

**State Board of Health
Minutes
March 19, 2015 – 9:00 a.m.
Perimeter Center, 9960 Mayland Drive
Richmond, Virginia 23233**

Members present: Bruce Edwards, Chair; Theresa Brosche; Tommy East; Steven Escobar, DVM; Megan Getter; Linda Hines; Hank Kuhlman; Benita Miller, DDS; Faye Prichard; John Seeds, MD; Cathy Slusher, MD; Amy Vest; and Mary Margaret Whipple

Members absent: Brad Beall and Jim Edmondson

VDH staff present: Dr. Marissa Levine, State Health Commissioner; Richard Corrigan, Deputy Commissioner for Administration; Dr. David Trump, Chief Deputy Commissioner; Joe Hilbert, Director of Governmental and Regulatory Affairs; Catherine West, Administrative Assistant; Mike McMahon, Operations Director for Administration; Maribeth Brewster, Risk Communications Manager; Erik Bodin, Director, Office of Licensure and Certification; Gary Brown, Director, Office of Emergency Medical Services; Robin Pearce, Trauma/Critical Care Coordinator; Paul Sharpe, Trauma/Critical Care Manager; Dr. Laurie Forlano, Director, Office of Epidemiology; Nancy Bull, District Administrator and Business Manager, Northern District of the Office of the Chief Medical Examiner; and Crystal Edmonds, Office Services Supervisor, Mount Rogers Health District

Others Present: Cindy Bailey, Robin Kurz, and Amanda Lavin, Office of the Attorney General; Gary Critzer, Chair, State EMS Advisory Board

Call to Order

Mr. Edwards called the meeting to order at 9:00 a.m. Dr. Escobar 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. The agenda was approved by unanimous consent.

Approval of Minutes

A motion was made and seconded to approve the draft minutes of the December 4, 2014 Board meeting. Ms. Brosche noted that a clarification was needed in the Commissioner's report; specifically, line 4 of the second paragraph of the report reads "The incubation period is from two to 21 days. Individuals are not contagious during that time." Ms. Brosche moved that the line be changed to read "The incubation period is from two to 21 days. Individuals are contagious if signs and symptoms develop." The amended minutes were approved by unanimous consent.

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: Nancy Bull with the Northern District of the Office of the Chief Medical Examiner and Crystal Edmonds with the Mount Rogers Health District.

The first items Dr. Levine discussed were updates on infectious diseases, specifically measles and Ebola. Measles is not a benign public health issue, serious complications and even death can result. The recent outbreak of measles in California provides a good opportunity for VDH to better educate the public concerning the importance of vaccination. Virginia has not had a measles case this year. Virginia has good vaccination rates overall. The only legal exemptions from immunization requirements are for medical or religious reasons. However, across the state there are still individuals who have not been vaccinated. Some places in California have lower vaccination rates than some third world countries. The benefits of vaccination clearly outweigh any risks. Dr. Levine told the Board that she recently sent a letter out to all of the states licensed clinicians concerning the importance of vaccination.

Dr. Levine told the Board that media coverage of Ebola has essentially disappeared, but the unprecedented disease outbreak still exists in West Africa and it is not known when it will end. A significant international effort remains underway to address the outbreak. VDH continues to administer its active monitoring program of travelers returning from West Africa. The risk is still the same as it was at the time of the December 2014 Board meeting. In order to ensure that public health is protected, VDH has engaged in significant planning and coordination with a wide range of public and private sector partners. The Commissioner has the legal authority to issue a mandatory quarantine order but has not had to issue one, as voluntary compliance has proven to be sufficient. Dr. Levine briefed the Board on federal funding that is being made available to Virginia to help respond to this situation.

The next item in the Commissioner's report pertained to the severe weather of this past winter, and the issues that it posed for Virginia's public health and healthcare infrastructure. Due to the presence of back-up systems, patients and residents of hospitals and long term care facilities were not at risk due to the weather. Local health departments lost some capability but backup systems were in place. Public drinking water supplies were affected in some localities. A total of 28 people died across the state of causes attributable to the weather, most of those deaths were preventable. VDH is reviewing its actions, and those of its partners, to help mitigate these types of outcomes in the future.

