

Agenda

February 9, 2024 at 9:00 a.m.
Board Room 3, Perimeter Center
9960 Mayland Drive, Henrico, VA 23233

1. Call to Order and Introductions – Dr. Karen Shelton, State Health Commissioner
2. Review of Agenda - Rebekah E. Allen, Senior Policy Analyst, Office of Licensure and Certification
3. Public Comment Period
4. Adoption of Bylaws
5. Adoption of Remote Participation Policy
6. Discussion
 - a. How creation of the SHSP will be accomplished
 - b. Schedule of upcoming meetings
 - c. Initial discussions
7. Wrap-Up and Next Steps
8. Meeting Adjournment

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1.0 Applicability

1.1 General

The provisions of these Bylaws are applicable to all proceedings of the State Health Services Plan Task Force (Task Force) to the extent that the same are not otherwise governed by the requirements set forth in the Code of Virginia or by Executive Order. Whenever the provisions and authorizations of these Bylaws are in conflict with the provisions and authorizations mandated by the Code of Virginia or by Executive Order, the latter shall control.

1.2 Authority and Limitations

The Task Force is constituted under Va. Code §§ 2.2-2100 and 32.1-102.2:1 as an “Advisory Board.” As an advisory board pursuant to Va. Code § 2.2-2100, the Task Force is specifically charged with the duties and responsibilities set forth in the basic law governing the actions of the Task Force, as generally established in Title 32.1, as well as in such other Titles of the Code of Virginia. As set forth in and consistent with the basic law, the Task Force may participate in the development of public policy by providing comment and advice to the State Board of Health (Board), but may not promulgate public policies or regulations, set rates, distribute federal funds, or adjudicate regulatory or statutory violations.

1.3 Members

The Task Force shall consist of individuals appointed by the State Health Commissioner (Commissioner) who are broadly representative of the interests of all residents of the Commonwealth and of the various geographic regions. Except for abbreviated terms of less than four years occurring between January 1, 2024 and December 31, 2027, a term of appointment is for four years each. A vacancy other than by expiration of term shall be filled by the Commissioner for the unexpired term. No person shall be eligible to serve more than two full consecutive four-year terms.

1.4 Representation

When the Task Force is requested to appear before the Board, the General Assembly, or any legislative or study committees, the Task Force shall be represented by the Director of the Division of Certificate of Public Need or his designee or by duly designated member(s) who are nominated by the Chair and when practicable, confirmed by the Task Force.

Individual members of the Task Force may provide comments to the media, social media, local, state, or federal officials, or members of the public. Any comments made shall be identified as the member’s personal views and not the position of the Task Force unless the member has been authorized by the Task Force to express its official position.

1.5 Orientation

All new members appointed to the Task Force shall receive an orientation from the Virginia Department of Health (Department) that includes information about the roles and responsibilities of the Task Force; the committee structure and Bylaws of the Task Force; the roles and responsibilities of the Department and the Board; an overview of the Virginia regulatory process as it pertains to the State Health Services Plan; and the Virginia Freedom of Information Act (Va. Code § 2.2-3700 et seq.).

2.0 Meetings

2.1 Regular Meetings

Regular meetings of the Task Force shall be held on a regular basis at such time and place as the Task Force may determine, provided, however, that at least one meeting shall be held in the City of Richmond or the County of Henrico. Meetings may be held electronically, as may be permitted by law.

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No business requiring a vote or final decision of the Task Force may be conducted in the absence of a quorum, as defined under Section 2.6 of these Bylaws.

2.2 Annual Meetings

The first regular meeting held in the calendar year shall be designated as the Annual Meeting. Elections shall be held at the Annual Meeting.

2.3 Committee Meetings

The Task Force or Chair, at its or his discretion, may appoint committees of its members as it may deem advisable and may designate the responsibilities of any such committees. Committees may convene at such times as may be established by each committee; provided, however, that all such meetings are open to the public and comply with the notice requirements set forth in the Virginia Freedom of Information Act (Code of Virginia § 2.2-3700 *et seq.*).

2.4 Special Meetings

The Chair or any four members of the Task Force may call a special meeting for a specific purpose or purposes. No business shall be transacted at a special meeting except that expressly set out in the notice of the special meeting.

