STATE HEALTH SERVICES PLAN TASK FORCE

Friday, February 27, 2026, 9:00 AM to 12:00 PM
Virginia Department of Health Office of Licensure and Certification
Perimeter Center
Board Room 3
9960 Mayland Drive, Henrico, VA 23233

Meeting Agenda

1. **Call to Order**
   - *Karen Cameron, Chair*

2. **Welcome and Opening Remarks from the State Health Commissioner**
   - *B. Cameron Webb, MD, JD*

3. **Introduction of New Task Force Members and Staff**

4. **Approval of October 10, 2025 Minutes**

5. **Public Comment Period**

6. **Review of Work Plan**
   - *Status of Regulatory Processes*
     - *Previous Expedited Review Recommendation*
     - *HB 1337, SB 239 - Medical Desert Discussion*

7. **Subcommittee Report**

   i. Open Heart Surgery, Transplant Surgery, and Cardiac Catheterization Committee
   ii. Outpatient Surgical Hospitals and Operating Room Additions Committee
   iii. Radiation Therapy Committee

8. **Next Committees: Volunteers For Members and Chairs**
   - *General Hospital Committee (GENHOSPCom)*
   - *Neonatal Committee (NEONATCom)*
   - *Medical Desert (DESERTCom)*

9. **Election**

10. **Adjourn and Next Steps**

Open Heart Surgery, Transplant Surgery, and Cardiac Catheterization Committee

Meeting Minutes
SHSP TF – OHTC Committee
November 21, 2025
Time 9 a.m.
In-person
Board Room 4, Perimeter Center
9960 Mayland Drive, Henrico, VA 23233

Task Force Members in Attendance (alphabetical by last name): Dr. Kathy Baker (chair), Amanda Dulin, Dr. Thomas Eppes, Paul Dreyer

Absent Committee Members: Mr. Michael Desjadon

Staff in Attendance (alphabetical by last name): –Mr. Geoff Garner, Senior Policy Analyst, VDH OLC; Ms. Casey Miller, Policy Specialist, VDH OLC

Dr. Baker called the meeting to order at 9:15 a.m.

Ms. Miller welcomed the committee and took roll.

Dr. Baker asked what the approach is to plan.

Mr. Garner advised that this is a planning meeting to identify the data needed for our next meeting.

Dr. Eppes stated some localities have good access across state lines.

Dr. Baker identified the need for adult volumes as well as pediatric volumes.

Cardiac Catheterization discussion

Dr. Baker asked if the pediatric data is separate.

Ms. Dulin recommended going back to revisit the definitions.

Dr. Baker asked if the right data is being collected.

Mr. Garner said we can get data from Virginia Health Information.

Ms. Dulin stated the catheterization is going to be the hardest aspect because it is the most detailed.

Dr. Eppes said that tech is changing so fast, it is hard to keep up. He asked if you could lose your Virginia Certificate of Public Need (COPN) if you do not do enough procedures.

Ms. Dulin suggested looking into who exceeds the standards.

Mr. Dreyer stated that there used to be mobile cardiac catheterization, but not anymore.

Amanda Dulin stated that the mobile element is important to consider as well as wait times.

Transplant discussion

Mr. Dreyer asked if you need to be certified for each organ.

Dr Eppes stated transplant is based on match and availability.

Ms. Dulin inquired about travel times.

Dr. Eppes stated there are facilities within a two-hour drive time in Richmond, Northern Virginia, University of Viginia, Tidewater, while Roanoke is four hours from certain places in VA.

Open Heart discussion

Ms. Dulin asked if Annual Licensure Survey Data should be augmented.

Mr. Dreyer said that we should look at the definition.

Ms. Dulin stated that open heart surgery is dependent on the depth and language to adopt a different data set, suggesting looking into the patient, diagnostic related groups, age, and the zip code where the patient lives.

Mr. Dreyer suggested the need to reconsider the “procedure” definition.

Dr. Eppes asked what is coming up on the horizon and how we would incorporate what is going on.

Transplant Discussion

Ms. Dulin asked about establishing part-time satellite clinics.

Dr. Eppes inquired into what is being done, where, and the volume.

Ms. Dulin asked what is being collected in Annual Licensure Survey Data files and suggested pulling a file from Virginia Health Information that includes the zip code of where the patient lives and the reach.

Dr. Baker said we need to enforce the current standard.

Mr. Dreyer asked what United Network Organ Sharing is doing.

Ms. Dulin stated the scope of potential donors has expanded and that impacts survival rates.

Ms. Miller stated a follow-up email will be sent to the committee members to confirm the data needed.

A follow-up virtual meeting was agreed upon for December 12, 2025, 2-5 p.m.

Meeting adjourned at 10:44 a.m.

Meeting Minutes
SHSP TF – OHTC Committee
(Open Heart Surgery, Transplant Surgery, & Catheterization Committee)
February 10, 2026
Time 6 p.m.
Virtual Connect

Task Force Members in Attendance (alphabetical by last name): Dr. Kathy Baker (chair), Mr. Michael Desjadon, Mr. Paul Dreyer, Ms. Amanda Dulin, Dr. Thomas Eppes

Staff in Attendance (alphabetical by last name): –Mr. Geoff Garner, Senior Policy Analyst, VDH OLC; VDH OLC; Mr. Antwon Jacobs COPN Supervisor; Ms. Casey Miller, Policy Analyst

Dr. Baker called the meeting to order at 6:04 p.m.

Ms. Miller took roll. The full committee is in attendance and a quorum is established.

The meeting minutes from November 11, 2026, were reviewed. Dr Eppes made a motion to approve the minutes; Dr. Baker seconded the motion. The meeting minutes were approved by everyone except Mr. Desjadon who was not present at the November 11th meeting.

There was no public comment.

Dr. Baker advised the goal for this meeting is to review the standard and definitions.

The subcommittee engaged in a conversation about the 12VAC5-230-700 travel time standard.

Dr. Eppes made a motion to remove the travel time standard; Ms. Dulin seconded the motion.

Ms. Miller took a roll call vote:

Dr. Baker - agree

Mr. Desjadon - disagree

Mr. Dreyer - agree

Ms. Dulin - agree

Dr. Eppes - agree

Dr. Baker reiterated the committee's recommendation to remove travel time from the organ transplant standards, because the committee does not think that it is relevant in this unique situation to access quality.

Mr. Garner confirmed that as the policy team is writing the new standard, the existing travel times standard regulation will be replaced with new regulation which will most likely be titled, "Pre and Post Transplant Services". It will be written as what is currently 700B.

Dr. Baker agreed.

The committee engaged in a conversation about 12VAC5-230-710, the need for new service and 12VAC5-230-720, transplant volumes, survival rates, service proficiency, and systems operations.

Mr. Desjadon recommended new language under 12VAC5-230-720, "A. Proposals to establish organ transplantation services should demonstrate that the minimum number of transplants would be performed annually when the program reaches maturity. The minimum number of transplants required by organ system is:".

Dr. Eppes moved to accept the new language under 12VAC5-230-720, as suggested by Mr. Desjadon; Dr. Baker seconded the motion.

Ms. Miller took a roll call vote:

Dr. Baker - accept

Mr. Desjadon - accept

Mr. Dreyer - accept

Ms. Dulin - accept

Dr. Eppes – accept

The committee discussed the current table of transplant procedures and recommended new numbers.