Mr. Hilbert then briefed the Board on the Board's 2014 Annual Report. The Board is required by statute to submit an annual report to the Governor and General Assembly. The report is required to contain information on the Commonwealth's vital records and health statistics as well as an analysis and summary of health care issues affecting the citizens of Virginia. In prior years, the Commissioner has approved the report on behalf of the Board. The report's format and content have evolved over time. During 2014, Dr. Levine and Mr. Hilbert decided that a new format and content revisions were needed in order to better comply with the reporting mandate. The report provides an analysis of health care issues affecting Virginians, including accessibility of health care, distribution of health care resources, health insurance coverage,

chronic disease burden, racial disparities, and opportunities for health improvement. A draft copy of the report was sent to the Board by email, for review and comment, in December 2014. Minimal comments were received. Mr. Hilbert told the Board that VDH is prepared to submit the report to the Governor unless otherwise instructed. There was a discussion concerning the Robert Wood Johnson Foundation County Health Rankings, and how those rankings were computed and how they should be interpreted. It was explained that while Virginia's cities and counties are ranked relative to each other, the CDC has developed a different ranking mechanism that ranks counties relative to their "peers" across the country. There was further discussion concerning two national health rankings of the states: America's Health Rankings published by the United Health Foundation and the Commonwealth Fund Scorecard. There was additional discussion concerning medically underserved areas

Dr. Levine then briefed the Board on creating a population health plan for Virginia. The plan will actually be referred to as Virginia's Plan for Well-Being. A key question is how to define the health of the population. The General Assembly's Joint Commission on Health Care asked VDH, in collaboration with key stakeholders, to define core, regional population health measures. This process is underway. In addition, Virginia received a State Innovation Model planning grant from CMS to allow the development of a population health plan for Virginia. VDH has the lead, working with the Virginia Center for Health Innovation and key stakeholders, on drafting the population health plan. VDH has analyzed 300 metrics, drawn from a variety of public health reporting systems that are most commonly used to define public health. VDH has also analyzed Virginia's leading causes of death, as well as the health conditions affecting the greatest number of Virginians. VDH is taking a very thoughtful approach to plan development. Key "pillars" of the plan will include: Healthy Connected Community, Effective Healthcare, Personal Responsibility, Strong Start and Quality Life. The broad parameters and specific details of the plan will continue to evolve over the coming year. VDH will be asking the Board for its input.

There was a discussion concerning the importance of oral health in establishing a strong start for children. There was additional discussion concerning strategies for increasing measles immunization rates, including how to best address continued concerns among some individuals that vaccines are linked to autism.

Budget Update

Mr. McMahon provided an update on the budget. The General Assembly enacted the Appropriation Act, which is currently under review by the Governor. Although the final budget could change, VDH is not expecting any changes to its appropriation. The fund-source composition of the overall VDH budget has changed over time. The state general fund component of the VDH budget has decreased, which has resulted in reduced flexibility to undertake VDH-initiated activities and projects. Dependence on federal dollars has increased. During the fall of 2014, VDH and all other state agencies were required to submit budget reduction plans to the Administration. Based on the plan that it submitted, VDH experienced significant reductions in both general and non-general funds. VDH did receive some additional general fund resources, but most of that will be directed to specific health care safety net providers. Some additional general fund was also received for shellfish sanitation monitoring.

Ms. Prichard asked if the Board could be provided with additional detailed information concerning the budget reductions. Mr. McMahon indicated that he would provide that information to the Board members via email.

Legislative Update

Mr. Hilbert provided the legislative update. Mr. Hilbert summarized a few of the bills that were enacted by the General Assembly which directly or indirectly pertained to public health. These included:

HB1607 – Clarifies that medicolegal death investigators are agents of the Commonwealth when assisting the Office of the Chief Medical Examiner with death investigations. This was a VDH agency bill.

HB1723 – Updates references with regard to radon testing and mitigation. This was a VDH agency bill.

