

**State Board of Health Nominating Committee  
Minutes  
June 1, 2017 – 8:30 a.m.  
Perimeter Center, 9960 Mayland Drive  
Richmond, Virginia 23233**

Members present: Tommy East; Bruce Edwards; Benita Miller, DDS; Jim Shuler, DVM; Stacey Swartz, PharmD; and Mary Margaret Whipple

VDH staff present: Joe Hilbert, Director of Governmental and Regulatory Affairs

The members discussed the slate of officers to recommend to the Board. The meeting adjourned at 8:35 a.m.

**State Board of Health  
Minutes  
June 1, 2017 – 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; Holly Puritz, MD; Jim Shuler, DVM; Stacey Swartz, PharmD; 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. 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; Erik Bodin, Director, Office of Licensure and Certification; Dr. Laurie Forlano, Director, Office of Epidemiology; Leslie Hogle, PhD, Division of Population Health Data Director, Office of Family Health Services; Ken Hearst, Environmental Health Food Supervisor, Central Shenandoah Health District; Suresh Soundararajan, Systems Development and Operations Manager, Office of Information Management

Others Present: Robin Kurz and Sean Murphy, Office of the Attorney General; Michael Fraser, PhD, CAE, Executive Director, Association of State and Territorial Health Officials

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. Ms. Prichard made a motion to remove the abortion facility licensure status report item from the meeting agenda for this meeting and have it remain off future meeting agendas until such time as the Board directs that it be put back on. Ms. Prichard stated that her motion was made due to the fact that there is pending litigation concerning the Regulation for Licensure of Abortion Facilities. Dr. Klein seconded the motion.

There was a discussion that the Board has many items under its purview and that it should not highlight one particular item; that meetings would be unduly lengthy to require reports on all items VDH is involved in at every meeting; that the Board should not have a long conversation about an item about a topic currently under litigation; and that there is no connection between the current litigation and the abortion facility status report. There was further discussion concerning whether or not the lack of an abortion facility licensure status report on the Board's agenda was suggestive of a sentiment that this topic did not require any further review by the Board. There was further discussion that the Board does not receive status updates on hospitals and nursing homes.

Ms. Getter indicated that she had a question that she intended to ask during the presentation of this agenda item. She asked if her question could still be raised, since the item would no longer be on the agenda. Mr. Edwards told her that there would be a time during the meeting when she could ask her question.

There being no further discussion, Mr. Edwards called for a vote by show of hands on this motion to amend the agenda. The vote was 9 ayes (Mr. East, Ms. Hines, Dr. Klein, Dr. Miller, Ms. Prichard, Dr. Puritz, Dr. Shuler, Ms. Swartz, and Ms. Whipple), 3 nays (Mr. Beall, Ms. Getter, and Mr. Kuhlman), and one abstention (Ms. Brosche). Mr. Edwards did not vote. The motion was approved to remove the abortion facility licensure status report from the agenda. Mr. Edwards then asked if there were any further questions or comments. There being none, the updated agenda was approved by unanimous consent.

## Approval of Minutes

No corrections were noted. The minutes were approved by unanimous consent.

## Commissioner's Report

Dr. Levine began the Commissioner's report to the Board with the introduction of the "agency stars" for the meeting: Ken Hearst with the Central Shenandoah Health District and Suresh Soundararajan with the Office of Financial Management.

Dr. Levine briefed the Board on the status of the opiate addiction public health emergency. At the March 2017 Board of Health meeting, Dr. Levine presented mortality data provided by the Office of the Chief Medical Examiner. For this meeting's update, she shared data showing

emergency department visits which includes information on all unintentional overdoses, not just heroin and fentanyl. She told the Board that the trend for emergency department visits is on the rise. Dr. Levine also told the Board about the VDH data portal that has been created and can be accessed on VDH's website. This portal can be used by the public to view data on a statewide, locality, or district level with regard not only to opiate addiction but to all types of health-related data. The portal is currently a collection of VDH data but has the potential to include data from other agencies.

