

To Register for the Board of Health Subcommittee Meeting on July 17, 2020

(Either to attend and view the meeting or to speak during the Public Comment Period)

The purpose of these instructions is to help any member of the public who wishes to observe or participate in the Board of Health meeting on July 17 to understand how to do so. Please note that the screenshots are from a previous meeting, but the instructions remain the same.

1) Open the link the Online meeting registration:

<https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e7ef54274bc814f4e0be92afc7806097c>.

The screenshot shows the Cisco Webex registration page for the "Board of Health Meeting - 9am". The event status is "Not started" with a "Register" link. The date and time are "Thursday, June 4, 2020 8:00 am Eastern Daylight Time (New York, GMT-04:00)". The duration is "7 hours". There is a "Join Event Now" button and a form with fields for "First name", "Last name", "Email address", and "Event password". A message states "You cannot join the event now because it has not started." A modal window is open, titled "Try the new Webex web app!", with the following text: "Nothing to install", "Simple and intuitive", "Ideal for participants who do not need to present", and a "Learn more" link. There is also a "Register" button and a "Join by browser NEW" link.

2) Click on the link that says, "Register" It is in blue and on the line that starts with "Event Status".

Event Information: Board of Health Meeting - 9am

Registration is required to join this event. If you have not registered, please do so now.

Event status: Not started ([Register](#)) 

Date and time: Thursday, June 4, 2020 8:00 am
Eastern Daylight Time (New York, GMT-04:00)
[Change time zone](#)

Duration: 7 hours

Description:

3) This will prompt you to register for the event. Please enter your name and email address on the registration form. (Note: this information will not be retained after the meeting and will only be used for purposes of making sure people who want to connect to the meeting or speak at the meeting can do so.)



Register for Board of Health Meeting - 9am

Please complete this form to register for the event. An asterisk (*) indicates required information.

[English](#)

Please answer the following questions.

* First name:	<input type="text"/>	* Last name:	<input type="text"/>
* Email address:	<input type="text"/>	* Phone number:	<input type="text"/> <small>Country/Region</small> <input type="text"/> <small>Number (with area/city code)</small>
* Confirm email address:	<input type="text"/>		

Are you a member of the media?:
 Yes
 No

If yes, what media outlet are you with?:

If you would like to sign up to speak during the public comment period please place a check next to the topic you would like to speak about::

- Regulations for Licensure of Nursing Homes 12VAC5-371
- Regulations Governing Newborn Screening Services 12VAC5-71
- Regulations for the Licensure of Hospitals 12VAC5-410
- State EMS Plan
- Other

If you chose Other for the public comment period, please list the topic::

- 4) If you want to speak during the public comment, please enter a brief description in the box for the topic you want to speak on. If you do not want to speak during the meeting, but just watch, do not check any of those boxes. When you are finished entering registration information and choosing a topic to speak on (if appropriate) click the “Submit” button in the bottom right.



Register for Board of Health Meeting - 9am [English](#)

Please complete this form to register for the event. An asterisk (*) indicates required information.

Please answer the following questions.

* First name:	<input type="text" value="Bob"/>	* Last name:	<input type="text" value="Smith"/>
* Email address:	<input type="text" value="bob.smith@google.com"/>	* Phone number:	<input type="text" value="Country/Region: 1 Number (with area/city code): 804-867-5309"/>
* Confirm email address:	<input type="text" value="bob.smith@google.com"/>		

Are you a member of the media?:
 Yes
 No

If yes, what media outlet are you with?:

If you would like to sign up to speak during the public comment period please place a check next to the topic you would like to speak about::

- Regulations for Licensure of Nursing Homes 12VAC5-371
- Regulations Governing Newborn Screening Services 12VAC5-71
- Regulations for the Licensure of Hospitals 12VAC5-410
- State EMS Plan
- Other

If you chose Other for the public comment period, please list the topic::



- 5) Once you have clicked “Submit” that will lead you to the final screen and then you are finished.



Registration Confirmed

Thank you for registering.

You are now registered for the event: **Board of Health Meeting - 9am**

You will receive a confirmation email message that contains detailed information about joining the event.

The event will start at 8:00 am New York Time on June 4, 2020.
Please join the event on time.

Invite a Friend

To invite a friend to this event, enter your friend's email address.