HB1792 - Repeals a section of the Code that is no longer necessary with regard to requiring gamete donors be tested for HIV due to federal legislation administered by the FDA. This was a VDH agency bill.

SB1283/HB2177 – Eliminates the need for COPN review of capital expenditures of a certain dollar amount unless otherwise required; and requires the Secretary of Health and Human Resources to convene stakeholders to review the current COPN process, develop recommendations for changing the process, and report by December 1, 2015.

HB1956 – Requires VDH to work with stakeholders to develop guidelines for hospitals to ensure that hospitals are complying with the requirements of the Americans with Disabilities Act for individuals who are deaf or hard of hearing. VDH must submit a report on its progress of developing these guidelines by December 1, 2015.

SB851/HB1413 – Requires hospitals to provide patients an opportunity to designate an individual who will care for or assist the patient following discharge.

SB1197 – Adds stillbirths to the data that hospitals are required to report to the Virginia Congenital Anomalies Reporting and Education System.

HB1515 – Expands the required information provided to maternity patients to include information about safe sleep environments. This bill was introduced because the patron became aware of information from VDH's child fatality review team.

HB1738 – Requires that a hospice notify any pharmacy that has dispensed a schedule II controlled substance to a patient of the death of that patient.

SB834/HB1821 – Requires the Division of Vital Records to issue a document, provided by the Department of Social Services, listing post-adoption services when issuing a new birth certificate after adoption.

SB1260/HB2090 – Requires the Board of Health to include in the Food Regulations training standards that address both food safety and food allergen awareness and safety.

HB1804 – Allows a small number of owners of onsite sewage systems with a repair waiver to essentially convert to a voluntary upgrade waiver. This will allow for the transfer of property without the requirement to fully comply with current regulatory requirements.

HB1871 – Requires well drillers to register private wells constructed in a ground water management area within 30 days of completing the well using a form jointly developed by VDH and the Department of Environmental Quality (DEQ). It also requires VDH and DEQ to share data about well characteristics and locations on an annual basis.

HB1698 – Expands the types of public school student surveys that require parental notification from only asking sexual information to include other types of surveys that the school board deems sensitive. This bill adds additional requirements that must be included in the parental notification.

SB1427/HB1499 – Allows a mother to breastfeed in any place where the mother is lawfully present. Women have always had the right to breastfeed on state owned property, this legislation extends that right to all types of property.

HB1458/HB1833 – Allows a pharmacist to dispense and an individual to possess and administer naloxone to a person believed to be experiencing or about to experience a life-threatening opiate overdose. Requires the Board of Pharmacy to work with VDH and the Board of Medicine to develop protocols related to dispensing and administering naloxone.

HB2316 – Authorizes two or more hospitals from specified localities in Southwest Virginia to submit proposed cooperative agreements to the Southwest Virginia Health Authority for review. The Authority may submit a recommendation to the State Health Commissioner for approval of a cooperative agreement. Requires the Commissioner to actively supervise any approved cooperative agreements.

SB811 – Directs VDH, DEQ, and the Virginia Department of Emergency Management to evaluate existing statutory and regulatory tools that ensure chemical storage are protective of human health, public safety, drinking water resources, and the environment. A report is due by December 1, 2016.

Item 85 of the Appropriation Act – Requires the Secretary of Agriculture and Forestry and the Secretary of Health and Human Resources to convene a task force with regard to “point of disease” prevention strategies for Lyme disease. The task force would identify areas of Virginia with a high prevalence of Lyme disease to designate those areas as first sites; determine the estimated costs of implementing such a program; and identify sources of revenue to pay the cost.

Abortion Facility Licensure Status Report

After a brief break, Mr. Bodin provided the Board with the abortion facility licensure update. No complaints involving a licensed facility have been received since the December 2014 Board meeting. All of the facility licenses expire on April 30 each year. All temporary variances expire with the license. All 18 of the 2014 biennial licensure surveys have been completed. Based on the surveys, 14 facilities were identified for a revisit—of which 12 of the revisits have been completed.

All state survey forms with facility plans of correction are now available to Board members on a SharePoint website. An automated tracking system has been developed that provides computerized alerts to the VDH Office of Licensure and Certification (OLC) staff about pending survey actions.

