

**State Board of Health
December 5, 2024 - 9:00am
Perimeter Center, Boardroom 2**

Members Present: Gary Critzer, Chair; Douglas Daniels, DVM; Michael Desjardon; Anna Jeng, ScD; Lee Jones, DMD; Melissa Nelson, MD; Maribel Ramos; Vickie Runk; Ann B.R. Vaughters, MD; Yesli Vega; Walter Vest, MD; and Cindy Warriner.

Members Absent: James Cole; Elizabeth Ruffin Harrison; and Patricia Kinser, PhD, WHNP-BC, RN.

Dr. Daniels participated virtually due to temporary disability from his home in Goochland County.

Virginia Department of Health (VDH) Staff Present: Kim Beazley, Director, Office of Licensure and Certification; Michael Capps, Senior Policy Analyst; Susan Fischer Davis, Chief Deputy Commissioner for Community Health Services; Stephanie Dunkel, Deputy Commissioner for Population Health and Preparedness; Lance Gregory, Director, Division of Onsite Water and Wastewater Services, Office of Environmental Health Services; Joe Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; Alexandra Jansson, Senior Policy Analyst; John Kotyk, Legislative and Regulatory Coordinator; R. Christopher Lindsay, Chief Operating Officer; Maria Reppas, Director, Office of Communications; John Ringer, Agency Star; Karen Shelton, State Health Commissioner; Spartak Velu, Agency Star; and Vanessa Walker Harris, MD, Director, Office of Family Health Services.

Other Staff Present: Robin Kurz, Senior Assistant Attorney General

Call to Order

Mr. Critzer called the meeting to order at 9:04 am.

Introductions

Mr. Critzer welcomed those in attendance to the meeting. Mr. Critzer then started the introductions of the Board members and VDH staff present.

Review of Agenda

Ms. Jansson reviewed the agenda and the items contained in the Board's binder.

Approval of September 19, 2024 Minutes

The minutes from the September 19th meeting were reviewed. With no objection, the minutes were adopted by consensus.

Commissioner's Report

Dr. Shelton provided the Commissioner's Report to the Board. She updated the Board on key issues and projects VDH is engaged in including:

- Agency Stars
- Key Personnel Changes

- Infectious Disease Update
- Hurricane Helene Response
- Food Safety for the Holidays
- Overdose Prevention
- Office of Licensure and Certification
- Joint Legislative Audit and Review Commission (JLARC) Report
- Language Access
- Health Directors Meeting – Fall 2024

There was discussion regarding naloxone distribution partnerships with pharmacies and the Department of Behavioral Health and Developmental Services; nursing home inspector assistance plans; planning for future crises such as the IV shortage; and the JLARC report response.

Regulatory Action Update

Mr. Kotyk reviewed the summary of all pending VDH regulatory actions. There are 56 pending actions under development:

- 14 NOIRAs
- 10 proposed actions
- 7 final actions
- 25 fast track actions

Since the September 2024 Board Meeting, the Commissioner approved eight regulatory actions on behalf of the Board while the Board was not in session. They were all results of a periodic review:

- *Advance Healthcare Directive Registry (12VAC5-67)* where the recommendation was to amend the regulations to better align with current practice, style guide requirements, identify opportunities for regulatory reduction and amend the chapter to clarify advance care planning documentation that may be stored in the Advance Healthcare Directory Registry and who may access the documentation.
- *Rules and Regulations Governing Health Data Reporting (12VAC5-215)* where the recommendation was to amend the regulations to align the chapter with the current practices regarding specifications for health care institutions, filing requirements, due dates, fee structure and financial information that is periodically published and disseminated regarding health data. The Board will also incorporate the provisions of 12VAC5-216 – Methodology to Measure Efficiency and Productivity of Health Care Institutions into this chapter, as 12VAC5-216 will be repealed. Additionally, amendments that reduce regulatory requirements on Virginians will be considered where possible.
- *Methodology to Measure Efficiency and Productivity of Health Care Institutions (12VAC5-216)* where the recommendation is the repeal the chapter and incorporate provisions to 12VAC5-215 – Rules and Regulations Governing Health Data Reporting.
- *Regulations of the Patient Level Data System (12VAC5-217)* where the decision was to amend the regulations to align with current practice, style guide requirements, and identify opportunities for regulatory reduction.

