

**State Board of Health
Minutes
December 3, 2015 – 9:00 a.m.
Perimeter Center, 9960 Mayland Drive
Richmond, Virginia 23233**

Members present: Bruce Edwards, Chair; Brad Beall; Theresa Brosche; Jim Edmondson; 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: Tommy East

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; Catherine West, Administrative Assistant; Maribeth Brewster, Risk Communications Manager; Erik Bodin, Director, Office of Licensure and Certification; Susan Puglisi, Policy Analyst, Office of Licensure and Certification; Dr. Laurie Forlano, Director, Office of Epidemiology; Nancy Van Voorhis, Director, Lead Safe Virginia Program; Dave Crabtree, District Administrator, Lord Fairfax Health District; Steve VonCanon, Director, Office of Purchasing and General Services

Others Present: Cindy Bailey, Robin Kurz, and Sean Murphy, Office of the Attorney General; Jim Beckner, Deborah Love, and Robin Cummings; Richmond Academy of Medicine

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

Mr. Edwards called for a moment of silence for those individuals involved in the mass shooting in California on December 2. Following introductions, Mr. Edwards welcomed the public to the meeting. Mr. Hilbert then reviewed the agenda and the items contained in the Board's notebooks. The agenda was approved by unanimous consent.

Approval of Minutes

Mr. Edwards reminded the Board that the minutes for the Board's meeting are intended to be a summary and not a verbatim transcript. There was a motion and second to approve the draft minutes of the September 17, 2015 Board meeting. Ms. Brosche noted that for clarity, on page three it should be noted that inspectors, as nurses, are mandatory reporters. Ms. Brosche further indicated that on page six, she would like to have added to the minutes the questions that were discussed about the authorities having jurisdiction. Mr. Hilbert indicated that he had those questions, and in response to inquiries from two Board members, the answers to those questions.

He stated that he believed he could make appropriate revisions to the draft minutes. Ms. Brosche went on to state that after the word “trimester” in the fourth line of the last paragraph on page 10, she wanted to include the information that she provided that she had received from the Virginia Department of Health Professions. Mr. Hilbert indicated Ms. Brosche had requested information prior to the meeting, that he had that information she recited during the meeting, and that he could provide a summary. Ms. Brosche went on to say that on page 14, she wished to include the information she provided concerning a motion she did not make to the Board concerning office based anesthesia; she did not make the motion based on information provided by Mr. Bodin during the meeting. Mr. Hilbert stated that the minutes would reflect that Ms. Brosche did not make a motion she intended to make. Ms. Brosche then requested, on page 15, to include reference to the discussion about the difference between EMTALA and transfer agreements. Mr. Hilbert stated that, at the pleasure of the Board, that information could be included. Ms. Getter then requested, in the second line of paragraph 3 on page 13, to add the words “to patients receiving an abortion” after the word “available” and before the ending period of the sentence. Ms. Getter went on to say that she would like a statement added to the fourth line of the ninth paragraph on page nine, after the words “in the NOIRA” and before the words “Some members”. That statement reads “Ms. Bailey advised the Board that the three additional sections are allowed to be included in the NOIRA.” Mr. Edmondson stated that some of the suggested edits were diluting what the Board discussed and that he is concerned about having this level of detail in the minutes. Ms. Getter indicated that she gathered information in preparation for the meeting and it adds to the conversation. Ms. Brosche indicated that everything is objective, and that for further clarity the things she presented need to be included. Ms. Getter also requested on page four, in paragraph two, to add additional information to reflect that all facilities have written transfer agreements with hospitals. Mr. Edwards advised the Board that a vote to adopt the draft minutes would be delayed to the March 2016 meeting so that VDH staff can make the amendments discussed. VDH will provide the edited minutes, with revisions noted in red using track changes to the Board prior to the March 2016 meeting, for adoption at that meeting.

