

**State Board of Health Meeting
September 17, 2026 - 9:00am
Perimeter Center,
Boardroom 2**

Members Present: Pam Cipriano, PhD, RN, NEA-BC, FAAN; James Cole; Kevin Dillard, MBA; Julie Henderson; David Metnick, MBA, Saquib Samee, MD; Walter Vest, MD; Cindy Warriner, BS, RPH, CDCES, Vice Chair; Wendy Walter, MA, LNHA; and Thomasena Wicker, PhD.

Members Absent: Chair, Melissa Nelson, MD; Lee Jones, DMD

Douglas Daniels, DVM, arrived at approximately 9:25am
Heidi Dix exited the meeting at approximately 1:35pm

Virginia Department of Health (VDH) Staff Present: Matthew Ahern, Chief Operating Officer; Katelyn Briguglio, MPH, Policy Administrator; Michael Capps, MPH, Director of Policy and Planning; Ashley Camper, RN, NRP, Trauma and Critical Care Program Manager; Stephanie Dunkel, MBA Deputy Commissioner for Population Health and Preparedness; Charlotte Fajardo, Executive Assistant; Breanne Forbes-Hubbard, MPH, Workforce Development and Engagement Director; Lance Gregory, Director of the Office of Environmental Health Services, Joe Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; Marian Hunter, Deputy Digital Communications Director; John Kotyk, Legislative and Regulatory Coordinator; Arman Latif, Chief Information Officer; Olivia McCormick, Director, Division of Food and General Environmental Services; Elaine Perry, MD, MS Chief Deputy Commissioner for Community Health Services; Maria Reppas, Director of Communications; Brandon Rivenbark, Flex/SHIP Program Manager; Randy Stepanek, Web Manager; Katie Stephens, Spokesperson for the Commissioner; Christine Sult, Clinical Administration Manager, Richmond-Henrico Health District; B. Cameron Webb, MD, JD, State Health Commissioner; Sirah Yoo, Sr. Graphic Designer

Other Staff Present: Karen Cameron, Senior Health Policy Analyst, Virginia Commonwealth University & VCU Health System; Darrell Kuntz III, Assistant Attorney General II, Office of the Attorney General; Robin Kurz, Senior Assistant Attorney General, Office of the Attorney General

Call to Order

Ms. Warriner called the meeting to order at 9:04 am and led all present in the Pledge of Allegiance.

Introduction

Ms. Warriner welcomed those in attendance to the meeting. Ms. Warriner then started the introductions of the Board members and VDH staff.

Review of Agenda

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

Ms. Warriner motioned to move the State Health Services Plan Task Force to take place after the Commissioner's Report, which was seconded by Dr. Vest. The motion was unanimously approved by voice vote.

Approval of June 11th Meeting Minutes

The minutes from the June 11th meeting were reviewed.

Motion: Mr. Dillard moved to approve the June 11th meeting minutes, seconded by Dr. Vest.

Final Action: The motion was approved unanimously by roll-call vote (10-Y, 1-A).

Dr. Vest asked if there was any response from the Governor's office regarding the resolution passed by the Board at the June 11th meeting.. VDH indicated that it has been passed along to the Governor's office with no response.

Approval of July 31st Executive Committee Meeting Minutes

The minutes from the July 31st meeting were reviewed.

Motion: Dr. Vest moved to approve the July 31st Executive Committee meeting minutes, seconded by Mr. Cole.

Motion: Ms. Warriner moved to amend the July 31st meeting minutes by adding the text below that was discussed during the meeting but accidentally omitted. Mr. Cole seconded this motion. :

- “Maternal Health Disparities:
- Members discussed maternal health disparities, emphasizing that both education and access to care are critical factors. It was noted that racial/ethnic and geographic disparities contribute to differences in maternal health outcomes across the Commonwealth.”

Action: The motion was approved unanimously by roll-call vote (3-Y).

Final Action: The amended minutes were approved unanimously by roll-call vote (3-Y).

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.

