for Alternative Onsite Sewage Systems (12VAC5-613).

Public Comment

There were no comments from any member of the public.

Board Action Item

Board of Health Annual Report – Virginia’s Plan for Well-Being

Mr. Hilbert and Dr. Peake presented the Board annual report, Virginia’s Plan for Well-Being. Mr. Hilbert told the Board that the Code of Virginia requires the Board to submit an annual report to the General Assembly. The report is required to contain different types of information, including vital records information, health status indicators, and financial and geographic access to health care information. This year, VDH is recommending that the Plan for Well-Being serve as the annual report. The content in the plan addresses what VDH is required to address per statute. In subsequent years, VDH will provide the Board with updates to the plan to fulfill the annual report requirement.

Dr. Peake presented the plan. The plan includes four aims and 13 focus goals with specific strategies and metrics. VDH intends to have plan-related data posted on its external website. Dr. Peake emphasized that this is not a VDH plan, but rather a plan for all Virginians. Dr. Levine explained that each of the specific focus areas require a system or systematic process and community involvement in order to be addressed. Ms. Whipple asked how the specific focus goals related to national factors. Dr. Peake responded that there are two different national sets of state health status rankings. VDH reviewed both sets of national rankings, which were used to help define the focus goals.

Ms. Whipple moved that the Board of Health Annual Report be approved with Dr. Klein seconding the motion. The report was approved unanimously by a voice vote.

Regulatory Action Item

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

By unanimous consent, the Board moved the Virginia Radiation Protection Regulations: Fee Schedule ahead on the agenda, in front of the Authorized Onsite Soil Evaluator Regulations.

Mr. Harrison presented the proposed amendments, which will amend the regulations to include fees for the registration and inspection of non-medical x-ray equipment as well as a schedule for inspection frequency for this type of equipment. This type of equipment is not currently included in the regulations. The proposed amendments also include updates to the current fee schedule for diagnostic x-ray machines that are inspected every three years. Ms. Prichard moved that the proposed amendments be approved with Mr. East seconding the motion.

There was a discussion concerning whether the provisions of HB1273 of 2016 are incorporated into the proposed amendments. Mr. Harrison responded that they are not included in this regulatory action, but will be incorporated through a future regulatory action. There was additional discussion concerning different types of x-ray equipment for industrial use. There was further discussion concerning how and where private x-ray inspectors are used in Virginia. Mr. Harrison told the Board that private inspectors are certified by VDH. There was additional

discussion concerning registration fees and inspection fees. There being no further discussion, the proposed amendments were approved unanimously by a voice vote.

Nominating Committee

By unanimous consent, the Board moved the Appointment of Nominating Committee ahead on the agenda, in front of the Authorized Onsite Soil Evaluator Regulations.

Mr. Edwards told the Board that the nominating committee will recommend a slate of Board officers for election at the June 2, 2016 Board meeting.

Mr. Edwards recommended three individuals to serve on the nominating committee: Ms. Prichard, Dr. Seeds, and Ms. Vest. He also recommended that Ms. Vest be appointed as the chair of the nominating committee.

Mr. Edwards then asked if there were any additional nominations from the floor. Ms. Whipple recommended that Ms. Hines and Dr. Shuler also serve on the nominating committee. The five-member nominating committee was approved by unanimous consent.

Lunch Presentation

Dr. Levine introduced Mr. Paylor, Director of the Department of Environmental Quality (DEQ) as one of the lunch speakers. Mr. Paylor told the Board that, in 2008, a coal ash spill highlighted nationally the need to assess coal ash impoundments. More recently, a coal ash spill in the Dan River about two years ago raised awareness in Virginia of the need to address issues related to coal ash impoundments. A new EPA rule concerning coal ash impoundments, and the closure of those impoundments, became effective in October 2015. Virginia incorporated most of the EPA regulations into Virginia's waste regulations. Dominion Power wanted to move expeditiously to close coal ponds that it had around the Commonwealth.