VDH has developed a deficiency grading in order to assign a relative score to deficiencies identified during facility inspections. The matrix is based on that used by the CMS at the federal level, and modified by VDH for use with abortion facilities. There are 12 levels of severity ranging from isolated practice with minimal potential for harm, to widespread practice with immediate threat to health or safety. A revisit will be scheduled for any score at or higher than 1C (i.e., widespread practice with no actual harm but with the potential for more than minimal harm to patients.) Any deficiency that gets scored at a 4 (i.e., immediate threat to the patient's health or safety) must be rectified before the OLC surveyors leave the facility.

Concerning the Regulations for Licensure of Abortion Facilities (12VAC5-412), Mr. Bodin told the Board that during the public comment period for the Notice of Intended Regulatory Action (NOIRA), a total of 4,752 comments were received. He also told the Board that VDH is in the process of establishing two advisory panels, one comprised of building experts and another comprised of physicians, to advise VDH concerning the development of proposed amendments to the regulations. Both panels are expected to meet more than once. The panel meetings will be at the Perimeter Center and will be open to the public, but will not be public hearings.

There was a discussion concerning the length of temporary variances, and concerning the requirement that level four deficiencies be rectified before the surveyor leaves the facility. Dr. Seeds then asked if complication reporting is required by the regulation. Mr. Bodin responded that he believed that such reporting was required. Dr. Seeds then asked if OLC had analyzed the complication data to determine if any of the complications were related to building design and construction issues. Mr. Bodin responded that such analysis had not yet been performed. Dr. Seeds asked if it would make sense to analyze the data in that way. Mr. Bodin responded yes. Dr. Seeds stated that he would like to see data concerning the types of complications and whether those complications were related to building design and construction issues.

There was discussion concerning the deficiency grading matrix. Mr. Bodin explained that the matrix will be used internally by VDH, but it is a public document and it is based on a similar matrix used by VDH with respect to long term care facilities.

There was discussion concerning the identification of repeat deficiencies at facilities. Mr. Bodin told the Board that all facility surveys are unannounced. OLC carefully monitors repeat deficiencies. Mr. Bodin told the Board that, should a level 4 deficiency be identified, the Commissioner has the authority to suspend the facility's license pending a re-visit.

There was discussion concerning whether VDH can impose monetary penalties on facilities. Ms. Vest noted that, in the case of pharmacies, monetary penalties can be imposed. Mr. Hilbert told the Board that VDH does not have statutory authority to impose monetary penalties on abortion facilities.

Ms. Getter requested that OLC use the deficiency grading matrix to score all of the deficiencies identified at each of the facilities since the initial implementation of the licensure and inspection program. Mr. Bodin said that OLC would see what type of information it could compile, particularly for more severe violations.

There was discussion concerning public comment that was received in response to the NOIRA. Mr. Bodin told the Board that there were 1,663 comments in support of the NOIRA as written; 1,490 comments to strengthen the regulations; 92 comments to repeal the regulations; and 1,191 comments to retain the regulations as is.

Mr. Edwards then provided the Board with comments that had been submitted by Mr. Beall, who was unable to be present at the meeting. Mr. Beall thanked VDH staff for the work that was done to make the prior facility inspection reports available to the Board. Mr. Beall also asked if the next abortion facility licensure status report can be provided to the Board two weeks prior to the June 4, 2015 Board meeting. Dr. Levine stated that the update would be provided two weeks prior as requested.

Mr. Edwards stated that one of the abortion facilities had been previously cited for one of its physicians lacking a DEA license. VDH had referred that matter to the Department of Health Professions (DHP). Mr. Edwards asked if VDH had followed-up with DHP concerning the matter, and if the facility had been deficiency-free during the subsequent VDH inspection. Mr. Bodin responded that DHP has specific statutory authority concerning the type of information that it can share with VDH. Mr. Bodin also said that, based on his recollection, the facility was deficiency free on the next inspection.

