

**State Board of Health
Agenda
September 17, 2026 – 9:00 a.m.
Perimeter Center, Boardroom 2**

Call to Order and Welcome	Melissa Nelson, MD Chair, State Board of Health
Introductions	Dr. Nelson
Review of Agenda	Katelyn Briguglio, MPH Policy Administrator
Approval of June 11th, 2026 Minutes	Dr. Nelson
Approval of July 31 st , 2026 Executive Committee Minutes	Dr. Nelson
Commissioner's Report	B. Cameron Webb, MD, JD State Health Commissioner
Executive Committee Meeting Report	Dr. Nelson
	Joesph Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs
Regulatory Action Update	John Kotyk Legislative and Regulatory Coordinator
Budget Update – 2026 General Assembly	Stephanie Gilliam Budget Director, Office of Budget
Public Comment Period	
Break	
<u>Lunch Presentation:</u> State Health Services Plan (SHSP) Task Force Update	Karen L. Cameron Chair, SHSP Task Force
<u>Regulatory Action Items:</u> NOIRA: Public Aquatic Facility Regulations (12VAC5-461)	Lance Gregory Director, Office of Environmental Health Sciences
Decision Memo: Virginia Trauma Center Designation Manual Updates/Specialty Coverage Policy ACS Verification Transition	Ashley Camper Trauma and Critical Care Program Manager, Office of Emergency Medical Services

Nursing Home Oversight Update

April Dovel,
Director, Office of Licensure and
Certification

Agency Website Update

Maria Reppas
Director, Office of Communications

Electronic Meeting Policy

Ms. Briguglio

2027 Board of Health Meeting Dates

Ms. Briguglio

Other Business

Adjourn

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**State Board of Health Meeting
Nominating Committee
June 11, 2026 - 9:00am
Virginia Institute of Marine Science
Owens-Bryant Boardroom (102A)**

Members Present: Dr. Lee Jones, Chair; Dr. Walter Vest, and Mr. Kevin Dillard.

Virginia Department of Health Staff Present: Katelyn Briguglio, Policy Administrator; Michael Capps, Director of Policy and Planning.

Call to Order and Welcome

Dr. Lee Jones called the meeting to order at 9:03 am. Dr. Jones welcomed those in attendance to the meeting.

Nominations of Officers

Dr. Jones made a motion to nominate the following slate of officers: Dr. Melissa Nelson for Chair, Ms. Cindy Warriner for Vice Chair, Mr. James Cole and Dr. Walter Vest for the Executive Committee. Dr. Vest seconded the motion, and it was passed unanimously by voice vote.

Adjourn

Dr. Jones made a motion to adjourn the meeting, seconded by Dr. Vest. The motion passed unanimously by voice vote and the meeting adjourned at 9:07am.

**State Board of Health Meeting
June 11, 2026 - 9:30am
Virginia Institute of Marine Science
Owens-Bryant Boardroom (102A)**

Members Present: Pam Cipriano, PhD, RN, NEA-BC, FAAN; Michael Desjadon, Chair; Kevin Dillard, MBA; Julie Henderson; Lee Jones, DMD; Melissa Nelson, MD, Vice Chair; Saquib Samee, MD; Walter Vest, MD; Cindy Warriner, BS, RPh, CDCES; Wendy Walter, MA, LNHA; Thomasena Wicker, PhD

James Cole participated remotely from their home due to a medical condition of a member of his family, Douglas Daniels, DVM, participated remotely from their homes due to a medical condition, and Ann B. Vaughters, MD participated remotely from their home due to a personal matter.

Members Absent: Gina Bellamy, MSA, BSN, RN

Virginia Department of Health (VDH) Staff Present: Matthew Ahern, Chief Operating Officer; Katelyn Briguglio, Policy Administrator; Michael Capps, Director of Policy and

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Planning; Stephanie Dunkel, Deputy Commissioner for Population Health and Preparedness; Susan Fischer-Davis, MD, Chief Deputy Commissioner for Community Health Services; Breanne Forbes-Hubbard, Workforce Development and Engagement Director; Laurie Forlano, D.O., Director of the Office of Epidemiology; Lance Gregory, Director of the Office of Environmental Health Services; Joe Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; John Kotyk, Legislative and Regulatory Coordinator; Arman Latif, Chief Information Officer; Anne Powell, Agency Star; Maria Reppas, Director of Communications; John Ringer, Dana Smith, Virginia Management Fellow; Chief Financial Officer; B. Cameron Webb, MD, JD, State Health Commissioner, Juli Wilkinson, Agency Star.

Other Staff Present: Robin Kurz, Senior Assistant Attorney General, Office of the Attorney General;

Call to Order

Mr. Desjaden called the meeting to order at 9:49 am and led all present in the Pledge of Allegiance.

Introduction

Mr. Desjaden welcomed those in attendance at the meeting. Mr. Desjaden then started the introductions of the Board members and VDH staff.

Mr. Desjaden invited Mr. George Bains, the Interim County Administrator for Gloucester County, to present opening remarks and welcome Board members to Gloucester.

Review of Agenda

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

Approval of March 19th Meeting Minutes

The minutes from the March 19th meeting were reviewed.

Motion: Mr. Dillard moved to approve the March 19th meeting minutes, seconded by Dr. Vest

Final Action: The motion was approved unanimously by voice vote.

Commissioner's Report

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

- Agency Stars
- Key Personnel Changes
- Local Health District Updates
- Comprehensive Harm Reduction Initiatives – Portsmouth and New River Health Districts
- Portsmouth Health District - Portsmouth Access to Harm Reduction (PATH)
- New River Health District – Collaborative Practice Agreement
- Electronic Health Record (EHR) Update
- Infectious Disease Update
- Immunization Update

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- Strategic Priorities
- VDH 360 (Commissioner's Listening Tour)
- Strategic Communications Plan
- ACHDHE Updates
- Strategic Infrastructure and Capacity Alignment
- Plan for Well-Being Implementation
- Rural Health Transformation Update
- Nursing Home Oversight Plan Update
- Ryan White Program
- Agency Financial Stability
- Maternal Health Update
- Relocation of the Office of the Chief Medical Examiner
- National Public Health Week

Ms. Cipriano asked about VDH actions to counteract the spread of disinformation. Dr. Webb cited specific information campaigns, efforts to engage local stakeholders, and partnerships with strategic communications consultants. Dr. Webb emphasized the importance of changing the perception of VDH to a trusted source of information to all individuals in Virginia.

There was a discussion regarding the rebuilding of public trust in Virginia. Ms. Henderson stated that in her experience within environmental health, she has seen high levels of trust in public health. Dr. Webb discussed how the diversity of the state and impacts of the pandemic has led to wide variation in overall trust of public health across the state. Dr. Vest suggested that efforts be made to ensure local health departments attend community meetings to connect with locals.

Dr. Vest asked about the measles outbreak in Buckingham County, and if the unvaccinated people are generally distributed throughout the county, as well as the number of infants impacted. Dr. Webb cited privacy concerns preventing detailed information to be provided. However, Dr. Webb emphasized that there are open lines of communication with specific communities of unvaccinated individuals and cited this as a means of building trust. There was discussion about guidelines for vaccination of children ages 6-11 months, which was developed out of specific concerns for infant health in these communities. Dr. Webb stated high levels of infection rates amongst children.

In regard to nursing home inspections, Ms. Warriner recommended collaborations to address root causes of issues rather than simply inspections in nursing homes. Dr. Webb cited the connection of the complaints and inspections to ensure root causes can be investigated and partnerships with industry, including peer networks to combat the backlog and raise the standards and level of care for seniors.

Ms. Warriner asked if pharmacies are being considered as a component of community paramedicine due to increased amount of pharmacy deserts in Virginia, stating in some communities' pharmacies are the only means of access to care. Ms. Warriner called for broad education of the general public to address medical misinformation, rather than specific information campaigns. She also called for respected community members to share knowledge.