Dr. Levine then briefed the Board on legislation that was enacted by the 2017 General Assembly, authorizing the Commissioner to establish comprehensive harm reduction programs. She told the Board that the current goal is to prevent people from dying following overdose, and that the focus is on getting naloxone into the right hands in the right places. VDH's Office of Epidemiology has drafted standards and protocols which, subject to approval by the Secretaries of Health and Human Resources, and Public Safety and Homeland Security, will be used by authorized comprehensive harm reduction (CHR) programs. Standards involved in becoming a CHR authorized program address both need and readiness. Dr. Levine indicated that a critical factor to the success of this program is local law enforcement support. She told the Board that she will report at the next meeting on how the program is being implemented.

There was a discussion that areas of need should include areas of transient housing (e.g., areas where there are large number of individuals living in hotels). However, it was also discussed that, at this point, VDH does not have micro-level data necessary to analyze those areas but that such information is critical. There was further discussion concerning the need to adequately manage pain in the population and to make resources available to providers to care appropriately for their patients.

Dr. Levine then reminded the Board that it is now the season for tick-borne diseases such as Lyme disease. In 2016, Virginia had its second highest number of Lyme disease cases ever recorded. Another tick-borne disease, Powassan, though rare, is an emerging disease that VDH continues to monitor. VDH has data on its website indicating areas of concern in Virginia. Sharing data with the public provides an opportunity for VDH to get information out, particularly about prevention and awareness. Dr. Levine told the Board that VDH is continuing to monitor Zika. All cases of Zika in Virginia to-date are travel-related cases; Zika has not yet been found in mosquitos in Virginia. She told the Board that only a few localities have adequate mosquito control capability.

Next, Dr. Levine provided an update on the status of VDH's review of an application submitted by Wellmont Health System and Mountain States Health Alliance for a Letter Authorizing a Cooperative Agreement. VDH is still in the process of reviewing the application. VDH recently met with the applicants and reviewed most aspects of the application. Subsequent to that meeting, Tennessee deemed the application complete again. Virginia has until September 15 to issue a decision. In response to a question, Dr. Levine told the Board that this review and decision is similar to the certificate of public need process and she will be responsible for making the decision as to approval or denial of the application.

Dr. Levine then provided the Board with an update concerning perfluorinated and polyfluorinated chemicals (PFOS/PFOA), which are man-made fluorinated organic chemicals in wide use and for which the long-term health impacts are not fully known. Health concerns range from cancer, developing fetuses, and thyroid problems. NASA has used these chemicals at its Wallops Flight Facility on the Eastern Shore as part of a firefighting foam. During testing of the facility's well monitoring sites, chemicals have shown up in ground water and some wells have been contaminated. There are many state and federal agencies involved with this issue. All affected wells have been taken offline and public meetings have been held to keep the community informed about this issue. At the moment, no PFOS/PFOA chemicals are detected in the drinking water that is being used by the Town of Chincoteague. Dr. Levine also told the Board about a jet fuel spill that occurred in Virginia Beach, and how the local health department has worked with the Department of Environmental Quality on the response. These are two examples of complex environmental health issues that VDH deals with that can have far-reaching effects.

Dr. Levine reminded the Board that June 1 is the start of hurricane season. VDH is holding its preparedness academy this week. She told the Board that there has been a change to the Tidewater evacuation plan and individuals need to be prepared, since Virginia is prone to hurricanes. She also told the Board that there are significant concerns about the federal budget; much of VDH's work and programs rely on federal dollars. Dr. Levine said that she expects to be able to share more information on this topic at the September Board meeting.

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

- Dr. Norman Oliver –Deputy Commissioner of Population Health;
- Jim Moore – Acting Director, Office of Drinking Water (VDH is actively recruiting this position); and
- Dr. Adrienne McFadden – Director, Office of Health Equity, resignation effective June 24, 2017.

#### Overview – Affordable Care Act/American Health Care Act

Dr. Levine introduced Dr. Fraser who provided the Board with an overview of the Affordable Care Act and the American Health Care Act. He began by providing a brief description of the Association of State and Territorial Health Officials (ASTHO), which is a national organization representing public health agencies and which advocates for the needs of all its members. He said that ASTHO is focused primarily on the public health and prevention implications of the ACA/AHCA, as opposed to the health care delivery implications. A key issue identified by Dr. Fraser is how to focus on promoting prevention and wellness.