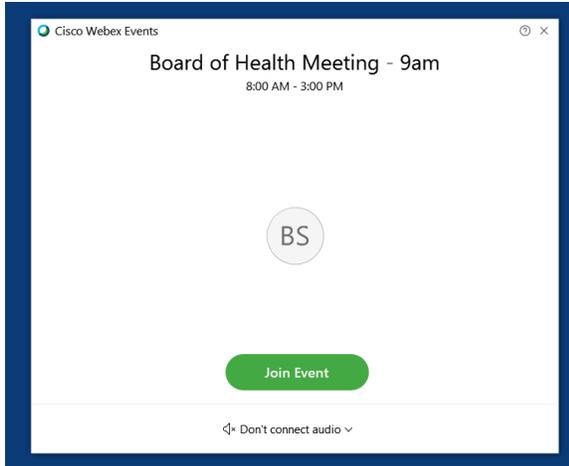
Set Up Webex Events

To participate in fully interactive events, please click [here](#) for setting up Webex Events on this computer.

The playback of UCF (Universal Communications Format) rich media files requires appropriate players. To view this type of rich media files in the event, please check whether you have the players installed on your computer by going to [Verify Rich Media Players](#).

To view system requirements, go to www.webex.com.

JOINING THE MEETING



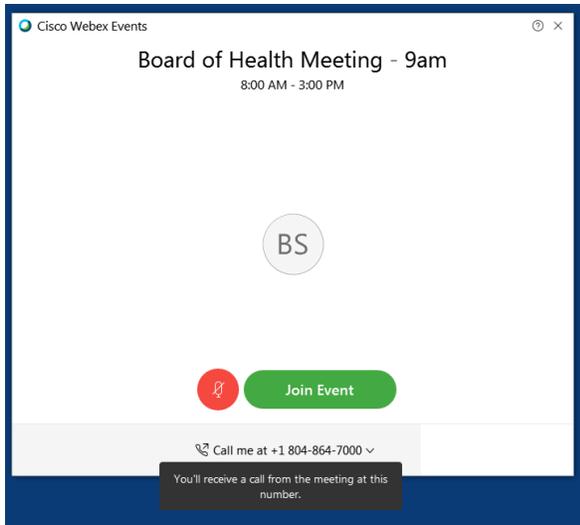
On the day of the meeting, you will click in the email to join the meeting.

You will need to enter your name as it appeared on the registration in order to join.



You should select the "CALL ME AT" option to connect for audio. DO NOT select the call in nor use computer audio options.

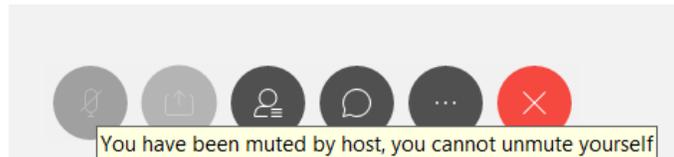
Enter your 10 digit phone number and click the blue check mark.



Click Join Event.

You will receive a phone call from the meeting platform.

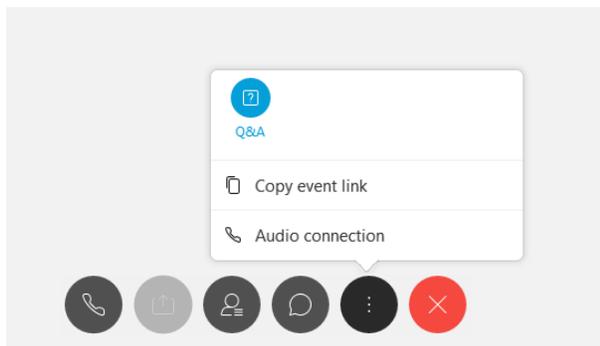
You will be prompted to press 1 when you answer the phone to connect.



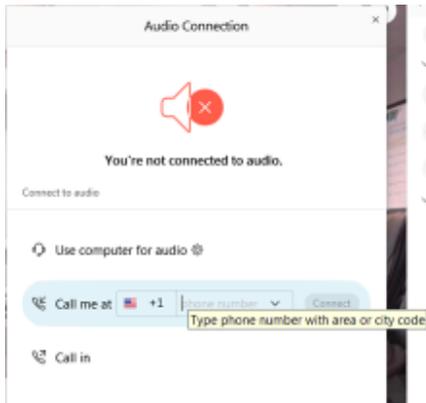
Note that you will be automatically muted when you join the meeting. You cannot unmute yourself to be heard during the meeting until the host unmutes you. This will occur during the public comment period for those who have signed up to do so.