- Agency Stars (Brandon Rivenbark, Randy Stepanek, Christine Sult)
- Updates on Executive Leadership
- Agency Goals
- Infectious Disease Update
- Federal, State, and Local Policy and Regulatory Context
- Strategic Plan
- Mission, Vision, and Values
- Core Public Health Services Model
- Cost and Capacity Assessment
- Local Health District Funding Model

- Agency Strengths
- Rural Health Transformation Plan
- Community Health Impact Microgrant Program
- Navigating Impact of H.R. 1
- Improving Life Expectancy in the Commonwealth
- Stronger Horizontal Integration
- Building Trust with the Public and the Districts
- Board Involvement
- Electronic Health Record Modernization
- Modern Data Infrastructure and Governance
- Budget Requests for FY28

Discussion:

Ms. Warriner noted that Rural Health Transformation Plan is critical in increasing healthcare access in Virginia.

Dr. Vest inquired about changes in vaccination rates after the measles outbreak in Buckingham County. Dr. Webb shared that there was some increase in vaccinations and noted that Pennsylvania is experiencing a similar pattern resulting from a measles outbreak as well. Dr. Webb noted that building trust and community relationships was a factor in the increase vaccination counts. Dr. Vest discussed a vaccine study that demonstrated mortality/adverse consequences in infants as a result of specific vaccine schedules and inquired if changing the schedule would have a beneficial effect. Dr. Webb noted that he hadn't seen the specific study mentioned but that VDH continuously evaluates its approach to vaccines with a focus on safety and health outcomes and according to the best evidence available to inform decision-making.

Mr. Warriner shared that there are several national medical organizations that are collaborating on a vaccine integrity project to conduct independent studies of vaccines for respiratory diseases and demonstrating their positive impact on public health. The project's reviews found no additional safety concerns relative to the influenza, COVID-19, or respiratory syncytial virus (RSV) vaccines. Ms. Warriner notes that this is significant as collaboration between these organizations has not occurred before on such a large scale and offered to share the referenced studies with the Board.

Mr. Cole also noted that using evidence-based policy and data, as well as comparing data and needs to neighboring states, could strengthen arguments for more resources and funding.

Dr. Vest discusses a life expectancy study demonstrating the impacts of environmental factors in Petersburg. Dr. Vest asked about differences in epidemiology data on causes of death in different regions. Dr. Webb noted that VDH does have that data, and notes that it needs to be connected with the lived experience of those in the community and that the best way to address problems within communities is through partnership on locally-driven solutions.

There was a discussion about the impact of H.R. 1 on the expected loss of health care coverage for individuals across Virginia. The Department of Medical Assistance Services (DMAS) was noted as the primary agency responsible for reporting the estimate of individuals losing coverage, as the Medicaid population will be heavily impacted. DMAS is conducting work to inform the public and meet with communities to share alternative resources. Dr. Webb noted that VDH is looking to partner with DMAS by collecting and sharing local information on the impact of HR1. VDH is also looking to partner with DMAS and the Department of Health Professions (DHP) on the definition of “medical frailty.” Dr. Webb noted that all state agencies have a role to play, as losing health care coverage puts stress on safety net systems as well. Ms. Henderson stated that the Norfolk Health Department is hosting sessions to assist people in signing up for alternative coverage, with assistance from the medical reserve corps. She expressed hope that other health districts will implement similar strategies. Ms. Dix mentioned that Medicaid managed care organizations are working with DMAS to get data and do individual-level outreach to those potentially affected.

Dr. Samee noted the mortality differences in Petersburg and the difficulty of sustaining health care programs due to financial concerns. Dr. Webb noted that other places in Virginia have low life expectancy rates similar Petersburg and that all communities have unique combinations of factors that impact health, and VDH is considering new opportunities to engage with communities to respond to those factors.

Dr. Vest noted that it is important to pay attention to incarcerated populations and facilities. He notes that often times incarcerated populations are not receiving adequate medical care, including individuals not receiving the appropriate prescriptions while incarcerated and being released without needed medications. Dr. Webb agreed.

There was discussion about paramedicine and Emergency Medical Services (EMS) within the Rural Health Transformation Plan. Ms. Warriner expressed hope that the term paramedicine will encompass a wide range of services, not just EMS. Mr. Rivenbark affirmed this, and noted that hospital systems, community partners, tech companies, etc. will be involved in the plan.

