NOMINATING COMMITTEE

State Board of Health: Nominating Committee
June 10, 2021 - 8:30am
Virtual Meeting - WebEx

Members Present: Stacey Swartz, PharmD, Chair; Patricia Kinser, PhD; Benita Miller, DDS.

VDH Staff Present: Joe Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; Alexandra Jansson, Senior Policy Analyst; Mylam Ly, Policy Analyst; Whitney Rickman, Executive Administrative Assistant for Governmental and Regulatory Affairs; John Ringer, Director for Public Health Planning and Evaluation.

Call to Order
Dr. Swartz called the meeting to order at 8:32am.

Public Comment
There was no one signed up for the public comment period.

Nomination of Officers
Dr. Kinser made a motion to nominate Faye Prichard as Chair, Dr. Wendy Klein as Vice Chair, and Jim Edmonson and Dr. Jim Shuler as the two members of the Executive Committee. Dr. Miller seconded the motion. The motion was carried by a unanimous roll call vote.

Other Business
There was no other business before the committee.

Adjourn
The meeting was adjourned at 8:37am.
QUARTERLY MEETING
State Board of Health
June 10, 2021 - 9:00am
Virtual Meeting - WebEx

Members Present: Faye Prichard, Chair; Gary Critzer; Jim Edmondson; Elizabeth Harrison; Linda Hines, RN, Vice Chair; Anna Jeng, ScD; Patricia Kinser, PhD; Wendy Klein, MD; Benita Miller, DDS; Holly Puritz, MD; Jim Shuler, DVM; Stacey Swartz, PharmD; Katherine Waddell; and Mary Margaret Whipple.

Members Absent: Tommy East.

VDH Staff Present: Kim Allan, Executive Advisor; Dr. Danny Avula, Vaccine Coordinator and Director, Richmond and Henrico Health Districts; Dr. Laurie Forlano, Deputy Director, Office of Epidemiology; Julie Henderson, Director of Office of Environmental Health Services; Bob Hicks, Deputy Commissioner for Public Health and Preparedness; Joe Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; Dr. Parham Jaber, Chief Deputy Commissioner for Community Health Services; Alexandra Jansson, Senior Policy Analyst; Mylam Ly, Policy Analyst; Bob Mauskapf, Director of Office of Emergency Preparedness; Dr. M. Norman Oliver, State Health Commissioner; Dr. Lilian Peake, Director of Office of Epidemiology; Dr. Carole Pratt, Special Advisor to the Commissioner; Maria Reppas; Director of the Office of Communications; Whitney Rickman, Executive Administrative Assistant for Governmental and Regulatory Affairs; John Ringer, Director for Public Health Planning and Evaluation; Tammie Smith, Public Relations Coordinator; Richard Watson, Video Conference Engineer.

Other Staff Present: Daniel Carey, MD, MHCM, Secretary for Health and Human Resources; Robin Kurz, JD, Senior Assistant Attorney General; Vanessa Walker Harris, MD, Deputy Secretary of Health and Human Resources.

Call to Order
Ms. Prichard called the meeting to order at 9:05am.

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

Review of Agenda
Ms. Jansson reviewed the agenda and the items contained in the Board’s virtual binder.

Ms. Hines made a motion to amend the agenda to strike the Fast Track regulatory action today so it can be presented as Emergency Amendments to the regulations and a Notice of Intended Regulatory Action NOIRA at a subsequent board meeting. Dr. Kinser seconded the motion. The motion to amend the agenda was approved unanimously by roll call vote.
Approval of March 18, 2021 Minutes
Dr. Klein made the motion to approve the minutes from the March 18, 2021 meeting with Dr. Jeng seconding the motion. The minutes were approved unanimously by roll call vote.

Commissioner’s Report
Dr. Oliver and Dr. Avula provided the Commissioner’s Report to the Board. They discussed the novel coronavirus (COVID-19) situation and response with respect to:
- Disease Burden and Transmission
- Testing
- Containment
- Community Mitigation
- Communications
- Vaccination

There was discussion around the differences in hospital and death rates among minority groups compared to the white population; testing incentivizing; variants and vaccine efficacy; efforts to increase primary care provider engagement and utilize non-traditional vaccinators; lessons learned from the vaccine rollout; booster shots and vaccine passports; and the role of local governments in helping increase vaccination rates.

