

**Agenda**

August 23, 2024 at 9:00 a.m.  
Board Room 2, Perimeter Center  
9960 Mayland Drive, Henrico, VA 23233

1. Call to Order and Welcome – Dr. Thomas Eppes, Jr., Chair
2. Roll Call
3. Review of Chapter 423 of the 2024 Acts of Assembly – Allyson Flinn, Policy Analyst
4. Review of Agenda
5. Review of Meeting Materials
6. Approval of Prior Meeting Minutes
7. Public Comment Period
8. Remaining Expedited Review Projects
  - a. Review of DCOPN Options for Recommendation & Presentation – Erik Bodin, DCOPN Director
  - b. Discussion
  - c. Vote
9. Wrap-Up and Next Steps
10. Meeting Adjournment

## **State Health Services Plan Task Force**

August 9, 2024

Time 9:00 a.m.

VIA: Webex

**NOTICE: The August 9, 2024 meeting was changed from an in-person meeting to an all-virtual meeting due to the declared state of emergency for the Commonwealth of Virginia**

### **Task Force Members in Attendance – Entire Meeting (alphabetical by last name):**

Jeannie Adams; Dr. Kathy Baker; Dr. Keith E. Berger; Karen Cameron; Michael Desjadon; Paul Dreyer; Amanda Dulin; Dr. Thomas Eppes, Jr.; Paul Hedrick; Thomas Orsini; Rufus Phillips; Dr. Marilyn West.

**Staff in Attendance (alphabetical by last name):** – Kimberly E. Beazley, Director, VDH OLC; Erik O. Bodin, COPN Director, VDH OLC; Michael Capps, Senior Policy Analyst, VDH Office of Governmental and Regulatory Affairs; Allyson Flinn, Policy Analyst, VDH OLC; Joseph Hilbert, Deputy Commissioner of Governmental and Regulatory Affairs, VDH; Val Hornsby, Policy Analyst, VDH OLC; Dr. Karen Shelton, State Health Commissioner, VDH.

#### **1. Call to Order and Welcome**

Dr. Thomas Eppes, Jr. called the meeting to order at 9:05 a.m.

#### **2. Roll Call**

Allyson Flinn reviewed the virtual meeting etiquette and reminders with the group. Ms. Flinn then called the roll of the members. Ms. Flinn noted that Ms. Davis, Mr. Elliott, Ms. Menees, and Ms. Ramos were absent from the meeting.

#### **3. Review of Agenda**

Ms. Flinn reviewed the agenda with the Task Force members.

#### **4. Approval of Prior Meeting Minutes**

The minutes from the July 12, 2024 meeting were reviewed. Jeannie Adams requested clarification to the recommendations within the minutes, to which Ms. Flinn affirmed that there was a mistake in the minutes. Ms. Flinn amended the July 12 meeting minutes to accurately reflect the correct language of the recommendations. The amended meeting minutes were approved without objection.

#### **5. Public Comment Period**

One member of the public signed up to give public comment, Clark Barrineau from the Medical Society of Virginia. Mr. Barrineau gave comment regarding the Task Force's upcoming votes on projects to recommend for expedited review.

## **6. Review of July 12 Adopted Recommendations**

Ms. Flinn reviewed the adopted recommendations from the July 12, 2024 meeting with the Task Force. There was discussion regarding the timelines for expedited review, when an LOI can be contested, the posting of LOIs on the VDH website, the regulatory process and the length of time it takes to update regulations, and the expedited review process.

## **7. Remaining Expedited Review Projects**

### **7.1. Review of Policy Options**

Mr. Bodin reviewed the remaining expedited review projects with the Task Force members.

### **7.2. Discussion**

There was discussion regarding the mandate within Chapter 423 of the 2024 Acts of Assembly, the voting procedures for block voting, the definition of contested, the structure for the expedited review process, and the asks from the VDH staff members for the next meeting.

### **7.3. Vote**

Dr. Eppes announced that the Task Force members will not be voting on the blocks today and will address the block votes at the August 23, 2024 meeting.