2.5 Notice of Meeting

Public notice of meetings shall be provided in accordance with the requirements of the Virginia Freedom of Information Act (Code of Virginia § 2.2-3700 *et seq.*).

2.6 Quorum

Six members of the Task Force shall constitute a quorum for the transaction of any lawful business.

2.7 Conduct of Meetings

The Chair shall preside over all meetings of the Task Force, except that, in the absence or disability of the Chair, the Vice Chair shall preside. The Senior Policy Analyst of the Virginia Department of Health Office of Licensure and Certification shall serve as Secretary or, with the approval of the Task Force, shall name their designee to serve as Secretary. The Secretary or Secretary-designee shall provide staff support, record all minutes of the meetings, and record in a minute book all resolutions adopted and all transactions occurring at the meeting. The Secretary or Secretary-designee is an officer of the Task Force, but is not a member.

The then-current edition of Robert's Rules of Order shall govern the conduct of all meetings of the Task Force when not in conflict with statutory requirements set forth in the Code of Virginia or Executive Orders. Pursuant to Code of Virginia § 2.2-3710, the Task Force shall not vote by written or secret ballot. All voting shall be accomplished by voice vote, show of hands, or roll-call vote.

2.8 Closed Session

Prior to meeting in a closed session, the Task Force must vote affirmatively to do so and must announce the purpose of the session. This purpose shall consist of one or more of the purposes for which a closed session is permitted in accordance with the Virginia Freedom of Information Act (Code of Virginia § 2.2-

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3700 *et seq.*). Minutes may be taken during a closed session but are not required. Such minutes shall not be subject to mandatory public disclosure.

2.9 Official Records

All official records of the Task Force shall be kept on file at the Virginia Department of Health and shall be open to inspection as required by law. All files shall be kept in accordance with the applicable records retention and disposition schedule maintained by the Library of Virginia in accordance with the Virginia Public Records Act (Code of Virginia § 42.1-76 *et seq.*).

3.0 Officers

3.1 Number and Title

The officers of this Task Force shall be as follows:

1. Chair
2. Vice Chair
3. Secretary, who shall be the Senior Policy Analyst of the Virginia Department of Health Office of Licensure and Certification or, with the approval of the Task Force, their designee

3.2 Duties

The duties of the officers shall be those usually incident to the respective office and such other special duties as may, from time to time, be specified by the Task Force. Officers shall be elected annually and shall assume their duties at the close of the meeting at which they are elected.

3.3 Vacancies

Vacancies in the position of Chair shall be filled for the remainder of the term by the Vice Chair following the departure or resignation of the former incumbent. Vacancies in the position of Vice Chair shall be filled for the remainder of the term by voice vote, show of hands, or roll-call vote of the Task Force at its next full meeting following the departure or resignation of the former incumbent.

4.0 Elections

4.1 Nominations

Nominations for Chair and Vice Chair may be received by voice from the floor.

4.2 Voting

Elections of officers must be conducted in open session of at least a quorum of the Task Force by voice vote, show of hands, or roll-call vote, as required by Code of Virginia § 2.2-3710. Election to office shall be determined by a simple majority of those present and voting.

5.0 Amendments to the Bylaws

The Task Force shall review and amend the Bylaws as necessary. At a minimum, the Task Force shall review its Bylaws every four years. The Bylaws of the Task Force may be amended at any regular meeting of the Task Force at which at least a quorum is present by an affirmative vote of two-thirds of the Task

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Force membership present and voting, provided that the amendment has been submitted in writing at the previous regular meeting.

These Bylaws are effective on DATE, and until subsequently amended.

NAME, Chair
State Health Services Plan Task Force

6.0 History

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1.00.00	TBD	Allen, Rebekah E.			Creation of policy

DRAFT

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1.0 Purpose

This document was created to comply with the requirements of Code of Virginia §§ 2.2-3708.2 and 2.2-3708.3, which requires that any public body who wishes to allow its members to participate in public meetings through electronic means to adopt a written policy governing electronic participation.

2.0 Scope

This document applies to all members of the State Health Services Plan Task Force. This document supplements any agency-wide policy on electronic participation in public meetings and to the extent there is a conflict between an agency-wide policy and this policy, the agency-wide policy supersedes. If an exception to the

physical quorum requirement has been provided by the current appropriations act, the provisions of the appropriations act shall supersede this document.