Commissioner’s Report

Dr. Levine began the Commissioner’s report to the Board with the introduction of the “agency stars” for the meeting: Dave Crabtree with the Lord Fairfax Health District and Steve VonCanon with the Office of Purchasing and General Services. Dr. Levine told the Board that two members of VDH staff known to the Board have new roles within VDH; Dr. Peake is now the Deputy Commissioner for Population Health and Dr. Vanessa Walker Harris is now the Director of the Office of Family Health Services.

Dr. Peake then provided the Board with an update on Virginia’s Plan for Wellbeing. She told the Board that the plan lays out a foundation—and defines 42 foundational goals—to continue to improve the population’s health so that Virginia can become the healthiest state in the nation. The plan includes development of a set of population health metrics, with particular emphasis on 13 goals. Dr. Peake discussed the importance of health improvement efforts that start at the community level, the need to emphasize a strong start for children, and the need to increase preventive efforts and to improve our fragmented system of health. In order to improve health, Dr. Peake told the Board that the state will have to come together to work on strategies.

Mr. Edmondson expressed his desire for the plan to also address end-of-life issues. Ms. Getter asked if there were any metrics specific to cancer prevention. Dr. Klein inquired concerning whether HPV vaccine is addressed by the plan. Dr. Miller asked if oral health issues were addressed in the plan. Dr. Peake told the Board that specific metrics continue to be a work in progress. She also told the Board that the plan will be submitted in early 2016, and that VDH will continue to work in a collaborative process with a wide range of stakeholders to develop strategies and metrics.

Dr. Levine then briefed the Board on recent accomplishments within VDH's maternal and child health program. She told the Board that VDH received the Apgar Award from the March of Dimes, in recognition of the reduction in the Commonwealth's preterm birth rate. VDH has also received recent national recognition for enrollment in its Text4baby program.

Next, Dr. Levine discussed VDH's summer food service program, which is focused on providing children with access to healthy, nutritious food when school is not in session. Program participants are required to be located in school attendance zones that have significant poverty levels. There was discussion concerning the extent to which the faith community participates as program sponsors and/or feeding sites. Dr. Levine told the Board that the program has improved, as the number of sponsors and feeding sites has increased. As a result, many more children now have food access during the summer months.

Dr. Levine then briefed the Board on VDH's shellfish sanitation program. The oyster business is booming, which is good for the economy and for the Chesapeake Bay. VDH's primary responsibility is to ensure that people do not get sick from eating shellfish. The 2015 General Assembly appropriated additional resources that will enable VDH to provide better and timelier assessment of waters for shellfish harvesting. VDH is in the process of implementing those additional resources.

Next, Dr. Levine provided an update concerning Ebola. VDH is remaining vigilant and continuing to monitor individuals arriving in Virginia from certain West African nations. Overall, this situation is much better than it was in the fall of 2014. VDH has received additional federal funding in order to respond to Ebola. This additional funding has enabled VDH to improve hospital preparedness assessments, which has served to promote stronger connections between VDH and the health care community.

There was a brief discussion concerning prevention of mosquito-borne diseases, as well as prevention of sexually-transmitted diseases.

At this point, Mr. Edwards reminded the Board members that is important for everyone to understand that the Board is a policy board and not a supervisory board.

By unanimous consent, the Board suspended the rules to continue on to the next agenda item and took a break.

Abortion Facility Licensure Status Report

After a brief break, Mr. Bodin provided the Board with this update. At the September 2015 Board meeting, Mr. Bodin had indicated that one facility was preparing to close due to the retirement of the owner. That facility closed on September 30, 2015, leaving 17 licensed abortion facilities in Virginia. Twelve facilities have a variance.

Mr. Bodin told the Board that the workbook used during the inspection of an abortion facility has been modified as the result of prior suggestions made by the Board; the updated checklist is included in the Board members' notebooks. The updated workbook has not yet been used on a full survey so there may be further revisions made to it as the result of actual use. The workbook is formatted to best meet the needs of the facility surveyors. Mr. Bodin noted that some of the tag numbers do not line up with the changes made so OLC is going to stop using tag numbers to correct this problem. The charts will be adjusted to reflect this and this should provide clarity going forward.