There was also discussion around requiring the vaccine among staff at healthcare and other business settings. A link to VDH’s recommendations to businesses was shared. Ms. Kurz also recommended interested parties review guidance from the Equal Employment Opportunity Commission as VDH cannot provide legal advice. Mr. Critzer shared the following information on DOLI frequently asked questions.

The Board expressed thanks to Dr. Avula, Dr. Oliver, and the entire VDH staff for their work on the COVID-19 vaccination campaign.

There was additional discussion about the need for increased funding for public health infrastructure and staffing.

Regulatory Action Update
Ms. Jansson reviewed the summary of all pending VDH regulatory actions. Since the March 2021 meeting the Commissioner has approved the two following regulatory actions on behalf of the Board while the Board was not in session:
- Virginia Radiation Protection Regulations (12VAC5-481) - Final Exempt Amendments
- Food Regulations (12VAC5-421) - Fast Track Amendments

Ms. Jansson advised the Board that there are 20 periodic reviews in progress:
- 12VAC5-66 Regulations Governing Durable Do Not Resuscitate Orders
- 12VAC5-71 Regulations Governing Virginia Newborn Screening Services
Mr. Critze made a motion to approve the regulatory action update and doula request. Ms. Hines seconded the motion. The motion was approved unanimously by roll call vote.

There was discussion regarding the regulations pertaining to the Certification of Doulas, certifying entity and process changes to allow the Commissioner to act on behalf of the Board.

**Public Comment Period**
No one was signed up for the public comment period. One written comment was received and is included at the end of the minutes regarding the regulatory action that was removed from the agenda.

**American Rescue Plan - Update**
Mr. Hilbert presented on new funding available for Virginia’s public health system in the following areas:

- American Rescue Plan State and Local Relief Funds
- Other New Sources of Federal Funding
- CDC Public Health Workforce Supplemental Funding
- Health Disparities Grant
- Epidemiology and Laboratory Capacity (ELC)
- Vaccination / Immunization
- Community Health Workers for COVID Response
- Coronavirus Relief Fund
- Planning to Address Long Term Public Health Needs

There was discussion around where the funding will be distributed; deadlines for spending the additional funds; involvement of the Board in crafting a vision for VDH moving forward.

There was additional discussion regarding Ms. Whipple organizing the Board members and contacting legislators prior to or during the Special Session regarding advocating for funding.

**Legislative Update - Development of 2022 Proposals**

Mr. Hilbert presented an update to the Board regarding the development of agency proposals for the 2022 regular General Assembly session. He provided information about the process for legislative proposal development and presented themes that emerged in the proposals to date. Mr. Hilbert will update the Board at a future meeting regarding legislative proposals that are submitted.

There was discussion around interagency work with housing issues, environmental health, and safety in schools.

**Remarks by Dr. Daniel Carey**

Dr. Carey presented remarks to the Board. He thanked the Board for their hard work and recommendations from the Health Policy Subcommittee from summer 2020. He spoke regarding their recommendations for the COVID-19 response involving public health workforce and infrastructure and stockpiling personal protective equipment. He also provided updates on program work and Administration support for violence prevention from a health equity lens as well as increased access to care through telehealth and transportation to medical care services.

Dr. Carey shared that the Administration hopes to help increase infrastructure and commended Dr. Oliver, leadership, and local health districts for their hard work, courage, and perseverance in the face of this pandemic on top of their usual services.

There was discussion around sustained funding, depoliticizing and maintaining attention for Virginia’s public health system; the future vision for VDH; the important role for different stakeholder groups including nurses and dental providers for health concerns; the Special Session; funding for social determinants of health. The Board expressed appreciation for the partnership of the Administration in advancing health and healthcare issues.
Other Business
In light of the additional funding available for public health needs and a potential upcoming Special Session, the Board considered a resolution to request increased funding for Virginia’s public health system. The resolution was adopted by consensus.

