

DRAFT - NOT APPROVED

**State Board of Health Meeting  
Nominating Committee  
June 11, 2026 - 9:00am  
Virginia Institute of Marine Science  
Owens-Bryant Boardroom (102A)**

**Members Present:** Dr. Lee Jones, Chair; Dr. Walter Vest, and Mr. Kevin Dillard.

**Virginia Department of Health Staff Present:** Katelyn Briguglio, Policy Administrator; Michael Capps, Director of Policy and Planning.

**Call to Order and Welcome**

Dr. Lee Jones called the meeting to order at 9:03 am. Dr. Jones welcomed those in attendance to the meeting.

**Nominations of Officers**

Dr. Jones made a motion to nominate the following slate of officers: Dr. Melissa Nelson for Chair, Ms. Cindy Warriner for Vice Chair, Mr. James Cole and Dr. Walter Vest for the Executive Committee. Dr. Vest seconded the motion, and it was passed unanimously by voice vote.

**Adjourn**

Dr. Jones made a motion to adjourn the meeting, seconded by Dr. Vest. The motion passed unanimously by voice vote and the meeting adjourned at 9:07am.

**State Board of Health Meeting  
June 11, 2026 - 9:30am  
Virginia Institute of Marine Science  
Owens-Bryant Boardroom (102A)**

**Members Present:** Pam Cipriano, PhD, RN, NEA-BC, FAAN; Michael Desjardon, Chair; Kevin Dillard, MBA; Julie Henderson; Lee Jones, DMD; Melissa Nelson, MD, Vice Chair; Saquib Samee, MD; Walter Vest, MD; Cindy Warriner, BS, RPh, CDCES; Wendy Walter, MA, LNHA; Thomasena Wicker, PhD

*James Cole participated remotely from their home due to a medical condition of a member of his family, Douglas Daniels, DVM, participated remotely from their homes due to a medical condition, and Ann B. Vaughters, MD participated remotely from their home due to a personal matter.*

**Members Absent:** *Gina Bellamy, MSA, BSN, RN*

**Virginia Department of Health (VDH) Staff Present:** Matthew Ahern, Chief Operating Officer; Katelyn Briguglio, Policy Administrator; Michael Capps, Director of Policy and

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Planning; Stephanie Dunkel, Deputy Commissioner for Population Health and Preparedness; Susan Fischer-Davis, MD, Chief Deputy Commissioner for Community Health Services; Breanne Forbes-Hubbard, Workforce Development and Engagement Director; Laurie Forlano, D.O., Director of the Office of Epidemiology; Lance Gregory, Director of the Office of Environmental Health Services; Joe Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; John Kotyk, Legislative and Regulatory Coordinator; Arman Latif, Chief Information Officer; Anne Powell, Agency Star; Maria Reppas, Director of Communications; John Ringer, Dana Smith, Virginia Management Fellow; Chief Financial Officer; B. Cameron Webb, MD, JD, State Health Commissioner, Juli Wilkinson, Agency Star.

**Other Staff Present:** Robin Kurz, Senior Assistant Attorney General, Office of the Attorney General;

### **Call to Order**

Mr. Desjaden called the meeting to order at 9:49 am and led all present in the Pledge of Allegiance.

### **Introduction**

Mr. Desjaden welcomed those in attendance at the meeting. Mr. Desjaden then started the introductions of the Board members and VDH staff.

Mr. Desjaden invited Mr. George Bains, the Interim County Administrator for Gloucester County, to present opening remarks and welcome Board members to Gloucester.

### **Review of Agenda**

Ms. Briguglio reviewed the agenda and the items contained in the Board's binder.

### **Approval of March 19<sup>th</sup> Meeting Minutes**

The minutes from the March 19<sup>th</sup> meeting were reviewed.

