

State Health Services Plan Task Force

September 6, 2024

Time 9:00 a.m.

Board Room 4, 9960 Mayland Drive

Henrico, Virginia 23233

Task Force Members in Attendance (alphabetical by last name): Dr. Kathy Baker; Karen Cameron; Carrie Davis; Michael Desjaton; Paul Dreyer; Amanda Dulin; Dr. Thomas Eppes, Jr.; Paul Hedrick; Shaila Menees; Rufus Phillips; Thomas Orsini.

Staff in Attendance (alphabetical by last name): –Erik O. Bodin, COPN Director, VDH OLC; 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 9:02 a.m.

2. Roll Call

Allyson Flinn called the roll of the Task Force members. Ms. Flinn noted that Ms. Adams, Mr. Elliott, Ms. Ramos, and Dr. West were absent from the meeting.

3. Review of § 32.1-102.2:1 of the Code of Virginia

Ms. Flinn reviewed the mandate for the Task Force in § 32.1-102.2:1 of the Code of Virginia with the group. There was discussion regarding the timeline for completion of the mandate, VDH's budget for hiring consultants, information sources available to the Task Force, and the length of the upcoming process.

4. Review of Agenda

Ms. Flinn reviewed the agenda with the Task Force members. There was discussion regarding the official recommendations, the upcoming Commissioner's report of the Task Force, the framework for the recommended expedited process, the items that will be included in the upcoming report, the pathways in which the recommendations made by the Task Force can be achieved, the differences in the two mandates of the Task Force, and the criteria for review of all Certificate of Public Need (COPN) projects within the State Medical Facilities Plan (SMFP).

5. Review of Meeting Materials

Ms. Flinn reviewed the meeting materials with the Task Force members. There was discussion regarding the regulatory process in Virginia.

6. Approval of Prior Meeting Minutes

The Task Force reviewed the meeting minutes from the August 23, 2024 meeting. Ms. Menees motioned to amend the meeting minutes to include

mention of her absence from the August 23 meeting as follows, “Ms. Menees was not given the opportunity to participate remotely and would not have voted in favor of the recommendation to put imaging services into the expedited review process.” The motion to amend the meeting minutes was unanimously approved by roll call vote. There was discussion regarding the importance of using a roll call vote, and concern regarding the lack of roll call vote used at the August 23 meeting. Mr. Desjadon then moved to adopt the minutes as amended, with Ms. Davis seconding that motion. The minutes from the August 23, 2024 meeting were approved as amended by a roll call vote of 6 – Yes and 5 – No, with the following members voting Yes: Dr. Baker, Ms. Davis, Mr. Desjadon, Mr. Hedrick, Mr. Orsini, and Dr. Eppes, and the following members voting No: Ms. Cameron, Mr. Dreyer, Ms. Dulin, Ms. Menees, and Mr. Phillips.

Mr. Dreyer made a motion to rescind the Task Force’s previous vote on the inclusion of imaging services in the recommendations for inclusion in an expedited review process, with Ms. Menees seconding that motion. There was discussion regarding the competition in the healthcare market, staffing shortages, and the time needed to conduct in-depth discussions regarding imaging projects and expedited review. The Task Force then voted on the motion to rescind the Task Force’s previous vote on the inclusion of imaging services in the recommendations for inclusion in an expedited review process; the vote was approved by a roll call vote of 7 – Yes and 4 – No, with the following members voting Yes: Dr. Baker, Ms. Cameron, Mr. Dreyer, Ms. Dulin, Ms. Menees, Mr. Phillips, and Mr. Orsini, and the following members voting No: Ms. Davis, Mr. Desjadon, Mr. Hedrick, and Dr. Eppes.

7. Public Comment Period

Two members of the public signed up to give public comment, Scott Castro from the Medical Society of Virginia and Brent Rawlings from the Virginia Hospital & Healthcare Association. Mr. Castro gave comment regarding the Task Force’s previous votes regarding expedited review and requested the Task Force to not rescind any other recommendations. Mr. Rawlings gave comment regarding the public comments submitted by hospital systems in the state and the importance of the non-contested language.

8. The State Health Services Plan

8.1. Review of the projects currently within the SMFP

Mr. Bodin reviewed the current SMFP with the Task Force and the projects subject to the SMFP. There was discussion regarding the eight criteria the Commissioner is required to consider while reviewing COPN applications, the potential to create “guiding principles” for the Task Force, and the data needed to fulfill the remainder of the mandate.

8.2. Planning to address the mandate within § 32.1-102.2:1 of the Code of Virginia

Mr. Bodin reviewed the project types the Task Force will need to discuss for the development of the SHSP. There was discussion regarding the data needed to evaluate the project types, and the considerations for innovation.

8.3. Discussion

The Task Force discussed the methods for addressing the remainder of the mandate in the Code of Virginia.

9. Wrap-Up and Next Steps

The Task Force discussed the meeting cadence and project order for the remaining mandate. The Task Force chose to address Batch Group C first, then Batch Group D/F, then A, B, E, and G. The Task Force also discussed holding monthly meetings, deciding on October 10th to be the date of the next meeting of the Task Force.

10. Meeting Adjournment

The meeting adjourned at 10:57 a.m.