## **8. Wrap-Up and Next Steps**

Ms. Flinn reminded the Task Force members that the next meeting will be in-person on August 23, 2024.

## **9. Meeting Adjournment**

The meeting adjourned at 11:04 a.m.

# State Health Services Plan Task Force

August 9, 2024 Meeting

# Roll Call

# Review of the Agenda

## Workgroup: State Health Services Plan Meeting

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### Agenda

August 9, 2024 at 9:00 a.m.

VIA WEBEX

**This meeting has been changed to an all-virtual meeting due to the declared state of emergency for the Commonwealth of Virginia**

1. Call to Order and Introductions – Dr. Thomas Eppes Jr., Chair
2. Review of Agenda – Allyson Flinn, Policy Analyst
3. Public Comment Period
4. Approval of July 12 Meeting Minutes
5. Review of July 12 Adopted Recommendations – Allyson Flinn
6. Remaining Expedited Review Projects
  - I. Review of DCOPN Options for Recommendation – Erik Bodin, DCOPN Director
  - II. Discussion
  - III. Voting
7. Wrap Up and Next Steps
8. Meeting Adjournment

# Public Comment Period



# Public Comment Period

- There is a two-minute time limit for each person to speak
- After the two-minute public comment limit is reached, we will let you complete your sentence and move of to the next attendee

# Approval of Prior Meeting Minutes

# Adopted Recommendations

## Legislative Changes:

1. Allow facilities that already provide psychiatric services to add psychiatric beds up to 10 beds or 10% of beds, whichever is greater, in any two year period using the expedited review process. A psychiatric bed added using the expedited COPN review process may not be converted to a non-psychiatric bed without COPN review
2. Allow facilities to relocate psychiatric beds within the same planning district through the expedited process
3. Require facilities to request a COPN in order to convert beds from psychiatric beds to non-psychiatric beds
4. Allow facilities that already provide psychiatric services to establish a new psychiatric facility within the same planning district through the expedited review process
5. Allow the Commissioner to condition expedited review projects on the acceptance of Temporary Detention Orders

## Regulatory Changes:

1. Extend expedited review from 45 days to 90 days. All expedited review projects will be considered in one of four batch cycles per year specifically for expedited review projects
2. Allow for members of the public to request a hearing for an expedited project

# Review of DCOPN Options for Recommendation

# Discussion

# Voting Procedures

- VDH Staff will read each option in the voting block
- The Chair will ask for a motion to move the options by block vote
- Upon receiving a second, the Chair will ask if there is any discussion regarding the block vote
  - This is the time for members to request an option be removed from the block
- If a Task Force member moves to remove an option from the block and that motion is objected to, the Task Force will move to a vote
- After all discussion is had and motions are moved and seconded, the Chair will call for a roll call vote for the applicable block
- VDH Staff will call the roll and each member will respond with a **Yes, No, or Abstain**