DRAFT - NOT APPROVED

- *Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations (12VAC5-220)* where the decision was to repeal and replace the regulations to incorporate various statutory and legislative mandates that have been omitted from previous actions, to update the regulation to reflect the current requirements within the *Form, Style and Procedure Manual for Publication of Virginia Regulations* administered by the Virginia Registrar of Regulations, and to consider opportunities for regulatory reduction where possible.
- *Regulations for the Licensure of Hospices (12VAC5-391)* where the decision was to amend the regulations to comply with the *Form, Style and Procedure Manual for Publication of Virginia Regulations* maintained by the Virginia Registrar of Regulations, update provisions to include current clinical and industry practices, and consider opportunities for regulatory reduction where possible.
- *Rules Governing Private Review Agents (12VAC5-405)* where the decision was to amend the regulations to update the language to conform to the *Form, Style and Procedures Manual for Publication of Virginia Regulations* administered by the Virginia Registrar of Regulations in order to make the language clearer and more understandable, and to consider opportunities for regulatory reduction where possible.
- *Procedures for the Submission of Health Maintenance Organization Quality of Care Performance Information (12VAC5-407)* where the decision was to amend the regulations to make format and style changes, update code references, align provisions of the chapter with current practices and procedures, add clarifying language and remove any unnecessary, duplicative, or non-regulatory language.
- *Approved suspension of the effective date of **subdivision F6** of 12VAC5-630-410 (Private Well Regulations)*. Pursuant to § 2.2-4015 A 4 of the Code of Virginia, the Commissioner approved the suspension of the effective date of **subdivision F6** of 12VAC5-630-410, related to grouting installation methods in the Private Well Regulations to address public comment received. This regulation was adopted by the State Board of Health on September 22, 2022 and published in 41:4 VA.R. 531-558 October 7, 2024. The State Board of Health received multiple public comments objecting to specific provisions in subsection F6 of 12VAC5-630-410. As a result, the State Health Commissioner, pursuant to her authority in § 32.1-20, readopted subdivision F6 of 12VAC5-630-410, as amended on November 1, 2024.

Since the September 2024 meeting the Commissioner has not taken any non-regulatory action on behalf of the Board while the Board was not in session.

Mr. Kotyk advised the Board that there are 8 periodic reviews in progress:

- 12 VAC 5-125 Regulations for Bedding and Upholstered Furniture Inspection Program
- 12 VAC 5-371 Regulations for the Licensure of Nursing Facilities
- 12 VAC 5-381 Home Care Organization Regulations
- 12 VAC 5-507 Guidelines for General Assembly Nursing Scholarships and Loan Repayment Program Requiring Service in a Long-Term-Care Facility
- 12 VAC 5-520 Regulations Governing the State Dental Scholarship Program
- 12 VAC 5-545 Guidelines for the Nurse Educator Scholarship
- 12 VAC 5-590 Waterworks Regulations
- 12 VAC 5-620 Regulations Governing Application Fees for Construction Permits for

Onsite Sewage Disposal Systems and Private Wells

There was a brief clarification about the next steps for periodic review actions.

Public Comment Period

There were 2 people signed up for the public comment period. Sarah Ramsey spoke regarding removing fluoride from drinking water. Sarah Holland spoke regarding keeping fluoride in drinking water.

Submitted written comment can be found at the end of the minutes document.

2025 General Assembly

VDH staff reviewed the guidelines for executive branch agencies for the legislative process. Three proposals that may be introduced in the 2025 session were described:

- Removal of \$1 Alternative Onsite Sewage System Fee.
- Fee Setting Authority for Nursing Homes and Hospitals.
- Intermediate Sanctions for Nursing Homes.

There was discussion regarding the reporting cadence for different sewage system types and penalties for non-reporting; legislative history of intermediate sanctions in Virginia; comparing federal and state requirements for nursing homes; and making sure the federal and state regulations are in alignment.