Minimum organ transplants	Current	Recommended change
Kidney	30	none
Pancreas or kidney/pancreas	12	6
Heart	17	none
Heart/Lung	12	6
Lung	12	12
Live	21	none
Intestine	2	none

Mr. Dreyer moved to approve the changes in the table; Mr. Desjadon seconded the motion.

Ms. Miller took a roll call vote:

Dr. Baker - accept

Mr. Desjadon - accept

Mr. Dreyer - accept

Ms. Dulin -oppose

Dr. Eppes – accept

The committee discussed survivability and reviewed the chart of one-year survival rates by organ (below).

Dr. Eppes suggested that the committee should include language that the survivability rates will be reviewed annually by the one-year survival rate table.

Kidney	95%
Pancreas or kidney/pancreas	90%
Heart	85%
Heart/Lung	70%
Lung	77%
Liver	86%
Intestine	77%

Mr. Dreyer referred to the scientific registry in comparison to Virginia.

Dr. Baker agreed that the committee should include a caveat that the survival rate at one year should be reviewed every two years to ensure quality is met.

Mr. Garner advised the task force is statutorily charged with the responsibility of review of all the standards at least every two years.

The committee discussed removing the table of one year survival rates by organ and adding a link to www.srtr.org.

Mr. Dreyer suggested adding language to include, "Applicants shall demonstrate that they will achieve and maintain one-year survival rates equal to or higher to the latest Tier III performance of the Scientific Registry of Transplant Recipients".

The committee discussed implementation of the new language, removal of the current table, and replacement with the link to Tier III of the Scientific Registry of Transplant Recipients. Dr. Eppes made a motion to that effect; Amanda Dulin seconded the motion.

Ms. Miller took a roll call vote:

Dr. Baker - accept

Mr. Desjadon - accept

Mr. Dreyer - accept

Ms. Dulin - accept

Dr. Eppes – accept

Motion carried.

The committee agreed that under 12VAC5-230-730, Expansion of Transplant, there are no recommended changes.

The committee agreed that under 12VAC5-230-740, Staffing, there are no recommended changes.

Dr. Baker stated the committee has data for cardiac catheterization and asked Ms. Dulin if she had looked at this data.

Ms. Dulin advised that this area will be more competitive and that the committee can look at the data by the planning area that COPN had previously provided, additionally, the ALSD 2024 data is accessible.

The committee will meet to discuss Cardiac Catheterization Services in person at the Perimeter Center on February 20, 2026, at 11:30 a.m. Dr. Baker, Mr. Desjadon, Mr. Dreyer, and Ms. Dulin will be in attendance. Dr. Eppes will not be present.

Meeting adjourned at 7:41 p.m.

Outpatient Surgical Hospitals and Operating Room Additions Committee

Meeting Minutes
SHSP TF – OSHORA Committee
November 21, 2025
Time 1:00 p.m.
In-person
Board Room 4, Perimeter Center
9960 Mayland Drive, Henrico, VA 23233

Task Force Members in Attendance (alphabetical by last name): Ms. Carrie Davis; Mr. Paul Hedrick; Mr. Deepak Madala; Mr. Neil Rolfes (Chair). [While this was an in-person meeting, Dr. Marilyn West participated remotely.]

Absent Committee Members: Dr. Keith Berger, Mr. Dean Montgomery

Staff in Attendance (alphabetical by last name): –Mr. Geoff Garner, Senior Policy Analyst, VDH OLC; Ms. Casey Miller, Policy Specialist, VDH OLC

Mr. Rolfes called the meeting to order at 1:00 p.m.

No one offered public comment.

Ms. Miller called the roll and advised the objective of this meeting to identify the data elements needed by the committee.

The committee reviewed the definitions in the prepared materials.

Mr. Garner pointed out the definitions do not include a definition for “surgical services”.

Mr. Rolfes stated we do need clarity between the operating rooms and procedure rooms.

Ms. Davis stated that the definition for “inpatient” may be outdated, because you do need an order, and inpatient status does not just occur automatically after 24 hours.

Mr. Madala requested VHI definitions.

Mr. Rolfes stated the “operating room use” definition is very technical. The room is being used in different ways. When the patient is out of the room, you cannot wheel another patient in, before you clean the room. The definition is a little bit vague. It is all about time and how we capture that time.

Ms. Davis asked if there is a standard prep time or general metric on average.

Mr. Rolfes said that it would be to know how we are defining “standard prep time”. It would be nice to know the benchmarks. It would be good to look at VHI data for this.

Mr. Garner advised that Ms. Miller can check with VHI on the current definitions and see if there are any other definitions that appear within the code to ensure that there is not a definitional conflict.

Mr. Rolfes stated that travel time is not an issue.

Mr. Hendricks agreed that he does not see an issue with time; however, the standard as it is written is not helpful, due to the market already being saturated. It would be more useful to see areas that are less saturated.

Mr. Madala stated that we need “surgical services” defined.

Mr. Garner asked the committee if we need a time standard.

Ms. Davis asked if the committee could get an overlay map that shows geographically where the surgical centers are. She asked whether the committee wants to look at just the Ambulatory Surgical Centers (ASC), only those required of COPN, or both. It would be helpful to see the pockets of populations.

Mr. Rolfes said it would be beneficial to have a map that displays general purpose operating rooms, showing ASCs and hospital operating rooms.

Ms. Davis stated that Article 500, need for new service, as written, is only excluding operating rooms designated exclusively for cardiac surgery, cesarean sections, procedure rooms and trauma. It does not state what is considered a procedure.

Mr. Rolfes would like to extend an invitation to a member from VHI to the next committee meeting to answer these questions. They are most familiar with this data in a case and time perspective. It would be great to know if the facilities are all submitting data the same way.

Mr. Hedricks said the committee needs to figure out what it is that needs to be solved, if there is something that needs to be solved. He asked the committee if the number should be increased to include the number of services available or to make it more specific.

Mr. Rolfes stated he would like to see data trends in the past 5 years, total number of operating rooms, growth of actual utilization in minutes, and to know if the site of care is in the ASCs or in the hospitals, The time to complete a procedure would also be beneficial. ASC time may be smaller where the hospitals may be larger.

Mr. Hedrick raised the concern about having the available number of beds and surgical suites.

Ms. Davis asked the committee which definition ties back to the 1600-hour calculation in Article 500. It may determine if this number is still realistic.

Mr. Hedricks stated the definition hours may need to be changed.

Mr. Rolfes would like to see the time utilization per facility broken down by operating and clean-up time. The surgery time per facility should fit the same parameters and stay within a similar range.

Ms. Miller advised a follow-up email will be sent to the committee members summarizing the request for data

A follow-up virtual meeting was agreed upon for January 15, 2025, 9:00 a.m.

The meeting adjourned at 2:33 p.m.

Meeting Minutes
SHSP TF – OSHORA Committee
January 15, 2025
Time 9:00 a.m.
Virtual

Task Force Members in Attendance (alphabetical by last name): Ms. Carrie Davis; Mr. Paul Hedrick; Mr. Deepak Madala; Mr. Neil Rolfes (Chair). [While this was an in-person meeting, Dr. Marilyn West participated remotely.]

Absent Committee Members: Dr. Keith Berger, Mr. Dean Montgomery

Staff in Attendance (alphabetical by last name): –Mr. Geoff Garner, Senior Policy Analyst, VDH OLC; Ms. Casey Miller, Policy Specialist, VDH OLC

Mr. Rolfes called the meeting to order at 1:00 p.m.

No one offered public comment.