3.0 Definitions

All-virtual meeting: A public meeting that has been approved as an all-virtual meeting pursuant to this policy. During an all-virtual meeting, all members, staff, and the public may participate through electronic communication. No more than two members may be assembled in one physical location that is not open to the public.

Electronic communication: The use of technology having electrical, digital, magnetic, wireless, optical, electromagnetic, or similar capabilities to transmit or receive information.

In-person meeting: A public meeting that has not been approved as an all-virtual meeting pursuant to this policy. All in-person meetings must have a quorum assembled in one physical location.

Member: A member of the Task Force.

Office of Licensure and Certification (OLC): An office within VDH that administers licensing programs for hospitals, outpatient surgical hospitals, nursing facilities, home care organizations, and hospice programs; administers certification and registration program for managed care health insurance plans and private review agents; administers the certificate of public need program; is the state survey agency for Medicare and Medicaid; and provides primary staffing support for the Task Force.

Public meeting: A meeting at which the public may be present.

Remote participation: Participation by an individual member of the Task Force by electronic communication means in an in-person meeting where a quorum of the Task FO is otherwise physically assembled.

State Health Services Plan Task Force (Task Force): A task force created pursuant to Code of Virginia § 32.1-102.2:1 that is composed of individuals appointed by the State Health Commissioner, who are broadly representative of the interests of all residents of the Commonwealth and of the various geographic regions.

Virginia Department of Health (VDH): An executive branch agency in the Commonwealth of Virginia that assists the State Board of Health and State Health Commissioner with administering and providing a comprehensive program of preventive, curative, restorative and environmental health services; educating the citizenry in health and environmental matters; developing and implementing health resource plans; collecting and preserving vital records and health statistics; assisting in research; and abating hazards and nuisances to the health and to the environment, both emergency and otherwise.

Virginia Freedom of Information Act (FOIA): State law (Code of Virginia § 2.2-3700 *et seq.*) that governs the release of public records and the procedures for public meetings.

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4.0 Authorities

Code of Virginia §§ 2.2-3708.2 and 2.2-3708.3

5.0 Responsibilities

5.1 Task Force Chair

The Task Force Chair is the member duly elected or appointed to the position in accordance with the Task Force's bylaws. The Task Force Chair is responsible for receiving requests from Task Force members to remotely participate and for ensuring the approval of remote participation is sought as outlined in this document.

5.2 Task force members

The Task Force members have been appointed to the Task Force pursuant to Code of Virginia § 32.1-102.2:1. The Task Force members are responsible for timely contacting the Task Force Chair if they cannot attend a meeting and familiarizing themselves with this document.

5.3 VDH OLC staff

VDH OLC staff are responsible for receiving requests from Task Force members to remotely participate, for distribution of Task Force meeting materials to the public, and for creating and posting meeting notices and meeting minutes.

6.0 Policy on remote participation

Individual members may remotely participate in in-person meetings of the Task Force as permitted by Code of Virginia §§ 2.2-3708.2 and 2.2-3708.3. This policy shall apply to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting.

Whenever an individual member is to remotely participate in an in-person meeting from a remote location, the following conditions must be present:

- a. A quorum of the Task Force must be physically assembled at the primary or central meeting location.
- b. There must be arrangements for the voice of the remote participant to be heard by all persons at the primary or central meeting location.
- c. The reason that the member is unable to attend the meeting and the remote location from which the member participates must be recorded in the meeting minutes.

Additionally, if three or more Task Force members are participating from a single remote location, that location is required to be open to the public.

6.1 Limits on remote participation

A member may not use remote participation due to personal matters more than two meetings of the Task Force per calendar year or 25% of the meetings held per calendar year rounded up to the next whole number, whichever is greater. There is no statutory limit on the number of meetings in which a

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Task Force member may participate electronically if the member's lack of physical attendance is due to a temporary or permanent disability or other medical condition; to a medical condition of a member of the member's family that requires the member to provide care; or to the member's principal residence being more than 60 miles from the primary or central meeting location.

7.0 Policy on all-virtual meetings generally

The Task Force may hold all-virtual meetings. If an all-virtual meeting is held, the Task Force must provide public access via electronic communication means. The electronic communication means used must allow the public to hear all Task Force members participating in the all-virtual meeting and, when audio-visual technology is available, to see Task Force members as well.