Audio settings:

In order to facilitate public comment, you will need to use your phone to dial in. It is very important that you follow these instructions to merge your phone and computer identification. This will allow you to be unmuted to speak during public comment if you have signed up.



If you have joined the meeting without having WebEx call you, you will need to change the audio settings. Click on the "MORE" control button and select audio connection. **DO NOT** use the call-in option nor the computer audio option.



You will change the type of connection and select “CALL ME AT”. Enter your 10 digit phone number and click CONNECT. Press 1 when prompted on the incoming phone call.

**State of Board of Health
Public Health Policy Subcommittee
Agenda
July 17, 2020 – 1:00 p.m.
VIA WEBEX**

Call to Order and Welcome	Faye Prichard
Introductions	Ms. Prichard
Review of Agenda	Joseph Hilbert Deputy Commissioner for Governmental and Regulatory Affairs
Approval of Minutes	Ms. Prichard
Commissioner's Remarks	M. Norman Oliver, MD, MA State Health Commissioner
Public Comment	
Break	
Discussion of Draft Policy Recommendations	Subcommittee Members and VDH Staff
Next Steps	
Other Business	
Adjourn	

Key Focus Area(s)	Description
Vaccinations	<p><i>Appropriate funding to VDH for a vaccine public health communications campaign.</i> Fund a COVID-19 vaccine communications campaign. This would build on federal funding VDH received to conduct a communications campaign focused on increasing routine vaccination and flu vaccination. Transparent and consistent messaging will be vital to ensure acceptance of COVID-19 vaccine by the public.</p>
Vaccinations	<p><i>Require DMAS to Adjust Vaccines for Children (VFC) Reimbursement Practices</i> 1. Increase Vaccines for Children (VFC) vaccine administration reimbursement to VFC providers from the Department of Medical Assistance Services (DMAS). VFC providers help ensure medical homes for children, which leads to better health outcomes, including access to vaccines for children throughout the Commonwealth. Federal administrative requirements of the VFC program can be burdensome to providers and an increase in reimbursement helps to ease that burden. 2. Require the DMAS to change its policy to reimburse VFC vaccine administration cost in a pharmacy setting. Currently VFC vaccines are not available at pharmacies due to DMAS policy. Currently, an insured child can get vaccinated at a local pharmacy; however, a VFC child cannot. In some circumstances, pharmacies may offer the most accessible and convenient location for a child to receive a flu vaccine. Changing this policy will increase access to vaccine for VFC children.</p>
Vaccinations; Diagnostic testing	<p><i>Appropriate funding to bolster local health districts staff, resources and equipment needed to increase vaccination services in the community, including outreach to vulnerable populations.</i> 1. Federal funding is not sufficient to meet the critical need of addressing catch-up vaccinations, promoting flu vaccination and preparing for COVID-19 vaccination. 2. Expand testing to include pop-up vaccination clinics at schools, community and faith-based sites.</p>
Vaccinations	<p><i>Require pharmacies to report vaccine doses administered to the Virginia Immunization Information System (VIIS).</i> Pharmacies have grown in their role in providing vaccines to people in the Commonwealth. Although most pharmacies in Virginia do report doses administered to VIIS, some do not. Pharmacies do not serve as medical homes for patients. Therefore, it is important that any vaccines they administer are reported to ensure a consolidated immunization record in VIIS for providers to access when caring for patients.</p>