There was discussion around adding additional language to address two specific concerns. This language will be distributed to the Board for final approval before distributing.

The nominating committee met prior to the Board meeting and a report out and vote on the election of officers was requested. Dr. Swartz reported that the nominations were as follows: Ms. Prichard for Chair, Dr. Klein for Vice Chair, and Dr. Shuler and Mr. Edmondson for the two Executive Committee members. She recommended that the Board accept the nominations. Dr. Puritz made a motion to elect the officers nominated. The resolution was adopted by unanimous roll call vote.

Looking ahead to the future Board meetings, Ms. Prichard led a discussion regarding resuming in person meetings starting with the September 2021 meeting.

Adjourn
Meeting adjourned at 2:08pm.
Hi Joe,

Thanks for taking my call this afternoon. I appreciate your time.

As I mentioned, included on the agenda for the June 10, 2021, Board of Health meeting is a request for the Board to approve fast-track regulations of the Patient Level Data System 12VAC5-217 (the “proposed regulations”). This regulatory action is being undertaken to conform the regulations to Item 307(D) of the state budget.

Item 307(D) requires:

D.1. Inpatient hospitals shall report the admission source of any individuals meeting the criteria for voluntary or involuntary psychiatric commitment as outlined in § 16.1-338, 16.1-339, 16.1-340.1, 16.1-345, 37.2-805, 37.2-809, or 37.2-904, Code of Virginia, to the Board of Health. The Board shall collect and share any and all data regarding the admission source of individuals admitted to inpatient hospitals as a psychiatric patient, pursuant to § 32.1-276.6, Code of Virginia, with the Department of Behavioral Health and Developmental Services.

2. The Virginia Department of Health shall promulgate these emergency regulations to become effective within 280 days or less from the enactment of this act.

VHHA monitored this budget item in the 2020 and 2021 sessions of the General Assembly and was generally supportive of the need to collect and share this data through existing data reporting requirements; however, the proposed regulations raise a significant concern for hospitals. VHHA was not consulted on the proposed regulations prior to them being included in the Board of Health materials for the June 10, 2020, meeting. VHHA has reached out to VDH staff to provide input, as well as, to the state’s nonprofit data organization, Virginia Health Information (VHI) about problems with the proposed regulations.

The proposed regulations are incompatible with national uniform billing practices. The primary concern is that the change to 8.b of current chapter section 20 is incompatible with national uniform billing practices. The proposed regulations include with the current list of point of origin of admission codes 7 new “legal status” codes and instructs the hospital that “If the patient has both a point of origin of admission and a legal status code, enter the legal status code as the admission source.” The practical effect of this is that the point of origin of admission code information is eliminated for any admission that involves a legal status and is thus no longer available for use in completing bills and submitting claims for reimbursement from third party payors. Point of origin admission codes provide information that may be necessary for proper
processing of claims and for other valuable purposes such as identifying admissions from long term care and potential readmissions. It will also skew data on point of origin of admission for hospital admissions overall. Furthermore, because the legal status codes are not recognized in the national uniform billing practices manual, it may result in a rejection of payment for claims due to processing errors.

The economic impact on other entities is inaccurate and incomplete. The background document for the proposed regulations describe the impact on other entities as “Inpatient hospital will report the additional admission source information” and concludes that “There are no anticipated costs associated with this regulatory change.” To the contrary, implementing the additional legal status codes will require programming costs for billing systems; labor costs associated with developing workflows to identify legal status, labor and administrative costs of inputting data; labor and administrative costs for related recordkeeping; and other costs associated with implementing and complying with the proposed regulations. In addition, if implemented as drafted, for the reasons stated above, the proposed regulations could result in denied claims, which will result in lost revenues or require additional administrative costs for reprocessing. This could also result in the need for the development and implementation of workflows for work-arounds that could involve additional programming, labor, administrative, and other costs.

As a result, we respectfully request that the Board of Health not approve the proposed regulations at this time to allow for development of an alternative approach that is compatible with national uniform billing practices. VHHA has already begun working with VDH and VHI to develop such an alternative.

Please let us know if you would like to discuss further.

Thanks,

Julie

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