State Health Services Plan (SHSP) Task Force Update

- Ms. Cameron, Chair of the State Health Services Plan (SHSP) Task Force, provided a report of the recommendations made by the SHSP following subcommittees:
- **General Hospital Committee (GENHOSPCOM)**
 - Recommended Revisions for Inpatient Bed Requirements
 - Changes in the utilization standard from 80% to 65%.
 - Obstetric beds: Establish a new category with a 70% minimum utilization standard.
 - Recommended Revisions for long-term acute care hospital (LTACH)
 - Require a COPN for conversion to an acute care hospital and remove several existing LTACH-specific requirements.
 - Bed projections: Revise pediatric and obstetric bed formulas to reflect the new utilization standards.

- Removes the capital expenditure threshold
- **Neonatal Committee (NEONATCOM)**
 - New COPN requirements should align with the standards for neonatal services published by the American Academy of Pediatrics .
- **Open Heart Surgery, Transplant Surgery, Cardiac Catheterization Committee (OHTCCOM)**
 - New definition for “open heart surgery”: A surgical procedure requiring the use or immediate availability of a heart-lung bypass machine or pump
 - At capacity requirement for open heart ORs will be overall utilization at 80%
 - Allow programs until their third year to meet the minimum projected transplant volume.
 - Require applicants to demonstrate they can achieve and maintain one-year survival rates meeting Scientific Registry of Transplant Recipients (SRTR) standards.
 - Require one-year survival rates to meet or exceed the most recent Tier III SRTR performance level.
 - Give preference to programs offering 24/7 percutaneous coronary intervention (PCI).
- **Medical Desert Committee (DESERTCOM)**
 - New definitions should be added to clarify populations and conditions relevant to COPN preference determinations.
 - “Support Team” means person(s) who provide non-medical support to patients (e.g., a caregiver).
 - “Limited access area,” sometimes referred to as “medical desert,” means an area with unique geographic socioeconomic, cultural, transportation, and other barriers to access to healthcare.
 - Give COPN applicants preference when they improve or facilitate access to primary or specialty care in underserved areas.
 - Continuum of care: Require certain providers to demonstrate they can provide or facilitate a continuum of ambulatory services, including through formal community-provider relationships.
 - Services affected: Applies across hospitals, neonatal care, cardiac/transplant services, outpatient surgery, substance-use treatment, ICF/IIDs, rehabilitation, radiation therapy, and diagnostic imaging.

Executive Committee Meeting Report

Mr. Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs gave a synopsis of the State Board of Health, which included the Board’s roles, Statutory Purpose (§ 32.1-2), Board of Health Annual Report (§ 32.1-14), the statutory definition of a Policy Board (§ 2.2-2100), and reviewed a new FOIA requirement for meeting postings (§ 2.2-3707). Mr. Hilbert also gave brief overview of how reviewed how the agency develops the Board of Health agendas for quarterly meetings and how advisory boards to the Board of Health operate generally and interact with the Board and agency.

Mr. Dillard requested that VDH specifically review how the advisory board – Board of Health relationship is working with the EMS Advisory Board and others as appropriate and report back

at the December Board of Health meeting. He noted that stakeholder engagement needs to be maintained there may be aspects of serving on an advisory board that are not fully understood. Mr. Hilbert affirmed that VDH will work on that.

Mr. Warriner commented that the presentation demonstrates the framework the Board is working on. She also noted that Board members had previously requested meeting materials to be sent farther in advance and thanked VDH staff for doing so ahead of this meeting. She emphasized that if members would like to include items on the agenda that they notify VDH staff as early as possible.

Mr. Daniels noted that this presentation gives clear guidelines on the capabilities and directives of the board and is reassuring to see the regulatory authority the board possesses. He mentioned recent topics where the Board ultimately did not have the authority to regulate but did have the authority to make policy recommendations.

Regulatory Action Presentation

Mr. Kotyk provided a presentation on the state regulatory process and the Board's and agency's responsibilities in the process.