The Task Force must provide a phone number or other live contact information to enable the public to alert the Task Force if the audio or video transmission of the meeting fails. VDH OLC staff must monitor the designated means of communication during the meeting on behalf of the Task Force. If audio or video transmission of the meeting fails, the Task Force will take a recess until public access is restored. If a closed session is held during an all-virtual meeting, the Task Force must resume transmission of the all-virtual meeting to the public before the Task Force votes to certify the closed meeting as required by Code of Virginia § 2.2-3712(D).

VDH OLC staff, on behalf of the Task Force, will make available an electronic copy of the proposed agenda, all agenda packets and, unless exempt, all meeting materials furnished to the members at the same time that those materials are provided to members.

The Task Force will permit the public the opportunity to comment through electronic means, including by way of written comments, at all-virtual meetings when public comment is customarily received.

Additionally, if three or more Task Force members are participating from a single remote location, that location is required to be open to the public.

7.1 Limits on all-virtual meetings

The Task Force will not convene an all-virtual meeting more than two times per calendar year or 25% of the meetings held per calendar year rounded up to the next whole number, whichever is greater. The Task Force will not convene two consecutive all-virtual meetings.

8.0 Policy on all-virtual meetings during declared emergencies

The Task Force may meet by electronic communication means without a quorum physically assembled at one location when the Governor has declared a state of emergency in accordance with Code of Virginia § 44-146.17, provided that (i) the catastrophic nature of the declared emergency makes it impracticable or unsafe to assemble a quorum in a single location and (ii) the purpose of the meeting is to provide for the continuity of operations of the Task Force or the discharge of its lawful purposes, duties, and responsibilities.

The Task Force shall:

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- a. Give public notice using the best available method given the nature of the emergency, which shall be given contemporaneously with the notice provided to Task Force members;
- b. Make arrangements for public access to the all-virtual meetings through electronic communication means, including videoconferencing if already used by the Task Force; and
- c. Provide the public with the opportunity to comment at all-virtual meetings when public comment is customarily received.

8.1 Limits on all-virtual meetings during declared emergencies

The provisions of Section 8.0 shall be applicable only for the duration of the emergency declared pursuant to Code of Virginia § 44-146.17.

9.0 Procedures

9.1 Remote participation due to disability or family medical condition

1. Each individual member shall file requests for remote participation with the Task Force Chair and VDH OLC staff, and include in the request:
 - a. That the member is unable to attend the meeting because of a temporary or permanent disability or other medical condition that prevents their ability to physically attend such meeting; or
 - b. That a medical condition of a family member of the member requires the member to provide care that prevents their physical attendance.
2. The member must make their request at least 5 business days before the meeting.
 - a. The Task Force Chair may make exceptions to this deadline at their discretion.
3. At the beginning of the Task Force meeting after the determination of a quorum but prior to discussion of all other public business, the Task Force Chair shall identify:
 - a. The member who wishes to remotely participate;
 - b. The reason for their request; and
 - c. The location from which the member is participating.
4. In the absence of a challenge, individual remote participation is approved unless such participation would violate this policy or the provisions of FOIA.
5. If remote participation is challenged, then the Task Force members at the primary or central meeting location shall vote whether to allow such participation.

9.2 Remote participation due to distance from primary residence

1. Each individual member shall file requests for remote participation with the Task Force Chair and VDH OLC staff, and include in the request that their principal residence is more than 60 miles from the primary or central location of the meeting.
2. The member must make their request at least 5 business days before the meeting.
 - a. The Task Force Chair may make exceptions to this deadline at their discretion.
3. At the beginning of the Task Force meeting after the determination of a quorum but prior to discussion of all other public business, the Task Force Chair shall identify:

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- a. The member who wishes to remotely participate;
 - b. The reason for their request; and
 - c. The location from which the member is participating.
4. In the absence of a challenge, individual remote participation is approved unless such participation would violate this policy or the provisions of FOIA.
 5. If remote participation is challenged, then the Task Force members at the primary or central meeting location shall vote whether to allow such participation.

