Members Present: Faye Prichard, Chair; Jim Edmondson; Melissa Green; Anna Jeng; Gary Critzer; Stacey Swartz; Wendy Klein, MD, Vice Chair; Benita Miller, DDS; Holly Puritz, MD; Maribel Ramos; Elizabeth Harrison; and Mary Margaret Whipple.

Members Absent: Jim Shuler, Linda Hines, and Patricia Kinser, PhD.

VDH Staff Present: Kathryn Crosby, Chief Diversity, Equity, and Inclusion Officer; Tiffany Ford, Deputy Commissioner for Administration; Bob Hicks, Deputy Commissioner for Public Health and Preparedness; Joe Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; Alexandra Jansson, Senior Policy Analyst; Dr. Colin Greene, Acting State Health Commissioner; Dr. Lilian Peake, State Epidemiologist; Maria Reppas, Director, Office of Communications.

Other Staff Present: Robin Kurz, JD, Senior Assistant Attorney General; Vanessa MacLeod, JD, Office of the Attorney General.

Call to Order
Ms. Prichard called the meeting to order at 9:02am.

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 binder.

Approval of December 10, 2021 Minutes
Dr. Swartz made the motion to approve the minutes from the December 10, 2021 meeting with Dr. Klein seconding the motion. The minutes were approved unanimously by voice vote.

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

● VDH Strategic Objectives
● COVID-19 Update
● Sexually Transmitted Infections
● Comprehensive Harm Reduction
  ○ There was a discussion about the safety of naloxone.
● Social Determinants of Health
  ○ There was discussion of multiple projects and surveys from the Office of Family Health Services that collect information on SDOH
● Projects Funded by American Rescue Plan Act (ARPA)
  ○ There was brief discussion about what projects were being considered for broadband and oral health.

There was additional discussion about several topics in the presentation. Around sexually transmitted infections, discussion included diagnosis and treatment of syphilis by community providers outside of the Health Department, insurance coverage for treatment of syphilis and increased funding for free clinics to increase availability of treatment. There was also a brief discussion about the younger ages of new cases and if cases were required to be reported to the health department. For COVID-19 updates and transition to an endemic state, discussion included the value of multiple sources of information in creating guidelines and how best to use the lessons learned to advocate for resources for public health. There was also discussion about pediatric vaccination efforts and natural immunity.

**Regulatory Action Update**

Ms. Jansson reviewed the summary of all pending VDH regulatory actions.

Since the December 2021 meeting, the Commissioner had taken one regulatory action on behalf of the Board while the Board was not in session - approved NOIRA for Regulations for the Immunization of School Children. This regulatory action conformed the regulations to statutory changes (Chapter 1223) enacted by the 2020 General Assembly. This action will add certain vaccines to the list of minimum immunization requirements for entry into school and day care.

Since the December 2021 meeting the Commissioner has taken one non-regulatory action on behalf of the Board while the Board was not in session - Public Health Order of Public Health Emergency One - Masks in K-12 Schools. This was issued on January 15, 2022, in conjunction with Governor Youngkin’s Executive Order 2, which ordered the State Health Commissioner to terminate Order of Public Health Emergency Ten (2021). EO 2 also allowed parents to elect for their children not to be subject to any mask mandate in effect at the child’s school or educational program.

Ms. Jansson advised the Board that there are 19 periodic reviews in progress:

- 12 VAC 5-20 Regulations for the Conduct of Human Research
- 12 VAC 5-66 Regulations Governing Durable Do Not Resuscitate Orders
- 12 VAC 5-195 Virginia Women Infants and Children Program Regulations
- 12 VAC 5-200 Regulations Governing Eligibility Standards and Charges for Health Care Services to Individuals
- 12 VAC 5-215 Rules and Regulations Governing Health Data Reporting
- 12 VAC 5-216 Methodology to Measure Efficiency and Productivity of Health Care Institutions
- 12 VAC 5-217 Regulations of the Patient Level Data System
- 12 VAC 5-218 Rules and Regulations Governing Outpatient Data Reporting
- 12 VAC 5-220 Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations
Public Comment Period
There were five persons who signed up for public comment. Rachel Becker spoke in support of the regulations that were on the agenda. Nancy DiFranco provided comment on her opposition to including COVID-19 in any vaccine requirements for school children. Doris Knick provided comment regarding radio frequency radiation; see additional comments at the end of the minutes document. Jennifer Gruber provided comment related to public access to meetings and the level of detail in the minutes documents, specifically related to the reporting of December’s regulatory action update. Anne Taydus provided comment regarding her opposition the HPV vaccine mandate and concerns about the vaccine’s safety.

Fast Track Amendments for the Licensure of Hospices Regulations
Ms. Allen presented fast track amendments to the Regulations for Licensure of Hospices. Chapter 525 of the 2021 Acts of Assembly, Special Session I amended Code of Virginia 32.1-162.5, requiring the State Board of Health to promulgate regulations that “require each hospice facility to establish a protocol to allow patients to receive visits from a rabbi, priest, minister, or clergy of any religious denomination or sect consistent with guidance from the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services and subject to compliance with any executive order, order of public health, Department guidance, or any other applicable federal and state guidance having the effect of limiting visitation” when there is “a declared public health emergency related to a communicable disease of public health threat.”

Mr. Critzer made the motion to adopt the fast track amendments and Dr. Klein seconded the motion. There was discussion about examples of access issues in hospices. The amendments were approved unanimously by voice vote.