Key Focus Area(s)	Description
Support healthcare workers	<p><i>Establish and appropriate funding for epidemiologists at both Central Office and each local health district.</i></p> <p>1. Five essential Epidemiology Program Manager positions to support the Division of Surveillance and Investigation, which is the primary Central Office division that organizes response to emerging infectious diseases, including COVID-19, as well as Ebola virus, Zika virus, and other pathogens. The five program manager positions would support environmental epidemiology, disease specific programs (including foodborne diseases and reportable disease surveillance), emergency preparedness epidemiology, and field epidemiology services (2 program managers).</p> <p>2. An epidemiologist position for each of the thirty-five health districts, to support TB control, emerging infections and healthcare-associated infections (HAI) infection prevention control and assessments. The positions will also support enhanced surveillance, training and education, and outbreak investigations in skilled nursing homes, hospitals, and other healthcare facilities.</p>
Diagnostic testing	<p><i>Expand testing to include post-mortem testing.</i></p> <p>Both for surveillance purposes and potential needs to meet family requests. The former would likely be publicly funded, the latter would be privately sourced. Any additional funding can be utilized to implement this system, provide training to funeral home directors or others who can do the post-mortem testing, supporting district medical examiner offices, etc.</p>
Support healthcare workers	<p><i>Appropriate funding to VDH for informatics and server infrastructure.</i></p> <p>1. Additional funding would make these functions a bit more stably supported.</p> <p>2. Establish three FTE positions to support three full-time data scientists to ensure the ongoing ability to respond to data requests for disease surveillance, including emerging conditions. VDH does not possess sufficient resources to meet demands and to sustain a seven-day a week response needed for public health informatics. Adding three FTEs will allow the Division to establish and sustain resources sufficient to meet disease surveillance needs.</p>
Prep for future states of emergency	<p><i>Establish a State Medical Assistance Team (SMAT).</i></p> <p>Patterned after the federal Disaster Medical Assistance Teams (DMATs), the utility and value of state managed, deployable, regionally organized emergency health / health care response teams has been long considered an invaluable force multiplier. Such flexibility, scalability and deployability statewide will bolster support in-depth to existing capability, enabling decision makers to respond to and blunt health (and other) emergencies statewide in real time. VDH and VHHA are exploring such an initiative with regional partners but financial resources are needed to extend the initiative.</p>

Key Focus Area(s)	Description
Prep for future states of emergency	<p><i>Appropriate State General Funds to VDH for EP&R staffing and initiatives.</i></p> <p>Currently, the CDC Public Health and Emergency Preparedness (PHEP) program and grant provide 100% of the funding for any / all VDH EP&R initiatives and personnel. Supplemental PHEP funding has been provided for public health emergencies (e.g. H1N1, Ebola, Zika). Timing in most instances has not favored immediate, or even short-term, response. Steady and consistent state funding would obviate the need for expected and repeated expansion and contraction of the Public Health workforce. PHEP funding is invested primarily in personnel, accounting for > 120 local, regional, and state level VDH EP&R employees. Continued federal support is not guaranteed and state engagement is necessary.</p>
Protections against exposures	<p><i>Stockpile Emergency Mass Medical Countermeasures (MCM).</i></p> <p>As in most states, VA has been dependent on the Strategic National Stockpile for responsive MCM provisioning in emergencies. Events prior to COVID-19 have been manageable under this arrangement. Providing required PPE since the onset of COVID-19 has changed conventional thinking on the responsiveness of dependency on federal resources in health emergencies, especially in pandemic conditions. Virginia, as will most states, must undertake a review our ability to be self-reliant in response to global and / or national level all-hazard emergencies.</p>
Support healthcare workers; prepare for future states of emergency	<p><i>Establish Equity Officer positions in each Office and in Local Health District Regions.</i></p> <p>All of the offices within VDH impact public health and play an important role in health equity (not as we currently apply it in clinic settings). Our system of regulation review, drafting, implementation, and application of regulations and policy are built on a foundation of systemic racism, institutional bias, and health disparity. As much work as the Office of Health Equity does, it cannot move us forward alone. We have subject matter experts for technical programs and we also need equity officer positions embedded within the offices to assist in both internal and external functions of the agency. These positions will assist us in setting clear intentions, leading with data, deconstructing and eliminating our subjective processes, and building accountability and ongoing measurements. We see these positions in local government and at universities and they are just as, if not more important, in state public health.</p>
Other	<p><i>Establish a state jobs program to get people back to work and prevent extended periods of unemployment for people of color.</i></p>
Other	<p><i>Establish a state purchasing pool buy-in model for individuals and small businesses to obtain lower cost health insurance.</i></p>
Other	<p><i>Establish the Governor's Office on Dismantling Structural Racism with defined goals and objectives.</i></p>