**Motion:** Mr. Dillard moved to approve the March 19<sup>th</sup> meeting minutes, seconded by Dr. Vest

**Final Action:** The motion was approved unanimously by voice vote.

### **Commissioner's Report**

Dr. Webb provided the Commissioner's Report to the Board. He updated the Board on key issues and projects VDH is engaged in including:

- Agency Stars
- Key Personnel Changes
- Local Health District Updates
- Comprehensive Harm Reduction Initiatives – Portsmouth and New River Health Districts
- Portsmouth Health District - Portsmouth Access to Harm Reduction (PATH)
- New River Health District – Collaborative Practice Agreement
- Electronic Health Record (EHR) Update
- Infectious Disease Update
- Immunization Update

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- Strategic Priorities
- VDH 360 (Commissioner's Listening Tour)
- Strategic Communications Plan
- ACHDHE Updates
- Strategic Infrastructure and Capacity Alignment
- Plan for Well-Being Implementation
- Rural Health Transformation Update
- Nursing Home Oversight Plan Update
- Ryan White Program
- Agency Financial Stability
- Maternal Health Update
- Relocation of the Office of the Chief Medical Examiner
- National Public Health Week

Ms. Cipriano asked about VDH actions to counteract the spread of disinformation. Dr. Webb cited specific information campaigns, efforts to engage local stakeholders, and partnerships with strategic communications consultants. Dr. Webb emphasized the importance of changing the perception of VDH to a trusted source of information to all individuals in Virginia.

There was a discussion regarding the rebuilding of public trust in Virginia. Ms. Henderson stated that in her experience within environmental health, she has seen high levels of trust in public health. Dr. Webb discussed how the diversity of the state and impacts of the pandemic has led to wide variation in overall trust of public health across the state. Dr. Vest suggested that efforts be made to ensure local health departments attend community meetings to connect with locals.

Dr. Vest asked about the measles outbreak in Buckingham County, and if the unvaccinated people are generally distributed throughout the county, as well as the number of infants impacted. Dr. Webb cited privacy concerns preventing detailed information to be provided. However, Dr. Webb emphasized that there are open lines of communication with specific communities of unvaccinated individuals and cited this as a means of building trust. There was discussion about guidelines for vaccination of children ages 6-11 months, which was developed out of specific concerns for infant health in these communities. Dr. Webb stated high levels of infection rates amongst children.

In regard to nursing home inspections, Ms. Warriner recommended collaborations to address root causes of issues rather than simply inspections in nursing homes. Dr. Webb cited the connection of the complaints and inspections to ensure root causes can be investigated and partnerships with industry, including peer networks to combat the backlog and raise the standards and level of care for seniors.

Ms. Warriner asked if pharmacies are being considered as a component of community paramedicine due to increased amount of pharmacy deserts in Virginia, stating in some communities' pharmacies are the only means of access to care. Ms. Warriner called for broad education of the general public to address medical misinformation, rather than specific information campaigns. She also called for respected community members to share knowledge.

There was a brief discussion regarding the agency’s financial situation and how much of VDH’s federal budget makes its way to the local health districts and if local health districts have been preparing for a loss of federal funds. John Ringer discussed that the amount they receive varies and is very complex, most local health districts are funded primarily from state general funds and local match funds, and the federal money allocated to districts is largely to fund WIC programs.

**Regulatory Action Update**

Mr. Kotyk reviewed the summary of all pending VDH regulatory actions. There are 49 pending actions under development:

- 10 NOIRAs
- 2 Emergency/NOIRAs
- 17 Proposed Actions
- 5 Final Actions
- 15 Fast Track Actions

There was one regulatory action taken by the Commissioner on behalf of the Board pursuant to § 32.1-20 of the Code of Virginia since the March 19th, 2026 Board meeting while the Board was not in Session.

- Approved Final Exempt action for the Waterworks Regulations (12VAC5-590) to comply with federal Consumer Confidence Report Rule revisions.

There were no non-regulatory actions taken by the Commissioner on behalf of the Board pursuant to § 32.1-20 of the Code of Virginia since the March 19th, 2026 Board meeting while the Board was not in Session.

Mr. Kotyk advised the Board that there are four periodic reviews in progress:

<u>Chapter</u>		<u>Status</u>
12 VAC 5-125	Regulations for Bedding and Upholstered Furniture Inspection Program	Intend to issue result after current action becomes effective.
12 VAC 5-371	Regulations for the Licensure of Nursing Facilities	Issued with NOIRA, Result will be published with Proposed stage.
12 VAC 5-381	Home Care Organization Regulations	Issued with NOIRA, Result will be published with Proposed stage.
12 VAC 5-620	Regulations Governing Application Fees for Construction Permits for Onsite Sewage Disposal Systems and Private Wells	Intend to issue result after current action becomes effective.

