NEONATCOM Committee

Agenda

June 29, 2026 at 12:00 p.m.

Perimeter Center, Training Room 1

9960 Mayland Drive, Henrico, VA 23233

1. Call to Order and Welcome
2. Roll Call
3. Review Meeting Minutes from June 15, 2026
4. Next Steps – Report Full SHSP-TF Meeting August 28, 2026, 9:00 am
5. Meeting Adjournment

Meeting Minutes
SHSP TF – NEONAT Committee
June 15, 2026, 9:30 a.m.
Virginia Department of Health Professions

9960 Mayland Drive, Training Room 1
Henrico, Virginia 23233

Task Force Members in Attendance (alphabetical by last name): Dr. Kathy Baker (Chair), Mr. Erik Bodin, Ms. Tracy Douglas (absent), Mr. Paul Dreyer, Mr. Dean Montgomery

Staff in Attendance (alphabetical by last name): Ms. Mikayla Ferguson, SHSP-TF Planner; Mr. Antwon Jacobs, COPN Supervisor; Mr. Geoff Garner, Senior Policy Analyst; Ms. Casey Miller, Policy Analyst

Dr. Baker welcomed the committee and called the meeting to order at 9:31 am.

Ms. Ferguson called the roll.

Quorum was established.

Discussion

Data Reporting Concerns

The committee discussed inconsistencies in neonatal care level reporting. Members noted that:

- Some facilities appear to report **all NICU patients at Level IV**, regardless of actual acuity.
- As a result, **no infants are recorded under Level II or Level III**, despite those levels being operational.
- This discrepancy may reflect reporting errors or reimbursement-related practices.

Members agreed that a review of **five to six years of historical data** is needed to determine whether the issue is systemic or isolated.

Anticipated Shifts in Utilization

The committee discussed how upcoming changes in licensure regulations may affect NICU utilization patterns:

- Expanded Level II capabilities may reduce demand at higher-level NICUs.

- Some Level III units are currently caring for infants who would be considered Level II under AAP definitions.
- Even Level IV units may be caring for lower-acuity infants due to current reporting practices.

Members agreed that utilization patterns are likely to shift as regulations evolve.

Need for Corrections

The committee emphasized that the current practice of reporting all NICU patients at the highest level **must be corrected** to ensure accurate data and planning.

Recommendation accepted by committee to change subspecialty verbiage to level of care.

Mr. Garner proposed the following language to replace subsection A across Virginia Administrative Code Article 2 Neonatal Special Care Services:

A. An application for level __ newborn services shall demonstrate capability for compliance with all applicable regulations pertaining to licensure of level __ newborn services and consistency with the current level __ newborn services standards published by the American Academy of Pediatrics.

Administrative Items

Additional Meeting Required

The committee agreed that one more **virtual meeting** is needed to:

- Approve the minutes from this meeting.
- Review the finalized, edited version of the standards document.

Scheduling Discussion

Members discussed availability and agreed on the following:

- **Next Virtual Meeting:** June 29 at 12:00 p.m.

Adjournment

A motion to adjourn was made by Mr. Montgomery and seconded by Mr. Dreyer. With no objections, the meeting was adjourned.

Virginia Administrative Code

Article 2. Neonatal Special Care Services

12VAC5-230-940. Travel time.

Article 2

Neonatal Special Care Services

A. ~~Intermediate~~ Level II neonatal special care services should be located within 30 minutes driving time one way.

under normal conditions of hospitals providing general level new born services using mapping software as determined by the commissioner.

B. ~~Specialty~~ Level II and ~~subspecialty~~ level III neonatal special care services should be located within 90 minutes driving time

one way under normal conditions of hospitals providing general or ~~intermediate~~ level II newborn services using

mapping software as determined by the commissioner.

12VAC5-230-950. Need for new service.

No new level of neonatal service shall be offered by a hospital unless that hospital has first obtained a COPN granting approval to provide each such level of service.

12VAC5-230-960. Level II ~~Intermediate level~~ newborn services.

A~~. Existing intermediate level newborn services as designated in 12VAC5-410-443 should achieve 85% average annual occupancy before new intermediate level newborn services can be added to the health planning region.~~ An application for level II newborn services shall demonstrate capability for compliance with all applicable regulations pertaining to licensure of level II newborn services and consistency with the current level II newborn services standards published by the American Academy of Pediatrics.

B. ~~Intermediate~~ Level II newborn services as designated in 12VAC5-410-443 should contain a minimum of six bassinets.

C. No more than four bassinets for ~~intermediate~~ level II newborn services as designated in

12VAC5-410-443 per 1,000 live births should be established in each health planning region.

12VAC5-230-970. ~~Specialty~~ Level III newborn services.

A~~. Existing specialty level newborn services as designated in 12VAC5-410-443 should achieve 85% average annual occupancy before new specialty level newborn services can be added to the health planning region.~~ An application for level III newborn services shall demonstrate capability for compliance with all applicable regulations pertaining to licensure of level III newborn services and consistency with the current level III newborn services standards published by the American Academy of Pediatrics.

B. ~~Specialty~~ Level III newborn services as designated in 12VAC5-410-443 should contain a minimum of 18 bassinets.

C. No more than four bassinets for ~~specialty~~ level III newborn services as designated in 2VAC5-410-443 per 1,000 live births should be established in each health planning region.

D. Proposals to establish ~~specialty~~ level III services as designated in 12VAC5-410-443 shall demonstrate that service volumes of existing ~~specialty~~ level III newborn service providers located within the travel time listed in 12VAC5-230-940 will not be significantly reduced.

12VAC5-230-980. ~~Subspecialty~~ Level IV newborn services.

A. ~~A Existing subspecialty level newborn services as designated in 12VAC5-410-443 should achieve 85% average annual occupancy before new subspecialty level newborn services can be added to the health planning region.~~ An application for level IV newborn services shall demonstrate capability for compliance with all applicable regulations pertaining to licensure of level IV newborn services and consistency with the current level IV newborn services standards published by the American Academy of Pediatrics.

B. ~~Subspecialty~~ Level IV newborn services as designated in 12VAC5-410-443 should contain a minimum of 18 bassinets.

C. No more than four bassinets for ~~subspecialty~~ level IV newborn services as designated in 12VAC5-410-443 per 1,000 live births should be established in each health planning region.

D. Proposals to establish ~~subspecialty~~ level IV newborn services as designated in 12VAC5-410-443 shall demonstrate that service volumes of existing ~~subspecialty~~ level IV newborn providers located within the travel time listed in 12VAC5-230-940 will not be significantly reduced.

12VAC5-230-990. Neonatal services.

The application shall identify the service area and the levels of service of all the hospitals to be served by the proposed service.

12VAC5-230-1000. Staffing.

All levels of neonatal special care services should be under the direction or supervision of one or more qualified physicians as described in 12VAC5-410-443, and staffing shall be consistent with the current staffing standards as set forth by the American Academy of Pediatrics.