State Health Services Plan Task Force

September 6, 2024 Meeting

Roll Call

Review of § 32.1-102.2:1 of the Code of Virginia

Review of the Agenda

Agenda

September 6, 2024 at 9:00 a.m.
Board Room 4, 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 § 32.1-102.2:1 of the Code of Virginia
4. Review of Agenda – Allyson Flinn, Policy Analyst
5. Review of Meeting Materials
6. Approval of Prior Meeting Minutes
7. Public Comment Period

Break

8. The State Health Services Plan
 - a. Review of the projects currently within the State Medical Facilities Plan – Erik Bodin, DCOPN Director
 - b. Planning to address the mandate within § 32.1-102.2:1 of the Code of Virginia
 - c. Discussion
9. Wrap-Up and Next Steps
 - a. Selection of Future Meeting Dates & Cadence
10. Meeting Adjournment

Review of Meeting Materials

Approval of Prior Meeting Minutes

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

Break

The State Health Services Plan

What is the SHSP?

- The State Health Services Plan, or SHSP, is the successor of the State Medical Facilities Plan that is currently established within regulation (12VAC5-230)
- To be reviewed annually, and updated every two years if necessary
- The Task Force ensures:
 - The availability and accessibility of quality health services at a reasonable cost and within a reasonable geographic proximity for all people in the Commonwealth, competitive markets, and patient choice;
 - Appropriate differential consideration of the health care needs of residents in rural localities in ways that do not compromise the quality and affordability of health care services for those residents;
 - Elimination of barriers to access to care and introduction and availability of new technologies and care delivery models that result in greater integration and coordination of care, reduction in costs, and improvements in quality; and
 - Compliance with the goals of the State Health Services Plan and improvement in population health.

What is a Medical Care Facility?

- Hospitals licensed by VDH
- Hospitals licensed by DBHDS
- Nursing homes
- Intermediate care facilities for individuals with intellectual disabilities that have more than 12 beds
- Intermediate care facilities for individuals with substance use disorder
- Specialized centers/clinics or portion of physician offices providing:
 - Outpatient or ambulatory surgery;
 - Cardiac catheterization;
 - CT scanning;
 - MRI;
 - PET scanning;
 - Radiation therapy;
 - Stereotactic radiotherapy—not performed using a linear accelerator or equipment using concentrated high-energy X-ray doses—to perform external beam radiation therapy; or
 - Proton beam therapy

SMFP Services

- CT Scanner – Fixed & Mobile
- MRI Scanner – Fixed & Mobile
- MSI Scanner
- PET Scanner – Fixed & Mobile
- Noncardiac Nuclear Imaging
- Radiation Therapy Services
- Stereotactic Radiosurgery
- Cardiac Catheterization – Adult & Pediatric
- Open Heart Surgery – Adult & Pediatric
- General Surgical Services
- Inpatient Beds
- Nursing Facilities
- Lithotripsy – Fixed & Mobile
- Organ Transplant
- Medical Rehabilitation
- Acute Psychiatric and Acute Substance Abuse Disorder Treatment Services
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Perinatal Services
- Obstetrical Services
- Neonatal Special Care Services

Recommendations

- Task Force is required to provide recommendations related to:
 - Periodic revisions to the State Health Services Plan
 - Specific objective standards of review for each type of medical care facility of 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
 - Improvements in the certificate of public need process

Required Topics

- The recommendations for a comprehensive SHSP need to include:
 - Specific formulas for projecting need for medical care facilities and services subject to the requirements 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
 - Methodologies for integrating the goals and metrics of the State Health Improvement plan established by the Commissioner into the criteria and standards for review

Criteria and Standards

- Criteria and standards for review shall take into account:
 - Current drive times
 - Utilization
 - Availability of competing services
 - Patient choice within and among localities included in the health planning district or region
 - Changes and availability of new technology
 - Other relevant factors identified by the Task Force
- Task Force shall also include:
 - Specific criteria for determining need in rural areas
 - Giving due consideration to distinct and unique geographic, socioeconomic, cultural, transportation, and other barriers to access to care in such areas
 - Providing for weighted calculations of need based on the barriers to health care access in such rural areas in lieu of the determinations of need used for the particular proposed project within the relevant health planning district or region as a whole

Recommended Schedule – Services

- Focus each meeting on a batch group
 - Batch Group A: General Hospitals & Neonatal Special Care Services
 - Batch Group B: Open Heart Surgery, Cardiac Catheterization, Ambulatory Surgical Centers, Operating Room Additions, and Transplant Services
 - Batch Group C: Psychiatric Facilities & Substance Use Disorder Treatment
 - Batch Group D: Diagnostic Imaging Facilities & Services
 - Batch Group E: Medical Rehabilitation Beds & Services
 - Batch Group F/D: Selected Therapeutic Facilities & Services, and Diagnostic Imaging Facilities & Services
 - Batch Group G: Nursing Homes & Intermediate Care Facilities for Individuals with Intellectual Disabilities

Discussion

Wrap-Up and Next Steps

Planning for Future Meetings – Dates & Cadence

- Goal: Complete recommendations for each service by the end of Calendar Year 2025
- Options for meeting cadence:
 - Meet every other month – 7 total meetings between now and December 2025
 - Meet every month – 15 total meetings between now and December 2025
 - Can move to every other month if progress allows
- Times to be aware of:
 - General Assembly begins January
 - November and December are travel-heavy due to holidays
 - Board meetings occur quarterly
 - March, June, September, and December

Meeting Adjournment