Mr. Paylor explained the state permitting process, and technical components, related to the closure of coal ash ponds. There is a dewatering process that takes approximately 15 to 24 months to complete. Mr. Paylor talked about Dominion's Possum Point power plant in Prince William County. This plant ceased using coal in 2003, and has five coal ash retention ponds. Dominion plans to consolidate the five ponds into a capped site. The necessary DEQ permit to implement this plan was approved following a very lengthy public process that engendered quite a bit of controversy. Concerns that were raised during the process included that the limits proposed by DEQ were not adequately protective, and that monitoring was insufficient. Mr. Paylor told the Board that DEQ ensures that EPA water quality limits are met. DEQ also increased the amount of water sampling and, if any sampling parameters are violated, dewatering is ceased immediately. The overall goal is to close out the 12 coal ash ponds in Virginia in order to prevent the types of spills that have occurred in North Carolina and Tennessee.

There was discussion concerning the DEQ permitting process, limits to discharge volumes, impact of the dewatering process on bioaccumulation, and fish tissue monitoring.

Dr. Levine continued the lunch presentation by commenting on the role of public health in this situation. VDH was initially involved with the coal ash spill in the Dan River due to a public drinking water intake located near the site of the spill. Dr. Levine told the Board public waterworks operators have systems in place that can produce safe, quality drinking water even when coal ash is brought in the intake. However, there are concerns about private water wells in close proximity to the coal ash ponds. The safety of private wells has been raised as an issue. In Virginia, after a private well is drilled and constructed, regulations do not require any water testing or sampling unless the well requires a repair. Furthermore, there is no regulatory limit for contaminants. Nor is there any baseline data for contaminant levels in private wells.

VDH was approached by several entities and asked to do testing of private wells in the vicinity of coal ash ponds. VDH does not have any budget for the testing of private wells. Nevertheless, VDH developed a testing methodology, and decided to use the standards for public drinking water systems issued by the EPA. VDH identified private wells within 1000 feet of a coal ash pond, and determined that the property owner's advance permission would be required prior to any testing. This will be an ongoing issue for VDH, and VDH will be working closely with DEQ. VDH remains focused on providing reliable information to the public.

Regulatory Action Items

Authorized Onsite Soil Evaluator Regulations (12VAC5-615) – Proposed Repeal of the Regulations

Mr. Roadcap presented the proposed repeal of the onsite soil evaluator regulations. He told the Board that VDH had authority in this area prior to 2007. However, in 2007, the General Assembly transferred the regulatory authority for the certification of the evaluators to the Department of Professional and Occupational Regulation. The repeal process had been started as a fast track action; however, 25 comments were received during the public comment period for that action. Receiving more than 10 comments necessitates that the repeal of the regulations must go through the standard three-stage regulatory process. Mr. Roadcap advised the Board that VDH does not have the authority to implement the regulations. Ms. Brosche moved that the proposed repeal of the regulations be approved with Mr. East seconding the motion. The proposed repeal of the regulations was approved unanimously by a voice vote.

Sewage Handling and Disposal Regulations (12VAC5-610) – Final Amendments

Mr. Roadcap presented the final amendments. Emergency regulations for the use of gravelless material and drip dispersal went into effect on March 14, 2014. The emergency regulations expired on March 14, 2016, before the final amendments could be approved. The final amendments will make the requirements that govern gravelless material and drip dispersal permanent. Ms. Getter moved that the final amendments be approved with Mr. Beall seconding the motion.

There was discussion concerning the installation process, and technical aspects and costs of alternative onsite sewage systems. Mr. Roadcap told the Board that there was no added cost as a result of these regulations, and professional engineers retain discretion in terms of specific

products to be used in their designs. There being no further discussion, the final amendments were approved unanimously by a voice vote.

Regulations for the Licensure of Home Care Organizations (12VAC5-381) – Fast Track Amendments

Mr. Bodin presented the fast track amendments, which are the result of a periodic review. Home care organizations are licensed annually and inspected once every two years. The last comprehensive update to the regulations occurred in 2006. The amendments will correct provisions which are no longer accurate, clarify requirements, and insert additional best practices. This regulatory action was prepared with significant input from relevant stakeholders. Dr. Miller moved that the fast track amendments be approved with Ms. Prichard seconding the motion.