Ms. Miller called the roll and advised the objective of this meeting to identify the data elements needed by the committee.

The committee reviewed the definitions in the prepared materials.

Mr. Garner pointed out the definitions do not include a definition for "surgical services".

Mr. Rolfes stated we do need clarity between the operating rooms and procedure rooms.

Ms. Davis stated that the definition for "inpatient" may be outdated, because you do need an order, and inpatient status does not just occur automatically after 24 hours.

Mr. Madala requested VHI definitions.

Mr. Rolfes stated the "operating room use" definition is very technical. The room is being used in different ways. When the patient is out of the room, you cannot wheel another patient in, before you clean the room. The definition is a little bit vague. It is all about time and how we capture that time.

Ms. Davis asked if there is a standard prep time or general metric on average.

Mr. Rolfes said that it would be to know how we are defining "standard prep time". It would be nice to know the benchmarks. It would be good to look at VHI data for this.

Mr. Garner advised that Ms. Miller can check with VHI on the current definitions and see if there are any other definitions that appear within the code to ensure that there is not a definitional conflict.

Mr. Rolfes stated that travel time is not an issue.

Mr. Hendricks agreed that he does not see an issue with time; however, the standard as it is written is not helpful, due to the market already being saturated. It would be more useful to see areas that are less saturated.

Mr. Madala stated that we need "surgical services" defined.

Mr. Garner asked the committee if we need a time standard.

Ms. Davis asked if the committee could get an overlay map that shows geographically where the surgical centers are. She asked whether the committee wants to look at just the

Ambulatory Surgical Centers (ASC), only those required of COPN, or both. It would be helpful to see the pockets of populations.

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Mr. Rolfes stated he would like to see data trends in the past 5 years, total number of operating rooms, growth of actual utilization in minutes, and to know if the site of care is in the ASCs or in the hospitals, The time to complete a procedure would also be beneficial. ASC time may be smaller where the hospitals may be larger.

Mr. Hedrick raised the concern about having the available number of beds and surgical suites.

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Mr. Hedricks stated the definition hours may need to be changed.

Mr. Rolfes would like to see the time utilization per facility broken down by operating and clean-up time. The surgery time per facility should fit the same parameters and stay within a similar range.

Ms. Miller advised a follow-up email will be sent to the committee members summarizing the request for data

A follow-up virtual meeting was agreed upon for January 15, 2025, 9:00 a.m.

The meeting adjourned at 2:33 p.m.

SHSP TF – OSHORA Committee
February 13, 2026, 10:15 a.m.
Virginia Department of Health Professions

9960 Mayland Drive, Board Room 3
Henrico, Virginia 23233

Task Force Members in Attendance (alphabetical by last name): Ms. Carrie Davis; Mr. Paul Hedrick; Mr. Deepak Madala; Mr. Dean Montgomery; Mr. Neil Rolfes (Chair); Dr. Marilyn West (Dialed in Virtually)

Absent Committee Members: Dr. Keith Berger,

Staff in Attendance (alphabetical by last name): Mr. Antwon Jacobs, Supervisor of COPN; Mr. Geoff Garner, Senior Policy Analyst; Ms. Casey Miller, Policy Specialist

Guest Speaker: Ms. Dawniece Lewis, Virginia Health Information (VHI)

Mr. Rolfes called the meeting to order at 10:15 a.m.

Ms. Miller called the roll.

Quorum was established.

The meeting minutes from January 15, 2026, were unanimously approved.

No one offered public comment.

The committee discussed the redlined version of general surgical services.

The committee asked for clarification of current VHI data.

Ms. Lewis advised that every year VHI does two versions of quality assurance, where VHI will revisit the facilities that have changed their reporting volume significantly from the previous year, and the facility will attest the accuracy of the data reported. There are two different distinct time periods in which this happens. There is no way to validate what is reported because there is not a source of truth. Last year VHI was approved through the commissioner on behalf of the Board of Health, that VHIs patient level data, including hospital discharge data base, is being expanded to include surgeries that are in a wider CPT code range. VHI is in their first collection cycle for data from Q3 of 2025. The data will not be as clean the first time around, but VHI will be able to start using that data as an additional source for future evaluation of surgeries.

Mr. Garner asked the committee if there is an immediate need for additional reporting requirements to be placed on facilities or if the committee can wait until the new reporting

rolls out and at that time, they can reassess. He advised the task force standards are reviewed every two years.

Ms. Lewis advised that new reporting will not only include physician operatories but is significantly expanded to all outpatient facilities in general, physician offices, freestanding, ASC, not just CON licensed facilities, but also labs due to the expanded code range. It will also include venipuncture. VHI is going to look at that data once it starts to pull in, this has not yet been reported and cannot share now.

Mr. Rolfes said that this is great news.

The committee was not aware of the new expanded code and was pleased with the update from Ms. Lewis.

Ms. Lewis advised she will send details of the parameters and what the new code will include in reporting.

Mr. Rolfes advised that the committee did not need to change travel time.

The committee discussed the need for new service.

Currently, there is not sufficient data to support changes to the standard. The recommendation is to revisit the standard within the two years as stated in the SFMP bylaws. At that time, there will be a more robust dataset to reevaluate.

The committee discussed a change to inpatient and outpatient definitions. The committee recommended changing the inpatient definition to read, “a patient who is hospitalized longer than 24 hours for health or health related services pursuant to an order issued by or under direction of a physician”. Outpatient definition should read as, “a patient who visits a hospital, clinic, or associated medical care facility for diagnosis or treatment, but is not admitted as an inpatient”.

The committee unanimously approved the recommended changes to include updated outpatient and inpatient definitions with no additional changes to the current set of standards at this time.

11:18 adjourned

Redlined Version

12VAC5-230-10. Definitions

"Inpatient" means a patient who is hospitalized longer than 24 hours for health or health related services pursuant to an order issued by or under direction of a physician.

"Outpatient" means a patient who visits a hospital, clinic, or associated medical care facility for diagnosis or treatment, but is not ~~hospitalized 24 hours or longer~~ admitted as an inpatient~~.~~

Part V. General Surgical Services

12VAC5-230-490. Travel time.

Surgical services should be available within 30 minutes driving time one way under normal conditions for 95% of the population of the health planning district using mapping software as determined by the commissioner.

12VAC5-230-500. Need for new service.

A. The combined number of inpatient and outpatient general purpose surgical operating rooms needed in a health planning district, exclusive of procedure rooms, dedicated cesarean section rooms, operating rooms designated exclusively for cardiac surgery, procedures rooms or VDH-designated trauma services, shall be determined as follows:

$$\frac{\text{FOR} = ((\text{ORV}/\text{POP}) \times (\text{PROPOP})) \times \text{AHORV}}{1600}$$

Where:

ORV = the sum of total inpatient and outpatient general purpose operating room visits in the health planning district in the most recent five years for which general purpose operating room utilization data has been reported by VHI; and

POP = the sum of total population in the health planning district as reported by a demographic entity as determined by the commissioner, for the same five-year period as used in determining ORV.

PROPOP = the projected population of the health planning district five years from the current year as reported by a demographic program as determined by the commissioner.

AHORV = the average hours per general purpose operating room visit in the health planning district for the most recent year for which average hours per general purpose operating room visits have been calculated as reported by VHI.

FOR = future general purpose operating rooms needed in the health planning district five years from the current year.

1600 = available service hours per operating room per year based on 80% utilization of an operating room available 40 hours per week, 50 weeks per year.

