Call to Order

Ms. Prichard called the meeting to order at 9:05 a.m. Dr. Miller led those in attendance in the pledge of allegiance.

Welcome and Introductions

Ms. Prichard told the Board about the new microphone system installed in the board room and then welcomed the Board to the meeting. Following introductions, Ms. Prichard asked if there were any changes or additions to the agenda for the meeting. Ms. Whipple moved that the agenda be approved as written with Dr. Klein seconding the motion. The motion was approved unanimously by a voice vote.

Approval of Minutes

Dr. Shuler made a motion to approve the minutes from the Board’s June 2017 meeting with Dr. Miller seconding the motion. The motion was approved unanimously by a voice vote.

Commissioner’s Report

Dr. Levine provided the Commissioner’s report to the Board. She began with the introduction of the “agency stars” for the meeting: Laura Young with the Henrico Health District and Lisa Wooten with the Office of Family Health Services. She then told the new Board members that
the purpose of the Commissioner’s report is give the Board a flavor for activities with which VDH is involved.

She then briefed the Board on VDH’s emergency planning efforts. She told the Board that current preparedness efforts are focused on seasonal weather threats; emergent pathogens; cyber-attacks; civil unrest issues; HAZMAT/environmental impact events; as well as opioids/addictions. Dr. Levine told the Board about the preparedness exercises that VDH is involved in so that the agency is prepared and ready to respond in emergency situations. Mr. Edmondson told the Board that the Fairfax County response team has been sent to Florida in order to provide support for recovery efforts there from recent hurricane damage.

Dr. Levine told the Board about a new responsibility for health care providers that provides requirements for baseline emergency preparedness capabilities for healthcare facilities. Facilities must implement these provisions by November 17, 2017; the rule was issued by the Centers for Medicare and Medicaid Services in November 2016. The four core requirements are risk assessment; emergency plans and policies; communications plan; and training and education (including a community exercise requirement). She said this represents a good opportunity for VDH to connect with health care facilities and local communities.

Dr. Levine then briefed the Board concerning two environmental issues. The first is the Eastern Virginia Groundwater Management Area Committee and its work regarding the aquifer that supplies water for most Virginians living east of the I-95 corridor. The concern is that water is being drawn out of the aquifer faster than the aquifer can recharge. VDH is involved with issues concerning drinking water provided by VDH-permitted waterworks and private wells, as well as general health issues. Three of the 12 committee recommendations pertain in some way to VDH: 1) develop and determine appropriate public health and environmental protections for the Sustainable Water Initiative for Tomorrow (an aquifer recharge project); 2) incentivize well owners to connect to the public surface water systems when reasonably available with low cost financing; and 3) require new private and public wells to only withdraw from unconfined aquifers if possible. Dr. Levine will continue to provide updates to the Board on this issue.

The second environmental issue deals with a fish kill that occurred in Tinker Creek in Botetourt County in July. This event occurred when Termix 5301, a surfactant, was released from a hole in a container and was washed by rain into storm water conveyances feeding Tinker Creek. There was a multi-agency response to this event. Water testing was conducted on two wells. A ban that was issued for recreational use of Tinker Creek was lifted in August. The Virginia Department of Environmental Quality conducted soil testing in the vicinity of the two wells. This is a good example of how crucial it is to have good communication and coordination between state agencies.

Dr. Levine told the Board about the emergency department care coordination (EDCC) program which has been established by legislation that was passed in the 2017 General Assembly Session. The purpose of this program is to provide a statewide technology solution that connects all hospital emergency departments to facilitate real-time communication and collaboration among health care providers. The goal will be to improve the quality of patient care and reduce visits by high volume utilizers. This program will integrate with the prescription monitoring program and the advanced medical health care directive registry. A request for proposals was issued and the
proposal review process has begun. A sustainability plan for funding future operations of the EDCC program is in development.

Dr. Levine then provided the Board with an update about an application for a letter authorizing a cooperative agreement currently under review by VDH. If approved, the cooperative agreement would be limited to southwest Virginia and would allow two health systems to merge while being immunized from anti-trust liability. The Southwest Virginia Health Authority recommended approval of the application and submitted that recommendation to VDH in November 2016. At the request of the applicants, the deadline for Dr. Levine to issue a decision has been delayed; the decision is now due by September 15. All of the information regarding the review process, including public comments received by VDH, is posted on VDH’s website. In response to a question, Dr. Levine told the Board that the process is similar to the process used to review a request for a certificate of public need but it is different from a certificate of public need. A key factor to the review process is determining if the advantages outweigh the disadvantages. An approval could include conditions. The applicants have identified commitments and Dr. Levine’s determination includes whether those commitments can be accepted, modified, or added to.