**Public Comment Period**

There were no individuals signed up for the public comment period.

**Decision Memo: Trauma Designation Adoption of the American College of Surgeons (ACS) Verification Model for Virginia Trauma Center Designation**

Ashley Camper and Paula A. Ferrada, MD presented the Decision Memo: Trauma Designation Adoption of the American College of Surgeons (ACS) Verification Model for Virginia Trauma Center Designation.

Ms. Warriner raised concerns about whether the change could discourage hospitals from maintaining trauma center status due to associated costs. In response, it was noted that the ACS model may reduce administrative burdens compared with the current state process and that many trauma centers already participate in ACS-related programs such as TQIP and that the proposal would make ACS the verification standard and suggested that maintaining a separate state verification process may not remain feasible. Participants also noted that Virginia trauma funding generally exceeds ACS verification costs and that hospitals, including for-profit facilities, have financial incentives to maintain trauma center designation. Dr. Vest stated that 40 of Virginia's 41 trauma centers support the proposal and are preparing for the transition. Additional discussion included the potential exploration of a Level IV trauma designation, clarification that the board's vote would be to accept the recommended memorandum, and consideration of impacts on first responders. Members noted that Virginia's trauma care standards already largely align with ACS standards.

**Motion:** Mr. Dillard moved to authorize transition to a ACS verification Model and Dr. Vest seconded his motion.

**Final Action:** The motion was approved by roll-call vote (14-Y, 0-N).

**Lunch Presentation:**

Mr. Rivenbark, Mr. Fridley, and Ms. Balderson provided an overview of the Office of Environmental Health Services & Three Rivers Health District Program Highlights. Mr. Rivenbark described the geography, population, core programs, and priorities of the Three Rivers Health District. He also outlined key challenges and opportunities faced by the district. Mr. Fridley discussed the core values of Three Rivers Health District.

Multiple Board members expressed their praise and support to Three Rivers Health District.

**Proposed Amendments: Regulations for the Licensure of Nursing Facilities (12VAC5-371)**

April Dovel presented the Proposed Amendments: Regulations for the Licensure of Nursing Facilities (12VAC5-371). The proposed amendment includes expanding the Commissioners' ability to sanction nursing facilities that are found in violation of standards.

Dr. Vest inquired about the nursing home industry's perspective and whether the amendment could contribute to facility closures. Ms. Walter stated that overall, the industry supports the proposal, noting that the penalties are intended to be meaningful without being severe enough to force facilities out of business. It was explained that the amendment targets violations with the potential to cause harm and emphasized that the sanctions are designed as intermediate enforcement tools. Ms. Warriner and Joe Hillbert highlighted the value of such remedies as alternatives to more drastic actions such as facility closure or resident displacement. Dr. Vest expressed concerns about the impact of additional penalties on existing reimbursement

challenges.

The discussion also addressed implementation details. Ms. Henderson questioned the reduction of the permitting timeframe from 24 to 18 months, and Ms. Dovel explained that the change aligns more closely with recertification schedules, reflects staffing realities, and addresses engagement with industry stakeholders. Questions were raised regarding the administrative burden of issuing penalties, with Mr. Hilbert noting that the proposal originated from VDH and that two new positions have been created and funded to support implementation. Additional discussion focused on the roles of hearing officers and the commissioner in the sanctions process, with Mr. Hilbert clarifying that hearing officers would make recommendations while the commissioner would retain final decision-making authority. Ms. Henderson identified the need for clearer language regarding these responsibilities and the definition of probation, and Ms. Dovel agreed that further clarification would be explored as the regulation advances through the process.

**Motion:** Ms. Warriner made a motion to amend 12VAC-371-90 section D. by replacing “24 months” with “18 months”, seconded by Dr. Vest.

**Action:** The motion was approved unanimously by roll-call vote (14-Y, 0-N).

**Motion:** Ms. Warriner moved to approve the amended 12VAC-371-90 Proposed Amendments, seconded by Dr. Vest.

**Action:** The motion was approved unanimously by roll-call vote (14-Y, 0-N).

### **Joint Commission on Health Care (JCHC) Pharmacy Presentation**

Jen Piver-Renna, PhD from JCHC gave a presentation of Pharmacy Access in Virginia. JCHC conducted a study focused on describing how access to pharmacy services has changed in Virginia. JCHC recommended that the General Assembly submit a budget amendment to increase funding to expand access to pharmacy services. JCHC also recommended the creation of an incentive program to maintain or re-establish in low access communities to help mitigate small population or high percentage of Medicaid patients. The Commission also recommends enhancing government support for pharmacies with no access.