Fast Track Amendments to Regulations Governing Virginia Critical Congenital Heart Disease Newborn Screening Services 12VAC5-72

Dr. Walker Harris presented the Fast Track Amendments to the Regulations Governing Virginia Critical Congenital Heart Disease Newborn Screening Services. The amendments will remove sections 12VAC5-71-210 to 12VAC5-71-260, relating to Critical Congenital Heart Disease (CCHD) newborn screenings, and create a new chapter, 12VAC5-72, to house those regulations.

While dried blood spot and CCHD newborn screening regulations are currently housed in the same chapter, a separate regulatory chapter exists for the hearing newborn screening program. Because regulations for both dried blood spot newborn screening and CCHD newborn screening are included in 12VAC5-71 confusion from regulants, specifically with the Out-of-Hospital (OOH) birth community, has been reported. While dried blood spot regulations apply to all births (including OOH births and OOH birth providers), CCHD regulations do not apply to OOH births or birth providers. Promulgating CCHD regulations into their own chapter would provide consistency across the newborn screening programs and clarify roles and responsibilities of the health care providers for the different newborn screenings.

There was discussion regarding if the CCHD should be expanded to OOH births and birth providers and what legal changes would be needed to do so, and minor grammatical corrections.

Dr. Nelson made a motion to approve the fast track amendments, seconded by Dr. Vest. The motion passed unanimously by voice vote.

**Proposed Amendments to Regulations for the Licensure of Home Care Organizations
12VAC5-381**

Ms. Beazley presented the proposed amendments to the Regulations for Home Care Organizations. This action proposes comprehensive amendments to this Chapter, include amendments to: (i) Clarify and expand existing regulatory language by providing additional detail for certain processes and requirements particularly around branch offices and geographic areas of service, (ii) update existing regulatory language that is inconsistent or outdated, (iii) revise language to conform to the Form, Style, and Procedure Manual for Publication of Virginia Regulations, (iv) adjust HCO licensure fees.

There was discussion regarding geographic area definitions; next steps; Medicaid and home care; and minor grammatical corrections.

Ms. Warriner motioned to approve the proposed amendments, seconded by Dr. Jones. The motion passed by unanimous voice vote.

Other Business

There was discussion regarding pharmacy benefit managers and how they may overlap with the Board. There was also discussion regarding the Emergency Medical Services Advisory Board's concerns regarding the Fitch and Associates report.; they sent a letter to the Board a copy of which can be found at the end of the minutes document.

Adjourn

The meeting adjourned at 12:41pm.

The remainder of the document is written comment submitted at the Board meeting. It may not reflect the position or opinions of the Board or members.

12/04/2024
Virginia Department of Health

Good morning,

According to the code of Virginia § 32.1-170, titled *Regulations*, this board governs waterworks, water supplies, and pure water.

The code states the following...

§ 32.1-170. Regulations.

A. The *regulations* of the Board governing waterworks, water supplies, and pure water shall be designed to protect the public health and promote the public welfare and shall include criteria and procedures to accomplish these purposes.

Being that the Code of VA says that this board shall protect the public health, and in light of the recent ruling by a U.S. federal judge who deemed that water fluoridation poses an “unreasonable risk” to the health of children; I ask you, the Virginia Department of Health, will you change and update the so-called *criteria and procedures* to reflect the current available evidence and science that water fluoridation is in fact unsafe or at bare minimum stop recommending to add this neurotoxin called fluoride into the public drinking water?

Additionally, “Due to the neuropsychiatric risk associated with fluoride exposure, particularly in pregnant women and children, and the wide availability of alternative sources of fluoride for dental health, the Florida State Surgeon General recommends *against* community water fluoridation.” And I hope that you will too.

Thank you,

Sarah Ramsey

P.S...

December 4th, 2024: Naples City Council has voted to remove fluoride from its water

**Mission:**

To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Google search Document to click on links **Vision:** To be the Healthiest State in the Nation

Guidance for Community Water Fluoridation

November 22, 2024

Tallahassee, Fla. – State Surgeon General Dr. Joseph A. Ladapo recommends against community water fluoridation due to the neuropsychiatric risk associated with fluoride exposure.