9.3 Remote participation due to personal matters

1. Each individual member shall file requests for remote participation with the Task Force Chair and VDH OLC staff, and include in the request:
 - a. That the member is unable to attend the meeting due to a personal matter;
 - b. Specifically identifies the nature of the personal matter.
2. The member must make their request at least 24 hours before the meeting.
 - a. The Task Force Chair may make exceptions to this deadline at their discretion.
3. At the beginning of the Task Force meeting after the determination of a quorum but prior to discussion of all other public business, the Task Force Chair shall identify:
 - a. The member who wishes to remotely participate;
 - b. The reason for their request;
 - c. The specific nature of the personal matter cited by the member; and
 - d. The location from which the member is participating.
4. In the absence of a challenge, individual remote participation is approved unless such participation would violate this policy or the provisions of FOIA.
5. If remote participation is challenged, then the Task Force members at the primary or central meeting location shall vote whether to allow such participation.

9.4 Meeting notice

1. The Task Force and VDH OLC staff shall comply with the public meeting notice requirements in Code of Virginia § [2.2-3707](#).
2. The Task Force and VDH OLC staff shall include in every meeting notice:
 - a. Whether the meeting will be an in-person or all-virtual public meeting; and
 - b. A statement notifying the public that the method by which the Task Force chooses to meet shall not be changed unless the Task Force provides a new meeting notice in accordance with the provisions of Code of Virginia § 2.2-3707.

9.5 Meeting minutes

3. The Task Force and VDH OLC staff shall comply with the public meeting minutes requirements in Code of Virginia § [2.2-3707](#).
4. If a Task Force member is remotely participating, VDH OLC staff shall record the following information:

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- a. If individual participation from a remote location is challenged, the vote on that challenge;
 - b. Which members are remotely participating;
 - c. The remote location from which the member participated;
 - d. The reason why a member is remotely participating; and
 - e. All votes in a roll-call fashion.
5. If a Task Force meeting is being held through electronic means due to a state of emergency, the VDH OLC staff shall record:
- a. The nature of the emergency;
 - b. All votes in a roll-call fashion;
 - c. That the meeting is being held by electronic communication means; and
 - d. The type of electronic communications utilized.

10.0 Forms and Templates

None

11.0 References

None

12.0 History

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State Health Services Plan Task Force

Chapter 1271 of the 2020 Acts of Assembly made extensive changes to Article 1.1 (§ 32.1-102.1 et seq.) of Chapter 4 of Title 32.1 of the Code of Virginia, which impacts the Certificate of Public Need (COPN) program administered by the Office of Licensure and Certification (OLC) in the Virginia Department of Health (VDH). These changes include replacing the existing State Medical Facilities Plan (SMFP) with the State Health Services Plan (SHSP) and replacing the State Medical Facilities Plan Task Force with the State Health Services Plan Task Force (Task Force). The Task Force's role is to advise the State Board of Health on the content of the SHSP, and specifically provide recommendations on:

- periodic revisions to the SHSP;
- specific objective standards of review for each type of medical care facility or project type for which a certificate of public need is required;
- project types that are generally non-contested and present limited health planning impacts;
- whether certain projects should be subject to expedited review rather than the full review process; and
- improvements in the certificate of public need process.

Code of Virginia § 32.1-102.2:1(C)(1) mandates that the Task Force develop recommendations for a comprehensive SHSP to include:

- specific formulas for projecting need for medical care facilities and services subject to the requirement to obtain a certificate of public need;
- current statistical information on the availability of medical care facilities and services;
- objective criteria and standards for review of applications for projects for medical care facilities and services; and
- methodologies for integrating the goals and metrics of the State Health Improvement Plan established by the State Health Commissioner (Commissioner) into the criteria and standards for review.

Analytical Framework

Code of Virginia § 32.1-102.2:1(A) states that the Task Force's recommendations must be developed within an analytical framework that has to include an evaluation of whether the SHSP's standards are consistent with the 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;
- ensuring the availability of essential health care services in the Commonwealth; and
- alignment with the goals and metrics of the Commonwealth's State Health Improvement Plan.