Regulatory Action Update

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

- 8 NOIRAs
- 2 Emergency/NOIRAs
- 19 Proposed Actions
- 10 Final Actions
- 12 Fast Track Actions

There have been 5 regulatory actions taken by the Commissioner on behalf of the Board pursuant to § 32.1-20 of the Code of Virginia since the June 11th, 2026 Board meeting while the Board was not in Session.

- Approved Final Exempt amendments to the Regulations for the Licensure of Nursing Homes (12VAC5-371) to comply with Legislative mandates from the 2026 General Assembly Session.
- Approved Final Exempt amendments to the Regulations for the Licensure of Hospitals in Virginia (12VAC5-410) to comply with Legislative mandates from the 2026 General Assembly Session.
- Approved Final Exempt amendments to the Rules and Regulations Governing the Construction of Migrant Labor Camps (12VAC5-501) to comply with Legislative mandates from the 2026 General Assembly Session.
- Approved Final Exempt amendments to the Sewage Handling and Disposal Regulations (12VAC5-610) to comply with Legislative mandates from the 2026 General Assembly Session.
- Approved a Periodic Review of the Rules and Regulations Governing Campgrounds (12VAC5-450).

DRAFT - NOT APPROVED

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 June 11th, 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.

Budget Update – 2026 General Assembly (GA)

Ms. Gilliam provided the Board with an overview of the recent Budget Updates from the 2026 GA session and gave a breakdown of budgets by office and programming.

Ms. Cipriano asked for more information about the reduction in the total proposed budget from FY26 to FY28. Ms. Gilliam shared that the general fund reduction is largely related to one-time activities in 2027. She also noted that the total amount is related to spending authority and is not explicitly indicative of actual cash allocated. Ms. Gilliam expressed that a reduced total proposed budget is more accurate, as it more closely reflects funding that is spent, rather than overestimating it, as was the case in FY2026. There is no significant impact to VDH as a result.

Public Comment Period

There were 7 people signed up for the public comment period.

Tim Leahy – a father of 3 daughters and grandfather to 3 granddaughters, former athletic director, teacher, and coach, thanked the Board for unanimous vote to protect girls’ spaces and in girls’ sports. Encouraged the Board to have the courage to stand against prevailing cultural pressures because God created men and women differently. He asked the Board to continue protecting girls’ sports and girls’ spaces.

Peggy Taylor – a mother of four, grandmother of 12, and retired Chesterfield teacher, thanked the Board of Health for its previous unanimous 14–0 vote to protect girls’ privacy and safety. She asked the Board to remain consistent with that decision, continue the process it had already initiated, and request from the administration the legal basis for withdrawing from that process. She raised concerns about differences in athletic performance, the potential for unfair competition, and the increased possibility of accidents or injuries. She expressed her appreciation for the Board’s work and said she looks forward to seeing continued steps to protect girls’ privacy, safety, and opportunities in athletics.

Catherine Patterson - Thanked the Board for its work on behalf of Virginians and specifically for its unanimous vote addressing girls' privacy and safety. She emphasized the importance of maintaining separate and safe spaces for biological girls in bathrooms, locker rooms, and athletic settings, describing the issue as one of significant safety and privacy concern. She spoke personally as a grandmother of two children who attend public middle school and participate in sports, as well as a retired public-school teacher. Based on her experiences, she said separate spaces are essential to maintaining privacy and safety in public schools. She asked the Board to request that the Governor respect its unanimous vote and provide a written explanation for the decision to discontinue the process. She urged the Board to stand firm and continue the work it had already begun to protect girls' spaces.

Fred Whitten – Began by echoing the Commissioners' comments and emphasized that earning and maintaining the public's trust is among the Board's most important responsibilities. He expressed support for the Board's decision concerning girls' sports and described the issue as complex, involving both public safety and girls' ability to participate and thrive in athletics. He shared that their daughter played sports throughout high school and that athletics had a significant positive impact on her life. She ultimately pursued careers in kinesiology and teaching, where she has gone on to help other young women. He expressed his hope that the Governor would respect the Board's decision regarding safety and privacy in athletic environments.