B. Projects involving the relocation of existing operating rooms within a health planning district may be authorized when it can be reasonably documented that such relocation will: (i) improve the distribution of surgical services within a health planning district ; (ii) result in the provision of the same surgical services at a lower cost to surgical patients in the health planning district; or (iii) optimize the number of operations in the health planning district that are performed on an outpatient basis.

12VAC5-230-510. Staffing.

Surgical services should be under the direction or supervision of one or more qualified physicians.

Statutory Authority

§ 32.1-102.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 25, Issue 9, eff. February 15, 2009.

Radiation Therapy Committee

MINUTES

July 31, 2025, at 10:30 a.m.

Training Room 1A, Perimeter Center

9960 Mayland Drive, Henrico, VA 23233

Task Force Committee Members in Attendance (alphabetical by last name):
Amanda Dulin, Paul Dreyer, Paul Hedrick, Neil Rolfes, and Dr. Marilyn West (Chair)

Absent: Michael Desjadon

VDH Policy Staff in Attendance:
Erik O. Bodin, COPN Director; Geoff Garner, Senior Policy Analyst; Kay Feagin, Policy Specialist

1. Call to Order and Welcome

   Dr. Marilyn West called the meeting to order and welcomed everyone to the first Radiation Therapy Committee Meeting.

2. Roll Call – Kay Feagin

3. Public Comment Period – No public comments

4. The first half of the meeting consisted of a presentation and question and answer session with the guest presenter. The Chair, Dr. Marilyn West, introduced Melanie Dempsey, PhD, RT(R)(T), CMD, FAAMD from the Virginia Commonwealth University (VCU). Dr. Dempsey, has over 20 years of experience in the field of radiation therapy. Frequently, she visits facilities across the Commonwealth. She discussed topics outlined as follows:

   - Overview - Historical perspective, today's technology, and cultural shift
   - Radiation deserts – I-81 corridor – Henry, Lee, Buckingham, Cumberland to name a few. (A map and other notes will be forwarded to the Committee by the speaker).
   - Drive Time – The goal is to be able to truncate effective treatment (Hypothetically, from maybe 35 treatments down to 15).

- State of the workforce in the field of radiation - Central Virginia's workforce is well staffed. Approximately 25% is lost to nearby regions (i.e., NOVA, Maryland, etc.)
- Surface Guidance, Core Imaging, Adaptive Therapy (for faster treatments, less movement in the room)

- Going Tatoo-less – Reducing or eliminating markings from treatment
- A.I. Integration
- Virginia (VCU Massey) will open the first HDR Suite
- Wait time
- Brachytherapy – Internal vs. Externally vs. HDR (high dose rate)
- Proton Therapy vs. Photon Therapy
- Gamma Knife vs. Lenox SRS
- PEADS (Pediatric Anesthesia) for children under 4 years old
- Most popular types of cancers treated – Abdominal and Prostate Cancer Typically, around the age of 60 years old and later, abdominal cancer and prostate cancer are prominent. Prostate cancer in Virginia seems to strike one demographic heavily with a diagnosis in later stages. It is black males.
- Correlation between low use of equipment and lower quality of care.

Committee members Dr. West, Ms. Dulin, Mr. Hedrick, Mr. Dreyer, Mr. Rolfes and VDH staff Erik Bodin, Sharon Honaker participated in the Q. and A. discussion.

The second half of the meeting consisted of Dr. West leading a discussion on the current standards.

Mr. Hedrick motioned to maintain the drive time-related standard under Article I. The motion was seconded by Amanda Dulin.

The motion passed unanimously.

Ms. Dulin moved to remove the word “health” that proceeds planning district. It was seconded by Paul Hedrick.

The motion passed unanimously.

The committee reviewed the Article I. Radiation Therapy: Need for New Service standard. After discussing lowering the 8,000 volume standard, the committee decided
more data was needed before deciding whether a revision was warranted.

Ms. Dulin broached the topic of time versus volume.

The committee also reviewed the formula used to determine the number of radiation therapy machines needed within a planning district.

In addition to the need for data, the committee and Mr. Bodin agreed with Dr. West in that definitions need to be more clearly defined.

Mr. Bodin was tasked to provide data at the next meeting that may assist with the decision-making process.

5. Wrap up and Next Steps

Mr. Bodin discussed the next steps in terms of the regulatory process subsequent to this Committee finalizing their recommendations to the full State Health Services Plan Task Force.

Mr. Bodin introduced two new VDH-OLC staff members: Natalie Scarborough and Allison Kagle.

Ms. Feagin will extend invitations to representatives from VHI and the VDH Cancer Registry as well as other relevant entities.

In addition, Ms. Feagin provided highlights of the virtual participation policy as approved by the full Task Force. The Committee will follow the same guidance.

The Committee decided the next meeting will be in-person meeting rather than virtual.

The next meeting will occur on September 9, 2025 10:00 a.m. – 12:30 p.m. in-person.

The meeting adjourned at 12: 37 p.m.

STATE HEALTH SERVICES PLAN TASK FORCE (SHP-TF)

Radiation Therapy Committee

September 26, 2025

9960 Mayland Dr., Henrico, Virginia

Training Room 1

The meeting was called to order at 9:45 a.m. (The meeting had been scheduled for 9:30 a.m.; however, the building was experiencing technical issues, which prevented use of the video screen in the meeting room. The Committee had intended upon using the video screen for purposes including remote participation, guest presentations, and review of documents. AT 9:45 a.m. the Committee Chair determined to proceed with the meeting despite the inability to use the video screen. Remote participation was facilitated via laptop computer.)

Roll call.

Committee members present: Dr. Marilyn West (Committee Chair); Paul Dreyer; Paul Hedrick; Neil Rolfes

Committee members participating virtually: Michael Desjadon (participating from home due to illness); Amanda Dulin (participating from her office due to work requirements and need for early departure)

Virgina Department of Health (VDH), Office of Licensure and Certification staff members present: Erik Bodin, Director, Division of COPN, MCHIP and CA; Geoff Garner, Senior Policy Analyst

It was determined that a quorum was established.

Public Comment: No one had signed up in advance to make public comment, and no one present opted to make public comment.

Agenda: The agenda for the meeting was reviewed.

Minutes: The minutes from the last meeting (July 31, 2025) were reviewed. Mr. Hedrick moved to approve the minutes. Mr. Rolfes seconded the motion, and the motion carried unanimously.

Presentation from VDH's Office of Radiological Health (OHR) by Sheila Nelson, Director

The OHR has three programs: Radiological Materials; X-Ray; and Emergency Preparation, Environmental Monitoring, and Radon

With regard to Radiological Materials:

- The program has existed since 2009

- The program deals only with actual radiological materials, sealed or unsealed.
- There are approximately 375 pieces of material in Virginia at any given time. Approximately half of these are in medical facilities, while the others are in industrial or research settings.
- Most of the medical materials are used for diagnostic purposes.

- Regarding radiological materials used for medical treatment:
    - There are three Gamma Knives ® in Virginia.
    - "Machines" include sealed-source therapy devices only.
    - We write the license for these facilities.
    - We inspect in accordance with the federal (NRC) schedule.
    - The NRC evaluates our office every five years.
    - We focus on the handling of the radiological materials, not the functionality of the machines.