Fluoride is a naturally occurring ion present in groundwater, fresh and salt water, rainwater, soil, plants, and foods. Community water [fluoridation](#) is the process of adjusting the amount of fluoride in drinking water to the level recommended to prevent tooth decay. Historically, community water fluoridation was considered to be a method to systemically, through ingestion, deliver fluoride to all community members. However, currently many municipalities across the U.S. and several European countries, including Austria, Belgium, France, Germany, Italy, Norway, and Sweden, have [eliminated water fluoridation](#).

Today, fluoride is widely available from multiple sources, including topical fluorides, such as toothpaste, mouthwashes, and fluoride applications by dental providers. Evidence shows fluoride strengthens teeth, making them more decay resistant. However, additional research is being conducted to review the impacts of overall fluoride exposure in the population.

Several studies have reviewed fluoride exposure in vulnerable populations:

- A Mexico City, Mexico, study published in 2017 found that prenatal fluoride exposure was associated with [lower IQ](#) in both boys and girls ages six to twelve. Similarly, a nationwide Canadian study found that higher maternal urinary fluoride in pregnancy was associated with [reduced IQ](#) in boys ages three to four. The fluoride exposure levels in these studies are [comparable](#) to those found in pregnant women in the United States.
 - A Canadian cross-sectional study published in 2019 found an association between exposure to fluoridated water and [attention deficit hyperactivity disorder \(ADHD\)](#) among children and adolescents between the ages of six and seventeen.
 - Similarly, higher prenatal fluoride exposure was associated with increased incidence [of ADHD](#) in children ages six through twelve in a subgroup of the Mexico City, Mexico study.
 - A 2023 Canadian study found that maternal exposure to fluoridated drinking water at 0.7 milligrams per liter throughout pregnancy was associated with [decreased child inhibitory control and cognitive flexibility](#), particularly in girls.
 - Another study published in JAMA Network Open in May 2024, found higher [prenatal fluoride exposure](#) was associated with increased child neurobehavioral problems in Los Angeles, California. The authors recommended establishing guidelines for limiting fluoride exposure during pregnancy.
 - On August 22, 2024, the U.S. Department of Health and Human Services National Toxicology Program (NTP) published a [report](#) evaluating total fluoride exposure from all sources.
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- The report highlights a concern that some [pregnant women and children](#) may be receiving more fluoride than necessary due to fluoride exposure from multiple sources, including treated public water, water-added foods and beverages, teas, toothpaste, floss, and mouthwash. Thus, the combined total intake of fluoride may exceed safe amounts.
- The report states that the majority of the 72 epidemiological studies pertaining to fluoride's impacts on children's IQ, published through April 2021, found an association between higher levels of fluoride consumption and reduced IQ in children.
- While there is insufficient data to determine if the lower level of 0.7 milligrams per liter, currently recommended for U.S. community water systems, has a negative impact on children's IQ, the report concludes that there is moderate confidence in the scientific evidence that points to an association between higher levels of fluoride consumption and lower IQ in children.¹
- On September 24, 2024, [a U.S. District Court ruled](#) that community water fluoridation at 0.7 milligrams per liter presents an unreasonable risk of injury to health under the [Amended Toxic Substances Control Act \(Amended TSCA\)](#) and the U.S. Environmental Protection Agency is obliged to take regulatory action in response.

Other studies point to various potential impacts associated with systemic fluoride consumption that should be considered when weighing the risks and benefits of adding fluoride to community water systems, including increased risks of developing [sleep apnea](#), accumulation of fluoride in the pineal gland, [sleep cycle disturbance](#), [premature menarche](#) in adolescent girls, negative impacts on the [thyroid gland](#), and elevated occurrences of [skeletal fluorosis](#).

Due to the neuropsychiatric risk associated with fluoride exposure, particularly in pregnant women and children, and the wide availability of alternative sources of fluoride for dental health, the State Surgeon General recommends against community water fluoridation.

The Florida Department of Health strongly supports oral and overall health through:

- Operation and expansion of school-based preventive dental services.
- County health department dental clinics, which provide dental services to communities.
- Screening and treatment referral in pre-school and school settings.
- Provider education, including training on oral health service delivery for those with special health care needs.
- Promotion of healthy habits, with emphasis on a reduction in sugar consumption, through oral health education to communities.
- Providing oral health care supplies to community partners.
- Providing tobacco and vaping cessation resources and services.