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There was a brief discussion regarding the agency's financial situation and how much of VDH's federal budget makes its way to the local health districts and if local health districts have been preparing for a loss of federal funds. John Ringer discussed that the amount they receive varies and is very complex, most local health districts are funded primarily from state general funds and local match funds, and the federal money allocated to districts is largely to fund WIC programs.

Regulatory Action Update

Mr. Kotyk reviewed the summary of all pending VDH regulatory actions. There are 49 pending actions under development:

- 10 NOIRAs
- 2 Emergency/NOIRAs
- 17 Proposed Actions
- 5 Final Actions
- 15 Fast Track Actions

There was one regulatory action taken by the Commissioner on behalf of the Board pursuant to § 32.1-20 of the Code of Virginia since the March 19th, 2026 Board meeting while the Board was not in Session.

- Approved Final Exempt action for the Waterworks Regulations (12VAC5-590) to comply with federal Consumer Confidence Report Rule revisions.

There were no non-regulatory actions taken by the Commissioner on behalf of the Board pursuant to § 32.1-20 of the Code of Virginia since the March 19th, 2026 Board meeting while the Board was not in Session.

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

Chapter		Status
12 VAC 5-125	Regulations for Bedding and Upholstered Furniture Inspection Program	Intend to issue result after current action becomes effective.
12 VAC 5-371	Regulations for the Licensure of Nursing Facilities	Issued with NOIRA, Result will be published with Proposed stage.
12 VAC 5-381	Home Care Organization Regulations	Issued with NOIRA, Result will be published with Proposed stage.
12 VAC 5-620	Regulations Governing Application Fees for Construction Permits for Onsite Sewage Disposal Systems and Private Wells	Intend to issue result after current action becomes effective.

Public Comment Period

There were no individuals signed up for the public comment period.

Decision Memo: Trauma Designation Adoption of the American College of Surgeons (ACS) Verification Model for Virginia Trauma Center Designation

Ashley Camper and Paula A. Ferrada, MD presented the Decision Memo: Trauma Designation Adoption of the American College of Surgeons (ACS) Verification Model for Virginia Trauma Center Designation.

Ms. Warriner raised concerns about whether the change could discourage hospitals from maintaining trauma center status due to associated costs. In response, it was noted that the ACS model may reduce administrative burdens compared with the current state process and that many trauma centers already participate in ACS-related programs such as TQIP and that the proposal would make ACS the verification standard and suggested that maintaining a separate state verification process may not remain feasible. Participants also noted that Virginia trauma funding generally exceeds ACS verification costs and that hospitals, including for-profit facilities, have financial incentives to maintain trauma center designation. Dr. Vest stated that 40 of Virginia's 41 trauma centers support the proposal and are preparing for the transition. Additional discussion included the potential exploration of a Level IV trauma designation, clarification that the board's vote would be to accept the recommended memorandum, and consideration of impacts on first responders. Members noted that Virginia's trauma care standards already largely align with ACS standards.

Motion: Mr. Dillard moved to authorize transition to a ACS verification Model and Dr. Vest seconded his motion.

Final Action: The motion was approved by roll-call vote (14-Y, 0-N).

Lunch Presentation:

Mr. Rivenbark, Mr. Fridley, and Ms. Balderson provided an overview of the Office of Environmental Health Services & Three Rivers Health District Program Highlights. Mr. Rivenbark described the geography, population, core programs, and priorities of the Three Rivers Health District. He also outlined key challenges and opportunities faced by the district. Mr. Fridley discussed the core values of Three Rivers Health District.

Multiple Board members expressed their praise and support to Three Rivers Health District.

Proposed Amendments: Regulations for the Licensure of Nursing Facilities (12VAC5-371)

April Dovel presented the Proposed Amendments: Regulations for the Licensure of Nursing Facilities (12VAC5-371). The proposed amendment includes expanding the Commissioners' ability to sanction nursing facilities that are found in violation of standards.

Dr. Vest inquired about the nursing home industry's perspective and whether the amendment could contribute to facility closures. Ms. Walter stated that overall, the industry supports the proposal, noting that the penalties are intended to be meaningful without being severe enough to force facilities out of business. It was explained that the amendment targets violations with the potential to cause harm and emphasized that the sanctions are designed as intermediate enforcement tools. Ms. Warriner and Joe Hillbert highlighted the value of such remedies as alternatives to more drastic actions such as facility closure or resident displacement. Dr. Vest expressed concerns about the impact of additional penalties on existing reimbursement

challenges.

The discussion also addressed implementation details. Ms. Henderson questioned the reduction of the permitting timeframe from 24 to 18 months, and Ms. Dovel explained that the change aligns more closely with recertification schedules, reflects staffing realities, and addresses engagement with industry stakeholders. Questions were raised regarding the administrative burden of issuing penalties, with Mr. Hilbert noting that the proposal originated from VDH and that two new positions have been created and funded to support implementation. Additional discussion focused on the roles of hearing officers and the commissioner in the sanctions process, with Mr. Hilbert clarifying that hearing officers would make recommendations while the commissioner would retain final decision-making authority. Ms. Henderson identified the need for clearer language regarding these responsibilities and the definition of probation, and Ms. Dovel agreed that further clarification would be explored as the regulation advances through the process.

Motion: Ms. Warriner made a motion to amend 12VAC-371-90 section D. by replacing “24 months” with “18 months”, seconded by Dr. Vest.

Action: The motion was approved unanimously by roll-call vote (14-Y, 0-N).

Motion: Ms. Warriner moved to approve the amended 12VAC-371-90 Proposed Amendments, seconded by Dr. Vest.

Action: The motion was approved unanimously by roll-call vote (14-Y, 0-N).

Joint Commission on Health Care (JCHC) Pharmacy Presentation

Jen Piver-Renna, PhD from JCHC gave a presentation of Pharmacy Access in Virginia. JCHC conducted a study focused on describing how access to pharmacy services has changed in Virginia. JCHC recommended that the General Assembly submit a budget amendment to increase funding to expand access to pharmacy services. JCHC also recommended the creation of an incentive program to maintain or re-establish in low access communities to help mitigate small population or high percentage of Medicaid patients. The Commission also recommends enhancing government support for pharmacies with no access.

Dr. Vest asked whether the dispensing fee changes had affected pharmacy operations, and Dr. Piver-Renna clarified that the changes applied only to fee-for-service Medicaid and not to managed care plans, which cover the majority of Medicaid beneficiaries. Ms. Warriner inquired about pharmacy closures since the implementation of the changes, and Dr. Piver-Renna reported that available data indicates the decline in pharmacy numbers has continued from late 2024 through mid-2025.

Department of Medical Assistance Services (DMAS) Pharmacy Presentation

Greg Barabell, MD and JoeMichael Fusco, PharmD gave a presentation of Pharmacy Access in Virginia. This presentation included details regarding the 2025 Cost of Dispensing Survey and the Medicaid Single Pharmacy Benefit Manager Study.

A discussion focused on pharmacy reimbursement challenges and their impact on access to care.

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Ms. Warriner emphasized the critical role pharmacies play in delivering population health services and raised concerns that Medicaid dispensing fees often fail to cover acquisition costs, contributing to pharmacy closures. Dr. Vest highlighted the growing concern of communities losing access to brick-and-mortar pharmacies and noted that a gubernatorial state of emergency could provide the board with greater flexibility to adjust dispensing fees. Members also discussed potential policy solutions, including increased funding for rural pharmacies and the implementation of a single pharmacy benefit manager (PBM). Dr. Vest characterized additional rural funding as a temporary measure that does not address underlying reimbursement issues, while Dr. Cipriano questioned whether a single PBM would similarly serve as a short-term fix. Dr. Vest responded that several states have adopted a single-PBM model and reported cost savings. The conversation concluded with discussion of the value of data-driven decision-making, as Ms. Warriner highlighted the potential use of VDH claims data and interagency data sharing to inform planning efforts, a point that DMAS strongly supported.