# Wrap-Up and Next Steps

# Meeting Adjournment



**COPN Project Types**  
**Based on COPN Project Definition and Project Sub-Type Within the Definition**

| <b>Grouped by Service Type</b>  | <b>Chapt 1271 Recommendation?</b> | <b>To Include as Expedited Discussion</b> | <b>Reason</b>   | <b>% Going to IFFC</b> | <b>of</b> | <b>Total Decisions</b> |
|---|-----------------------------------|---|---|------------------------|-----------|------------------------|
| <b>Hospital</b>   |                                   |   |   |                        |           |                        |
| Add Hospital Beds by Relocation of existing hospital beds   | when not competing                | Yes                                       | Chapt 1271, inventory neutral   | 0%                     |           | 2                      |
| Add new Hospital Beds   | when not competing                | Yes                                       | Chapt 1271  | 44%                    |           | 39                     |
| Establish a Hospital  |                                   | No  | Maj proj implicatons, high cap cost, new service                      | 69%                    |           | 16                     |
| Establish a long term acute care hospital   |                                   | No  | Maj proj implicatons, new service                                     | 45%                    |           | 11                     |
| <b>Neonatal Intensive Care</b>  |                                   |   |   |                        |           |                        |
| Introduce Neonatal Specialty Care Intermediate Level  |                                   | No  | New service, highly specialized, high acuity pts, regional service    | 43%                    |           | 7                      |
| Introduce Neonatal Specialty Care Specialty Level   |                                   | No  | New service, highly specialized, high acuity pts, regional service    | 75%                    |           | 8                      |
| <b>Imaging</b>  |                                   |   |   |                        |           |                        |
| Add a CT scanner by relocating an existing CT in the planning district  | when not competing                | Yes                                       | Chapt 1271  | 0%                     |           | 1                      |
| Add a CT scanner in an existing hospital with existing CT services  | when not competing                | Yes                                       | Chapt 1271  | 15%                    |           | 96                     |
| Add a CT scanner in an existing imaging center  | when not competing                | Yes                                       | Chapt 1271  | 40%                    |           | 15                     |
| Add a CT scanner in an existing outpatient surgical hospital with existing CT services                                      | when not competing                | Yes                                       | Chapt 1271  | 0%                     |           | 1                      |
| Establish an imaging center for CT imaging  |                                   | No  | New service   | 43%                    |           | 82                     |
| Introduce a new CT for radiation therapy simulation in an existing center for radiation therapy                             |                                   | Yes                                       | Not general diagnostic, required adjunct for other reviewable service | 4%                     |           | 23                     |
| Introduce a new CT service in an existing hospital  |                                   | No  | New service   | 0%                     |           | 4                      |
| Introduce a new CT service in an existing imaging center  |                                   | No  | New service   | 22%                    |           | 9                      |
| Introduce CT by relocating an existing CT in the planning district  |                                   | Yes                                       | Inventory neutral   | 100%                   |           | 1                      |
| Establish an imaging center for MRI imaging   |                                   | No  | New service   | 59%                    |           | 44                     |
| Add an MRI scanner by relocating an existing MRI in the planning district   | when not competing                | Yes                                       | Chapt 1271, inventory neutral   | 20%                    |           | 5                      |
| Add an MRI scanner in an existing hospital with existing MRI services   | when not competing                | Yes                                       | Chapt 1271  | 29%                    |           | 62                     |