State Medical Facilities Plan

Services

The SMFP, the predecessor of the SHSP, contains the following project types/services:

- computed tomography
- magnetic resonance imaging
- magnetic source imaging
- positron emission tomography
- noncardiac nuclear imaging
- radiation therapy
- stereotactic radiosurgery
- cardiac catheterization
- open heart surgery
- general surgical
- inpatient bed requirements
- nursing facilities
- lithotripsy
- organ transplant
- miscellaneous capital expenditures
- medical rehabilitation
- acute psychiatric
- acute substance abuse disorder treatment
- mental retardation
- obstetrical
- neonatal special care

Criteria

The SMFP contains the following general criteria for each project type/service (as may be applicable):

- travel time;
- need for new service;
- expansion of a fixed site service;
- adding or expanding mobile service;
- continuity requirements; and
- staffing requirements.

Expedited Review

Projects eligible for expedited review are currently limited to:

- capital expenditures of \$15 million¹ or more, not defined as reviewable in subdivisions 1 through 7, by or on behalf of a medical care facility described in subsection A other than a general hospital; and
- projects that involve relocation at the same site of 10 beds or 10% of the beds, whichever is less, from one existing physical facility to another, when the cost of such relocation is less than \$5 million.

2024 Regular Session of the General Assembly

Senate Bill 277

If enacted, Senate Bill 277, as amended in the nature of a substitute in the Senate Committee on Education and Health, would direct the Task Force to:

¹ This amount is required by law to be revised annually to reflect inflation. The current amount is \$22,068,371.

...develop recommendations on expedited review of project types subject to certificate of public need requirements that are generally noncontested and present limited health planning impacts. The Task Force shall also create recommendations regarding (i) what facilities and project types listed in § 32.1-102.1:3 of the Code of Virginia should be added to the expedited review process, (ii) criteria that should apply to any project types subject to expedited review, and (iii) a framework for the application and approval process of such projects. Project types for consideration shall include (a) increases in inpatient psychiatric beds, (b) relocation of inpatient psychiatric beds, (c) introduction of psychiatric services into an existing medical care facility, and (d) conversion of beds in an existing medical care facility to psychiatric inpatient beds. The Task Force shall meet in person at least four times, and shall complete its meetings by October 1, 2024.

Senate Bill 277 also directs the Commissioner to provide a report of these recommendations to the Secretary of Health and Human Resources, the Chairman of the Senate Committee on Education and Health, and the Chairman of the House Committee on Health and Human Services by November 1, 2024. Senate Bill 277 is patroned by Senator Hashmi.

This bill has not yet passed, but VDH OLC staff are monitoring its status and will update the Task Force on whether the bill is enacted.

Budget Bill

Senator Hashmi filed a member amendment to Senate Bill 30 (the Senate version of the budget bill) that would provide \$150,000 in both FY2025 and FY2026 to:

...to engage the services of private consultant to obtain professional and technical assistance and advice to assist the State Health Services Plan Task Force to develop, by November 1, 2025, recommendations for a comprehensive State Health Services Plan for adoption by the Board of Health that includes: (i) specific formulas for projecting need for medical care facilities and services subject to the requirement to obtain a certificate of public need; (ii) current statistical information on the availability of medical care facilities and services; (iii) objective criteria and standards for review of applications for projects for medical care facilities and services; and (iv) methodologies for integrating the goals and metrics of the State Health Improvement Plan established by the Commissioner. By November 1, 2024, the Commissioner shall provide a report to the Secretary of Health and Human Resources, Chair of the Senate Education and Health Committee, and Chair of the House Health and Human Services Committee on the progress of the State Health Services Plan Task Force, including recommendations on project types that are generally noncontested and present limited health planning impacts and whether certain projects should be subject to expedited review rather than the full review process.

The Senate Committee on Finance and Appropriations has not yet taken action on member amendments to the budget bill. As the budget bill has not yet passed, VDH OLC staff will continue monitoring its status and will update the Task Force on what relevant appropriations and directives, if any, are included in the enacted version.

Staff Recommendations

1. Plan at least 4 in-person meetings (including the February 9th meeting) and 2 all-virtual meetings in calendar year 2024.
2. Establish a 2-year meeting schedule that rotates through all existing project types/services.
3. Prioritize expedited review recommendations.
4. Prioritize recommendations for psychiatric beds and services.
5. Dedicate meetings to specific project types/services.
6. Agree that the Task Force's default recommendation will be current criteria/standards found in the SMFP if the Task Force cannot agree on new recommended criteria/standards for a given project type/service.