Electronic Meeting Policy:

Ms. Briguglio presented the Procedures for Electronic Participation in Board of Health Meetings and All-Virtual Meetings and declared there was no change from the policy approved by the Board in June 2025.

Motion: Dr. Jones motioned to approve the Electronic Meeting Procedures, seconded by Ms. Henderson.

Final Action: The motion was approved unanimously by voice vote (14-Y, 0-N)

Report of Nominating Committee

Dr. Jones provided the report of the Nominating Committee. The committee recommended Dr. Nelson as Chair, and Ms. Warriner as Vice Chair, and Mr. James Cole and Dr. Walter Vest as Executive Committee members. The committee report was approved unanimously by the Board.

Other Business:

Dr. Nelson made a motion to approve a resolution concerning Petition for Rulemaking 432: Prevent biological males from female-only athletics and certain female-designated spaces and its public health implications. The motion was seconded by Cindy Warriner.

Discussion ensued and following a procedural overview from Mr. Hilbert regarding the resolution's origin and status, members debated both the substance of the proposal and whether additional research or expert input was needed before acting. Several members, including Dr. Cipriano, Dr. Wicker, and Ms. Henderson, expressed concerns about the lack of robust data demonstrating a public health need for the resolution, noting that much of the evidence presented was anecdotal. Dr. Vest cited injury risks and mental health concerns as public health considerations, while Mr. Cole, Dr. Nelson, and Ms. Warriner argued that the resolution promoted athlete safety, referencing guidance from sports organizations and personal experiences in athletics. There was also discussion on Board members' desire to be responsive to the petitioners and the members of the public who gave comment on the issue.

Motion: Ms. Henderson made a motion to table the resolution, seconded by Mr. Dillard.

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Action: The motion failed to pass during a roll call vote. (3-Y, 9-N, 2-A). (Y- Dillard, Henderson, Cipriano) (A-Wicker, Walter)

Concerns were raised by Mr. Dillard and Dr. Wicker that newer board members had not been adequately briefed on the issue and that the matter had not appeared on the agenda before the meeting. Dr. Cipriano urged the Board to consider the complexity of the topic across different sports and age groups and sought additional data on potential public health impacts.

Motion: Ms. Henderson made a motion to pass by the resolution indefinitely, seconded by Dr. Cipriano.

Action: The motion failed to pass during a roll call vote. (4-Y, 10-N). (Y-Dillard, Henderson, Cipriano, Wicker)

Discussion further addressed distinctions between contact and non-contact sports. In addition, there was a recommendation that the language used in the resolution be consistent with the petition's original language.

Mr. Desjadon recommended that the Board go into closed session to receive legal advice.

Motion: Mr. Desjadon made a motion to go into closed session to seek legal advice, pursuant to § 2.2-3711(A)(8), in the matter of 12VAC5-660 and that Dr. Webb, Ms. Kurz, Ms. Briguglio, Mr. Hilbert, and Mr. Capps join the Board for closed session. That motion was seconded by Dr. Vest

Final Action: The motion was approved unanimously by voice vote (14-Y, 0-N)

The closed session took place in the same room as the Board meeting. Other attendees in the room were instructed to exit the room, and the Board members participating virtually joined a separate online Microsoft teams link to ensure confidentiality of the closed session.

Motion: Dr. Jones moved to return to regular session and certify that only public business matters lawfully exempted from open meeting requirements and only such public business matters as were identified in the motion for closed session were heard, discussed or considered during the closed session just concluded. The motion was seconded by Dr. Vest.

Final Action: The motion passed by unanimous roll-call vote (14-Y, 0-N).

There was discussion regarding keeping the language used in the resolution consistent with the petition's original language. Further discussion accounted if the resolution's language urging legislative action "without delay" was consistent with comments suggesting lawmakers should have the opportunity to fully evaluate the issue.

Motion: Ms. Walter made a motion to amend the language in the resolution by replacing "allow only biological females to complete in female-only sports" to "prevent biological males from participating in female-only sports." The motion was seconded by Dr. Vest.

Action: The motion passed during a roll call vote. (10-Y, 2-N, 2-A) (N-Dillard, Henderson) (A-Wicker, Cipriano)

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There was further discussion about removing the final “whereas” clause from the resolution, as it may not specifically align with the Board’s goals for this resolution.

Motion: Dr. Nelson made a motion to amend the resolution by removing “WHEREAS, under §§ 32.1-2 and 32.1-12 of the Code of Virginia, as referenced in the Petition for Rulemaking, the Board has the authority to promulgate rules and regulations, as well as the duty to protect and preserve the public health of Virginians, including the public health of females in the Commonwealth of Virginia; and now, therefore, be it.” The motion was seconded by Ms. Warriner.

Action: The motion passed during a roll call vote. (12-Y, 1-N, 1-A) (N-Henderson) (A-Wicker)

Motion: Dr. Nelson made a motion to pass the amended resolution, seconded by Ms. Warriner

Action: The motion was passed during a roll call vote. (10-Y, 3-N, 1-A) (N-Dillard, Henderson, Cipriano) (A-Wicker)

During closing remarks, members requested that controversial policy matters be clearly identified in future agendas. Mr. Capps noted that new legal requirements passed during the 2026 General Assembly mandate that after July 1, items must be included on the agenda that is noticed when the meeting materials are posted to the Virginia Regulatory Town Hall in order for action to be taken on that item during the meeting.

Adjourn

Motion: Ms. Warriner moved that the meeting adjourn at 4:36pm, seconded by Dr. Vest.

Final Action: The motion passed unanimously by voice vote.

The meeting adjourned at 4:36pm.

Virginia State Board of Health

WHEREAS, a petition was filed by three collegiate, athlete citizens of the Commonwealth of Virginia to the Board of Health (Board) to promulgate rules and regulations including to prohibit biological males from girls' and women's only sports on the bases of physical and mental health and safety; and

WHEREAS, on August 18, 2025, the Board voted unanimously to approve the Petition for Rulemaking in order to preserve the public health of Virginians, including the public health of women and girls; and

WHEREAS, the International Olympic Committee (IOC) adopted a policy on March 26, 2026, which bans biological males from participation in female-only sports; and

WHEREAS, the IOC decision was based on a working group which examined scientific, medical, and legal developments, whose members came from five continents and included specialists in sports medicine, endocrinology, transgender medicine, women's health, ethics and law, including chief medical officers from international federations representing individual and team sports; and

WHEREAS, the IOC found that biological males have a performance advantage consistently based on larger and stronger skeletal muscles and bones as well as other biological features; and

WHEREAS, the IOC specifically found that for the safety of female athletes, biological males should not be allowed in female only sports; and

RESOLVED, That the Virginia State Board of Health hereby urges the Virginia General Assembly and the Governor of the Commonwealth to

without delay enact legislation to prevent biological males from participating in female-only sports.

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.

Stephen Putney House
1012 East Marshall Street
2nd Floor
Box 980549
Richmond, Virginia 23298-0066

O 804-828-4553
F 804-828-8002

Marlon F. Levy, MD, MBA
David M. Hume Professor of Surgery, with
Tenure
Sr. Vice President
VCU Health Sciences and Chief Executive
Officer, VCU Health System Authority

June 4, 2026

State Board of Health
c/o Cameron Webb, MD, JD
State Health Commissioner Virginia Department of Health
Via Email

Dear Commissioner Webb,

VCU Health has strong concerns regarding an anticipated proposal from the VDH Office of Emergency Medical Services (OEMS) that would maintain the Commonwealth's current dual national and state verification requirement for burn centers.

While we support the proposal's recommendation to adopt the American College of Surgeons (ACS) national verification model for trauma centers statewide, we strongly recommend applying a consistent approach to burn center verification. Specifically, we urge VDH to formally recognize American Burn Association (ABA) national verification as the sole standard and eliminate the current duplicative state verification process, aligning this change with the proposed multiyear transition for trauma center verification.