He told the Board that key policy differences surrounding the ACA/AHCA stem from national misunderstandings and disagreements concerning the role of government in providing health care. Dr. Fraser said that across the U.S., two-thirds of health care is purchased by governmental entities at the federal, state, and local levels. Dr. Fraser said that most individuals who are supportive of the ACA believe that health care is a right. However, he said that most supporters of the AHCA believe that health care is not a right and that it is not a governmental obligation to

provide. He explained the health insurance coverage gap among low income individuals that resulted in those states that failed to expand Medicaid eligibility, as authorized by the ACA. Dr. Fraser said that AHCA would result in more uninsured individuals. He also explained that the ACA contained a significant amount of new federal regulation.

Dr. Fraser told the Board that AHCA, as passed by the House of Representatives, returns to the states some control over how health care policy decisions are made. The AHCA requires consistent health care coverage but does not mandate it. It also repeals most of the new taxes that were enacted by the ACA. The AHCA also repeals limits on flexible spending accounts. It also allows state waivers for age rating of premiums, and allows but does not require dependents under age 26 to be kept on their parents' coverage. In addition, guaranteed issue and coverage of pre-existing conditions is still required, but insurers can charge more. Another key difference is that the AHCA removes premium subsidies and instead creates tax credits. The AHCA allows states to keep Medicaid expansion and transition to pre-ACA federal match rates for new enrollees in 2020.

The AHCA also repeals public health and prevention health funding. All public health programs have a piece of federal funding. However, under the AHCA, the federal government will no longer provide as much of that federal funding. Federal funding for the public health and prevention fund will be eliminated in 2018 by AHCA. That funding goes to core public health programs. That would result in a \$15 million reduction in funding for VDH.

There was a discussion concerning the current status of the legislation in the Senate, and discussion concerning the likely impact of eliminating the public health and prevention fund.

#### Matrix of Pending Regulatory Actions

After a brief break, Mr. Hilbert reviewed the summary of all pending VDH regulatory actions. Since the March 2017 meeting, there has been one regulatory action that the Commissioner took on behalf of the Board while the Board was not in session: approval of a Notice of Intended Regulatory Action for the Radiation Protection Regulations – Fee Schedule (12VAC5-490).

Mr. Hilbert advised the Board that there are 14 periodic reviews in progress:

- Public Participation Guidelines (12VAC5-11);
- Regulations Governing Virginia Newborn Screening Services (12VAC5-71);
- Regulations for Bedding and Upholstered Furniture Inspection Program (12VAC5-125),
- Regulations for the Sanitary Control of Storing, Processing, Packing or Repacking of Oysters, Clams and Other Shellfish (12VAC5-150);
- Regulations for the Sanitary Control of the Picking, Packing and Marketing of Crabmeat for Human Consumption (12VAC5-160);
- Virginia Women, Infants and Children Program (12VAC5-195);
- State Medical Care Facilities Certificate of Public Need Rules and Regulations (12VAC5-220);
- Regulations for the Licensure of Hospice (12VAC5-391);
- Certificate of Quality Assurance Managed Care Health Insurance Plan Licensees (12VAC5-408);

- Sanitary Regulations for Hotels (12VAC5-431);
- Rules and Regulations Governing the Construction and Maintenance of Migrant Labor Camps (12VAC5-501);
- Regulations Governing the Virginia Medical Scholarship Program (12VAC5-530);
- Regulations for the Nurse Educator Scholarship Program (12VAC5-545); and
- Private Well Regulations (12VAC5-630).

### Public Comment

Mr. Edwards discussed the procedures by which the public comment period would be conducted. Each individual has a maximum of two minutes in which to address the Board. Mr. Edwards indicated that the public comment period is not interactive; the members listen to the comments that individuals make.

All three individuals who spoke during the public comment period commented on the fast track amendments to the Regulations for the Licensure of Nursing Facilities with regard to electronic monitoring.