Based on self-reported data from 2023, it is estimated that more than 70% of Floridians on community water systems receive fluoridated water. To see if your community water system is included, please visit the webpage [Public Water Systems Actively Fluoridating](#).

References

1. [About Community Water Fluoridation | Fluoridation | CDC](#)
2. [Fluoridation policy and practice: A European Story separating myths from reality.](#)
3. [Prenatal Fluoride Exposure and Cognitive Outcomes in Children at 4 and 6–12 Years of Age in Mexico | Environmental Health Perspectives | Vol. 125, No. 9](#)
4. [Association Between Maternal Fluoride Exposure During Pregnancy and IQ Scores in Offspring in Canada - PubMed](#)
5. [Urinary fluoride levels and metal co-exposures among pregnant women in Los Angeles, California - PMC](#)
6. [Association of water fluoride and urinary fluoride concentrations with attention deficit hyperactivity disorder in Canadian youth - PubMed](#)
7. [Prenatal fluoride exposure and attention deficit hyperactivity disorder \(ADHD\) symptoms in children at 6–12 years of age in Mexico City - ScienceDirect](#)
8. [Fluoride exposure during pregnancy from a community water supply is associated with executive function in preschool children: A prospective ecological cohort study - PubMed](#)
9. [Maternal Urinary Fluoride and Child Neurobehavior at Age 36 Months | Public Health | JAMA Network Open | JAMA Network](#)
10. [NTP Monograph: State of the Science Concerning Fluoride Exposure and Neurodevelopment and Cognition: A Systematic Review; August 2024](#)
11. [Food & Water Watch, Inc., et al. v. Environmental Protection Agency, et al. | United States Courts](#)
12. [COMPS-895.pdf](#)
13. [Fluoride exposure and sleep patterns among older adolescents in the United States: a cross-sectional study of NHANES 2015-2016 - PubMed](#)
14. [Fluoride Exposure and Age of Menarche: Potential Differences Among Adolescent Girls and Women in the United States | Exposure and Health](#)
15. [Fluoride exposure and thyroid function among adults living in Canada: Effect modification by iodine status - PubMed](#)
16. [Fluoride in Drinking Water and Skeletal Fluorosis: a Review of the Global Impact - PubMed](#)

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Department of Health
State Emergency Medical Services Advisory Board

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November 22, 2024

Gary Critzer, Chairman
Virginia Board of Health
109 Governor Street
Richmond, Virginia 23059

Dear Chairman Critzer:

**Subject: State Emergency Medical Services Advisory Board Motion
Regarding the Consultant Report by Fitch & Associates**

On behalf of the Governor's appointed State Emergency Medical Services (EMS) Advisory Board, I am writing to formally communicate concerns expressed by the Board about the accuracy and factual information in Consultant Report prepared by Fitch & Associates, which was commissioned by the Virginia Department of Health to evaluate aspects of the state's emergency medical services system. I am communicating the subsequent action taken by the Board.

Following a thorough review by members of the State EMS Advisory Board, the Board identified several significant methodological issues and factual inaccuracies that, in our view, undermine the credibility and reliability of the findings presented in the report. As a result, the following action was taken during our **November 15, 2024** meeting: **a motion was passed with no opposition to discredit the Fitch Report due to a number of inaccuracies and declare the Fitch Report invalid.**

As a body dedicated to ensuring the quality, safety, and efficiency of emergency medical services in Virginia, the EMS Advisory Board believes that the conclusions drawn in this consultant report could mislead stakeholders and policymakers. Therefore, we respectfully advocate that the Board of Health consider these concerns and that any changes in the Virginia's EMS system **not** be made based solely upon the Consultant Report by Fitch & Associates.

We appreciate your attention to this matter and look forward to collaborating with you and the Board of Health to ensure the continued improvement of Virginia's EMS system.

Thank you for your time and commitment to this important issue.

Sincerely,



Kevin Dillard, Chairman

State Emergency Medical Services Advisory Board

CC: Dr. Karen Shelton, Health Commissioner

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