| Add an MRI scanner in an existing imaging center  | when not competing                | Yes                                       | Chapt 1271  | 53%                    |           | 36                     |
| Introduce a new MRI service in an existing hospital   |                                   | No  | New service   | 17%                    |           | 6                      |
| Introduce a new MRI service in an existing imaging center   |                                   | No  | New service   | 50%                    |           | 6                      |
| Add a PET scanner in an existing hospital with existing PET services  | when not competing                | Yes                                       | Chapt 1271  | 33%                    |           | 12                     |
| Add a PET scanner in an existing imaging center   | when not competing                | Yes                                       | Chapt 1271  | 33%                    |           | 6                      |
| Establish an imaging center for PET imaging   |                                   | No  | New service   | 17%                    |           | 18                     |
| Introduce a new PET service in an existing hospital   |                                   | No  | New service   | 33%                    |           | 18                     |
| Introduce a new PET service in an existing imaging center   |                                   | No  | New service   | 50%                    |           | 2                      |
| Introduce a new PET service in an existing radiation therapy center   |                                   | No  | New service   | 0%                     |           | 2                      |
| Add a scanner by converting a mobile site to a fixed unit (CT and/or PET and/or MRI)  | when not competing                | Yes                                       | Chapt 1271, semi-inventory neutral                                    | 24%                    |           | 17                     |
| Establish an imaging center for 2 or more regulated modalities (Other than Cancer Treatment)                                |                                   | No  | New service, complex  | 63%                    |           | 27                     |
| <b>Intermediate Care Facility for Individuals with Intellectual Disability</b>  |                                   |   |   |                        |           |                        |
| Establish an intermediate care facility with 13 or more beds for individuals with intellectual disability <sup>5</sup>      |                                   | No  | Currently in conflict with licensure requirements                     | 0%                     |           | 2                      |
| <b>Long Term Care</b>   |                                   |   |   |                        |           |                        |
| Add a distinct part nursing home unit in an existing hospital   |                                   | No  | New service   | 0%                     |           | 1                      |
| Add new nursing home beds in an existing nursing home   |                                   | No  | New beds only available through RFA process                           | 38%                    |           | 24                     |
| Add nursing home beds in an existing nursing home by relocating beds from outside the PD                                    |                                   | Yes                                       | Inventory neutral   | 30%                    |           | 10                     |
| Add nursing home beds in an existing nursing home by relocating beds within the PD  |                                   | Yes                                       | Inventory neutral   | 25%                    |           | 20                     |
| Add nursing home beds in an existing nursing home in a CCRC   |                                   | Yes                                       | Special treatment of CCRC due to need to preserve continuum of care   | 0%                     |           | 6                      |
| Establish a new nursing home  |                                   | No  | New service   | 33%                    |           | 15                     |
| Establish a new nursing home by relocation  |                                   | Yes                                       | Inventory neutral   | 29%                    |           | 14                     |
| Establish a new nursing home in a CCRC  |                                   | Yes                                       | Special treatment of CCRC due to need to preserve continuum of care   | 0%                     |           | 6                      |
| <b>Cardiac Catheterization</b>  |                                   |   |   |                        |           |                        |