- Matt Mansell – He told the Board that he had been an active participant in the stakeholder process for the amendments. He indicated that technology evolves quickly and guidance makes sense. He expressed gratitude to VDH and that he was honored to be a part of the process.
- Katie Payne – She told the Board that she appreciates the work that VDH staff has done with regard to the amendments. She expressed agreement with a proposed amendment to be offered by a Board member with regard to line 210 to require facilities to report any violation of unauthorized or illegal monitoring. She further indicated no position as to who the reporting should be made to but that the reporting itself is important.
- Dana Parsons – She expressed appreciation for being a part of the process. She told the Board that a proposed amendment to be offered by a Board member with regard to line 195 regarding notarization is unnecessary. She said that notarization is not required in other processes in the nursing home and feels this requirement could be a barrier to the process.

Mr. Edwards then declared the public comment period closed.

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

Mr. Hilbert and Dr. Hoglund presented a preview for the Board’s annual report. 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. Last year, Virginia’s Plan for Well-Being served as the annual report. VDH is in the process of updating the Plan. Once that has been completed, VDH will present the updated Plan to the Board at its September 2017 meeting to be approved as the annual report submission for this year.

Dr. Hoglund told the Board that the Plan includes four aims and 13 focus goals with specific strategies and metrics. The aims are: Healthy, Connected Communities; Strong Start for Children; Preventive Actions; and System of Health Care. Dr. Hoglund gave examples where progress is being made in each of the four aims.

There was a brief discussion concerning areas in Virginia where there is resistance to vaccination.

### Regulatory Action Items

#### *Regulations for the Licensure of Nursing Facilities (12VAC5-371) – Fast Track Amendments*

After a brief break to pick up their lunch, the Board continued the meeting by Mr. Bodin presenting the fast track amendments. The amendments reflect the requirements of Senate Bill 533 enacted by the 2016 General Assembly to promulgate regulations that address the audio-visual recording of residents in nursing homes. The amendments contain provisions pertaining to definitions; a framework to address policies and procedures; informed consent; admission, discharge, or transfer; the equipment request process; notice procedures; retention and ownership of tapes or recordings; and reporting suspected abuse, neglect, accident, or injury discovered through electronic monitoring. Ms. Hines moved that the fast track amendments be approved with Mr. East seconding the motion.

Ms. Brosche provided the Board with a list of proposed amendments that she wanted to have incorporated into the fast track amendments as recommended by VDH. Those proposed amendments are as follows:

1. In 12VAC5-371-191 D, remove the word “or” between the words “objections of the resident” and “the resident’s roommate” and insert a comma after the word “resident”.
2. In 12VAC5-371-191 D, insert the words “or the resident’s responsible party” after the words “the resident’s roommate”. With the suggested amendment 1 above, the first sentence of 12VAC5-371-191 D now reads “Family members cannot obtain electronic monitoring over the objections of the resident, the resident’s roommate or the resident’s responsible party.”
3. In 12VAC5-371-191 K, insert the words “adherence to local, state, and federal privacy laws,” after the words “replacement of recordings” and before the words “and for firewall protections”.
4. In 12VAC5-371-191 L, insert the words “when appropriate” after the words “facility shall prohibit” and before the words “from refusing to enter”.
5. In 12VAC5-371-191 R, replace the words “consent of other residents in the room” with the words “and notarized consent of other residents in the room or their responsible parties”.
6. In 12VAC5-371-191 T, insert the words “or his or her responsible party” between the words “resident” and “of a monitored room”.

7. In 12VAC5-371-191 X, replace the words “may require a resident or a resident’s responsible party to meet all of the requirements for authorized monitoring” with the words “shall report any such violation to the Office of the Long Term Care Ombudsman and OLC, and the facility may require a resident or a resident’s responsible party to meet all the requirements for authorized monitoring, if permitted by the facility”.