OLC has not received any new complaints since the last meeting. Before the September 2015 meeting, a facility self-reported an incident which was treated as a complaint and which was found to be substantiated when investigated. The deficiency was scored at a J level, an isolated occurrence with an immediate threat to the patient(s) health or safety. The facility had already put steps in place to correct the deficient practice and submitted an acceptable plan of correction. OLC went back into the facility to do a resurvey and found that the plan of correction had been implemented. The facility was deficiency free on the resurvey. In response to a question from the Board, Mr. Bodin noted that this was a focused survey, only looking at the area of deficiency.

Ms. Vest asked if the self-reported complaint mentioned by Mr. Bodin had resulted in any referrals to the Department of Health Professions. Mr. Bodin responded that he would check on that and provide the Board with that information. Ms. Vest then mentioned that she remained concerned about information on page 17 of the workbook regarding office-based anesthesia, and expressed a preference that the full definitions be included, rather than providing the citation to the regulatory section which contains the full definitions.

Mr. Beall discussed the self-reported complaint previously mentioned by Mr. Bodin. Mr. Beall said, based on his review of the complaint documentation, an adverse event had occurred. He asked Mr. Bodin if facilities are required to report adverse events to VDH. Mr. Bodin responded that there is no such requirement. Mr. Beall said that the lack of such a requirement is troubling. There was a discussion concerning the extent to which certain information was self-reported to VDH voluntarily, or reported in response to a specific regulatory requirement. Ms. Getter noted provisions in the regulations that require abortion facilities to report to VDH any serious injury to a patient. Mr. Bodin acknowledged that there was a serious deficiency, having been scored at the J level. Ms. Getter asked that if the facility had not self-reported, would VDH have identified the deficiency. Mr. Bodin responded that VDH staff does not examine every patient record during a facility inspection. Mr. Edwards stated that OLC is still striving to fine-tune its facility inspection program, as the regulations are still relatively new. Ms. Getter then indicated that this is not the first time that such a situation had arisen within the VDH abortion facility inspection program.

Mr. Edmondson told the Board that he objected to this discussion. He stated that the Board does not need to focus on a very small number of episodes “out of thousands.” He said that the Board should defer to VDH staff and the procedures that they follow. Mr. Edwards said that the State Health Commissioner is vested with the full authority of the Board when the Board is not in session. He also said that it appears from the discussion that the Board is attempting to manage agency operations.

Ms. Hines said that she would like to better understand the point that Ms. Getter is trying to make. Ms. Hines said that the Board is not going to be able to manage VDH agency operations.

Dr. Levine said that she is happy meet with any Board member regarding their concerns and to investigate their concerns. Ms. Vest told the Board that she would like to hear what Ms. Getter has to say. Ms. Pritchard said that she takes Ms. Getter’s comments very seriously. She also said that the Board is a policy board, and as such has ensured that policies are in place. If policies need to be clarified, Ms. Pritchard said that would be within the Board’s purview. However, individual cases—unless it is a policy issue—do not need to be discussed. Ms. Getter responded that it is policy that she wants to ask about.

Mr. Edwards asked the Board if it wanted to hear further from Ms. Getter concerning this item, or if it wants her to have further discussions with VDH staff. Ms. Whipple said she would be willing to hear further from Ms. Getter if she could identify the policy issue with which she is concerned. Ms. Getter asked who at the facility prepares the plan of correction. Mr. Bodin responded that the administrator is responsible for the plan of correction. Ms. Getter asked who approves the plan of correction. Mr. Bodin responded that the OLC facility surveyor reviews the plan of correction and makes a recommendation to the supervisor for approval. Depending on the circumstances, final approval might be made by the OLC Director.