Candi Kushman – representing The Family Foundation of Virginia and families including children who experienced violations in locker rooms or safety violations. She referenced the former student from Roanoke College concerning a transgender student on the student's team and concerns about competitive fairness. She said that safety and privacy concerns have, in her view, been ignored or silenced and argued that these issues fall within the Board's responsibility for health and safety. Ms. Kushman questioned the decision to discontinue the process and asked the Governor to provide a public explanation for that decision. She urged the Board to seek a documented explanation and continue the process it had initiated.

Isabelle Stitt-Fredericks – Representing Virginia Health Catalyst, spoke in support of continued community water fluoridation. Emphasized that oral health is an essential part of comprehensive care and urged the Board to reaffirm the importance of water fluoridation as a public health measure. She stated that fluoridation has demonstrated health benefits and that adults, as well as children, can benefit from maintaining good oral health. She noted that maintaining oral health contributes to overall health and that community water fluoridation provides protection without requiring individuals to change their daily habits. Ms. Stitt-Fredericks offered to serve as a resource to the Board on the subject

Catrina Fahey – Resident of Henrico County and former girls' basketball player, urged the Board to continue the process of protecting girls' safety and health. She asked the Governor to provide a documented explanation for the actions taken to discontinue the process and urged the Board to continue holding public officials accountable for their decisions.

Ms. Warriner thanked everyone and noted that building trust includes hearing from the

public.

Notice of Intended Regulatory Action (NOIRA): Public Aquatic Facility Regulations (12 VAC 5-461)

Lance Gregory presented the NOIRA for the Public Aquatic Facility Regulations (12 VAC 5-461). This action, in accordance with the authority provided in the Code of Virginia § 32.1-248.1, seeks to repeal the existing regulatory chapters (12VAC5-460 and 12VAC5-462) and replace them with the new 12 VAC 5-461 to ensure an effective regulatory program governing aquatic facility safety is maintained throughout the Commonwealth. Mr. Gregory mentioned Chapter 53 of the 2026 Acts of Assembly, which amended § 32.1-248.1 of the Code of Virginia, expanding the Board's oversight of all public aquatic facilities (including public pools) to address health, safety, maintenance, and operations. Prior to this legislation the Board only had authority to require posting of water quality test results at public pools not associated with a VDH permitted facility, which made it necessary for Chapter 460 and Chapter 462 to remain separate. Examples of items that will be addressed include standards for water treatment and disinfection, safety equipment, facility maintenance, general operations, staffing, and incident response.

Mr. Gregory noted that more than 3,500 emergency department and urgent care visits associated with pool injuries or drowning in Virginia. Additionally, he mentioned that a stakeholder workgroup of more than 50 individuals representing aquatic venue owners and operators, industry consultants, and regulatory partners, was previously convened to support development of amendments to the existing two public pool regulations (Chapters 460 and 462). These were not submitted to the Board due to the 2026 legislation. The Office of Environmental Health Services has reconvened this stakeholder workgroup, invited all past members to participate, and expanded membership to include new representatives from campgrounds, hotels, and summer camps; additional industry consultants; regulatory subject-matter experts; and members of the public, including grassroots organizations, parents, families, and other interested parties. This broadened workgroup will collaboratively revise the prior draft and develop an updated proposed chapter for consideration.

Discussion: Dr. Vest inquired about a timeframe for the 3,500 incidents data point, which Mr. Gregory clarified to be from January of 2020 to October of 2025.

Mr. Dillard inquired if the work group members included EMS/emergency positions or lifeguard groups. Ms. Olivia McCormick shared that the group did have lifeguard representatives and will take the recommendation to include EMS representatives back to the workgroup coordinator. Dr. Webb noted that because this is a NOIRA, more steps are to come, including opportunities for public comment.

Motion: Ms. Henderson moved to approve the NOIRA, which was seconded by Ms. Cipriano.

Final Action: The motion was approved unanimously by roll call vote (11-Y, 0-N).

Decision Memo: Virginia Trauma Center Designation Manual Updates

Ms. Camper presented the Decision Memo regarding Virginia Trauma Center Designation

Manual Updates. The presentation gave a brief overview of the manual and the updates that are recommended to change as part of the transition to American College of Surgeons (ACS) verification for trauma center designation, which the Board approved in June 2026.