With regard to X-Ray:

- We register facilities that want to use X-ray devices.
- Every tube is tracked.
- A facility can use a state inspector or a registered contractor to inspect its facility.
- There is a contract with the FDA for evaluation of mammography machines.
- "Radiological machines" include those except ones using radiation materials only.
- "Therapy radiation machines" (or clinical radiation machines) are distinguished from nonclinical radiation machines, such as security scanners and detectors.

Mr. Dreyer asked about the scope of this Committee's review of radiation.

Mr. Bodin stated that the scope talks about radiation therapy, and the definition is "treatment using ionizing radiation to destroy diseased cells and for the relief of symptoms. Radiation therapy may be used alone or in combination with surgery or chemotherapy."

Dr. West stated that the Committee needs to make sure everything is in place to ensure quality and safety.

The Committee recessed at 10:15 a.m.

The Committee was called to order at 10:28 a.m.

Presentation from VDH's Virginia Cancer Registry (VCR) by Shuhui Wang (Senior Cancer Epidemiologist), John LaDouceur (Education and Training Coordinator), and Michael Peyton (Cancer Data Analyst)

[PowerPoint presentation – VCR_Radiation_Onsite_presentation.pptx – attached]

Mr. Rolfes noted that some of the numbers are very interesting, in part because of the age of the data. He asked how the rates vary based upon the regions.

Dr. West stated that you can make conclusions based upon the data you have. She asked how often the VCR updates it forms.

John LaDouceur responded that the forms are updated annually or biannually, but that the VCR focuses on high-volume sites and facilities. He stated that the VCR looks to national providers first. He said there is a push to get more data from physician practices.

Dr. West thanked the team from VCR for their time and presentation.

The Committee recessed at 11:00 a.m.

[During the recess, due to the technical issues with the screen in the meeting room, Committee members were given paper "red-lined" copies of the regulations, reflecting the recommendations of the Committee to-date.]

The Committee was called to order at 11:15 a.m.

Review of regulations: The Committee reviewed the following sections of the regulations pertaining to radiological therapy (12VAC230, Part III):

Definitions (12VAC5-230-10)

Dr. West asked if there were any changes to be made to the definitions.

Mr. Bodin said that the focus is on the definition of "radiation therapy."

Mr. Dreyer said the definition is accurate, as long as it accounts for proton therapy.

Mr. Bodin stated that the Code of Virginia includes proton beam therapy in the definition of a "project." The Code of Virginia also specifies that stereotactic radiotherapy not performed on a linear accelerator is a project for which a COPN is required.

Mr. Rolfes stated that other states use multipliers for certain types of cases. He asked if Virginia should apply a DEP (diagnostic equivalent procedure) measure to radiation therapy. He said time is a crucial factor.

Dr. West said that seems appropriate.

Mr. Dreyer said the problem is that none of this information is collected.

Mr. Rolfes asked if it would be possible to reference the North Carolina standard.

Mr. Dreyer stated that it is a time-based thing.

Mr. Rolfes said it is case-based but considers time.

Mr. Bodin stated that the Virginia regulations cannot and should not reference North Carolina, as any time North Carolina made a change, it would change the Virginia regulations; however, Virginia could adopt North Carolina's numbers.

Dr. West suggested that Virginia could apply a narrative.

Mr. Rolfes suggested the creation of utilization thresholds.

Mr. Bodin stated that the Committee could insert multipliers, and the OLC Policy team could insert that into the regulatory language, which could then be reviewed and adjusted biannually.

Mr. Rolfes asked how to structure that to allow for acuity and time.

Ms. Dawniece Lewis from Virginia Health Information – with permission from Dr. West – offered that this could be done but would require clear categories and definitions.

Dr. West stated that the Committee is supposed to have its recommendations completed in time for the next Task Force meeting on October 10, 2025.

Mr. Garner reminded the Committee that October 10 is a targeted goal but not a hard and fast requirement.

Mr. Rolfes suggested that maybe the Committee could present a framework.

Mr. Bodin stated that if the Committee adopted a motion to have a framework with multipliers to be adopted at the next meeting, we could then look at other states and at some of Virginia's larger facilities.

Mr. Rolfes moved to adopt a relative value process to apply to radiological therapy with multipliers to be adopted at later dates, based upon other states' programs and review of Virginia facilities. Mr. Dreyer seconded the motion, and the motion carried unanimously.

-280:

Dr. West asked about the travel time consideration.

Mr. Dreyer stated that travel time is expensive.

Mr. Rolfes agreed.

Dr. West asked if we should stick with the 60-minute standard.

Mr. Dreyer moved to retain this section without amendment. Mr. Rolfes seconded the motion, and the motion carried anonymously.

-290:

Mr. Dreyer questioned the metrics used in the formulary. He suggested eliminating the calculation of need and moving toward reliance on a relative value unit.

Mr. Dreyer moved to eliminate subsection (B) of section -290. Mr. Rolfes seconded the motion, and the motion carried unanimously.

Mr. Dreyer said that subsection (C) makes sense but that the number of procedures [currently "an average of 4,500 procedures annually by the second year of operation"] should be updated.

Mr. Dreyer moved to maintain subsection (C) but to update the number of procedures to reflect the DEP system, to be developed. Mr. Hedrick seconded the motion, and the motion carried unanimously.

-300:

Mr. Dreyer moved this section should be maintained but updated. Mr. Hedrick seconded the motion, and the motion carried unanimously.

-310, -320, and -330:

Mr. Dreyer moved these sections should be retained without amendment. Mr. Hedrick seconded the motion, and the motion carried unanimously.

-330 (further discussion):

Mr. Rolfes asked if -330 section should be merged into other sections.

Mr. Dreyer said perhaps so, but not with regard to Gamma Knives®.

Dr. West asked if the interest is in preserving or adjusting the standard.

Mr. Dreyer stated he thinks the Committee could simply eliminate it.

Mr. Dreyer made a superseding motion that section -330 be removed. Mr. Rolfes seconded the motion, and the motion carried unanimously.

-340 through -370:

Mr. Rolfes moved to remove the remainder of Article 2 (sections -340 through -370). Mr. Dreyer seconded the motion, and the motion carried unanimously.

Dr. West asked if there was any further business for this Committee to discuss.

Mr. Garner offered that he would prepare minutes and distribute them via email for the members to review and edit prior to the October 10, 2025 meeting of the Task Force. He suggested the Committee might briefly reconvene at the beginning of the Task Force meeting on October 10 in order to approve the minutes.

The Committee adjourned at 12:07 p.m.

State Health Services Plan Task Force

Radiation Therapy Committee

October 10, 2025

9:00 a.m.

Virtual meeting (Via Teams)

Training Room 1A, Perimeter Center

9960 Mayland Drive, Henrico, VA 23233

The meeting was called to order by Dr. Marilyn West at 8:47 a.m.

Roll call.

Committee members present: Dr. Marilyn West (Committee Chair); Amanda Dulin; Paul Dreyer; Neil Rolfes; Paul Hedrick

Virgina Department of Health, Office of Licensure and Certification staff members present virtually and at Perimeter Center: Erik Bodin, Director, Division of COPN, MCHIP and CA; Geoff Garner, Senior Policy Analyst; Casey Miller, Policy Specialist

It was determined that a quorum was established.

Agenda: The agenda for the meeting was reviewed.

Public Comment: No one had signed up in advance to make public comment, and no one present opted to make public comment.

Minutes: The minutes from the last meeting (September 26, 2025) were reviewed. A motion to accept the minutes was made by Paul Dreyer, seconded by Paul Hendrick, and approved unanimously.