Ms. Getter shared with the Board in detail her concerns with the plan of correction that was approved by VDH in connection with the previously-mentioned self-reported complaint. She told the Board that she found the situation to be troubling. Ms. Whipple stated that Ms. Getter’s comments reflected an implementation concern and not a policy concern. Ms. Getter again expressed her concern. Dr. Klein said that the Board has empowered VDH, and that she trusts VDH as regulatory agents.

Mr. Edwards said that it is not within the Board’s purview to provide oversight of VDH. He told the Board that, after the Regulations for Licensure of Abortion Facilities were initially promulgated by the Board, the Board did direct VDH to provide an Abortion Facility Licensure status report at each subsequent meeting. However, Mr. Edwards said that he never fathomed that the Board would receive a copy of the facility inspection workbook nor get into such details because it is not the Board’s responsibility.

Dr. Seeds said that he agreed with Ms. Getter’s concerns. Dr. Seeds also said that he trusted that the Commissioner can meet with Ms. Getter to discuss her concerns and report the results of that discussion back to the Board.

Mr. Kuhlman told the Board that it was his understanding, during a prior meeting when the Board approved the Notice of Intended Regulatory Action (NOIRA) for the Regulations for Licensure of Abortion Facilities, that the proposed amendments would include provisions to align the requirements for administration, storage and dispensing of drugs more precisely with the Code of Virginia. However, VDH subsequently advised the Board that such provisions would not be included in the proposed amendments because there was already sufficient statutory provisions. Mr. Kuhlman told the Board that he believed VDH had misrepresented to the Board the need to strengthen the regulations in that regard. He said that the handling of narcotics is critical, and asked that VDH follow-up with the Board concerning that issue. Mr. Bodin said that he would follow-up.

Dr. Levine assured the Board that, if there is an issue around medication management that it would be referred to the appropriate health regulatory board. She also said, in response to the concern that Mr. Kuhlman had raised, that further amendments to the regulations were not needed because adequate provisions were already contained within statute.

Matrix of Pending Regulatory Actions

Mr. Hilbert reviewed the summary of all pending VDH regulatory actions. Since the September 2015 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 were:

- Radiation Protection Regulations (12VAC5-481) – Approval of fast track amendments;
- Regulations Governing Virginia Physician Loan Repayment Program (12VAC5-508) – Approval of fast track 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 Governing Private Review Agents (12VAC5-405).
- Rules and Regulations Governing Campgrounds (12VAC5-450); and
- Rules and Regulations Governing the Construction and Maintenance of Migrant Labor Camps (12VAC5-501).

Ms. Brosche asked that if there was a fast track regulation that the Board wanted a closer look at, could an expedited periodic review be done. Mr. Hilbert answered that periodic review is every four years but that the Board could direct VDH to do a periodic review sooner than that.

Public Comment

There were no comments from any member of the public.

Regulatory Action Items

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

Mr. Bodin presented the fast track amendments which reflect the requirements of House Bill 2130 enacted by the 2013 General Assembly to promulgate regulations governing the implementation of voluntary electronic monitoring in rooms of residents in nursing homes. HB2130 specifically referenced codifying the current guidance document, “Electronic Monitoring of Residents’ Rooms” in the promulgation of the regulations. VDH submitted a fast track action in 2013 that has been withdrawn and replaced with this fast track action. The 2013 action included language not contained in the guidance document, making electronic monitoring mandatory. Dr. Seeds moved that the fast track amendments be approved with Ms. Hines seconding the motion.

Ms. Brosche made a motion to add the words “resident’s legal guardian” after the word “resident” in 12VAC5-371-191 H. Mr. Beall seconded the motion. There was a discussion that this phrase be added throughout the regulation in every instance where “resident” appears. Mr. Murphy commented that this wording protects the rights of the resident and to use a term such as “legal representative” which is not as broad as the term “family”. Mr. Murphy also commented that the decision maker is the “legal representative” and not to take out the word “family” when it pertains to who can view the recordings. Mr. Edwards called for a vote on this motion to amend the fast track amendments as presented by VDH. The motion was approved unanimously by a voice vote.