Fast Track Amendments to the Licensure of Hospitals in Virginia Regulations
Ms. Allen presented fast track amendments to the Regulations for Licensure of Hospitals in Virginia. These amendments are due to the changes to Code of Virginia § 32.1-127 to conform to Chapters 219, 233, and 525 of the 2021 Acts of Assembly, Special Session I. The Board is
required by Code of Virginia § 32.1-127 to promulgate regulations for the licensure of hospitals in order to protect the health, safety, and welfare of citizens receiving care in hospitals.

Chapter 219 requires “each hospital…to establish and implement policies to ensure the permissible access to and use of an intelligent personal assistant provided by a patient, in accordance with such regulations, while receiving inpatient services.” Chapter 233 requires “each hospital with an emergency department to establish a protocol for the treatment and discharge of individuals experiencing a substance use-related emergency.” Chapter 525 requires “each hospital…to establish a protocol to allow patients to receive visits from a rabbi, priest, minister, or clergy of any religious denomination or sect consistent with guidance from the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services and subject to compliance with any executive order, order of public health, Department guidance, or any other applicable federal or state guidance having the effect of limiting visitation” when there is “a declared public health emergency related to a communicable disease of public health threat.”

Dr. Swartz made the motion to adopt the fast track amendments and Ms. Whipple seconded the motion. There was discussion around the use of phones in hospitals. The fast track amendments were approved unanimously by voice vote.

**Legislative Update - 2022 General Assembly**

Ms. Jansson presented the legislative update from the 2022 General Assembly Session. She highlighted bills that would have an impact on VDH’s work. Subject areas included the following:

- Health Workforce
- Medical Care Facilities Regulation
- Environmental Health
- Data Reporting
- Other
- Freedom of Information Act (FOIA)/Public Meetings

There was discussion around the process for establishing maximum contaminant levels, the potential motivation behind several bills, if there was any current reporting from emergency departments to VDH to build upon for increased data reporting requirements, and the impact of FOIA changes on meetings and requests.

**Budget Update - 2022 General Assembly**

Ms. Gilliam presented an update on the status of the budget from the 2022 General Assembly Session. She described the Governor’s introduced budget and amendments from the House and Senate related to VDH programs. She noted that there will be a Special Session upcoming to complete the budget work, and additional details will be provided.

There was discussion around what projects may be included in expansion of disease interventions, details about health equity funding, how laboratory funding is allocated through federal grants to the Division of Consolidated Laboratory Services and increases for funds
related to nurse education and the trauma fund. Ms. Gilliam noted that full details are not available since the budget had not passed by the adjournment sine die of the regular Session.

There was a request to have Ms. Gilliam provide an update at the June meeting.

**Appointment of Nominating Committee**
Ms. Prichard proposed the following persons to be on the nominating committee: Ms. Ramos as Chair, and Dr. Swartz and Mr. Edmondson as members. Dr. Klein made the motion and Ms. Whipple seconded. The motion was approved by unanimous voice vote.

**Other Business**
Members also discussed the role and availability of monoclonal antibody treatments. Dr. Greene noted that the treatments are largely available, though not being used in high numbers. If the treatments became scarce, VDH would have a role in helping to determine areas of need for distribution. Dr. Swartz noted that low reimbursement is a barrier for pharmacies to provide antivirals. Ms. Green shared that nursing homes are providing these treatments to their patients. Ms. Ramos asked if there was a plan for funding coverage for uninsured Virginians with the Health Resources and Services Administration funding ending.

**Adjourn**
Mr. Critzer motioned to adjourn the meeting. Mr. Edmondson seconded the motion. The motion passed by unanimous voice vote. The meeting adjourned at 1:07pm.
Ms. Jansson,

I would like this document attached added to the public record for tomorrow. I plan on speaking in regard to the 11,000 pages of evidence.

Is it possible for you to print the 27 volumes of evidence from the link below?

11,000 Pages of Evidence Filed in Landmark 5G Case Against the FCC, Hearing Set for Jan. 25 • Children's Health Defense (childrenshealthdefense.org)

Sincerely,

Doris Knick

Your Advocate for Wellness,
"May your path to healing be natural, safe, pure and JOYfilled."

[Quoted text hidden]
On Aug 13, 2021, the US Courts of Appeals, DC Circuit ruled in Case 20-1025, Environmental Health Trust, et al. v FCC — a lawsuit that challenged the legality of the FCC’s attempted de facto rule-making, a sneaky maneuver that tried to extend its current RF microwave radiation exposure guidelines to frequencies above 6,000 MHz, without any reasoned decision-making. The judges caught the FCC and remanded FCC Order 19-126 back to the FCC, invalidating the Order.

The DC Circuit judges ruled the following in Case 20-1025:

“. . . we grant the petitions in part and remand to the Commission to provide a reasoned explanation for its determination that its guidelines adequately protect against harmful effects of exposure to radio-frequency [microwave] radiation. It must, in particular,

- (i) provide a reasoned explanation for its decision to retain its testing procedures for determining whether cell phones and other portable electronic devices comply with its guidelines,
- (ii) address the impacts of RF radiation on children, the health implications of long-term exposure to RF radiation, the ubiquity of wireless devices, and other technological developments that have occurred since the Commission last updated its guidelines, and
- (iii) address the impacts of RF radiation on the environment.”

Wireless radio frequency microwave radiation is bioactive and is currently being insufficiently regulated. Therefore, each state or locality can regulate the maximum power output of microwave radiation from wireless infrastructure antennas that reaches any areas that are accessible to human beings and other living organisms, consistent with the 11,000+ pages of peer-reviewed, scientific evidence that Environmental Health Trust and Children’s Health Defense and others plaintiffs placed in the FCC’s public record: Link to all 27 volumes of evidence can be found here: https://childrenshealthdefense.org/defender/landmark-5g-case-against-fcc-hearing-set-jan-25/