Dr. Vest asked whether the dispensing fee changes had affected pharmacy operations, and Dr. Piver-Renna clarified that the changes applied only to fee-for-service Medicaid and not to managed care plans, which cover the majority of Medicaid beneficiaries. Ms. Warriner inquired about pharmacy closures since the implementation of the changes, and Dr. Piver-Renna reported that available data indicates the decline in pharmacy numbers has continued from late 2024 through mid-2025

### **Department of Medical Assistance Services (DMAS) Pharmacy Presentation**

Greg Barabell, MD and JoeMichael Fusco, PharmD gave a presentation of Pharmacy Access in Virginia. This presentation included details regarding the 2025 Cost of Dispensing Survey and the Medicaid Single Pharmacy Benefit Manager Study.

A discussion focused on pharmacy reimbursement challenges and their impact on access to care.

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Ms. Warriner emphasized the critical role pharmacies play in delivering population health services and raised concerns that Medicaid dispensing fees often fail to cover acquisition costs, contributing to pharmacy closures. Dr. Vest highlighted the growing concern of communities losing access to brick-and-mortar pharmacies and noted that a gubernatorial state of emergency could provide the board with greater flexibility to adjust dispensing fees. Members also discussed potential policy solutions, including increased funding for rural pharmacies and the implementation of a single pharmacy benefit manager (PBM). Dr. Vest characterized additional rural funding as a temporary measure that does not address underlying reimbursement issues, while Dr. Cipriano questioned whether a single PBM would similarly serve as a short-term fix. Dr. Vest responded that several states have adopted a single-PBM model and reported cost savings. The conversation concluded with discussion of the value of data-driven decision-making, as Ms. Warriner highlighted the potential use of VDH claims data and interagency data sharing to inform planning efforts, a point that DMAS strongly supported.

### **Electronic Meeting Policy:**

Ms. Briguglio presented the Procedures for Electronic Participation in Board of Health Meetings and All-Virtual Meetings and declared there was no change from the policy approved by the Board in June 2025.

**Motion:** Dr. Jones motioned to approve the Electronic Meeting Procedures, seconded by Ms. Henderson.

**Final Action:** The motion was approved unanimously by voice vote (14-Y, 0-N)

### **Report of Nominating Committee**

Dr. Jones provided the report of the Nominating Committee. The committee recommended Dr. Nelson as Chair, and Ms. Warriner as Vice Chair, and Mr. James Cole and Dr. Walter Vest as Executive Committee members. The committee report was approved unanimously by the Board.

### **Other Business:**

Dr. Nelson made a motion to approve a resolution concerning Petition for Rulemaking 432: Prevent biological males from female-only athletics and certain female-designated spaces and its public health implications. The motion was seconded by Cindy Warriner.

Discussion ensued and following a procedural overview from Mr. Hilbert regarding the resolution's origin and status, members debated both the substance of the proposal and whether additional research or expert input was needed before acting. Several members, including Dr. Cipriano, Dr. Wicker, and Ms. Henderson, expressed concerns about the lack of robust data demonstrating a public health need for the resolution, noting that much of the evidence presented was anecdotal. Dr. Vest cited injury risks and mental health concerns as public health considerations, while Mr. Cole, Dr. Nelson, and Ms. Warriner argued that the resolution promoted athlete safety, referencing guidance from sports organizations and personal experiences in athletics. There was also discussion on Board members' desire to be responsive to the petitioners and the members of the public who gave comment on the issue.

**Motion:** Ms. Henderson made a motion to table the resolution, seconded by Mr. Dillard.

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**Action:** The motion failed to pass during a roll call vote. (3-Y, 9-N, 2-A). (Y- Dillard, Henderson, Cipriano) (A-Wicker, Walter)

Concerns were raised by Mr. Dillard and Dr. Wicker that newer board members had not been adequately briefed on the issue and that the matter had not appeared on the agenda before the meeting. Dr. Cipriano urged the Board to consider the complexity of the topic across different sports and age groups and sought additional data on potential public health impacts.