Mr. Edwards reminded the Board of the email that was sent prior to the meeting that contained 11 motions for amendments from Ms. Brosche. Mr. Edwards asked if the Board was comfortable with Ms. Brosche making one motion to incorporate all of the changes in the 11 areas she had outlined in her document. Hearing no dissent, Ms. Brosche then made a motion that the 11 amendments sent to the Board prior to the meeting be approved. Dr. Klein seconded the motion. The 11 amendments are as follows:

1. On page two, in 12VAC5-381-10, restore the definition of “client’s residence”. This definition was recommended for removal in the fast track amendments.
2. On page three, in 12VAC5-381-10, in the definition of “home health agency”, add the words “home health aide service and medical supplies, equipment and appliances” after the words “skilled nursing services” and before “and”, insert the words “may provide” next, delete the words “at least” before the word “one”, add the words “or more” before the words “other therapeutic service”, insert the word “or” between “occupational therapy;” and “medical social services;”, and remove the words “or home health aide services;”. The definition now reads: “Home health agency” means a public or private agency or organization, or part of an agency or organization, that meets the requirements for participation in Medicare under 42 CFR 440.70 (d), by providing skilled nursing services, home health aide service and medical supplies, equipment and appliances, and may provide one or more other therapeutic service, for example, physical, speech, or occupational therapy; or medical social services; and also meets the capitalization requirements under 42 CFR 489.28.” This provides clarity and consistency with Medicare regulations found at 42 CFR 440.70.
3. On page five, in 12VAC5-381-20 C, insert the words “change in location” after the words “The addition” and before the words “of a branch office” so that the sentence now reads: “The addition or change in location of a branch office shall require a survey of the new branch location and the reissuance of the organization’s license.”

4. On page 12, in 12VAC5-381-140 C, change the word “organization” to “person” between the words “If the” and “discontinues services” so that the sentence reads “If the person discontinues services, or the license has been suspended. . .”
5. On page 16, in 12VAC5-381-200 I 2, insert the word “administrative” between the words “organization’s” and “policies”.
6. On page 16, in 12VAC5-381-200 M, change the words “client’s home” to “residence”.
7. On page 18, in 12VAC5-381-230 C 11, insert the words “or any other employee of the home care organization” after the words “home care attendant(s)” and before the period ending the sentence.
8. On page 21, in 12VAC5-381-280 D, insert the words “and disposal” after the words “safe storage” and before the words “of the original record”.
9. On page 22, in 12VAC5-381-300 A 6, restore the words “Medical social services”.
10. On page 25, in 12VAC5-381-360 A, change the word “home” to “residence” after the words “safety in his” and before period ending the sentence.
11. Change the word “patient” to the word “client” throughout the regulation for consistency.

Mr. Beall made a secondary motion to leave the word “organization” rather than change it to “person” in 12VAC5-381-140 C. There being no second, the secondary motion failed.

Mr. Edwards called for a voice vote on the motion to make the 11 amendments proposed by Ms. Brosche to the fast track amendments as proposed by VDH. The motion passed.

There was a brief discussion about why inclusion of audit requirements would be good business practice. The fast track amendments propose deletion of 12VAC5-381-190 D. Mr. Beall made a motion to reinsert 12VAC5-381-190 D with Ms. Vest seconding the motion. Mr. Edwards called for a voice vote on the motion. The motion passed.

There was a brief discussion about what constitutes a drop site, VDH’s jurisdiction over where organizations are located, and the Commissioner’s authority for revoking or suspending licenses as well as granting variances. There being no further discussion, Mr. Edwards called for a vote on the main motion to approve the fast track amendments as amended during the foregoing discussions. The fast track amendments were approved unanimously by a voice vote.

Regulations Governing Durable Do Not Resuscitate Orders (12VAC5-66) – Fast track Amendments

Mr. Brown presented the fast track amendments, which are the result of a periodic review. The amendments clarify that other do not resuscitate (DNR) orders can be recognized; specifically, that a durable DNR order can include a physician orders for scope of treatment (POST) form

completed by a licensed practitioner and signed by the patient or patient's authorized representative. Ms. Brosche moved that the fast track amendments be approved with Dr. Klein seconding the motion.

Mr. Beall told the Board that in the definition of "Durable Do Not Resuscitate Order" or "Durable DNR Order" in 12VAC5-66-10, the impression is that the POST form did not need a signature by the practitioner. Mr. Beall made a motion to put a period between the words "form" and "completed", and insert the words "Durable DNR Orders including POST forms shall be" after the period and before the word "completed", as well as insert the words "and signed" after the word "completed" and before the words "by a licensed practitioner". The two sentences now read: "Durable DNR Order shall also include a Physician Orders for Scope of Treatment (POST) form. Durable DNR Orders including POST forms shall be completed and signed by a licensed practitioner and signed by the patient or patient's authorized representative." Dr. Seeds seconded the motion. Mr. Edwards called for a voice vote on the motion to amend the fast track amendments as proposed by VDH. The motion passed. There being no further discussion, Mr. Edwards then called for a vote on the main motion to approve the fast track amendments as amended during the foregoing discussion. The fast track amendments were approved unanimously by a voice vote.