Background

Virginia currently maintains three distinct verification processes for trauma care: adult, pediatric, and burn. The adult and pediatric verification process appears to be included in the anticipated proposal; however, burn center verification is excluded. As a result, burn centers would continue to undergo a separate state site survey and review process to maintain designation in the Commonwealth.

Maintaining dual verification processes creates unnecessary costs and operational inefficiencies for both the Commonwealth and health systems, without corresponding improvements in patient care. These impacts include:

- **Resource diversion:** Survey preparation is time and labor intensive, extending beyond routine operations and redirecting staff from clinical care, performance improvement, education, outreach, injury prevention, and research.
- **Sustained administrative burden:** Dual verification results in near-continuous survey readiness cycles, compounding operational strain on clinical and administrative teams.
- **Outdated standards:** The Commonwealth's burn center verification criteria have not been substantively updated in over a decade and may not fully reflect current national standards and best practices.
- **Misalignment with national practice:** To our knowledge, Virginia remains an outlier in maintaining a separate burn center verification process rather than recognizing national accreditation.
- **Financial impact:** VCU Health alone incurs approximately \$150,000 in personnel costs for a single state review, with total costs more than doubling when dual state and national verification cycles overlap.

- **System-wide implications:** The cumulative financial, workforce, and administrative burden affects both OEMS and health systems, potentially limiting the ability to focus on initiatives that directly improve patient outcomes.

Recommendation

VCU Health respectfully recommends:

- **Approval of the proposed transition to the ACS national verification model** for adult and pediatric trauma centers, *and*
- **Adoption of ABA national verification as the sole standard for burn centers**, eliminating the duplicative state process and aligning implementation with the trauma center verification transition timeline.

This approach would promote consistency across trauma and burn verification, reduce administrative burden, and allow health systems and state agencies to focus resources on advancing patient care quality and outcomes.

The OEMS proposal is scheduled to be presented to the Board of Health at their June 11, 2026 meeting. We appreciate your consideration of this recommendation and would welcome the opportunity to answer any questions or schedule a meeting.

Thank you,



Marlon F. Levy, MD, MBA, FACS
Chief Executive Officer, VCU Health System
Senior Vice President, VCU Health Sciences

**State Board of Health Meeting
Executive Committee
July 31, 2026 - 10:30am
Microsoft Teams**

Members Present: Melissa Nelson, MD, Chair; Cindy Warriner BS, RPh, CDCES, Vice Chair; Walter Vest, MD; and James Cole.

Virginia Department of Health Staff Present: Katelyn Briguglio, MPH, Policy Administrator; Michael Capps, MPH, Director of Policy and Planning; Joseph Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; and B. Cameron Webb, MD, JD, State Health Commissioner

Other Staff Present: Robin Kurz, Senior Assistant Attorney General, Office of the Attorney General

Call to Order and Welcome

Dr. Melissa Nelson called the meeting to order at 10:36am. Dr. Nelson welcomed those in attendance to the meeting.

Board Priorities for the Next 1-2 Years

Dr. Nelson began stating that her vision for this executive committee is to encourage proactive work on Board of Health priorities, targeting areas that align with the Commissioner's goals. Dr Webb explained during the beginning of his tenure he completed a Listening Tour throughout the state of Virginia, from which he identified three strategic priorities:

- **Operational Excellence**
 - Operational excellence starts with execution, and the agency must continuously improve how it operates. VDH's Chief Operating Officer (COO) is tasked with improving agency functions, strengthening executive leadership, and grants management. VDH is continuing to invest in data infrastructure to contribute to better, more timely decision-making.
- **Building Trust**
 - Public Health is deeply dependent on trust, investing in communications, and engaging internally. VDH is currently recruiting for a Deputy Commissioner of External Affairs who will oversee the Office of Communications, Office of Health Equity, and Office Community Relations at VDH. This position will focus on building and leveraging key partnerships and telling the story of VDH. Externally, such proactive story-telling is mission critical to build trust among communities in the Commonwealth.
- **Centering Equity**
 - It's important that every community within the Commonwealth feels seen and valued. Equity isn't a separate workstream, but one way to evaluate all of the agency's work. The goal is for every community to be seen and valued and to have a fair opportunity at good health. VDH's job is to help address disparities.

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This dovetails with VDH's work with the Rural Health Transformation Program. Additionally, Dr. Webb instructed his Advisory Council on Health Disparities and Health Equity to establish a health equity framework and report for VDH's use.

Dr. Webb shared that ultimately, VDH and the Board are successful when people are healthier because of what we do. This informs how we show up with policies, partnerships, and investments. Dr. Webb also mentioned the notion of being a chief health strategist within communities, a role for our health district directors.

Ms. Warriner echoed that Building Trust is a great priority area, as it emphasizes accountability and will help combat disinformation and misinformation. She mentioned that listening to communities is a large aspect of building trust. Dr. Webb emphasized by utilizing many avenues of communication we will be able to center communities. As certain changes take place in the public health landscape, we will work to understand and address the impact on Virginia's communities.

Dr. Nelson continued and explained each Executive Committee member was tasked with reaching out to a few of their fellow Board members for objectives, topics or priorities areas that they would like the Board to address in the next 1-2 years.

The Executive Committee members reported the following priorities:

- Rural Health Challenges and Disparities
 - Multiple members mentioned rural health as a priority.
 - There was a recommendation to create a panel with representatives from public-private partnerships.
- Improving Chronic Disease Prevention and Management
 - Multiple members highlighted chronic disease as an area of interest, including the need to evaluate existing plans and services addressing chronic diseases, recognizing their significant impacts on quality of life, premature mortality, and long-term healthcare costs.
- Vaccination Education and Outreach
 - Discussed the importance of increasing public education efforts, in collaboration with community partners, to address vaccine hesitancy. Members pointed out that this priority goes hand-in-hand with Building Trust.
- Assistance in Dying
 - Medical aid in dying was identified as a potential topic for future discussion, noting that the issue has periodically been introduced in the Virginia General Assembly and that legal provisions currently exist in 14 states and the District of Columbia. Members questioned whether the Board of Health has conducted a recent review of this topic and whether an update would be appropriate
- Addressing Diabetes Rates
 - Members discussed the prevalence of diabetes in Virginia and highlighted the importance of increasing public education and awareness regarding diabetes prevention and management.

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- Education on health initiatives
 - One member noted a desire to learn more about the work going on at VDH and to collaborate on areas where they had expertise, notably on nursing home oversight – with a focus on practicably applicable regulations and accountability.
- Pharmacy Access
 - Members acknowledged the continued importance of ensuring access to pharmacy services across the Commonwealth
- School Nursing Standards of Quality
 - It was noted that Virginia currently does not require school divisions to employ a registered school nurse. Members were informed that the School Health Services Committee recently discussed a proposed amendment that would require schools with an enrollment of 1,000 students or more, to have a licensed nurse in the building.
- Mental Health
 - Members identified mental health as an ongoing priority and discussed the importance of addressing substance use disorders from an addiction medicine perspective.
- America's Health Rankings
 - One member noted that VDH's current vision to "become the healthiest state in the nation" was inspiring and could be a unifier.
 - Rankings that are analyzed by the United Health Foundation are based on a comprehensive analysis of health indicators and provide valuable benchmarking data.
 - Virginia has improved its overall ranking from 21st approximately ten years ago to 14th in 2025. Members suggested that a presentation on the rankings could promote discussion of the Commonwealth's public health progress and identify opportunities to benchmark successful strategies from other states.
 - If VDH focuses on specific metrics and starts by looking for benchmarks for comparison, we can share, learn, and continue improving.

Dr. Nelson noted the common ground present across the reported priorities. She requested a list of the reported priorities be compiled so Dr. Webb and the Board can review and determine which areas are best suited to address over the next 1-2 years.