Matrix of Pending Regulatory Actions

Mr. Hilbert reviewed the summary of all pending VDH regulatory actions. Since the December 2014 meeting, the Commissioner has not approved any regulatory actions on behalf of the Board while the Board was not in session.

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

- Rules and Regulations Governing Campgrounds (12VAC5-450) and
- Rules and Regulations Governing Construction of Migrant Labor (12VAC5-501).

Public Comment

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

Marie Parker – She informed the Board that healthcare for the elderly seems to be a money making proposition for the corporation. She described the poor care her mother had received in a nursing home and hospital.

Victoria Cobb – She commented that there have been various violations of administration of drugs within abortion facilities and violation of FDA laws.

Jessica Cochran – She spoke about the parental consent law not being followed for minors at abortion facilities.

Natalie Wyman – She spoke in support of the need for regulations for abortion facilities to ensure quality of care for patients.

Sam Bartle – He spoke in favor of the Virginia Trauma Center Designation Manual that the Board will be reviewing later in the meeting.

Janice Craft-Henry – She spoke in favor of women having a full range of reproductive choices. She indicated that abortion facility regulations need to be science-based to meet the health care needs of women and families.

Dr. Wendy Klein – She spoke in support of amending the current abortion facility regulations. She indicated that the current regulations do not reflect the safety of abortions and are too restrictive. She urged the Board to rely on the medical community to craft revisions that reflect science.

Jeff Haynes – He spoke about the importance of, and in support of, approving updates to the Virginia Trauma Center Designation Manual.

Allen Williamson ceded his time to Amy Sampson – She apologized for the role that the Children’s Hospital of the King’s Daughters (CHKD) had in delaying approval of the updates to the Virginia Trauma Center Designation Manual. She indicated that CHKD hopes to work with the oversight committee and the Commissioner for joint accreditation.

Michel Aboutanos – He assured the Board that the members of the Trauma System Oversight & Management Committee of the State EMS Advisory Board have been working on the updates for the Virginia Trauma Center Designation Manual for two years. He indicated that it has been a difficult and precise process and that the committee members are the experts in this field. He wanted to ensure that the Board understands the work that the committee has done.

Mr. Edwards thanked the public for their comments and declared the public comment period to be ended.

Following the end of the public comment period, Mr. Edwards commented concerning abstentions in voting on motions before the Board. He stated that per Robert’s Rules of Order, abstentions should be extremely rare, specifically to provide an opportunity for people not to vote on a subject that would be a conflict of interest. He went on to indicate that he does not ask for abstentions when calling for a vote. The Board uses roll call votes for issues that are more substantial; for more routine items, the Board will record on voice vote or hand vote.

Abstentions are important because it counts for the number that reflects the majority of the voters.

Regulatory Action Items

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

Dr. Forlano presented the fast track amendments, which are the result of a periodic review of the regulations. The proposed amendments enhance clarity, update or eliminate outdated information, and provide consistency with the CDC’s Advisory Committee on Immunization Practice standards. The proposed amendments do not add or delete any required vaccines but rather delineates requirements and exemptions to vaccinations. Ms. Getter moved that the fast track amendments be approved with Ms. Hines seconding the motion. Ms. Brosche made a motion to replace the word “rubeola” with the word “measles” in two places in 12VAC5-110-80 B; the first on page six in the second sentence; the second on page seven in the first sentence. She further moved to insert the word “mumps” after the word “measles” in the second sentence of 12VAC5-110-90 A 1. Ms. Prichard seconded the motion. Mr. Edwards called for a vote on the motion to amend the fast track amendments as presented by VDH. The motion was approved unanimously by a voice vote. There being no further discussion, Mr. Edwards then called for a vote on the motion to approve the fast track amendments. The fast track amendments were approved unanimously by a voice vote.

Lunch Presentation

Dr. Levine introduced Robin Pearce, Trauma/Critical Care Coordinator in VDH’s Office of Emergency Medical Services as one of the lunch speakers. Ms. Pearce introduced Mr. Gary Critzer, Chair of the State EMS Advisory Board. Ms. Pearce and Mr. Critzer gave an overview of the Virginia Trauma System. The overview included:

- Milestones in Virginia’s Trauma System,
- The Burden of Trauma,
- Components of the Trauma System,
- Trauma Triage,
- Statewide Trauma Registry,
- Trauma System Performance and Improvement,
- Trauma System Funding, and
- Trauma Center Designation.