| Add a cardiac catheterization lab in an existing hospital with cardiac catheterization services                             | when not competing                | Yes                                       | Chapt 1271  | 28%                    |           | 29                     |
| Establish a freestanding cardiac catheterization laboratory   |                                   | No  | New service   | 25%                    |           | 4                      |
| Introduce a new cardiac catheterization service in an existing hospital   |                                   | No  | New service   | 38%                    |           | 13                     |
| <b>Surgical</b>   |                                   |   |   |                        |           |                        |
| Add new operating rooms in an existing hospital   | when not competing                | Yes                                       | Chapt 1271  | 27%                    |           | 62                     |
| Add new operating rooms in an existing outpatient surgical hospital   | when not competing                | Yes                                       | Chapt 1271  | 27%                    |           | 22                     |
| Add new operating rooms in an existing outpatient surgical hospital by relocating existing ORs from another hospital        | when not competing                | Yes                                       | Chapt 1271, inventory neutral   | 20%                    |           | 5                      |
| Introduce a new kidney transplant service in an existing hospital   |                                   | No  | New service, highly specialized, high acuity pts, regional service    | 0%                     |           | 1                      |
| Introduce a new lung transplant service in an existing hospital   |                                   | No  | New service, highly specialized, high acuity pts, regional service    | 0%                     |           | 1                      |
| Introduce a new pancreas transplant service in an existing hospital   |                                   | No  | New service, highly specialized, high acuity pts, regional service    | 100%                   |           | 1                      |
| Introduce a new open heart surgery service in an existing hospital  |                                   | No  | New service, highly specialized, high acuity pts, regional service    | 75%                    |           | 8                      |
| Establish a new outpatient surgical hospital  |                                   | No  | New service   | 46%                    |           | 79                     |
| <b>Psychiatric</b>  |                                   |   |   |                        |           |                        |
| Add new psychiatric beds in an existing hospital  | when not competing                | Yes                                       | Chapt 1271  | 23%                    |           | 35                     |
| Add new psychiatric beds in an existing hospital with an existing psychiatric unit by converting beds to psychiatric beds   | when not competing                | Yes                                       | Chapt 1271  | 20%                    |           | 5                      |
| Establish a new inpatient psychiatric hospital  |                                   | No  | New service   | 50%                    |           | 8                      |
| Introduce a new psychiatric service in an existing hospital by adding new beds  |                                   | No  | New service   | 0%                     |           | 7                      |
| Introduce a new psychiatric service in an existing hospital by converting existing beds                                     |                                   | No  | New service   | 0%                     |           | 3                      |
| Introduce a new psychiatric service in an existing hospital by transferring existing psychiatric beds from another hospital |                                   | Yes                                       | Inventory neutral   | 0%                     |           | 2                      |
| <b>Medical Rehabilitation</b>   |                                   |   |   |                        |           |                        |
| Add new rehabilitation beds in a hospital with existing rehabilitation services   | when not competing                | Yes                                       | Chapt 1271  | 23%                    |           | 13                     |
| Add rehabilitation beds in a hospital with existing rehabilitation services by converting Med/surg beds                     | when not competing                | Yes                                       | Chapt 1271, inventory neutral   | 100%                   |           | 1                      |
| Establish a new rehabilitation hospital   |                                   | No  | New service   | 69%                    |           | 13                     |