- **Performance Improvement Staffing Requirements:** Revision of the Virginia Trauma Center Designation Manual to establish minimum performance improvement staffing requirements aligned with applicable ACS standards.
- **Trauma Registrar Staffing Requirements:** Revision of the Virginia Trauma Center Designation Manual to establish trauma registry staffing requirements aligned with applicable ACS standards.
- **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.
- **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.

The requirements established under Items 1, 2, and 3 shall become effective January 1, 2027, with enforcement beginning January 1, 2028. For Item 4, there will be a transition period from January 1, 2027 to 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.

Motion: Mr. Dillard made a motion that the updates to the Trauma Center Designation Manual be approved. The motion was seconded by Dr. Vest.

Discussion:

There was discussion about specifying language for nursing orientation and training.

Ms. Wicker noted that the language only specified that new nurses would receive orientation and training and wished to replace the word “new” with “all” to be more inclusive. Mr. Dillard noted that the subsequent sentence referenced ongoing training for all nurses and stated that adding the word “all” may be unnecessary.

Motion: Ms. Wicker motioned to amend the current language to replace the word “new” with “all,” seconded by Mr. Cole.

Action: The motion failed by roll call vote (9-N, 3-Y: Daniels, Cole, Samee).

There was discussion about specifying the frequency of training, while still not including specific Continuing Education hours.

Motion: Dr. Vest motioned to amend the second sentence to add the word “annual,” which was seconded by Ms. Cipriano.

Action: The motion carried unanimously by voice vote.

Dr. Samee inquired about alternative measures of education if Continuing Education credits are

not defined or have a specified amount. Ms. Camper provided alternatives used by medical facilities to cover a broader range of topics under trauma education. Ms. Camper notes that the current language expands the categories of training that qualify as trauma education and therefore is more practical. Ms. Camper also noted flaws with defining the number of credits, stating that turnover or travel contracts may negatively impact reaching and measuring compliance. Ms. Hester inquired if there is a cost to nurses for trauma education, and Ms. Camper shared that it is dependent on the organization with which the nurse is employed.

Final Action: The motion to approve the Manual updates, as amended, carried unanimously by roll-call vote (11-Y, 0-N).

Nursing Home Oversight Update

Mrs. Dovel presented an update regarding the agency's Nursing Home Oversight Plan. She explained that the agency will be implementing the plan in three phases that operate in parallel, with measurable outcomes and leadership accountability with the goal of protecting residents by ensuring safe, appropriate, high-quality care

- **Phase 1 - Stabilize Operations:** Establish performance metrics, expand survey capacity, integrate complaint investigations with recertification surveys, and reduce administrative burden.
- **Phase 2 - Strengthen Oversight:** Improve stakeholder engagement, standardize enforcement decisions, and increase cross-agency collaboration.
- **Phase 3 - Sustain Performance:** Improve training and onboarding, enhance quality, and build stronger data and technology infrastructure.

Ms. Walter thanked Ms. Dovel for her presentation and inquired where VDH is in the process of being able to implement a risk-based process to assist with eliminating the recertification backlog. Ms. Dovel shared that OLC is working with CMS to determine if the agency qualified for risk-based scheduling of recertifications. One of the requirements under CMS is that the facility has a 5-star rating, of which there are 18 facilities in Virginia. Ms. Dovel states that she feels OLC is making progress and is confident they will eliminate the recertification backlog by the end of 2027. Ms. Walter inquired if there is a runway for how long contracted support will be available to OLC to work through staffing and backlog challenges. Ms. Dovel shared that the contract officially goes through the end of the year, and OLC is looking to extend this through the beginning of 2027. She shared that they are focusing on finding contract teams where they are understaffed, such as the Arlington and Tidewater areas.

Mr. Dillard thanked Ms. Dovel for her presentation. He noted that issues at nursing facilities frequently become EMS workforce issues as well. Mr. Dillard requested that VDH examine facilities with unusually high EMS utilization to determine if a staffing issue or clinical care deficiency is present. Ms. Dovel noted she will share that request with the Nursing Home Oversight Advisory Panel. She also shared that the same inquiry has been posed in the past and will look into gathering the data to determine if there is a causality. Mr. Ahern noted this may be an opportunity for cross-agency collaboration.