There was a discussion that the reason that proposed amendment 4 was needed was to protect facility staff from entering a monitored room if there was a reason why the staff could not be monitored themselves; that this concern could be addressed through facility personnel policy; and that it may clarify the language if the word “assigned” was added. Ms. Brosche changed proposed amendment 4 to only add the word “assigned” after the words “facility shall prohibit” and before the words “staff from refusing” and to not add the words “when appropriate” after the word “staff”. 12VAC5-371-191 L would now read “A facility shall prohibit assigned staff from refusing to enter a resident’s room solely because of electronic monitoring.”

For amendment 5, there was a discussion that having a signature notarized does present a barrier, particularly in light of the comments made during the public comment period. There was a discussion that having a signature notarized does not mean that person signing understands what they are signing; that other documents, such as the resident agreement, are not notarized; that the facility is responsible for informed consent; and whether 12VAC5-371-191 R is needed at all. There was further discussion about the difference in 12VAC5-371-191 Q and 12VAC5-371-191 R (subsection Q specifies that informed consent has to be obtained and subsection R specifies how the consent is obtained). Finally, there was a discussion about adding the words “and witnessed informed” between the words “necessary signed” and the words “consent of other residents”; and that the addition of the word “informed” puts the burden on the resident for ensuring that the consent is informed. Based on the discussions, and in order to discuss amendment 5 more fully, Ms. Brosche removed it from the block of amendments to be included in her motion.

Ms. Brosche made a motion to add her proposed amendments 1, 2, 3, 4 (as amended during the foregoing discussion), 6, and 7. Ms. Hines seconded the motion. There being no further discussion, Mr. Edwards called for a voice vote on this motion to amend the fast track amendments as presented by VDH. The motion was approved unanimously.

Ms. Brosche made a motion to amend 12VAC5-371-191 R by adding the words “and witnessed informed” after the words “obtain the necessary signed” and before the words “consent of other residents”. Ms. Prichard seconded the motion. There was a discussion that subsections Q and R of 12VAC5-371-191 are redundant; why the Board is putting into the regulation how the informed consent is obtained; and that an individual cannot obtain official informed consent from another resident, only the facility can. Ms. Tysinger advised the Board that it is within the Board’s discretion as to changes to subsection R and that subsection Q states that informed consent has to be obtained but is silent on the process of obtaining it. Ms. Brosche then indicated that she wished to withdraw this motion. Hearing no objection, Mr. Edwards stated that this motion was withdrawn by unanimous consent.



Ms. Brosche made a motion to remove subsection R of 12VAC5-371-191 in its entirety. Ms. Getter seconded the motion. There being no further discussion, Mr. Edwards called for a voice vote on this motion to amend the proposed fast track amendments as presented by VDH. The motion was approved unanimously.

Ms. Getter made a motion to make the following additional amendments to 12VAC5-371:

1. In 12VAC5-371-10, in the definition of Facility-managed, to add the words “with the knowledge of the resident” after the words “by the nursing facility” and before the words “in accordance with the facility’s”.
2. In 12VAC5-371-191 H, add the words “in a timely manner” after the words “viewing of any recordings” and before the words “including, but not limited to”.
3. In 12VAC5-371-191 H, add the sentence “If authorized viewing is discovered, the facility shall report any such violation to the Office of Long Term Care Ombudsman and to OLC” as a new sentence after subdivision 3.

Mr. Kuhlman seconded the motion. Ms. Whipple indicated that language needed to be added to Ms. Getter’s proposed amendment 1 regarding knowledge by the resident’s personal representative. Ms. Whipple made a secondary motion to add the words “or resident’s responsible party” after the words “knowledge of the resident” and before the words “in accordance with” so that the sentence now reads “‘Facility-managed’ is an electronic monitoring system that is installed, controlled, and maintained by the nursing facility with the knowledge of the resident or resident’s responsible party in accordance with the facility’s policies”. Dr. Miller seconded the motion. Mr. Edwards called for a voice vote on the secondary motion. The motion was approved unanimously. Mr. Edwards called for a voice vote on this primary motion as appended by the secondary motion to amend the fast track amendments as presented by VDH. The motion was approved unanimously.