Discussion:

Dr. West requested an estimation when additional metrics could be available.

Mr. Bodin stated the metrics can be available in early December.

Dr. West stated Mr. Rolfes and Mr. Dreyer are looking into the standards.

Mr. Bodin suggested the committee consider removing stereotactic radiosurgery services, if the intention is to remove Gamma Knife ® machines, linear accelerators, or any other machines. He stated it is still going to be regulated as radiation therapy and falls under the regulation's umbrella.

Wrap up and Next Steps:

Dr. West asked if the next meeting will be virtual or in person.

Mr. Garner confirmed that it will be in person.

Ms. Dulin suggested the week of December 8th.

All members agreed to a meeting on December 12, 2025 at 9:00 a.m.

Mr. Bodin stated that Board Room 3 at Perimeter Center has been reserved.

Adjournment: The meeting adjourned by Dr. West at 9:03 a.m.

Meeting Minutes

Radiation Therapy Committee (RADCOM)

January 9, 2026, at 09:30 a.m.

In-person

Training Room 2, Perimeter Center

9960 Mayland Drive, Henrico, VA 23233

RADCOM Committee members present (alphabetical by last name): Mr. Paul Dreyer; Mr. Paul Hedrick; Mr. Neil Rolfes; Dr. Marilyn West (Chair) [While this was an in-person meeting, Dr. Marilyn West participated remotely.]

Absent committee members: Mr. Michael Dejsadon; Ms. Amanda Dulin

Virgina Department of Health, Office of Licensure and Certification staff members present at Perimeter Center (alphabetical by last name): Mr. Antwon Jacobs, Supervisor of COPN; Mr. Geoff Garner, Senior Policy Analyst; Ms. Casey Miller, Policy Analyst

The meeting was called to order by Dr. Marilyn West at 10:06 a.m.

Roll call.

It was determined that a quorum was established.

No one had signed up in advance to make public comment, and no one present opted to make public comment.

The minutes from the last meeting (October 10, 2025) were reviewed. A motion to accept the minutes was made by Mr. Dreyer, seconded by Mr. Rolfes, and approved unanimously.

Discussion.

The committee discussed the results of the Radiation Therapy Treatment Scheduling Survey.

Mr. Dreyer stated that the committee could infer that a traditional treatment radiation therapy is 15 minutes long

Mr. Garner asked how a block of time would be defined, what event would commence and what event would stop the 15 minute block.

Mr. Dreyer recommended that the committee should look at North Carolina's standards, one conventional treatment block is 15 minutes.

Mr. Rolfes agreed that using a 15 minute baseline, like North Carolina, is very consistent with what is being used in Virginia.

Mr. Dreyer stated there is a difference between SRS (Stereotactic radiosurgery) and SRT (Stereotactic radiotherapy) on a LINAC (Linear Accelerator LINAC). LINAC now can do SRS/SRT in traditional treatments. SRT therapy on a regular LINAC takes 30 minutes, so that would be two blocks. A Cyberknife and a Gamma Knife® are more complicated, that should be a three weighting. Proton takes one half hour, that would be weighted as a two, or two block.

Dr. West asked how the committee is with the standards.

Mr. Dreyer stated there should be no change to staffing.

Mr. Rolfes stated that a new definition needs to be written for ESTV, (equivalent simple treatment visit), which is a standardized unit used to measure radiation therapy workload across different treatment access, and different treatment complexities. One ESTV equals a simple treatment visit, which is 15 minutes.

Dr. West asked for the source of that term.

Mr. Rolfes stated that information comes from North Carolina State Medical Facilities Plan.

Mr. Hedrick stated that it will be a new definition.

Mr. Rolfes stated that the genesis of using this idea comes from the diagnostic equivalent procedures within the cardiac catheterization laboratories standards. When writing the standards, the committee should mimic the language used in the cardiac catheterization laboratories standards.

Ms. Miller stated she will capture that and share it for approval before adding it to the definitions.

Mr. Dreyer stated a simple radiation treatment is one block of 15 minutes. IMRT (Intensity modulated radiation therapy), which introduces imaging, would also be one block. A linear accelerator that has SRS/SRT capabilities will be two blocks. A dedicated SRS or SRT machine like a Cyberknife or a Gamma Knife® are more complicated, so that would be three blocks. Proton therapy would be two blocks. This accounts for 95% of radiation therapy, there is 5% that doesn't fit.

Mr. Dreyer identified that the committee needs to figure out how many ESTVs is a full linear accelerator from a planning perspective and regional planning perspective. The 7,200 hours, which is nine hours a day, 250 days a year, 15 minutes visits at 80% would be 7,200

per year. He recommends the set be 200. He stated the language in radiation therapy services would need to be changed from 8,000 or 6,000 procedures to 7,200 ESTVs.

Dr. West asked what North Carolina uses for new service.

Mr. Dreyer stated it should read 4,500 ESTVs by the second year of service, using the same percentage.

Mr. Rolfes stated the language in the need for new service seems duplicative.

Mr. Dreyer stated 12VAC5-320-300, expansion of services, should be 7200. The key is not to significantly reduce utilization of existing providers in the planning district.

Dr. West agreed.

Mr. Garner added the key function of COPN is to avoid saturation of the market. That is why there is a separate standard, but if this committee thinks that for the purpose of radiation therapy services that a differentiation is not necessary, that would be the committee's recommendation.

Mr. Rolfes stated that it is not necessary to keep, when speaking of reducing utilization of existing providers as a concept.

Mr. Hedricks recommended removing it.

Mr. Dreyer recommended to strike the word "all" from the first line in 12VAC5-230-310 to read, "expansion should be when existing radiation therapy services outperformed an average of the 7200 procedures versus every single site having mean that target".

The committee agreed that a separate section should be created to include the table of multipliers, it will be listed after expansion of service as12VAC5-230-305.

The committee agreed to follow the language under 12VAC5-230-10 for "DEP" to define ESTV, the method of weighing the relative values of the various radiation therapy treatments.

Mr. Garner recommended converting today's discussion into a red-lined version of the regulations, distribute it to the radiation committee and do a final virtual meeting. He explained once the final, red-lined version has been distributed, send the feedback directly to Ms. Miller and advised not to copy other members as that would constitute an additional meeting.

Mr. Hedrick made a motion to adjourn, Mr. Hedrick seconded. The meeting was adjourned at 11:12 a.m.

Meeting Minutes

Radiation Therapy Committee (RADCOM)

February 20, 2026, at 09:30 a.m.

In-person

Board Room 1, Perimeter Center

9960 Mayland Drive, Henrico, VA 23233

RADCOM Committee members present (alphabetical by last name): Mr. Michael Dejsadon; Mr. Paul Dreyer; Ms. Amanda Dulin; Mr. Paul Hedrick; Mr. Neil Rolfes; Dr. Marilyn West (Chair)

Absent committee members: Dr. Marilyn West

Virgina Department of Health, Office of Licensure and Certification staff members present at Perimeter Center (alphabetical by last name): Mr. Antwon Jacobs, Supervisor of COPN; Mr. Geoff Garner, Senior Policy Analyst; Ms. Casey Miller, Policy Specialist

The meeting was called to order by Mr. Dreyer, acting chair, at 9:31 a.m.

Ms. Miller called the roll.

It was determined that a quorum was established.

No one had signed up in advance to make public comment, and no one present opted to make public comment.

The minutes from the last meeting (January 09, 2026) were reviewed.