Ms. Whipple made a motion that the word “family” be removed from 12VAC5-371-191 H between the words “shall accommodate” and “viewing of any recordings”. Ms. Prichard seconded the motion. Mr. Edwards called for a vote by show of hands on this motion to amend the fast track amendments as presented by VDH. The motion was approved.

Ms. Brosche asked for an opinion from staff from the Office of the Attorney General as to where it is appropriate to leave in the word “family” in the regulations. Mr. Murphy commented that the reference to the word “family” in 12VAC5-371-191 D is appropriate.

There was a discussion about the retention and disposal of recordings as well as the ownership of the recordings belongs to the facility and not the resident. Mr. Bodin told the Board that the recording is of activity occurring in the facility and as such, if the facility retains the recording, it goes into the medical record of the resident. As such, the recording is subject to the same retention schedule as the medical record.

Mr. Beall made a motion to add the words “as defined in A above” after the words “electronic monitoring” and before “is permitted” in 12VAC5-371-191 A. Dr. Klein seconded the motion. Mr. Bodin and Mr. Murphy commented that the addition is not necessarily needed but that they did not have an objection to adding these words. The section was amended to now state “Only electronic monitoring authorized by 12VAC5-371-191 A is permitted.” There was a discussion about the type of device used in the monitoring. Mr. Bodin told the Board that the type of device used is up to the facility and that 12VAC5-371-191 T provides protection for roommates of the

resident being monitored. Mr. Edwards called for a vote on this motion to amend the fast track amendments as presented by VDH. The motion was approved unanimously by a voice vote.

There was a discussion that the overall content is video but the regulation uses the word “device” and are there other devices, such as heart monitoring devices, that the regulation would apply to. Mr. Bodin told the Board that while “device” is not further defined and he thought it would apply to other types of devices, the intent is video monitoring.

Mr. Beall made a motion to add a statement prohibiting tampering. There was discussion on whether such a statement should be added to 12VAC5-371-191 B or 12VAC5-371-191 Y. Mr. Murphy told the Board that he could not give a legal opinion at the meeting because definition of tampering would have to be researched. There was further discussion that VDH does not have the authority to enforce restrictions on tampering. There being no second, this motion failed.

Ms. Brosche made a motion to add the words “or transfer” after the words “shall not discharge” and before the words “a resident” in 12VAC5-371-191 C and 12VAC5-371-191 W. Ms. Hines seconded the motion. Ms. Brosche stated that the Town Hall Agency Background document referenced transfer of a resident but that was not included in the regulatory text of the fast track amendments. Mr. Bodin indicated that when a resident is discharged or transferred and the recordings are part of the medical record, the recordings go with the resident. Mr. Edwards called for a vote on this motion to amend the fast track amendments as presented by VDH. The motion was approved unanimously by a voice vote.

Dr. Klein made a motion to add a statement prohibiting the tampering of electronic monitoring. Ms. Prichard seconded the motion. Dr. Klein stated that she was concerned about tampering. 12VAC5-371-191 Z was added that states “Tampering with electronic monitoring shall be prohibited”. Mr. Edwards called for a vote on this motion to amend the fast track amendments as presented by VDH. The motion was approved unanimously by a voice vote.

Ms. Whipple made a motion to change the words “tape” and “taped” to “recording” and “recorded” throughout 12VAC5-371-191 J. She further moved to change the word “tapes” to “recordings” between the words “replacement of” and “and for firewall protections” in 12VAC5-371-191 K. Finally, she moved to change the word “tapes” to “recording media” between the words “equipment” and “and installation” in 12VAC5-371-191 O. Dr. Seeds seconded the motion. Ms. Whipple stated that the recording is digital rather than taped. Mr. Edwards called for a vote on this motion to amend the fast track amendments as presented by VDH. The motion was approved unanimously by voice vote.