Review of Executive Committee Authority and Responsibilities

Joe Hilbert began his review by giving a brief overview of a "policy board" as defined in Va Code § 2.2-2100. The Board of Health is a policy board, not supervisory or advisory. Mr. Hilbert noted that the Board has approximately 65 sets of regulations, among the two highest of any policy board in the state. He then gave an overview of the board's composition and discussed the orientation materials disseminated when a member initially joins the Board, and the process of what occurs after the Board of Health adopts a regulation and briefly discussed the Executive Committee's role per the State Board of Health's bylaws. Mr. Hilbert also described the board's statutory authority to make health policy recommendations to the Governor and General Assembly. It was suggested at the September Board of Health meeting, staff would review the Board's responsibilities and processes, and overview of how the agency interacts with

the board.

Establishing a Formal Process for Board Agenda Items

Mr. Hilbert explained that the Governmental and Regulatory Affairs (GRA) team begins internal discussions regarding potential agenda items at least 60 days prior to each meeting. Following these discussions, a draft agenda is developed and submitted to the Commissioner for review. Executive Committee members who wish to propose agenda items or request discussion topics should submit their suggestions 6–8 weeks before the scheduled meeting. This timeline provides adequate opportunity for review, planning, and coordination. Volume and complexity of proposed agenda items will be considered during meeting planning. These factors help determine agenda prioritization and ensure sufficient time is allocated to address the most important topics during the meeting.

Also discussed was the new provision in Va Code § 2.2-3707 passed in 2026 (SB699) that states no final action may be taken on an item added to the agenda after the meeting begins, unless the matter is time-sensitive or concerns a closed meeting that has been properly identified in a motion in accordance with FOIA requirements. Specifically, "final action" means a vote, adjudication, or other formal action taken by a public body that completes a matter or acts as final consideration of an item. "Final action" does not include: 1. Referral to a committee or advisory body; 2. Referral to a future meeting for action; 3. Direction to staff to provide further information; or 4. Issuance of a commending or memorial proclamation.

Dr. Webb concluded the discussion by expressing enthusiasm about the Board's opportunity to identify policy gaps and legislative priorities. He emphasized that improving the Board's infrastructure and processes would enhance its ability to address key policy issues effectively. Dr. Webb recommended developing a manageable list of key priority areas focused on the most significant policy gaps and potential legislative actions. As a next step, Dr. Webb will follow up with Dr. Nelson to identify and further develop key priority areas before presenting the proposed priorities to the full Board for discussion, feedback, and consideration of next steps.

Public Comment

There were no individuals signed up for the public comment period.

Adjourn

The meeting adjourned at 11:41am.



COMMONWEALTH of VIRGINIA

Department of Health
P O BOX 2448
RICHMOND, VA 23218

TTY 7-1-1 OR
1-800-828-1120

MEMORANDUM

DATE: August 19, 2026

TO: State Board of Health

FROM: Lance Gregory, Director
Office of Environmental Health Service

SUBJECT: Notice of Intended Regulatory Action (NOIRA) – Public Aquatic Facility Regulations (12 VAC 5-461) following Chapter 53 of the 2026 Acts of Assembly

Enclosed for your review is a NOIRA to repeal the Regulations Governing Tourist Establishment Swimming Pools and Other Public Pools (12 VAC 5-460) and the Swimming Pool Regulations Governing the Posting of Water Quality Test Results (12 VAC 5-462) and replace these chapters with a newly created chapter titled Public Aquatic Facility Regulations (12 VAC 5-461). In accordance with Chapter 53 of the 2026 Acts of Assembly and the corresponding amendments to the Code of Virginia § 32.1-248.1, the Department submits this NOIRA with the intention to repeal 12 VAC 5-460 and 12 VAC 5-462 and replace with 12 VAC 5-461.

Chapter 460 was promulgated to protect public health and safety at public swimming pools, saunas, and other similar water recreational facilities located at permitted establishments (campgrounds, hotels, and summer camps) in accordance with the authority outlined in the Code of Virginia Title 35.1. (Hotels, Restaurants, Summer Camps, and Campgrounds). Chapter 462 was promulgated to protect water quality at swimming pools and other water recreational facilities operated for public use or in conjunction with a tourist facility or health spa in accordance with the authority outlined in Code of Virginia § 32.1-248.1. (Posting of water quality test results by certain recreational facilities). Chapter 462 was limited to water quality standards and did not address health, safety, maintenance and operations of such facilities. Through Chapter 53 of the 2026 Acts of Assembly, § 32.1-248.1 was amended to include provisions for health, safety, maintenance and operations of aquatic facilities. The Regulations require repeal and replacement as they do not appear to reflect the safety and health standards required by the Code of Virginia. Examples of items requiring updates include standards for water treatment and disinfection, safety equipment, facility maintenance, general operations, staffing, and incident response, all of which could mitigate the risks of pool-associated illnesses, injuries, and death, including cuts, falls, diving or fall-associated spinal cord or head injuries, entrapment evisceration, and drowning.

The Office of Environmental Health Services (“OEHS”) proposes to repeal and replace the Regulations to ensure the standards for public swimming pools and water recreational facilities meet the requirements of the Code of Virginia, represent the latest science and current industry practices regarding health and safety, are inclusive of the needs and wants of public and private community partners, and align with our mission to promote and protect the health of all Virginians. OEHS recommends the approval of this NOIRA.



townhall.virginia.gov

Notice of Intended Regulatory Action (NOIRA) Agency Background Document

Agency name	Virginia Department of Health
Virginia Administrative Code (VAC) Chapter citation(s)	12 VAC 5-461
VAC Chapter title(s)	Public Aquatic Facility Regulations
Action title	Repeal and replace 12VAC5-460 and 12VAC5-462 with new 12VAC5-461
Date this document prepared	8/27/2026

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of the subject matter, intent, and goals of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation).

The Regulations Governing Tourist Establishment Swimming Pools and Other Public Pools (12 VAC 5-460) (hereafter, "Tourist Pool Regulations") protect public health and safety at public swimming pools, saunas, and other similar water recreational facilities located at Virginia Department of Health (VDH) permitted tourist establishments (campgrounds, hotels, and summer camps). The Swimming Pool Regulations Governing the Posting of Water Quality Results (12 VAC 5-462) (hereafter, "Water Quality Regulations") protect public health and safety as it relates to water quality at public recreational water facilities located throughout the Commonwealth. This action, in accordance with the authority provided in the Code of Virginia § 32.1-248.1, seeks to repeal the existing regulatory chapters and replace with a new regulatory chapter titled Public Aquatic Facility Regulations (12 VAC 5-461) to ensure an effective regulatory program governing aquatic facility safety is maintained throughout the Commonwealth.

This action will: reduce the number of regulatory chapters applicable to public aquatic venues; remove outdated information; add and replace text to reflect best practices and the latest science from industry, academia, public health experts, and other stakeholders; and clarify regulatory and enforcement standards.

Acronyms and Definitions

Define all acronyms or technical definitions used in this form.

“Board” or “State Board” means the State Board of Health.

"Campground" means any area, place, parcel, or tract of land, by whatever name called, on which three or more campsites are occupied or intended for occupancy, or facilities are established or maintained, wholly or in part, for the accommodation of camping units for periods of overnight or longer, whether the use of the campsites and facilities is granted gratuitously, or by rental fee, lease, or conditional sale, or by covenants, restrictions, and easements, including any travel trailer camp, recreation camp, family campground, camping resort, or camping community. "Campground" does not mean a summer camp, migrant labor camp, or park for manufactured homes as defined in this section and in §§ 32.1-203 and 36-85.3, or a construction camp, storage area for unoccupied camping units, or property upon which the individual owner may choose to camp and not be prohibited or encumbered by covenants, restrictions, and conditions from providing his sanitary facilities within his property lines.

“Department” and “VDH” mean the Virginia Department of Health.

"Hotel" means any establishment offering to the public for compensation transitory lodging or sleeping accommodations, overnight or otherwise, including but not limited to facilities known by varying nomenclatures or designations as hotels, motels, travel lodges, tourist homes, or hostels and similar facilities by whatever name called that consist of two or more lodging units. This definition of a hotel includes bed and breakfast facilities as defined in 12VAC5-431 and § 35.1-1.