Dr. Seeds asked what is the most important metric of success for the trauma system. Mr. Critzer responded that it should be the discharge of a patient from a hospital with some quality of life. Mr. Brown, in response to a question from Dr. Seeds, indicated that quality of life outcomes can be measured. Dr. Seeds commented that the chance for a good outcome is greater for a minor trauma as opposed to a major trauma. Mr. Sharpe indicated that the trauma center designation process looks at the quality of care from the standpoint of both the patient and the facility; based on scoring where the focus is on more complicated cases.

Board Action Item

2015 Virginia Trauma Designation Manual

Following the discussion after the lunch presentation, Mr. Brown presented the Manual to the Board. Section 32.1-111.3 of the Code of Virginia requires the Board to develop and maintain a comprehensive, coordinated medical care system in the Commonwealth. As part of this statutory requirement, OEMS is concluding a two and one-half year project to revise the Manual. The proposed revisions to the manual were developed in collaboration with the Trauma System Oversight and Management Committee (TSO&MC) of the State EMS Advisory Board, along with all EMS stakeholders. The TSO&MC established five workgroups for this purpose: administrative, education/credentialing, operational, performance improvement, and special needs. The revised manual underwent a full review utilizing the American College of Surgeons, Committee on Trauma's Resources for the Optimal Care of the Injured Patient 2014 as the national standard upon which Virginia's trauma standard would be based. Mr. Brown told the Board that VDH/OEMS intended to brief the Board on the proposed revisions at today's meeting, with the expectation that the proposed revisions would be placed on the Board's agenda for the June 4, 2015 meeting for approval.

Mr. Edwards requested that Mr. Sharpe provide the Board with a summary of the specific changes contained in the revised Manual. Mr. Sharpe told the Board that the most significant revisions concerned: pediatric trauma criteria, surgical subspecialty coverage requirements, educational requirements, and quality improvement requirements.

There was a discussion concerning the provisions of Section VII-Variations and Exemptions, with a focus on whether this section should be included as part of the Manual. Mr. Edwards asked why that section was included in the manual. Mr. Sharpe told the Board that, historically, the process used to issue variances and exemptions was relatively informal. The intent of Section VII is to formalize the process. Mr. Sharpe said that issuance of a variance can help a trauma center address short-term compliance issues with certain designation requirements (i.e., an eye surgeon not being available within 30 minutes) without VDH needing to suspend the center's certification. Ms. Brosche noted that Section VII did not place time limits on the length of time that a variance could remain in effect. Dr. Slusher asked if OEMS has ever granted exemptions to the trauma center designation criteria. Mr. Sharpe said that exemptions had never been granted. Ms. Prichard told the Board that she did not see the reason why an exemption should be granted. Mr. Edwards said that the provisions found in Section VII have not been included in prior versions of the Manual.

Dr. Escobar moved that the 2015 Virginia Trauma Center Designation Manual be adopted with Dr. Slusher seconding the motion. There was a discussion about removal of Section VII-Variations and Exemptions. Mr. Sharpe indicated that this is a new section and was added to improve the administrative processing of variances and exemptions. Mr. Edwards stated that exceptions have been made in the past, without that section in the Manual, without detriment to the patient. Several Board members pointed out that while they could see the value of what the section was trying to accomplish, there were issues with granting exemptions. Dr. Slusher moved that this section be removed from the Manual with Dr. Escobar seconding that motion.

Mr. Edwards called for a vote on the motion to remove Section VII-Variations and Exemptions. The motion was approved unanimously by a voice vote. There being no further discussion, Mr. Edwards then called for a vote on the motion to approve the 2015 Virginia Trauma Center Designation Manual. The Manual was approved unanimously by a voice vote.