**Motion:** Ms. Henderson made a motion to pass by the resolution indefinitely, seconded by Dr. Cipriano.

**Action:** The motion failed to pass during a roll call vote. (4-Y, 10-N). (Y-Dillard, Henderson, Cipriano, Wicker)

Discussion further addressed distinctions between contact and non-contact sports. In addition, there was a recommendation that the language used in the resolution be consistent with the petition's original language.

Mr. Desjadon recommended that the Board go into closed session to receive legal advice.

**Motion:** Mr. Desjadon made a motion to go into closed session to seek legal advice, pursuant to § 2.2-3711(A)(8), in the matter of 12VAC5-660 and that Dr. Webb, Ms. Kurz, Ms. Briguglio, Mr. Hilbert, and Mr. Capps join the Board for closed session. That motion was seconded by Dr. Vest

**Final Action:** The motion was approved unanimously by voice vote (14-Y, 0-N)

The closed session took place in the same room as the Board meeting. Other attendees in the room were instructed to exit the room, and the Board members participating virtually joined a separate online Microsoft teams link to ensure confidentiality of the closed session.

**Motion:** Dr. Jones moved to return to regular session and certify that only public business matters lawfully exempted from open meeting requirements and only such public business matters as were identified in the motion for closed session were heard, discussed or considered during the closed session just concluded. The motion was seconded by Dr. Vest.

**Final Action:** The motion passed by unanimous roll-call vote (14-Y, 0-N).

There was discussion regarding keeping the language used in the resolution consistent with the petition's original language. Further discussion accounted if the resolution's language urging legislative action "without delay" was consistent with comments suggesting lawmakers should have the opportunity to fully evaluate the issue.

**Motion:** Ms. Walter made a motion to amend the language in the resolution by replacing "allow only biological females to complete in female-only sports" to "prevent biological males from participating in female-only sports." The motion was seconded by Dr. Vest.

**Action:** The motion passed during a roll call vote. (10-Y, 2-N, 2-A) (N-Dillard, Henderson) (A-Wicker, Cipriano)

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There was further discussion about removing the final “whereas” clause from the resolution, as it may not specifically align with the Board’s goals for this resolution.

**Motion:** Dr. Nelson made a motion to amend the resolution by removing “WHEREAS, under §§ 32.1-2 and 32.1-12 of the Code of Virginia, as referenced in the Petition for Rulemaking, the Board has the authority to promulgate rules and regulations, as well as the duty to protect and preserve the public health of Virginians, including the public health of females in the Commonwealth of Virginia; and now, therefore, be it.” The motion was seconded by Ms. Warriner.

**Action:** The motion passed during a roll call vote. (12-Y, 1-N, 1-A) (N-Henderson) (A-Wicker)

**Motion:** Dr. Nelson made a motion to pass the amended resolution, seconded by Ms. Warriner

**Action:** The motion was passed during a roll call vote. (10-Y, 3-N, 1-A) (N-Dillard, Henderson, Cipriano) (A-Wicker)

During closing remarks, members requested that controversial policy matters be clearly identified in future agendas. Mr. Capps noted that new legal requirements passed during the 2026 General Assembly mandate that after July 1, items must be included on the agenda that is noticed when the meeting materials are posted to the Virginia Regulatory Town Hall in order for action to be taken on that item during the meeting.

**Adjourn**

**Motion:** Ms. Warriner moved that the meeting adjourn at 4:36pm, seconded by Dr. Vest.

**Final Action:** The motion passed unanimously by voice vote.

The meeting adjourned at 4:36pm.