"Summer camp" means any building, tent, or vehicle, or group of buildings, tents, or vehicles, if operated as one place or establishment, or any other place or establishment, public or private, together with the land and waters adjacent thereto, that is operated or used in this Commonwealth for the entertainment, education, recreation, religious instruction or activities, physical education, or health of persons under 18 years of age who are not related to the operator of such place or establishment by blood or marriage within the third degree of consanguinity or affinity, if 12 or more such persons at any one time are accommodated, gratuitously or for compensation, overnight and during any portion of more than two consecutive days.

“Tourist establishment,” for the purposes of this review, means any facility or establishment offering to the public lodging or sleeping accommodations, overnight or otherwise, including but not limited to facilities such as hotels, campgrounds or summer camps as determined by varying nomenclature, that is permitted by the Department.

Mandate and Impetus

Identify the mandate for this regulatory change and any other impetus that specifically prompted its initiation, (e.g., new or modified mandate, petition for rulemaking, periodic review, or board decision). For purposes of executive branch review, “mandate” has the same meaning as defined in the ORM procedures, “a directive from the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part.”

Chapter 53 of the 2026 Acts of Assembly directs the Board to promulgate regulations governing swimming pools and other water recreational facilities operated for public use, including swimming pools and other water recreational facilities operated in conjunction with a tourist facility or health spa.

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

The promulgating agency is the Virginia Department of Health (VDH). Chapters 1 and 6 of Title 32.1 of the Code of Virginia enumerate the legal authority for VDH to regulate the water quality of public recreational water facilities.

Section 32.1-12 of the Code of Virginia states,

“The Board may make, adopt, promulgate and enforce such regulations and provide for reasonable variances and exemptions therefrom as may be necessary to carry out the provisions of this title and other laws of the Commonwealth administered by it, the Commissioner or the Department.”

In addition, Section 32.1-248.1 of the Code of Virginia states,

“A. The Board of Health shall promulgate regulations governing swimming pools and other water recreational facilities operated for public use, including swimming pools and other water recreational facilities operated in conjunction with a tourist facility or health spa. Such regulations shall include requirements for (i) water treatment and disinfection, (ii) the posting of water quality data, (iii) safety equipment and features, (iv) maintenance and safety of equipment and premises, (v) operational requirements, (vi) facility staffing, (vii) incident response, and (viii) such other provisions as may be necessary to protect the public health and safety. Such regulations shall not (a) apply to private residential water recreational facilities, as defined by the Board, or (b) regulate the design, construction, or maintenance of pool structures and equipment as governed by the Uniform Statewide Building Code (§ 36-97 et seq.).

B. Nothing in this section or regulations of the Board shall prohibit any locality from adopting any ordinance regarding the operation of swimming pools and other water recreational facilities operated for public use that are equivalent to or more stringent than the regulations adopted pursuant to this section.”

Chapter 2 of Title 35.1 of the Code of Virginia enumerates the legal authority for VDH to regulate certain public swimming pools, saunas, and other similar facilities, at VDH permitted establishments, including campgrounds, hotels, and summer camps.

Section 35.1-11 of the Code of Virginia states,

“The Board shall make, adopt, promulgate, and enforce regulations necessary to carry out the provisions of this title and to protect the public health and safety. In promulgating regulations, the Board shall consider the accepted standards of health including the use of precautions to prevent the transmission of communicable diseases, hygiene, sanitation, safety, and physical plant management.”

Section 35.1-13 of the Code of Virginia states,

“Regulations of the Board governing hotels shall provide minimum standards for, but shall not be limited to: (i) food preparation and handling; (ii) physical plant sanitation; (iii) the provision, storage, and cleansing of linens and towels; (iv) general housekeeping and maintenance practices; (v) requirements for approved water supply and sewage disposal systems; (vi) vector and pest control; (vii) swimming pools, saunas, and other similar facilities, including personnel standards for the operation thereof; (viii) ice machines and dispensers of perishable food items; and (ix) a procedure for obtaining a license.”

Section 35.1-16 of the Code of Virginia states,

“The regulations of the Board governing summer camps shall include, but not be limited to: (i) an approved drinking water supply; (ii) an approved sewage disposal system; (iii) an approved solid waste disposal system; (iv) the adequate and sanitary preparation, handling, protection and preservation of food; (v) the proper maintenance of buildings, grounds, and equipment; (vi) vector and pest control; (vii) toilet, swimming, and bathing facilities, including shower facilities; (viii) a procedure for obtaining a license.”

Lastly, Section 35.1-17 of the Code of Virginia states,

“The regulations of the Board governing campgrounds shall include minimum standards for (i) an approved drinking water supply; (ii) an approved sewage disposal system; (iii) an approved solid waste disposal system; (iv) the proper maintenance of buildings, grounds, and equipment; (v) vector and pest control; (vi) toilet, swimming, and bathing facilities, including shower facilities; (vii) effective measures for the control of animals and pets; (viii) appropriate procedures and safeguards for hazardous situations, including specifically the maintenance and sale of propane gas or other explosives and combustibles; and (ix) a procedure for obtaining a license.”

Purpose

Describe the specific reasons why the agency has determined that this regulation is essential to protect the health, safety, or welfare of citizens. In addition, explain any potential issues that may need to be addressed as the regulation is developed.

The purpose of this action is to conform applicable aquatic venue regulations to the authorizing law in § 32.1-248.1 amended in accordance with Chapter 53 of the 2026 Acts of Assembly.

While the Regulations are essential to protecting the health and safety of patrons at pools, spas, and recreational water facilities located within the Commonwealth, they are also statutorily mandated as outlined in §§ 32.1-248.1, 35.1-13, 35.1-16, and 35.1-17 of the Code of Virginia.

Substance

Briefly identify and explain the new substantive provisions that are being considered, the substantive changes to existing sections that are being considered, or both.

The repeal and replacement of the Tourist Pool Regulations and Water Quality Regulations will result in one regulation for administrative and enforcement provisions, definitions, pool operation and maintenance (including water treatment and chemical handling), signage and safety provisions, management, and other provisions or standards deemed necessary. The repealed chapters will be replaced by a new chapter titled Public Aquatic Facility Regulations.

Alternatives to Regulation

Describe any viable alternatives to the regulatory change that were considered, and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the regulatory change. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulatory change.

There are no viable alternatives for achieving the purpose of statutory mandates established in Chapter 1 and 6 of Title 32.1 and Chapter 2 of Title 35.1 of the Code of Virginia. Further, the regulation is necessary to ensure that the Department's statutory requirements are executed in the least burdensome and most efficient and cost-effective manner possible while protecting the health, safety and welfare of the citizens of Virginia.

Periodic Review and Small Business Impact Review Announcement

If you wish to use this regulatory action to conduct, and this NOIRA to announce, a periodic review (pursuant to § 2.2-4017 of the Code of Virginia and the ORM procedures), and a small business impact review (§ 2.2-4007.1 of the Code of Virginia) of this regulation, keep the following text. Modify it as necessary for your agency. Otherwise, delete the paragraph below and insert "This NOIRA is not being used to announce a periodic review or a small business impact review."

This NOIRA is not being used to announce a periodic review or small business impact review.

Public Participation

Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below. In addition, as required by § 2.2-4007.02 of the Code of Virginia, describe any other means that will be used to identify and notify interested parties and seek their input, such as regulatory advisory panels or general notices.

The Department is providing an opportunity for comments on this regulatory proposal, including but not limited to (i) the costs and benefits of the regulatory proposal, (ii) any alternative approaches, and (iii) the potential impacts of the regulation.

Anyone wishing to submit written comments for the public comment file may do so through the Public Comment Forums feature of the Virginia Regulatory Town Hall website at: <https://townhall.virginia.gov>. Comments may also be submitted by mail, email or fax to Briana Bill, briana.bill@vdh.virginia.gov; or fax (804) 864-7475. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will be held following the publication of the proposed stage of this regulatory action.