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

#### *State Medical Facilities Plan (12VAC5-230) – Proposed Amendments*

Mr. Bodin presented the proposed amendments. After a periodic review it was determined that an update was needed to the cardiac catheterization and nursing home sections of the regulations. VDH convened two workgroups (long term care and cardiac catheterization) to provide technical input. VDH reviewed the recommendations of the two workgroups and drafted amending language from that information. The proposed amendments correct several definitions, add new definitions, and make changes to the occupancy standard utilized for determining the need for new nursing home beds. Ms. Prichard moved that the proposed amendments be approved with Mr. East seconding the motion.

Ms. Brosche made a motion to correct a misspelling in 12VAC5-230-10 in the definition of “Diagnostic cardiac catheterization”; the word “heard” after the words “abnormalities in the” and before the word “structure” should be “heart”. Dr. Klein seconded the motion. Mr. Edwards called for voice vote on this motion to amend the proposed amendments as presented by VDH. The motion was approved unanimously.

Ms. Getter made a motion to make the following changes to 12VAC5-230:

1. In 12VAC5-230-10, in the definition of “DEP”, remove the word “simple” after the words “i.e. a pediatric” and before the words “diagnostic cardiac catheterization equals”.
2. In 12VAC5-230-420 A, change the bulleted items to a numbered list.
3. In 12VAC5-230-610 C 2, add the words “of all existing and authorized Medicaid-certified nursing facility beds” after the word “93.0%” and before the words “and an average occupancy rate”.
4. In 12VAC5-230-610 C 2, add the word “annual” after the words “and an” and before the words “average occupancy rate”.
5. In 12VAC5-230-610 C 2, add the words “of all existing and authorized Medicaid-certified nursing facility beds” after the word “90.0%” and before the words “for each of”. With changes 3 and 4 above, 12VAC5-230-610 C 2 now reads “Had a median annual occupancy rate of 93.0% of all existing and authorized Medicaid-certified nursing facility beds and an annual average occupancy rate of at least 90.0% of all existing and authorized Medicaid-certified nursing facility beds for each of the most recent two years for which bed utilization has been reported to VHI; and”.

Ms. Swartz seconded the motion. There was a discussion that there is no distinction between simple and diagnostic in this document; how long an authorized bed can stay authorized if it is not filled; and that as a result of VDH’s annual request for applications, VDH has an opportunity to evaluate the number of authorized beds and the planning target needed. 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 on the main motion to approve the proposed amendments as presented by VDH and as amended during the foregoing discussions. The proposed amendments were approved unanimously.

#### *Regulations for the Immunization of School Children (12VAC5-110) – Fast Track Amendments*

Dr. Forlano presented the fast track amendments. These amendments incorporate language from Virginia Code § 22.1-271.2 to clarify that each admitting official is required to allow inspection of school immunization records by VDH officials. The amendments also reference the latest recommended immunization schedules. Dr. Shuler moved that the fast track amendments be approved with Ms. Hines seconding the motion.

There was a discussion that the actual document for immunization recommendations is referenced per instruction from staff at the Virginia Register of Regulations; that both public and private schools are covered by the regulations; and that VDH can provide information regarding vaccination for boys for human papillomavirus (HPV) but the regulations are only authorized to reference vaccination for HPV for girls.

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.

#### Report of the Nominating Committee

Mr. East provided the report of the Nominating Committee. The Committee was comprised of Mr. East, Dr. Miller, Dr. Shuler, Ms. Swartz, and Ms. Whipple. The Nominating Committee recommended the following slate of Board officers, to begin their terms at the end of the meeting today and ending at the conclusion of the Board's June 2018 meeting:

Chair – Faye Prichard  
Vice-Chair – Benita Miller  
Executive Committee Member – Linda Hines  
Executive Committee Member – Jim Edmondson

#### Election of Officers

Mr. Edwards opened the floor for other nominations. Hearing no other nominations, the Board received the Nominating Committee report as a motion to approve the slate of officers. Mr. Edwards called for a vote on the motion to approve the slate of officers. The slate of officers was approved unanimously by a voice vote.