Nominating Committee

Mr. Edwards recommended three individuals to serve on the nominating committee: Ms. Brosche, Mr. East, and Mr. Kuhlman. He also recommended that Ms. Brosche be appointed as the chair of the nominating committee. The nominating committee will recommend a slate of Board officers for election at the June 4, 2015 Board meeting. The nominating committee was approved by unanimous consent.

Member Reports

Faye Prichard – Local Government. She advised the Board that one of the outcomes of poverty is that working poor are living in hotels and motels. Currently, hotels/motels may designate rooms for long term use as opposed to transient use. There is a legal issue as to what is considered “transient”. She has reached out to VDH and will continue to work with VDH staff to find a solution to the problem.

Tommy East – Nursing Home Industry Representative. No report.

Megan Getter – Public Environmental Health Representative. She told the Board that the Virginia Environmental Health Association continues to offer continuing education opportunities, including relating to food safety and soil evaluation.

Dr. John Seeds – Medical Society of Virginia (MSV). He told the Board that MSV provided a legislative update and that he would defer to Dr. Slusher to provide that update.

Dr. Catherine Slusher – Medical Society of Virginia (MSV). She updated the Board on several bills that had passed in the recent 2015 General Assembly session that were of interest to MSV. This included legislation concerning prescription prior authorization process, liquid nicotine packaging with appropriate warning labels, and telehealth. She also shared with the Board the fact that Virginia has the 4th lowest premium for workers compensation in the nation. She also briefly mentioned Ebola, measles and tdap, and commended VDH for its work in responding to those issues.

Dr. Steven Escobar – Virginia Veterinary Medical Association (VVMA). No report.

Amy Vest – Virginia Pharmacists Association. She thanked VDH for partnering with the Virginia Pharmacists Association to provide continuing education related to emergency preparedness. The training has addressed issues including medical countermeasures, Strategic National Stockpile, emergency dispensing protocols, and the Medical Reserve Corps. She also announced that the U.S. Drug Enforcement Agency will be holding a Pharmacy Diversion

Awareness Conference in Norfolk on May 30. She also thanked the Virginia Dental Association for the recent Mission of Mercy (MOM) event in Suffolk.

Mary Margaret Whipple – Hospital Industry. She told the Board that the Virginia Hospital and Healthcare Association (VHHA) has had a long, productive relationship with VDH. She also informed the Board that Betty Long, VHHA’s vice president, has retired.

Dr. Benita Miller – Virginia Dental Association (VDA). She told the Board that VDA continues to hold MOM events throughout the year and that it is continuing to work to address community dental health needs.

Hank Kuhlman – Consumer Representative. No report

Theresa Brosche – Virginia Nurses Association (VNA). She told the Board that the Virginia Action Coalition held a strategic meeting in January to continue discussions on the implementation of the recommendations from the Institute of Medicine’s (IOM) *Future of Nursing* report. According to data received from nurses as they renew their licenses (responses are optional), in Virginia, 52% of the RN workforce members hold a BSN, master, or doctorate degree while 48% hold a diploma or associates degree. Twenty-three percent of Virginia RNs report that they expect to pursue additional education within the next two years. She also stated that the Health Wagon in Southwest Virginia is providing services to meet the needs in communities by having two advanced practice registered nurses, along with their staffs, provide culturally sensitive care to medical underserved and indigent in poverty-stricken areas of rural Appalachia. This allows the nurses to practice their training to the fullest extent possible in their community. She also informed the Board that Dr. Jennifer Lee, Deputy Secretary of Health and Human Resources was the keynote speaker for VNA’s annual legislative day. Michelle Morris, Program Evaluator for VDH’s Newborn Screening Program also attended VNA’s legislative day and presented a research poster on critical congenital heart disease.

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

Bruce Edwards – Emergency Medical Services (EMS) Representative. – No report.

Other Business

Dr. Levine informed the Board that provided that the advisory meetings go as planned, VDH intends to have an action before the Board in June for the Regulations for Licensure of Abortion Facilities (12VAC5-412). Ms. Vest expressed an interest in attending the building panel advisory meetings.

Adjourn

The meeting adjourned at approximately 2:16 p.m.