There being no further discussion, Mr. Edwards then called for a vote by show of hands on the main motion to approve the fast track amendments as amended during the foregoing discussions. The fast track amendments were approved unanimously (Mr. Kuhlman was not present for the vote).

Lunch Presentation

By unanimous consent, the Board moved the lunch presentation ahead on the agenda, in front of the fast track amendments for the Regulations for the Licensure of Hospitals in Virginia. Robin Cummings, Program Director for Honoring Choices Virginia gave an overview of the Honoring Choices Virginia program.

Honoring Choices is about going through a process to make choices concerning end-of-life care that an individual wants to have followed. This is a very complex topic. Honoring Choices is currently working with 18 clinical sites and a wide variety of patient groups in the Richmond region, but plans to go statewide. The program includes facilitators who can sit down with a patient/client to help go through process. Ms. Cummings told the Board that it is important to have conversations with one's family so that an individual's wishes can be met and the family is aware. She also told the Board that there are opportunities for Honoring Choices to collaborate with public health. One such opportunity is the advanced directive registry. Honoring Choices is piloting a new advanced directive form, and would like to be able to implement it in coordination with a local health district.

There was a discussion about the importance of end-of-life care and advanced care planning as public health issues. This included discussion about the need to ensure that health care providers are adequately trained in how to work effectively with patients' families concerning end-of-life issues. Dr. Levine said that there are lots of opportunities for VDH to work with Honoring Choices and other key stakeholders on these issues. She told the Board that this is a huge societal issue, and she would appreciate the Board's input. There was further discussion concerning Virginia's advance directive registry. Ms. Kurz noted that the advance directive registry is not currently connected to Virginia's health information exchange. Dr. Levine said that there is no reason why the registry cannot be connected to the health information exchange, but there would probably be some costs entailed in making that happen. There was further discussion concerning similar efforts ongoing in other parts of Virginia, including Tidewater, Winchester, and Roanoke.

Regulatory Action Items

Regulations for the Licensure of Hospitals in Virginia (12VAC5-410) – Fast track Amendments

Mr. Bodin presented the fast track amendments. In 2014, the Center for Medicare and Medicaid Services revised 42CFR § 482.22(b) by adding subsection (4) which permits a hospital that is part of a hospital system consisting of multiple, separately certified hospitals, to participate in a unified, integrated medical staff that the hospital system utilizes for two or more of its member hospitals, in accordance with state law. The current regulations are written in a manner that can be interpreted to be more restrictive than the federal regulations. The fast track amendments will remove restrictions that may be interpreted to be more stringent than federal law. Ms. Whipple moved that the fast track amendments be approved with Ms. Brosche seconding the motion. The Board unanimously approved the fast track amendments by a voice vote (Ms. Hines was absent).

Regulations for Disease Reporting and Control (12VAC5-90) – Final Amendments (Lead)

Dr. Forlano presented the final amendments. The amendments incorporate testing children to detect elevated blood lead levels by inserting a new section into the Regulations for Disease Reporting and Control. This same action would repeal the existing Regulations for Testing Children for Elevated Blood Lead Levels (12VAC5-120). Moving the testing and reporting requirements into the current Regulations for Disease Reporting and Control will make the process clearer than having those requirements in a separate regulation. No changes have been made since the proposed amendments were presented to the Board at its September 2014 meeting. Ms. Brosche moved that the final amendments be approved with Dr. Klein seconding the motion.

There was a brief discussion that high risk zip codes were removed because it is more accurate to use the actual age of the house; that VDH does not have statutory authority to do a follow-up inspection; and that VDH has a clinical follow-up process. There being no further discussion, the final amendments were approved unanimously by voice vote (Ms. Hines was absent).