COMMONWEALTH of VIRGINIA

Department of Health
P O BOX 2448
RICHMOND, VA 23218

TTY 7-1-1 OR
1-800-828-1120

B. Cameron Webb, MD, JD
State Health Commissioner

August 24, 2026

DECISION MEMORANDUM

TO: Virginia Board of Health

FROM: B. Cameron Webb, MD, JD
State Health Commissioner

SUBJECT: Virginia Trauma Center Designation Manual Updates

I. PURPOSE

Approval of targeted updates to the Virginia Trauma Center Designation Manual necessary to maintain alignment with current national trauma standards, operational practices, and evolving trauma system expectations within the Commonwealth. These updates are recommended to facilitate Virginia trauma centers' orderly transition toward American College of Surgeons (ACS) verification while maintaining appropriate Commonwealth oversight during the transition period.

II. BACKGROUND

Pursuant to Code of Virginia § 32.1-111.3(A)(10), the State Board of Health is responsible for "establishing and maintaining a process for designation of appropriate hospitals as trauma centers, certified stroke centers, and specialty care centers based on an applicable national evaluation system."

The Virginia Trauma Center Designation Manual serves as the Commonwealth's operational standards document governing trauma center designation criteria, verification expectations, review processes, and designation requirements. Virginia's trauma standards have historically been informed by nationally recognized frameworks established by the ACS while incorporating stakeholder engagement and Commonwealth-specific operational considerations. The current Manual requires targeted modernization updates to maintain alignment with current national trauma standards and evolving operational practices.

III. JUSTIFICATION

The Office of Emergency Medical Services (OEMS), in coordination with trauma system stakeholders and subject matter experts, has identified several priority areas requiring

clarification and alignment with national standards. The following proposed updates are intended to improve operational clarity and maintain alignment with current nationally recognized trauma standards.

Proposed updates include:

- 1. Performance Improvement Staffing Requirements:** Revision of the Virginia Trauma Center Designation Manual to establish minimum performance improvement staffing requirements aligned with applicable ACS standards.
- 2. Trauma Registrar Staffing Requirements:** Revision of the Virginia Trauma Center Designation Manual to establish trauma registry staffing requirements aligned with applicable ACS standards.
- 3. Registered Nursing Trauma Education:** Revision of the Virginia Trauma Center Designation Manual to establish trauma-specific education requirements for registered nurses who routinely care for trauma patients, aligned with applicable ACS standards.

The requirements established under Items 1, 2, and 3 shall become effective January 1, 2027, with enforcement beginning January 1, 2028. OEMS shall administer the requirements established in the Manual and provide technical guidance necessary for implementation. The implementation period is intended to provide trauma centers sufficient time for operational preparation, policy revision, staffing considerations, education planning, and compliance.

- 4. Medical and Surgical Service Availability and Call Schedule Requirements:** Revision of the Virginia Trauma Center Designation Manual to align Virginia's medical and surgical service availability and call schedule requirements with applicable ACS standards, with full implementation effective January 1, 2030, and a defined transition pathway during the interim period.

Transition Period: January 1, 2027 – December 31, 2029:

During the transition period, trauma centers shall comply with the medical and surgical service availability and call schedule standards established by the verification body under which they are being verified.

A trauma center with a scheduled ACS consultation or verification visit may enter a medical and surgical service line transition period beginning no more than one year before the scheduled consultation or verification visit. During this period, the trauma center may transition physician medical and surgical specialty coverage from existing Virginia requirements to the corresponding ACS verification standards, subject to the requirements established below.

At no time during the transition period may a trauma center discontinue a medical or surgical service required under both the Virginia Trauma Center Designation Manual and the applicable ACS verification standards.

If a trauma center proposes to discontinue a physician medical specialty or surgical service that is required under existing Virginia designation criteria but is not required under the applicable ACS verification standards, the trauma center shall demonstrate to OEMS that it has:

- Established written patient care and transfer protocols for patients requiring those specialty services;
- Executed transfer agreements, as applicable, with receiving facilities capable of providing the required specialty care;
- Incorporated all transferred patients into the trauma program's performance improvement and patient safety (PIPS) process to evaluate the appropriateness and timeliness of transfer, patient outcomes, and opportunities for system improvement; and
- Demonstrated that the change in specialty coverage does not adversely affect the delivery of trauma care within its service area.

OEMS shall review the documentation submitted by the trauma center and determine whether the transition requirements established in the Manual have been satisfied.

This transition provision is limited exclusively to physician medical and surgical specialty coverage differences between existing Virginia designation requirements and applicable ACS verification standards. It does not waive or modify any other requirement of the Virginia Trauma Center Designation Manual.

Except as expressly authorized under this transition provision, a trauma center shall remain responsible for compliance with all applicable Virginia trauma center designation requirements during the transition period.

Full Implementation: January 1, 2030

Effective January 1, 2030, the medical and surgical service availability and call schedule requirements established in the Virginia Trauma Center Designation Manual shall align with the applicable ACS verification standards, subject to any Commonwealth-specific requirements expressly retained in the Manual.

IV. RECOMMENDATION

It is respectfully recommended that the State Board of Health approve the proposed updates to the Virginia Trauma Center Designation Manual, effective January 1, 2027, with implementation and enforcement occurring in accordance with the transition periods and effective dates specified in the Manual.

V. APPROVAL:

☒ Recommend ☐ Recommend with Modification ☐ Deny


Dr. Cameron Webb

8/28/26
Date

TITLE: Procedures for Remote Participation in Board of Health Meetings and All-Virtual Meetings

EFFECTIVE DATE: 9/17/26

AUTHORITY: § 2.2-3708.3 of the Code of Virginia

DEFINITIONS:

The following definitions shall apply to the words used in this policy unless otherwise noted:

“All-virtual meeting” refers to a 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” means the use of technology having electrical, digital, magnetic, wireless, optical, electromagnetic, or similar capabilities to transmit or receive information.

"Emergency" means an unforeseen circumstance rendering the notice required by this chapter impossible or impracticable, and which circumstance requires immediate action.

“In-person meeting” refers to a 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.

"Remote participation" means participation by an individual member of a public body by electronic communication means in a public meeting where a quorum of the public body is otherwise physically assembled

PARTICIPATING REMOTELY DURING IN-PERSON MEETINGS:

Process for making requests

Each individual member shall request approval for remote participation from the Board of Health (Board) Chair, and Board staff. Each request shall state a specific reason for electronic participation. Remote participation is limited to the following reasons:

1. A 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,
2. A medical condition of a family member of a member requires the member to provide care that prevents their physical attendance,
3. A member’s principal residence is more than 60 miles from the location of the meeting, or
4. A member is unable to attend due to an emergency or personal matter – the specific nature of which shall be shared with the Chair and staff.

If a member is requesting to participate electronically pursuant to reasons 1, 2, or 3, they must make their request 10 business days before the meeting.

If a member is requesting to participate electronically pursuant to reason 4, they may make their request up to 24 hours before the scheduled start time of the meeting. The Chair may make exceptions to this rule in his or her discretion.

Other requirements

Whenever an individual member is to participate electronically, the following conditions must be present:

1. A quorum of the Board must be physically assembled at the primary or central meeting location.
2. There must be arrangements for the voice of the remote participant to be heard by all persons at the primary or central meeting location.

If a member is participating electronically, the minutes shall reflect which of the four reasons the member has given. Members participating virtually due to disability or other medical condition that prevents the member's physical attendance (reason 1) or to caregiver duties (reason 2) are considered present for the physical quorum.

If a member is participating remotely pursuant to reason 4 (above), the minutes shall also include the specific nature of the personal matter cited by the member. Furthermore, such electronic participation by any one member is limited to by law to two of the Board's meetings or 25% of the meetings per year, whichever is greater. There is no limit to the number of times a member may participate electronically due to other allowable reasons.