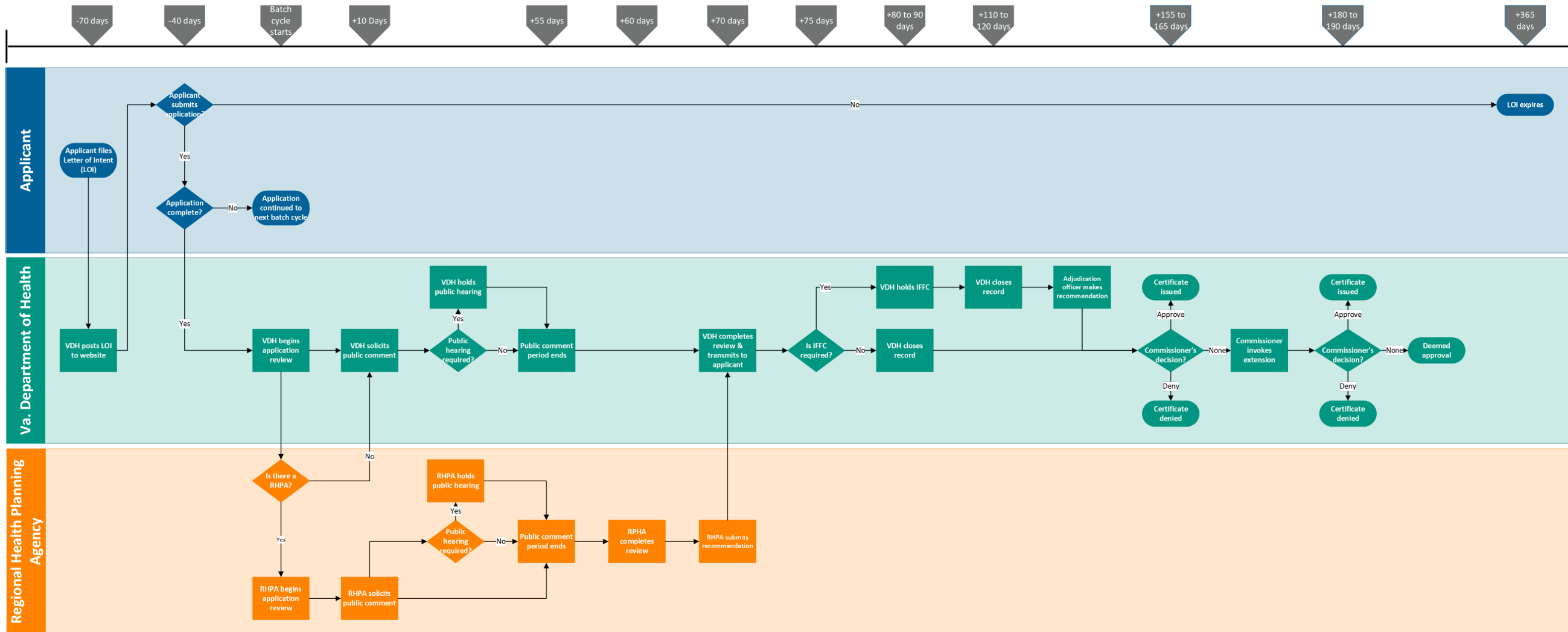
|   |                    |     |                                   |      |  |    |
|---|--------------------|-----|-----------------------------------|------|--|----|
| Introduce a new medical rehabilitation service in an existing hospital  |                    | No  | New service                       | 25%  |  | 4  |
| <b>Radiation Therapy / Cancer Treatment</b>   |                    |     |                                   |      |  |    |
| Establish a center for radiation therapy service (brachytherapy)  |                    | No  | New service                       | 0%   |  | 3  |
| Introduce a new radiation therapy service (brachytherapy) in an existing hospital                                       |                    | No  | New service                       | 7%   |  | 14 |
| Add a linear accelerator by relocating an existing linear accelerator to a hospital with an existing linear accelerator | when not competing | Yes | Chapt 1271                        | 0%   |  | 1  |
| Add a linear accelerator in an existing hospital with an existing linear accelerator                                    | when not competing | Yes | Chapt 1271                        | 44%  |  | 16 |
| Add a linear accelerator in an existing outpatient surgical hospital with an existing linear accelerator                | when not competing | Yes | Chapt 1271                        | 0%   |  | 1  |
| Add a linear accelerator in an existing radiation treatment center with a linear accelerator                            | when not competing | Yes | Chapt 1271                        | 0%   |  | 2  |
| Establish a center for radiation therapy service (linear accelerator)   |                    | No  | New service                       | 67%  |  | 9  |
| Introduce a new radiation therapy service (linear accelerator) in an existing hospital                                  |                    | No  | New service                       | 67%  |  | 6  |
| Introduce a new radiation therapy service (linear accelerator) in an existing outpatient surgical hospital              |                    | No  | New service                       | 0%   |  | 1  |
| Establish a center for proton beam therapy  |                    | No  | New service, extreme capital cost | 0%   |  | 1  |
| Introduce new proton beam therapy in an existing hospital   |                    | No  | New service, extreme capital cost | 100% |  | 1  |
| Add SRS equipment in an existing radiation treatment center with with existing SRS                                      |                    | Yes | Expansion of existing service     | 100% |  | 1  |
| Establish a cancer treatment center for 2 or more regulated modalities  |                    | No  | New service, complex              | 89%  |  | 9  |
| Introduce a new SRS in an existing hospital   |                    | No  | New service                       | 41%  |  | 44 |
| Introduce a new SRS in an existing radiation therapy center   |                    | No  | New service                       | 40%  |  | 5  |