Regulations for Disease Reporting and Control (12VAC5-90) – Final Amendments (Public Health Practices)

Dr. Forlano presented the final amendments. The amendments are necessary to ensure that the regulations comply with recent changes in the practice of public health pertaining to the reporting of diseases in humans that are potentially transmitted from environmental sources as well as to update the list of laboratory tests that can be used to identify reportable disease findings and of specimens needing further testing to reflect advances in laboratory technology. Twenty-three comments were received during the public comment period for the proposed amendments, and changes to the regulations were made based on those comments. VDH worked closely with the Department of Consolidated Laboratory Services in order to ensure that correct language was used for laboratory tests. Definitions were updated to align with current usage. Ms. Getter moved that the final amendments be approved with Dr. Miller seconding the motion.

There was a brief discussion about the fiscal impact of the changes made; Mr. Hilbert told the Board that the fiscal analysis that was done by the Department of Planning and Budget indicated that the benefits exceed the cost of the final changes. There being no further discussion, the final amendments were approved unanimously by voice vote (Ms. Hines was absent).

Member Reports

Mary Margaret Whipple – Hospital Industry. Ms. Whipple told the Board about a national rating system for hospitals. Virginia is for Patient Safety. She also told the Board that hospitals continue to experience financial stress, particularly in rural areas.

Brad Beall – Consumer Representative. No report.

Dr. Benita Miller – Virginia Dental Association (VDA). Dr. Miller told the Board about a pilot project for community dental health coordinators to help in underserved areas to find a dental

home for children with dental needs. In some areas, there are enough providers but there is a need to have transportation to the providers. She asked that there be a presentation at a future Board meeting about dental health coordinators.

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

Dr. Wendy Klein – Medical Society of Virginia (MSV). No report.

Hank Kuhlman – Consumer Representative. No report

Amy Vest – Virginia Pharmacists Association. Ms. Vest told the Board that the Board of Pharmacy had a public hearing on limiting the number of continuous hours worked by pharmacists and requiring a break during a shift. She also told the Board that a Notice of Intended Regulatory Action has been approved by the Governor that will prohibit the use of prescription transfer coupons/incentives. She talked about the REVIVE! Program led by the Virginia Department of Behavioral Health and Developmental Services. This program provides training to professionals, stakeholders, and others on how to recognize opioid overdose and how to respond with naloxone. The law authorizes a pharmacist to dispense naloxone in accordance with oral, written, or standing orders issued by a prescriber. Last, she told the Board about the Drug Enforcement Agency take-back day that was held on September 26. Approximately 350 tons of unused, expired, or unwanted medication was collected at that event.

Jim Edmondson – Corporate Purchaser of Health Care. No report.

Megan Getter – Public Environmental Health Representative. No report.

Dr. John Seeds – Medical Society of Virginia (MSV). Dr. Seeds told the Board that MSV is preparing proposed regulations for credentialing of physicians by health plans. He also told the Board that MSV is watching legislative issues including certificate of public need, expedited partner therapy, and a needle exchange program.

Theresa Brosche – Virginia Nurses Association (VNA). Ms. Brosche told the Board that First Lady Dorothy McAuliffe was the honorary chair of the VNA's annual gala in November. Approximately 500 people were in attendance with representation from various inter-professional organizations. During the event, 40 nursing leaders under the age of 40 were recognized for their exemplary work in the Commonwealth. She also told the Board about SYNC, a partnership with the Virginia Nurses Foundation, Medical Society of Virginia, and Virginia Hospital and Healthcare Association. SYNC is a new learning institute designed to teach healthcare teams strategies to better meet the needs of patients and communities, collaborate with colleagues, and improve as effective leaders.

Bruce Edwards – Emergency Medical Services (EMS) Representative. – Mr. Edwards told the Board that the annual EMS symposium was held in November, providing continuing education credits to approximately 2,100 attendees. The symposium is not only a successful program from an educational standpoint but also for networking opportunities. He told the Board that the EMS community will be following the General Assembly session this year for approval of the

interstate compact. He also told the Board that the EMS Advisory Board passed a resolution at a recent meeting to thank Dr. Trump for his support as he will be retiring from VDH soon.

Adjourn

The meeting adjourned at approximately 2:45 p.m.