Automatic approval; vote required if challenged

Individual electronic participation from a remote location shall be approved unless such participation would violate this policy or the provisions of the Virginia Freedom of Information Act. If a member's participation from a remote location is challenged by one or more members, then the Board shall vote whether to allow such participation and the results of such vote shall be recorded in the minutes with specificity.

If a member is approved to participate remotely the meeting minutes shall reflect the remote location from which the member participated; however, the remote location need not be open to the public and may be identified by a general description.

ALL-VIRTUAL MEETINGS:

The Board of Health may convene all-virtual meetings in accordance with the Virginia Freedom of Information Act. An indication of whether a meeting will be in-person or all-virtual will be included in the meeting notice. The type of meeting will not be changed once the notice is published unless the Board provides a new notice in accordance with the Virginia Freedom of Information Act.

At the third regular meeting of the calendar year, the Board shall discuss potential dates for all-virtual meetings during the following calendar year based on the planned work load of the Board and the schedules of the members. The members may then, by consensus, suggest two meetings

that may be held as all-virtual meetings.

At least 15 business days prior to any regular or special meeting, the Chair of the Board shall confirm with staff whether a meeting will be an in-person meeting or an all-virtual meeting. Staff will then communicate the type of meeting to the other members and the public. There is a strong preference to follow the suggested schedule created each calendar year. However, the Chair may, to the extent allowed by law, change a scheduled in-person meeting to an all-virtual meeting in extenuating circumstances. The Chair may also change a scheduled all-virtual meeting to an in-person meeting at the request of other members and/or Board staff.

The Board may not convene an all-virtual public meeting (i) more than two times per calendar year or 50 percent of its meetings held per calendar year rounded up to the next whole number, whichever is greater, or (ii) consecutively with another all-virtual public meeting.

During all-virtual public meetings, members will be considered absent for portions of the meeting where their video or audio connection fail or are disconnected.

CLARIFICATIONS:

The limits on electronic participation from a remote location due to emergencies or personal matters (reason 4) are separate from the limits on all-virtual meetings and will be counted separately. If a member's request to participate remotely is disapproved, said member may still continue to monitor the meeting from the remote location, but may not participate and may not be counted as present for the meeting.

Three or more members may be gathered in one location during an all-virtual meeting so long as that location is open to the public.

The Board shall review and certify this policy annually by recorded vote.

TITLE: Procedures for ~~Remote Electronic~~ Participation in Board of Health Meetings and All-Virtual Meetings

EFFECTIVE DATE: 7/1/26

AUTHORITY: § 2.2-3708.3 of the Code of Virginia

DEFINITIONS:

The following definitions shall apply to the words used in this policy unless otherwise noted:

~~“All-virtual meeting” refers to a 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. “Participate electronically” means participating in an in-person meeting through electronic communication from a location that is not the location advertised in the public meeting notice.~~

“Electronic communication” means the use of technology having electrical, digital, magnetic, wireless, optical, electromagnetic, or similar capabilities to transmit or receive information.

~~“Emergency” means an unforeseen circumstance rendering the notice required by this chapter impossible or impracticable and which circumstance requires immediate action.~~

“In-person meeting” refers to a 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.

~~“All-virtual meeting” refers to a 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.~~

~~“Participate electronically” means participating in an in-person meeting through electronic communication from a location that is not the location advertised in the public meeting notice.~~

~~“Remote participation” means participation by an individual member of a public body by electronic communication means in a public meeting where a quorum of the public body is otherwise physically assembled~~

PARTICIPATING REMOTELY ~~ELECTRONICALLY~~—DURING IN-PERSON MEETINGS:

Process for making requests

Each individual member shall request approval for remote participation to ~~participate electronically~~ from the Board of Health (Board) Chair, and Board staff. Each request shall state a specific reason for electronic participation. ~~Remote Electronic~~ participation is limited to the following reasons:

1. A 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,
2. A medical condition of a family member of a member requires the member to provide care that prevents their physical attendance,
3. A member's principal residence is more than 60 miles from the location of the meeting, or
4. A member is unable to attend due to an emergency or personal matter – the specific nature of which shall be shared with the Chair and staff.

If a member is requesting to participate electronically pursuant to reasons 1, 2, or 3, they must make their request 10 business days before the meeting. ~~The Chair may make exceptions to this rule in his or her discretion.~~

If a member is requesting ~~remote to participation e-electronically~~ pursuant to reason 4, they may make their request up to 24 hours before the scheduled start time of the meeting. ~~The Chair may make exceptions to this rule in his or her discretion.~~

Other requirements

Whenever an individual member is to participate electronically, the following conditions must be present:

1. A quorum of the Board must be physically assembled at the primary or central meeting location.
2. There must be arrangements for the voice of the remote participant to be heard by all persons at the primary or central meeting location.

If a member is participating electronically, the minutes shall reflect which of the four reasons the member has given. Members participating virtually due disability or other medical condition that prevents the member's physical attendance (reason 1) or to caregiver duties (reason 2) are considered present for the physical quorum.

If a member is participating ~~remotely electronically~~ pursuant to reason 4 (above), the minutes shall also include the specific nature of the personal matter cited by the member. Furthermore, such electronic participation by any one member is limited to by law to two of the Board's meetings or 25% of the meetings per year, whichever is greater. There is no limit to the number of times a member may participate electronically due to other allowable reasons.

Automatic approval; vote required if challenged

Individual electronic participation from a remote location shall be approved unless such participation would violate this policy or the provisions of the Virginia Freedom of Information Act. If a member's participation from a remote location is challenged by one or more members, then the Board shall vote whether to allow such participation and the results of such vote shall be recorded in the minutes with specificity.

If a member is approved to participate ~~remotely electronically~~ the meeting minutes shall reflect the remote location from which the member participated; however, the remote location need not

be open to the public and may be identified by a general description.

ALL-VIRTUAL MEETINGS:

The Board of Health may convene all-virtual meetings in accordance with the Virginia Freedom of Information Act. An indication of whether a meeting will be in-person or all-virtual will be included in the meeting notice. The type of meeting will not be changed once the notice is published unless the Board provides a new notice in accordance with the Virginia Freedom of Information Act.

At the third regular meeting of the calendar year, the Board shall discuss potential dates for all-virtual meetings during the following calendar year based on the planned work load of the Board and the schedules of the members. The members may then, by consensus, suggest two meetings that may be held as all-virtual meetings.

At least 15 business days prior to any regular or special meeting, the Chair of the Board shall confirm with staff whether a meeting will be an in-person meeting or an all-virtual meeting. Staff will then communicate the type of meeting to the other members and the public. There is a strong preference to follow the suggested schedule created each calendar year. However, the Chair may, to the extent allowed by law, change a scheduled in-person meeting to an all-virtual meeting in extenuating circumstances. The Chair may also change a scheduled all-virtual meeting to an in-person meeting at the request of other members and/or Board staff.

The Board may not convene an all-virtual public meeting (i) more than two times per calendar year or 50 percent of its meetings held per calendar year rounded up to the next whole number, whichever is greater, or (ii) consecutively with another all-virtual public meeting.

During all-virtual public meetings, members will be considered absent for portions of the meeting where their video or audio connection fail or are disconnected.

CLARIFICATIONS:

The limits on electronic participation from a remote location due to emergencies or personal matters (reason 4) are separate from the limits on all-virtual meetings and will be counted separately. If a member's request to participate remotely~~electronically~~ is disapproved, said member may still continue to monitor the meeting from the remote location, but may not participate and may not be counted as present for the meeting.

Three or more members may be gathered in one location during an all-virtual meeting so long as that location is open to the public.

The Board shall review and certify this policy annually by recorded vote.

2027 State Board of Health Meeting Dates

Q1: Thursday March 17th

Q2: Thursday June 10th (Travel Meeting)

Q3: Thursday September 23rd

Q4: Thursday December 9th