Key Focus Area(s)	Description
Other	<i>Appropriate funding for use in targeted communities that have been disproportionately affected due to structural and societal inequities. Appropriate funding for efforts to address proven community risk and protective factors known to impact the co-occurrence of multiple forms of violence (i.e. sexual assault, domestic violence, youth violence, child maltreatment) in high-risk communities.</i>
Other	<i>Establish and appropriate funding for relief funds.</i> 1. Establish a relief fund to help individuals pay for unpaid water bills. During recent discussion with Mission H20 (and Va Health Catalyst) on water equity from the book Troubled Waters, including access to water that does not flow through lead distribution lines. There is no statewide back stop for low income populations lacking water like there is for electricity and gas utilities (and currently rent under the new statewide program). Should water service be considered an essential service like fire and rescue, paid for by general tax revenue? 2. Develop a permanent assistance program to help with medical expenses, funeral expenses and loss of income for individuals impacted state emergencies (i.e., COVID and future pandemics).
Other	<i>Establish a Virginia Cost of Living Refund by expanding on the earned income tax credit (EITC) to address the income gap.</i>
Other	<i>Expand ability for online use of WIC benefits</i> This could be funded by requesting an allowance from the federal government.
Other	<i>Implement a revised Executive Order re: smoking and tobacco products in state buildings and vehicles.</i>
Support healthcare workers	<i>Establish a mandate for implicit bias training for all healthcare providers.</i>
Other	<i>Establish guaranteed jobs in elder care, child care and infrastructure in high unemployment communities in Virginia.</i>
Other	<i>Define doulas and midwives as an integral member of the health care team for pregnant women and families giving birth in birthing facilities.</i>
Other	<i>Appropriate funding for the existing, unfunded Dental Scholarship and Loan Repayment Program.</i>
Other	<i>Appropriate funding to support a registered nurse in every school building.</i>

Key Focus Area(s)	Description
Support healthcare workers	<p><i>Appropriate funding to provide education and training to food handlers about infection prevention and safe food handling in context of COVID.</i></p> <p>OEHS is asking for funding to help support face mask enforcement and getting more GF to build out our team.</p>
Support healthcare workers	<p><i>Define and appropriate funding for essential workforce</i></p> <ol style="list-style-type: none"> 1. Explicitly include migrant laborers and food manufacturing workers [e.g. poultry]. 2. Increase protections and provide hazard pay for “essential” workforce; establish a hazard pay fund for the essential workforce. Building on what the Board had suggested, adding in these types of essential workers more explicitly would be beneficial.
Other	<p><i>Establish legislation to prevent price gouging for prescriptions.</i></p>
Other	<p><i>Establish policy to share advance notice of prescription price hikes.</i></p>
Other	<p><i>Maintain funding for contraception and reproductive health.</i></p> <p>This will assure high quality, family centered health services for at-risk populations. (e.g. LARC initiative)</p>
Safe Alternative Methods of Transportation	<p><i>Expand home health and care coordination services for children and youth with special health care needs (CYSHCN) and other populations (especially for urban/rural “deserts”).</i></p>
Other	<p><i>Appropriate funding for the expansion and use of Project ECHO.</i></p> <p>This program model could help specifically address health disparities using 1135 and 1115 waivers where applicable (i.e. pregnant women, opioid use, chronic disease).</p>
Other	<p><i>Appropriate funding to implement Virginia's version of Kentucky's "Find Help Now."</i></p> <p>This program supports linkage of care to healthcare providers by providing publicly accessible real time reporting of available Medication Assisted Treatment (MAT) waived providers for patients in need of opioid misuse/abuse intervention and treatment.</p>
Other	<p><i>Appropriate funding to support QuitNow Virginia.</i></p> <p>This is Virginia’s evidence-based quitline program that provides tobacco cessation services.</p>
Other	<p><i>Increase broadband service in communities of need and appropriate funding to support providing affordable broadband connectivity for those who need access to telehealth and other services (e.g. education).</i></p>

Key Focus Area(s)	Description
Prep for future states of emergency; Safe Alternative Methods of Transportation; Vaccinations	<p><i>Promote telehealth and mobile integrated healthcare.</i></p> <ol style="list-style-type: none"> 1. Any efforts in promoting that service and building the necessary infrastructure in our hard to reach areas is helpful. 2. Telehealth for well-child visits with follow up immunization requirement; require that providers complete components (i.e. immunizations) that could not be done during telehealth well-child visit within specified timeframe following telehealth visit. (Immunizations requirements for school entry have not been waived). 3. Continue telehealth reimbursement post response for health practitioners (to include mental health services and home visiting). 4. Expand telehealth services to include WIC certification visits and nutrition education classes.
Safe Alternative Methods of Transportation	<p><i>Provide subsidized transportation services to WIC clinic appointments to address barrier to participation.</i></p>
Other	<p><i>Expand resources for the Virginia Walkability Action Institute to increase localities with implemented walkability improvement action plans supporting increased physical activity and safe modes of transportation through a coordinated infrastructure.</i></p>