In connection to VDH strategic goal #1—maintain a competent and valued workforce—Dr. Levine told the Board that VDH has conducted an employee engagement survey to take the pulse of the workforce and develop action plans for improvement. The results showed strengths and opportunities for improvement. There is a focus on leadership training, to help leaders lead. This will help the management structure engage and demonstrate that employees are valued and provide career paths. VDH will reassess at 12 to 18 months.

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

- Dr. Colin Greene – Director, Lord Fairfax Health District;
- Dr. Alexander Samuel – Director, Chesterfield Health District;
- Dr. William Berg – Director, Hampton and Peninsula Health Districts;
- Maribeth Brewster – Director of Communications;
- Jeff Stover – Operations Director, Population Health;
- Robert Payne, Acting Director, Office of Drinking Water; and
- Justin Crow – Acting Director, Office of Health Equity.

There was a brief discussion on how the Board could be involved in making a difference to help prevent addiction; changes in the Affordable Care Act and how those changes affect those individuals without insurance or who are underinsured; and the importance of the EDCC program.

Matrix of Pending Regulatory Actions

Mr. Hilbert reviewed the summary of all pending VDH regulatory actions. Since the June 2017 meeting, there have been three regulatory actions that the Commissioner took on behalf of the Board while the Board was not in session. Those actions are:

- Regulations for Disease Reporting and Control (12VAC5-90) – Approval of Final Exempt Amendments;
• Radiation Protection Regulations (12VAC5-481) – Approval of Final Exempt Amendments; and
• Waterworks Regulations (12VAC5-590) – Approval of a Notice of Intended Regulatory Action.

Mr. Hilbert advised the Board that there are 12 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);
• Virginia WIC Program (12VAC5-195);
• Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations (12VAC5-220);
• State Medical Facilities Plan (12VAC-230);
• Regulations for 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); and
• Regulations for the Nurse Educator Scholarship Program (12VAC5-545).

Public Comment

There were no comments from any member of the public.

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. Mr. Hilbert told the Board that VDH recommends that the Board do the same this year because the Plan satisfies the requirements for the annual report.

Dr. Hoglund told the Board that the Plan includes four aims and 13 focus goals with 29 specific strategies and metrics. The aims are: Healthy, Connected Communities; Strong Start for Children; Preventive Actions; and System of Health Care. She gave examples where progress is being made, and areas that still need improvement, in each of the four aims. The report that will be submitted to the General Assembly for 2017 will describe the first year measures and status of indicators for review. Dr. Hoglund told the Board that 68% of adults in Virginia report positive well-being and that the Plan is moving in a positive direction. She also told the Board that as VDH monitors and evaluates the measures going into year two, it is hoped that there will be improvement in all of the Plan’s aims. Mr. Critzer moved that the 2017 Annual Report of Virginia’s Plan for Well-Being be approved with Dr. Puritz seconding the motion.
There was discussion involving Medicaid expansion and its possible effect on the Report; the need for a socio-economic breakout that is not included in this Report; how the data is collected; and how the impression that the Report gives is not accurate as it relates to the broad spectrum of conditions affecting public health in Virginia. There was also discussion about electronic health records; delivery of emergency medical services; and a comparison of Virginia with other states.

There being no further discussion, Ms. Prichard called for a vote by show of hands on the motion to approve the 2017 Annual Report as presented by VDH. The vote was one aye (Ms. Whipple) and 13 nays (Mr. Critzer, Mr. East, Mr. Edmondson, Ms. Harrison, Ms. Hines, Dr. Jeng, Dr. Klein, Mr. Kuhlman, Dr. Miller, Ms. Prichard, Dr. Puritz, Dr. Shuler, and Ms. Swartz). The motion failed. Dr. Levine indicated that VDH would make revisions and will bring the 2017 Annual Report back to the Board at its December 2017 meeting.

**Regulatory Action Items**

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

Mr. Harrison presented the final amendments. The amendments will establish fees for the registration of individuals that inspect x-ray devices in Virginia. The regulations currently require the registration of individuals that inspect x-ray devices; however, the regulations do not establish fees for their initial registration or annual renewal. The collection of these fees would help offset administrative costs of the x-ray program. No substantive changes were made to the proposed amendments that the Board previously approved. The Office of the Attorney General did recommend combining two sentences into one and the addition of a phrase for clarity; those changes are included in the final amendments. Dr. Klein moved that the final amendments be approved with Mr. East seconding the motion. The motion was approved unanimously by a voice vote.

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

Mr. Harrison presented the proposed amendments. The amendments will update the fees for the x-ray program device registrations and inspections as well as amend the fee schedule used by the radioactive materials program for charging annual licensing fees. The proposed amendments are necessary in order to provide monetary support for these two programs. Dr. Klein moved that the proposed amendments be approved with Mr. East seconding the motion. There was a discussion that all state agencies in Virginia are required to license their equipment but they do not have to pay the annual fee. There was further discussion that the rationale for the difference in fees for different machines and materials stems from the difference in complexity of the devices as well as the difference in the time and materials needed to conduct the inspections.