Mr. Dreyer made note that the minutes as documented on page 2, “He recommends the set be 200” should read, “The standard recommends the set be 7,200”.

Ms. Miller advised this will be updated.

A motion to accept the minutes as amended was made by Mr. Dreyer, seconded by Mr. Rolfes, and approved unanimously.

Redlined Radiation Therapy Standard Discussion.

Mr. Dreyer proposed pediatrics and adults under anesthesia weighted as four ESTVs, inpatient simple visits as 1.5 ESTVs, while Ms. Dulin recommended two ESTVs.

Mr. Dreyer recommended including complex treatment, Total, and Hemibody Irradiation

Ms. Dulin recommended all anesthesia to fall under and complex under as four ESTVs.

The committee discussed all options to fall under complex and inserting a chart with line items in the definition.

Ms. Miller reiterated that the line item under the chart for "Complex Treatment" which will includes, but is not limited to, anesthesia, Total Body Irradiation Hemibody Irradiation, Total skin radiation, and Online adaptive radiation therapy.

Mr. Desjadon questioned the word "outperformed" (12VAC5-230-300).

Mr. Dreyer advised to remove and change to performed.

A ten-minute meeting was scheduled for February 27, 2026, at 8:40 a.m. to approve the final red lined version of the Radiation Therapy Standard and meeting minutes, before reporting to the full task force committee at 9 a.m.

Mr. Dreyer is prepared to act as chair on February 27th, if Dr. West is unable to attend.

Mr. Desjadon motioned to adjourn; Mr. Hedrick seconded the motion.

The committee adjourned the meeting at 10:12 a.m.

SHSP Task Force Work Plan (Approved on Trial Basis)

Committee members will be appointed by the Chair. Committees will consist of 5 to 8 members and will submit recommendations for service/facility criteria three weeks prior to a Task Force meeting where they will be considered.

In developing the SHSP, the committees and the Task Force will use an evaluation framework consistent with the statutory goals of:

- Meeting the health care needs of the indigent and uninsured citizens of the Commonwealth;
- Protecting the public health and safety of the citizens of the Commonwealth;
- Promoting the teaching missions of academic medical centers and private teaching hospitals; and
- Ensuring the availability of essential health care services in the Commonwealth and are aligned with the goals and metrics of the Commonwealth's State Health Improvement Plan.

The committees and Task Force will also develop the criteria for the SHSP consistently with the guiding principles adopted by the Task Force, which are as follows:

1. The COPN program is based on the understanding that excess capacity or underutilization of medical facilities are detrimental to both cost effectiveness and quality of medical services in Virginia.

2. The COPN program seeks the geographical distribution of medical facilities and to promote the availability and accessibility of proven technologies.

3. The COPN program seeks to promote the development and maintenance of services and access to those services by every person who needs them without respect to their ability to pay.

4. The COPN program seeks to encourage the conversion of facilities to new and efficient uses and the reallocation of resources to meet evolving community needs.

5. The COPN program discourages the proliferation of services that would undermine the ability of essential community providers to maintain their financial viability.

6. The COPN program seeks to encourage the provision of services in the setting most appropriate to each patient and supports improving the cost effectiveness of medical services in Virginia by:

• Improving the patient experience of care (including quality and satisfaction);

• Improving the health of populations; and

• Educating the next generation of physicians and providers.

7. The COPN program seeks to encourage the development and implementation of innovative technologies that enhance and improve the quality, cost effectiveness, or both, in the delivery of health care services.

For the expedited review of criteria for medical deserts, the SHSP Task Force shall make recommendations as it is reviewing each service area in the SHSP. VDH will compile these recommendations as the recommendations for the mandate required by HB 2119/SB 1203 placed on the SHSP Task Force from the 2025 GA Session.

Batch Group Order	General Description	Review Time
Group D	• Diagnostic Imaging Facilities/Services Committees: • Diagnostic Imaging Committee Committees' presentations to Task Force for approval at June Task Force meeting	March-June 2025
	• Substance Abuse Treatment • ICF/IIDs • Medical Rehabilitation Beds/Services	

Group C/E	Committees: • Group C/E Committee Committees' presentations to Task Force for approval at June Task Force meeting	March-June 2025
Group F	Radiation Therapy Services Committees: • Radiation Therapy Committee • Committees' presentations to Task Force for approval at October Task Force meeting	June-October 2025
Group G	• Nursing Home Beds at Retirement Communities • Bed Relocations • Miscellaneous Expenditures by Nursing Homes Committees: • Nursing Home Committee Committees' presentations to Task Force for approval at October Task Force meeting	June-October 2025
Group B	• Open Heart Surgery • Cardiac Catheterization • Outpatient Surgical Hospitals • Operating Room Additions • Transplant Services Committees: • Open Heart Surgery, Transplant Surgery Committee, & Cardiac Catheterization Committee • OSH and OR Committee Committees' presentations to Task Force for approval at March Task Force meeting	November-March 2026
Group A	• General Hospitals • Neonatal Special Care Services Committees: • Gen. Hospital & NICU Committee Committees' presentations to Task Force for approval at May Task Force meeting	March – May 2026

State Health Services Plan Task Force

October 10, 2025

Time 9:00 a.m.

Virtual meeting (via Teams) and

Training Room 1, Perimeter Center

9960 Mayland Drive, Henrico, VA 23233

Task Force Members in Attendance (alphabetical by last name): Ms. Jeannie Adams; Dr. Kathy Baker; Dr. Keith Berger; Ms. Karen Cameron (Chair); Ms. Carrie Davis; Mr. Michael Desjadon; Mr. Paul Dreyer; Mr. Paul Hedrick; Ms. Amanda Dulin; Dr. Thomas Eppes; Mr. Deepak Madala; Mr. Dean Montgomery; Mr. Tom Orsini; Mr. Rufus Phillips; Mr. Neil Rolfes; Dr. Marilyn West. [While this was a virtual meeting, Ms. Cameron and Ms. Davis were physically present at Perimeter Center.]

Staff in Attendance (alphabetical by last name): – Mr. Erik O. Bodin, COPN Director, VDH OLC; Mr. Geoff Garner, Senior Policy Analyst, VDH OLC; Mr. Joseph Hilbert, Deputy Commissioner of Governmental and Regulatory Affairs, VDH; Ms. Casey Miller, Policy Specialist, VDH OLC; Dr. Karen Shelton, State Health Commissioner, VDH.

Call to order: Ms. Cameron called the meeting to order at 9:10 a.m.

Welcoming remarks: Dr. Shelton provided brief opening remarks.

Roll call: Mr. Garner called the roll, and it was determined that a quorum was established.

Review of agenda: Mr. Garner reviewed the agenda for the meeting.

Approval of minutes: Dr. Epps moved to accept the previously-distributed minutes from the meeting of June 13, 2025. Dr. West seconded the motion, and it carried unanimously.

Public comment: No one had signed up in advance to make public comment, and no one online offered any public comment.

Presentation: As a last-minute addition to the agenda, Mr. Caleb Taylor, an economist working with the Virginia Institute for Public Policy, delivered a presentation on medical deserts. Mr. Taylor stated in substance as follows:

- Roughly half of Virginia localities are considered medical deserts by the federal government. There is a significant accessibility issue, particularly in places where there is racial disparity.

- In 2026 there will be a new meta study granularizing CON data, focusing on where there are medical deserts and where to connect. This will have significant impact on maternity services and cardiology. The new study could also impact federal funding.