Ms. Walter noted that hospital readmissions are a cross-agency measure that mainly falls under DMAS. She noted that hospital readmissions are a common measure to examine facility quality

and incentivize improvement.

Ms. Henderson asked if a facility has not had a timely recertification inspection do they still hold a license. Ms. Dovel stated that they will continue to hold a license, with the goal of not limiting access to care. Ms. Henderson inquired if those recertifications play a role in CMS ratings? Ms. Dovel shared that recertification surveys are a factor, and that nursing facilities welcome timely recertifications, and they would like to ensure they provide quality care and meet regulations.

Agency Website Update

Mrs. Reppas, Ms. Yoo, and Ms. Hunter presented the new Updates to the Agencies Website.

Ms. Warriner asked when the updated website will be going live. Ms. Hunter shared that implementation will occur over the next year, with changes being made periodically. The first changes will be seen in the next three to six months, and the entire website is expected to be completed by September 2027.

Ms. Cipriano asked if archived materials will be lost or remain on the website. Ms. Hunter shared that the website is not intended to be an archive, and that the Communications team will be working with all VDH offices and programs to remove outdated information and forms, and insert current, relevant information and documentation.

Electronic Meeting Policy:

Ms. Briguglio presented the changes to the Procedures for Remote Participation in Board of Health Meetings and All-Virtual Meetings, which included updated definitions, and language changes.

There was discussion about the removal of language about exceptions for members at the Chair's discretion. Ms. Warriner expressed concern, stating that four reasons listed are not expansive enough. Mr. Capps shared that the Code requires this policy needs to be evenly distributed among all members, and this eliminates any perceived perception of unequal discretion. Ms. Kurz shared that this is a requirement in the Code of Virginia § 2.2-3708.3, and therefore must be included.

Motion: Dr. Cipriano motioned to approve the Remote Participation in Board of Health Meetings and All-Virtual Meetings Procedures, which was seconded by Mr. Dillard.

Motion: Ms. Henderson motioned to strike the word “electronic” on page 2 and replace it with “remote,” which was seconded by Dr. Vest.

Action: The motion passed unanimously by voice vote.

Final Action: The motion to approve the Procedures, as amended, was unanimously approved by voice vote.

2027 State Board of Health Meeting Dates

Ms. Briguglio presented the 2027 State Board of Health Meeting Dates which are as follows:

- Q1: Thursday March 18th

DRAFT - NOT APPROVED

- Q2: Thursday June 10th (Travel Meeting at Hampton Peninsula Health Districts)
- Q3: Thursday September 23rd
- Q4: Thursday December 9th

Motion: Mr. Dillard motioned to approve the 2027 meeting dates, seconded by Dr. Vest.

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

Mr. Dillard mentioned a previous ask if the board could have a “travel” meeting in the Richmond area, since many members travel to Virginia for each meeting and there is a lot of information that can be learned. Mr. Dillard noted that the Office of the Chief Medical Examiner (OCME) could be included in this. Ms. Briguglio shared that it has been considered, and that VDH is exploring the possibility of having a Richmond “travel” meeting.

Other Business:

Dr. Vest asked about the status of DMAS setting up a single PBM. Dr. Webb noted that we could ask them for an update. Dr. Vest also asked whether the Board of Health could take any action related to pharmacy benefit managers (PBMs) and pharmacy desert issues. He noted that the Board does not currently have regulatory authority over PBMs because they are regulated by the State Corporation Commission (SCC). He reported that the Department of Medical Assistance Services (DMAS) is expected to begin a study in 2027 addressing issues related to PBMs and pharmacy access. Dr. Webb indicated that the Board could inquire about the study after its completion. Ms. Warriner requested that the status of the DMAS study be included as a discussion item after the completion of the study.

Adjourn

Motion: Dr. Vest moved that the meeting be adjourned, seconded by Ms. Henderson.

Final Action: The motion passed unanimously by voice vote.

The meeting adjourned at 2:56pm.