**Relocation**

|  |  |     |                   |     |  |    |
|--|--|-----|-------------------|-----|--|----|
| Establish a medical care facility that is the relocation of existing regulated modality(ies), other than beds, within the PD |  | Yes | Inventory neutral | 24% |  | 96 |
|--|--|-----|-------------------|-----|--|----|

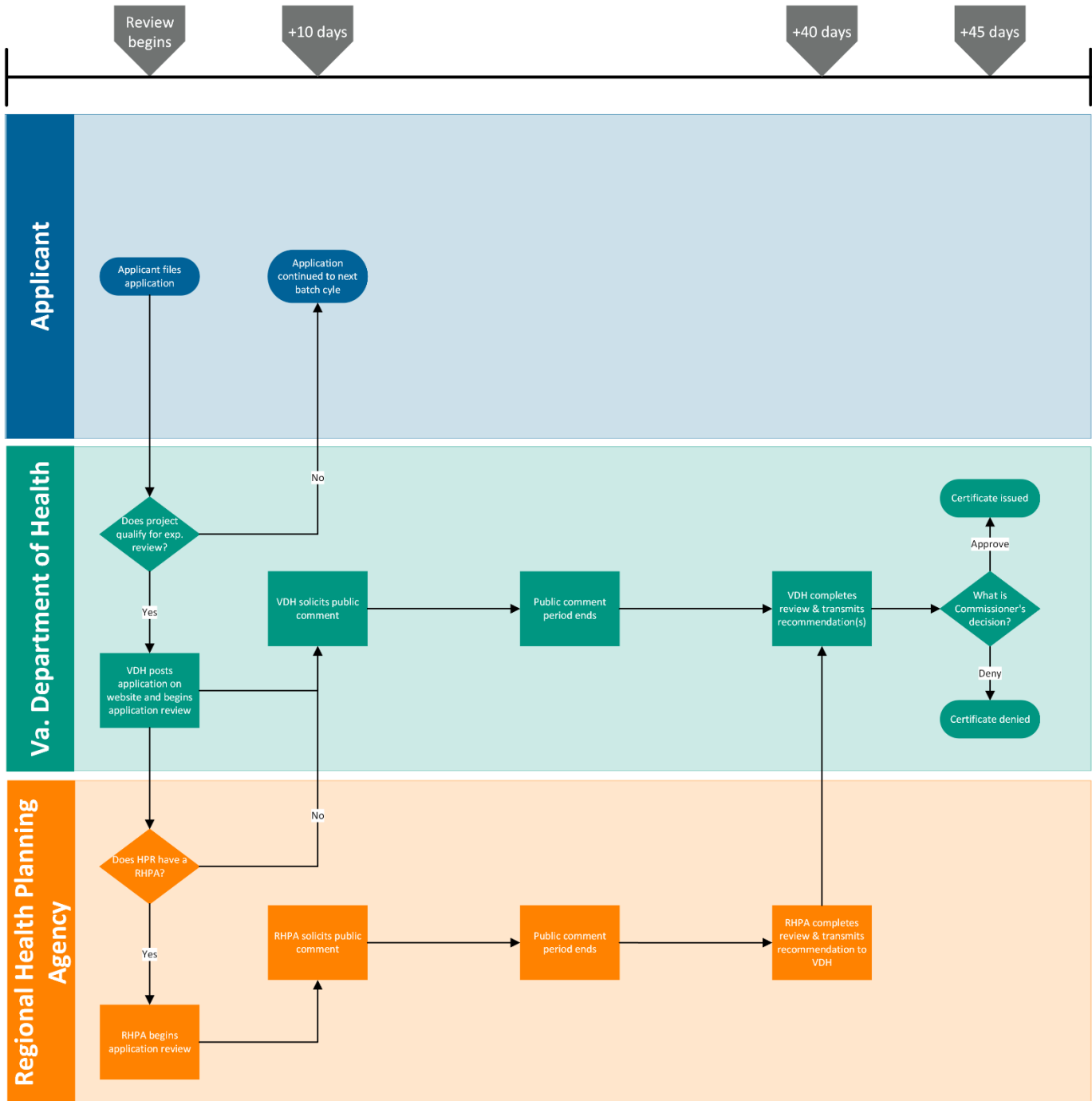
Yes 34  
No 41

COPN Standard Review Process



1. This visualization of the COPN process has simplified some steps for clarity. Please refer to Article 1.1 (§ 32.1-102.1 et seq.) of Chapter 4 of Title 32.1 and 12VAC5-220-10 et seq. for the full details of the COPN standard review.
2. Public hearings are required when there are competing applications or there has been a written request by an elected local government representative, a member of the General Assembly, the Commissioner, the applicant, or a member of the public.
3. An informal fact-finding conference (IFFC) is required when determined necessary by VDH or when requested by any person seeking to be made a party to the case for good cause. "Good cause" means that (i) there is significant, relevant information not previously presented at and not available at the time of the public hearing, (ii) there have been significant changes in factors or circumstances relating to the application subsequent to the public hearing, or (iii) there is a substantial material mistake of fact or law in the VDH's or the RHPA's report on the application.

COPN Expedited Review Process



1. This visualization of the COPN process has simplified some steps for clarity. Please refer to Article 1.1 (§ 32.1-102.1 *et seq.*) of Chapter 4 of Title 32.1 and 12VAC5-220-10 *et seq.* for the full details of the COPN expedited review.

Expedited Review Process – State Health Services Plan Task Force Recommendations