## **Virginia State Board of Health**

WHEREAS, a petition was filed by three collegiate, athlete citizens of the Commonwealth of Virginia to the Board of Health (Board) to promulgate rules and regulations including to prohibit biological males from girls' and women's only sports on the bases of physical and mental health and safety; and

WHEREAS, on August 18, 2025, the Board voted unanimously to approve the Petition for Rulemaking in order to preserve the public health of Virginians, including the public health of women and girls; and

WHEREAS, the International Olympic Committee (IOC) adopted a policy on March 26, 2026, which bans biological males from participation in female-only sports; and

WHEREAS, the IOC decision was based on a working group which examined scientific, medical, and legal developments, whose members came from five continents and included specialists in sports medicine, endocrinology, transgender medicine, women's health, ethics and law, including chief medical officers from international federations representing individual and team sports; and

WHEREAS, the IOC found that biological males have a performance advantage consistently based on larger and stronger skeletal muscles and bones as well as other biological features; and

WHEREAS, the IOC specifically found that for the safety of female athletes, biological males should not be allowed in female only sports; and now, therefore, be it

RESOLVED, That the Virginia State Board of Health hereby urges the Virginia General Assembly and the Governor of the Commonwealth to without delay enact legislation to prevent biological males from participating in female-only sports.

**The remainder of the document is written comment submitted at the Board meeting. It may not reflect the position or opinions of the Board or members.**

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F 804-828-8002**Marlon F. Levy, MD, MBA**  
**David M. Hume Professor of Surgery, with  
Tenure**  
Sr. Vice President  
VCU Health Sciences and Chief Executive  
Officer, VCU Health System Authority

June 4, 2026

State Board of Health  
c/o Cameron Webb, MD, JD  
State Health Commissioner Virginia Department of Health  
Via Email

Dear Commissioner Webb,

VCU Health has strong concerns regarding an anticipated proposal from the VDH Office of Emergency Medical Services (OEMS) that would maintain the Commonwealth's current dual national and state verification requirement for burn centers.

While we support the proposal's recommendation to adopt the American College of Surgeons (ACS) national verification model for trauma centers statewide, we strongly recommend applying a consistent approach to burn center verification. Specifically, we urge VDH to formally recognize American Burn Association (ABA) national verification as the sole standard and eliminate the current duplicative state verification process, aligning this change with the proposed multiyear transition for trauma center verification.

### Background

Virginia currently maintains three distinct verification processes for trauma care: adult, pediatric, and burn. The adult and pediatric verification process appears to be included in the anticipated proposal; however, burn center verification is excluded. As a result, burn centers would continue to undergo a separate state site survey and review process to maintain designation in the Commonwealth.

Maintaining dual verification processes creates unnecessary costs and operational inefficiencies for both the Commonwealth and health systems, without corresponding improvements in patient care. These impacts include:

- **Resource diversion:** Survey preparation is time and labor intensive, extending beyond routine operations and redirecting staff from clinical care, performance improvement, education, outreach, injury prevention, and research.
- **Sustained administrative burden:** Dual verification results in near-continuous survey readiness cycles, compounding operational strain on clinical and administrative teams.
- **Outdated standards:** The Commonwealth's burn center verification criteria have not been substantively updated in over a decade and may not fully reflect current national standards and best practices.
- **Misalignment with national practice:** To our knowledge, Virginia remains an outlier in maintaining a separate burn center verification process rather than recognizing national accreditation.
- **Financial impact:** VCU Health alone incurs approximately \$150,000 in personnel costs for a single state review, with total costs more than doubling when dual state and national verification cycles overlap.

- **System-wide implications:** The cumulative financial, workforce, and administrative burden affects both OEMS and health systems, potentially limiting the ability to focus on initiatives that directly improve patient outcomes.

### **Recommendation**

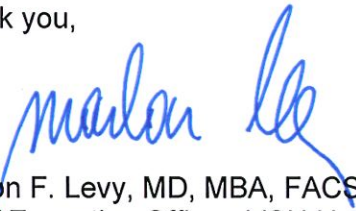
VCU Health respectfully recommends:

- **Approval of the proposed transition to the ACS national verification model** for adult and pediatric trauma centers, *and*
- **Adoption of ABA national verification as the sole standard for burn centers**, eliminating the duplicative state process and aligning implementation with the trauma center verification transition timeline.

This approach would promote consistency across trauma and burn verification, reduce administrative burden, and allow health systems and state agencies to focus resources on advancing patient care quality and outcomes.

The OEMS proposal is scheduled to be presented to the Board of Health at their June 11, 2026 meeting. We appreciate your consideration of this recommendation and would welcome the opportunity to answer any questions or schedule a meeting.

Thank you,



Marlon F. Levy, MD, MBA, FACS  
Chief Executive Officer, VCU Health System  
Senior Vice President, VCU Health Sciences