- A couple months ago Rural Health Transformation Program (RHTP) released new guidelines showing that those states with COPN/CON on the books will be receiving less funding after this study is published.

- In response to a question from Ms. Cameron, Mr., Taylor stated that the federal definition of "medical desert" regarding primary care considers whether services are available within 30 miles in a rural area or within 15 miles in an urban area, which is akin to the Health Professionals Shortage Area definition.

- In response to a question from Ms. Dulin, Mr. Taylor said he would share some presentation materials with the Task Force.

- Mr. Taylor stated that the current effort at Americans for Prosperity is to redefine the specific services in term of their availability. He stated that disparity of access to services along racial lines disappears when CON is removed. He said that in making their analyses, Americans for Prosperity considers beds, facilities, and providers.

- In response to a question from Dr. West, Mr. Taylor stated that federal efforts are aggressive and are designed to reduce funding in certain sectors. He said that states using "bad health policy" will be punished. He said the federal government is focused on increasing access to health care while decreasing costs and that this will change the conversation. He said it will not be helpful if the federal government delivers an ultimatum.

Mr. Garner asked Mr. Taylor to share materials regarding Virginia so that they can be distributed to the Task Force.

Report from Nursing Homes Bed Committee

Ms. Davis (Committee Chair) explained proposed changes to the regulations as follow:

- Section 610
    - Under subsection (C), the Committee recommends moving toward an annual nursing home patient origin study and removing "authorized by VHI."
    - The Task Force should recommend to the Board of Health that it direct the Virginia Department of Health's Office of Licensure and Certification to develop a set of data elements to be provided by licensees contemporaneously with license renewal applications, to operationalize 12VAC5-230-610.
- Section 630
    - The Task Force should recommend to the Board of Health that it direct the Virginia Department of Health to consider a legislative proposal for General Assembly 2027 to amend the Code of Virginia to limit to three years from initial licensure date the allowance of open admissions.

Mr. Phillips requested an explanation of the issue regarding open admissions.

Mr. Orsini stated that section 630 is established by the Code of Virginia and allowed new facilities to get on their feet financially. The time frame for open admission was then extended, but now it needs a hard stop.

Mr. Phillips stated that part of the problem is having a younger population.

Mr. Orsini said that a facility with a younger population could request a COPN.

Ms. Cameron said that the current system incentivizes getting the maximum number of beds possible and that the Task Force's goal is to get developers to properly plan for the real needs, thereby leveling the playing field.

With the permission of the Chair, Ms. Dana Parsons (Vice President and Legislative Counsel for LeadingAge Virginia) stated that this is about resident choice. She said the General Assembly reached a compromise. She said only a handful of CCRCs have utilized this provision, and they must demonstrate an occupancy rate of more than 85% and non-profit status.

Mr. Orsini said that it still avoids getting a COPN and leaves the decision to the State Health Commissioner.

Ms. Parsons said this is not a COPN issue, because the beds are open and not new.

Dr. Berger asked what would best serve the clients and how the Task Force can make it easier for them to improve access to care.

Ms. Davis moved for adoption of the Committee's recommendations.

Ms. Cameron noted that as this is a recommendation from a committee, no motion is required, and she decided that the Task Force should vote by section number.

Mr. Garner recapped the concluding report from the Nursing Homes Bed Committee.

- With regard to 12 VAC 5-230 sections 600 – 640, the Committee recommends the Task Force make no changes except for removing the "authorized by VHI" requirement from section 610.

- With regard to section 610, the Committee recommends that the Task Force recommend to the Board of Health that it direct the Virginia Department of Health's Office of Licensure and Certification to develop a set of data elements to be provided by licensees contemporaneously with license renewal applications, in order to operationalize 12VAC5-230-610.

- With regard to section 630, the Committee recommends that the Task Force should recommend to the Board of Health that it direct the Virginia Department of Health to consider a legislative proposal for General Assembly 2027 to amend the Code of Virginia to limit to three years from initial licensure date the allowance of open admissions.

    - Mr. Desjadon asked whether residents are there voluntarily or whether they are placed.

    - Ms. Cameron and Ms. Davis responded that it is a purposeful decision.

    - Mr. Desjadon asked what happens if a facility did not get a COPN.

    - Ms. Cameron said the resident would have to go to another bed in another facility.

    - Mr. Orsini said that a facility can continue to do readmissions and keep its license.

Mr. Garner called the roll for the Committee's recommendation on sections 600-640, and it was approved unanimously with the exception of Dr. Berger, who abstained.

Mr. Garner called the roll for the Committee's recommendation on section 610, and it was approved unanimously with the exception of Dr. Berger, who abstained.

Mr. Garner called the roll for the Committee's recommendation on section 630, and it was approved unanimously with the exception of Dr. Berger, who abstained.

This concluded the assignment for which the Nursing Home Beds Committee was established.

Report from the Radiation Therapy Committee

Dr. West (Committee Chair) informed the Task Force that the Committee's work is not concluded and that more time is necessary to obtain additional data. She stated that the Committee needs to have one more meeting in December in order to establish relative value units (RVUs), which the Committee expects to present to the Task Force at its meeting in February 2026.

Mr. Garner added that the Committee wants to review RVU data from North Carolina and from certain facilities in Virginia but that time is needed to acquire that data.

Mr. Rolfes stated that with implementation of relative value units, a review of population / incidence is no longer needed.

Mr. Phillips asked whether Virginia is modeling after North Carolina.

Mr. Rolfes stated that North Carolina has a framework similar to what Virginia is using for catheterization.

Dr. West stated that the Committee is not limiting its review to North Carolina.

Mr. Phillips asked if we are looking at different forms of technology.

Mr. Rolfes stated that we are looking at different forms of technology, different patient categories, and different types of cases.

Ms. Cameron asked why stereotactics should be removed.

Mr. Bodin stated that the Code of Virginia removed stereotactics as a unique category but left it included with radiation therapy; therefore, it would be included with the RVU analysis.

Dr. West stated that the Committee will be ready to give its final recommendations to the Task Force at the next Task Force meeting.

The Task Force recessed at 10:23 a.m.

Ms. Cameron called the Task Force back to order at 10:30 a.m.

Review of Work Plan: The Task Force reviewed the Work Plan it had approved at its February 28, 2025 meeting.

New committees: Ms. Cameron solicited volunteers to staff the next two committees pursuant to the Work plan, and Task Force members volunteered as follows:

- Open Heart Surgery, Transplant Surgery Committee, & Cardiac Catheterization Committee (OHTCCOM)
    - Dr. Baker
    - Mr. Desjadon
    - Mr. Dreyer
    - Ms. Dulin
    - Dr. Eppes

- Outpatient Surgical Hospitals and Operating Room Additions Committee (OSHORACOM)
    - Dr. Berger
    - Ms. Davis
    - Mr. Hedrick
    - Mr. Madala
    - Mr. Montgomery
    - Mr. Rolfes
    - Dr. West

Ms. Cameron asked Dr. Baker to serve as Chair of the OHTCCOM, and Dr. Baker consented.

Ms. Cameron asked Mr. Rolfes to serve as Chair of the OSHORACOM, and Mr. Rolfes consented.

Next meeting: After brief discussion, it was agreed the next committee of the Task Force will be an in-person meeting at Perimeter Center at 9:30 a.m. on February 27, 2025.

Adjournment: Ms. Cameron moved to adjourn the meeting. The motion was seconded by Ms. Davis, and none were opposed. The meeting adjourned at 10:45 a.m.