There being no further discussion, Ms. Prichard called for a voice vote on the motion to approve the proposed amendments as presented by VDH. The motion was approved unanimously.

*Regulations for Disease Reporting and Control (12VAC5-90 (Fast Track Amendments)*

By unanimous consent, the Board moved the fast track amendments for the Regulations for Disease Reporting and Control ahead on the agenda, in front of the lunch presentation. Dr. Forlano started
her presentation by telling the Board that VDH recently received two Governor’s Technology Awards and that staff from the Office of Epidemiology were involved in the two projects receiving the awards. She then presented the fast track amendments that will repeal sections of the regulation that deal with the testing protocol for gamete donors. Section 32.1-45.3 of the Code of Virginia was repealed in 2015, thus necessitating the change to the regulations. Dr. Shuler moved that the fast track amendments be approved with Mr. East seconding the motion. The motion was approved unanimously by a voice vote.

Lunch Presentation

Mr. Hicks introduced Dr. Cantrell as the lunch speaker. Dr. Cantrell talked about the services that are offered through the local health departments. She told the Board about the disparities that are found in the Lenowisco Health District, including the percentage of the population dealing with issues such as poverty, disabilities, lack of a high school education, and lack of infrastructure. District staff are involved in providing a wide range of services including women’s health, STD testing and treatment, family planning, and immunizations as well as environmental health services. The Board commended Dr. Cantrell for the scope and breadth of the work being done in the Lenowisco district.

2018 Proposed Board Meeting Schedule

Ms. Prichard referred to the proposed Board meeting schedule for 2018 as outlined in the members’ notebooks. There was a brief discussion of the members’ preference to continue to meet on Thursdays rather than Fridays. The proposed schedule is March 15, June 7, September 13, and December 13. Dr. Puritz moved that the schedule be approved with Ms. Whipple seconding the motion. The schedule was approved unanimously by a voice vote.

Member Reports

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

Dr. Holly Puritz – Medical Society of Virginia (MSV). She briefed the Board concerning issues pertaining to emergency department care coordination and home births using certified midwives.

Stacey Swartz – Virginia Pharmacists Association (VPA). She told the Board that an executive director has been hired for the VPA and that VPA will hold its annual meeting during the coming weekend. The meeting will be an opportunity for training for pharmacists about opiates by the Board of Pharmacy. There was a brief discussion about what individuals can do in emergency situations when they do not have access to their medication.

Dr. Wendy Klein – Medical Society of Virginia (MSV). She told the Board that MSV continues to work with stakeholders to address the Commonwealth’s opioid addiction epidemic. MSV members are participating in a stakeholder workgroup to review scope of practice for nurse practitioners as well as involvement with the EDCC pilot. Certificate of public need reform remains a top priority for MSV, which will hold its annual meeting in October.

Gary Critzer – Emergency Medical Services (EMS) Representative. – He told the Board about the need for greater collaboration between the EMS community and the local health districts.
The annual EMS symposium, one of the largest EMS conferences nationally, will be held in November. He also told the Board that work is being done to look at the future of EMS on a national level.


Linda Hines – Managed Care Health Insurance Plans. She told the Board that the Department of Medical Assistance Services is in the process of rolling out its coordinated care plus program; the program went live in August and is expected to be completed in December. This program involves the most vulnerable Medicaid recipients, to keep individuals in their home longer by providing personal care services.

Tommy East – Nursing Home Industry Representative. No report.

Dr. Benita Miller – Virginia Dental Association (VDA). She told the Board that VDA continues to put its efforts into access to care, citing the recent Mission of Mercy (MOM) event in Wise County. Upcoming MOM events will be held in Grundy, Richmond, and Portsmouth. She also told the Board about the Special Olympics event that will be held in Richmond in June 2018.

Dr. Anna Jeng – Public Environmental Health Representative. No report.

Hank Kuhlman – Consumer Representative. He told the Board that he was impressed with Dr. Cantrell’s presentation, particularly with the work being done by the Lenowisco Health District to address the health care challenges faced by Virginia residents of Appalachia. He also commented to the Board concerning the importance of proper nutrition in order to promote and protect health.

Mary Margaret Whipple – Hospital Industry. She told the Board that a recent report released by the U.S. Department of Health and Human Services now ranks Virginia in the top 10 among states for health care quality.

Lisa Harrison – Consumer Representative. No report.

Faye Prichard – Local Government. No report.

Adjourn

The meeting adjourned at approximately 12:51 p.m.