#### Member Reports

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

*Linda Hines – Managed Care Health Insurance Plans. No report.*

*Dr. Wendy Klein – Medical Society of Virginia (MSV). She told the Board about legislation that was passed in the recent General Assembly session that will help level the playing field between U.S. and international graduates by requiring a one-year residency before a medical license can be obtained. This will lead to greater parity. She also told the Board that legislation has been enacted and signed by the Governor that will expand access to care via telemedicine. This action brings Virginia law into line with federal telemedicine regulations.*

*Stacey Swartz – Virginia Pharmacists Association (VPA). No report.*

*Hank Kuhlman – Consumer Representative.* He thanked Dr. Levine and VDH staff for their support during his time on the Board, and said that he has been impressed by the friendliness and decorum among the Board members.

*Tommy East – Nursing Home Industry Representative.* No report.

*Faye Prichard – Local Government.* No report.

*Dr. Benita Miller – Virginia Dental Association (VDA).* She gave the Board an update on the dental coordinator position that was presented to the Board in 2016. Thirteen individuals have completed the curriculum at a community college and are currently serving an internship. This position helps to address access to care issues. She also told the Board that the Board of Dentistry has established a workgroup to develop guidelines for opioid use for dentistry and oral surgery situations and has issued emergency regulations. Dr. Miller also announced that she will be serving as the president of the VDA starting in September.

*Mary Margaret Whipple – Hospital Industry.* She told the Board that the Virginia Hospital and Healthcare Association recently announced the results of a project working with providers to reduce the number of early elective deliveries. Virginia is ranked first in reducing early elective deliveries.

*Dr. Holly Puritz – Medical Society of Virginia (MSV).* No report but to echo the comments from Ms. Whipple.

*Brad Beall – Consumer Representative.* He told the Board that he echoed the comments from Mr. Kuhlman; that it has been an honor to be appointed and to serve; and that he wished the Board well.

*Theresa Brosche – Virginia Nurses Association (VNA).* She told the Board that the VNA issued the Take Five challenge to all Virginians. This initiative encourages a commitment to improve health in five areas for five minutes per day for 21 days. The five areas include physical activity, nutrition, rest, quality of life, and safety. Participants will be provided with a tracking sheet to track their progress and will be included on the Take Five Champion wall. The VNA will also continue to work closely with VDH on implementing the Plan for Well-Being.

*Megan Getter – Public Environmental Health Representative.* She told the Board that it has been an honor and privilege to serve on the Board and that she has learned a great deal during her time on the Board.

*Bruce Edwards – Emergency Medical Services (EMS) Representative.* – He expressed his appreciation for all of the efforts to assist him in the position of chair from staff of VDH's Commissioner's Office and Office of the Attorney General. He also expressed appreciation for working with the Board members over the last eight years and wished the best for the Board. He told the Board that he recently celebrated his 50<sup>th</sup> year of service in EMS. Finally, he said that the board has been very diverse and that is a good thing; it helps produce a better product.

### Other Business

Ms. Prichard recognized Mr. Edwards and told the Board that this was his last meeting, as he is not eligible for re-appointment. Ms. Prichard read a Certificate of Recognition signed by Governor McAuliffe, expressing gratitude for his service on the Board. Ms. Prichard then presented the certificate to him.

Ms. Getter told the Board that her cursory review of the inspection reports for facilities that perform abortions revealed that deficiencies had increased. Ms. Getter provided that information to VDH in an email the day prior to the meeting. She asked Mr. Bodin to speak to that observation. Mr. Bodin indicated that he had reviewed the data quickly and his review indicated that the average number of citations per facility was 15.8 when VDH first started inspecting abortion facilities. For 2014, the average number was 10.0. For 2016, the average number was 10.2. Ms. Getter indicated that she thought there had been an increase in the number as well as an increase in the severity of the deficiencies reported. Mr. Bodin indicated that he had not had a chance to do an in-depth comparison of the data. Mr. Edwards asked if Mr. Bodin could complete that review and report back to Ms. Getter and Mr. Bodin agreed to do so.

### Adjourn

The meeting adjourned at approximately 2:02 p.m.