Regulations Governing Virginia Newborn Screening Services (12VAC5-90) – Final Amendments

Dr. Walker Harris presented the final amendments. The amendments add screening for critical congenital heart disease (CCHD) to the regulations. Three changes were made to the regulations between the proposed and final stages. One identified the current documents from the Academy of Pediatrics that provides screening recommendations. The second revision adds parent or guardian refusal on religious grounds as one of the reasons that CCHD screening may not be completed. Finally, a revision was made to specify the time frame in which the attending physician would need to be notified of abnormal screening results. Ms. Hines moved that the final amendments be approved with Ms. Prichard seconding the motion. The final amendments were approved unanimously by a voice vote.

Member Reports

Theresa Brosche – Virginia Nurses Association (VNA). Ms. Brosche told the Board that the Virginia Action Coalition (VAC), supported by the VNA, was recognized by the Robert Wood Johnson Foundation as one of the leaders in carrying out the Institute of Medicine's Future of Nursing Report. Several of the initiatives developed by the VAC served as models for other states and have assisted in improving quality and transforming the way Virginians receive health care. She also told the Board that Drs. Levine and Peake shared Virginia's Plan for Well-Being with nurses in the Commonwealth at several recent events. The collaborative efforts between the VNA and VDH will continue to propel Virginia's Plan for Well-Being and the Robert Wood Johnson Culture of Health Framework forward.

Tommy East – Nursing Home Industry Representative. No report.

Dr. Wendy Klein – Medical Society of Virginia (MSV). She told the Board about two notable items from the 2016 General Assembly session; one is for \$2,500,000 funding for 25 new graduate medical education residency slots effective July 1, 2017 and the other is for \$200,000 each for fiscal year 2017 and 2018 for a nurse practitioner telemedicine pilot program. Upcoming work for MSV includes their legislative summit on May 13; working with the membership and the Department of Health Professions to inform and educate the physician community on prescription monitoring program and opioid bills that passed during the General Assembly session; and developing and telemedicine resource guide.

Dr. John Seeds – Medical Society of Virginia (MSV). Dr. Klein gave the MSV member report.

Faye Prichard – Local Government. No report.

Megan Getter – Public Environmental Health Representative. She told the Board that the Virginia Environmental Health Association will hold its Spring Educational Conference on April 8.

Amy Vest – Virginia Pharmacists Association. She told the Board that since the Drug Enforcement Administration rescheduled hydrocodone containing products from schedule 3 to schedule 2 in October 2014, dispensed prescriptions have declined by 22%. Although the state and national pharmacists' associations did not initially support this change out of concern that it would limit access and increase pharmacists' workloads, it is proving to be an effective means of combating opioid abuse. She also told the Board that Walgreens is installing "prescription drug take-back" kiosks in selected stores. The next take drug back day is April 30. Finally, she commended Mr. Edwards on his recent retirement from Virginia Beach EMS.

Hank Kuhlman – Consumer Representative. No report

Linda Hines – Managed Care Health Insurance Plans. She told the Board that the General Assembly had approved benefits for substance use disorders. She went on to say that currently, there are no benefits for persons over the age of 21. The benefits go into effect January 1, 2017.

Brad Beall – Consumer Representative. No report.

Dr. Benita Miller – Virginia Dental Association (VDA). Dr. Miller told the Board that the VDA had successful legislative session, in that all of the bills that it had introduced were successful.

Mary Margaret Whipple – Hospital Industry. Ms. Whipple told the Board that hospitals continue to support Medicaid expansion in Virginia.

Dr. Jim Shuler – Virginia Veterinary Medical Association (VVMA). No report.

Bruce Edwards – Emergency Medical Services (EMS) Representative. – He briefed the Board on a recent external review of Virginia's Virginia trauma system. He said that the report, which dealt with a great deal of complex subject matter, was not very complimentary. The trauma

triage committee of State EMS Advisory Board has established a group to try to identify potential improvements.

Adjourn

The meeting adjourned at approximately 2:37 p.m.