

State Health Services Plan Task Force

July 12th, 2024

Time 9:00 a.m.

VIA: Webex

Task Force Members in Attendance – Entire Meeting (alphabetical by last name):

Dr. Kathy Baker; Dr. Keith E. Berger; Karen Cameron; Michael Desjadon; Paul Dreyer; Amanda Dulin; Dr. Thomas Eppes, Jr.; Kyle Elliott; Paul Hedrick; Shaila Camile Menees; Rufus Phillips

Staff in Attendance (alphabetical by last name): – Kimberly E. Beazley, Director, VDH OLC; Erik O. Bodin, COPN Director, VDH OLC; Michael Capps, Senior Policy Analyst, VDH Office of Governmental and Regulatory Affairs; Allyson Flinn, Policy Analyst, VDH OLC; Joseph Hilbert, Deputy Commissioner of Governmental and Regulatory Affairs, VDH; Val Hornsby, Policy Analyst, VDH OLC; Dr. Karen Shelton, State Health Commissioner, VDH.

Task Force Members in Attendance – Partial Meeting: Ms. Adams left the meeting at 12:15 p.m.

1. Call to Order and Welcome

Dr. Thomas Eppes, Jr. called the meeting to order at 9:00 a.m.

2. Roll Call

Allyson Flinn reviewed the virtual meeting etiquette and reminders with the Group. Ms. Flinn then called the roll of the members. Ms. Flinn noted that Carrie Davis, Thomas Orsini, Maribel Ramos, and Dr. Marilyn West were absent from the meeting.

3. Review of Agenda

Joseph Hilbert reviewed the agenda.

5. Review of Meeting Materials

Allyson Flinn reviewed the meeting materials found within the packet shared with the Task Force and uploaded to Townhall. Erik Bodin reviewed document containing the COPN project types by action and by service.

6. Approval of Prior Meeting Minutes

The minutes from the May 30, 2024, meeting were reviewed. The meeting minutes were approved without objection.

7. Public Comment Period

Two members of the public signed up to give public comment, Clark Barrineau from the Medical Society of Virginia and Hannah Coley from the Virginia Hospital

and Healthcare Association regarding the Task Force's upcoming votes on recommendations. Keith Berger gave comment regarding the policy options presented to the Task Force.

8. Task Force Vote on Psychiatric Recommendations

8.1. Review of Policy Options

Mr. Hilbert reviewed the voting process with the Task Force. There was discussion on what the voting options are and where they are located. Ms. Flinn reviewed the policy options being brought before the Task Force for voting.

8.2. Discussion

There was discussion regarding the psychiatric bed availability in the state, and whether psychiatric bed access issues are related to a shortage in the number of beds or the number of staff available to staff those beds.

8.3. Vote

Ms. Flinn reviewed the process for voting with the Task Force. Dr. Eppes requested a motion to adopt policy option #1, "[m]ove psychiatric beds from full COPN review to expedited review" as a recommendation by the Task Force. Michael Desjadon motioned to adopt policy option #1 as a recommendation by the Task Force, with Dr. Berger seconding this motion. There was discussion regarding possible amendments to the policy option, batching cycles, COPN staffing capacity, clarification on what expedited review is, and staffing capacity of psychiatric beds. Ms. Flinn called the roll call of votes to adopt policy option #1 as a recommendation by the Task Force. Three members voted "yes" to adopting policy option #1 as a recommendation by the Task Force: Dr. Eppes, Dr. Berger, and Mr. Desjadon. Nine members voted "no" to adopting policy option #1 as a recommendation by the Task Force: Karen Cameron, Jeannie Adams, Dr. Baker, Paul Dreyer, Amanda Dulin, Kyle Elliott, Paul Hedrick, Shaila Menees, and Rufus Phillips. The motion to adopt policy option #1 as a recommendation by the Task Force failed by a voice vote of 3-Yes to 9-No.

Dr. Eppes requested a motion to adopt policy option #2, "[a]llow facilities that already provide psychiatric services to add beds using the expedited review process" as a recommendation by the Task Force. Dr. Berger motioned to adopt policy option #2 as a recommendation by the Task Force, with Mr. Desjadon seconding this motion. There was discussion regarding what the definition of a psychiatric facility is. Ms. Flinn called the roll call of votes to adopt policy option #2 as a recommendation by the Task Force. Four members voted "yes" to adopting policy option #2 as a recommendation by the Task Force: Dr. Eppes, Dr. Berger, Mr. Desjadon, and Mr. Hedrick. Eight members voted "no" to adopting policy option #2 as a recommendation by the Task Force: Ms. Cameron, Ms. Adams, Dr. Baker, Mr. Dreyer, Ms. Dulin, Mr. Elliott, Ms. Menees, and Mr. Phillips. The motion to

adopt policy option #2 as a recommendation by the Task Force failed by a voice vote of 4-Yes to 8-No.

Dr. Eppes requested a motion to adopt policy option #3, “[a]llow facilities that already provide psychiatric services to add beds using the expedited review process” as a recommendation by the Task Force. Mr. Desjadon motioned to adopt policy option #3 as a recommendation by the Task Force, with Dr. Berger seconding this motion. Mr. Desjadon then motioned to amend policy option #3 to insert the word “psychiatric” before “beds using the expedited review process” with Ms. Adams seconding this motion. Ms. Flinn called the roll call of votes to amend policy option #3. The motion to amend policy option #3 was unanimously approved by voice vote. Dr. Baker proposed a motion to amend policy option #3 by adding language preventing any beds added could not be converted to expedited review. There was clarification that the amendment could not be made to the previous amendment, and that a substitute amendment would need to be offered instead. Dr. Baker introduced a substitute motion to amend policy option #3 by inserting the language “[a] psychiatric bed added using the expedited COPN review process may not be converted to a non-psychiatric bed without COPN review” and was seconded by Ms. Dulin. Ms. Flinn called the roll call of votes for the substitute amendment to policy option #3. The substitute motion to amend policy option #3 was unanimously approved by voice vote. Ms. Cameron motioned to reconsider the substitute amendment to policy option #3, with Mr. Dreyer seconding this motion. There was discussion regarding adding language to prevent more than 10 beds or up to 10% of beds in any two year period using expedited review, the roll of hospital boards in the addition of beds, and where the 10 bed or 10% number is derived from. Ms. Flinn called the roll call of votes to reconsider the substitute amendment to policy option #3. Eight members voted “yes” to reconsidering the substitute amendment to policy option #3: Ms. Cameron, Ms. Adams, Dr. Baker, Mr. Dreyer, Ms. Dulin, Mr. Elliott, Ms. Menees, and Mr. Phillips. Four members voted “no” to reconsidering the substitute amendment to policy option #3: Dr. Eppes, Dr. Berger, Mr. Desjadon, and Mr. Hedrick. The motion to reconsider the substitute amendment to policy option #3 was approved by a voice vote of 8-Yes to 4-No. Ms. Cameron motioned to amend policy option #3 by inserting “up to 10 beds or 10% of beds, whichever is greater, in any two year period” after “...psychiatric services to add psychiatric beds” with Ms. Dulin seconding that motion. Ms. Flinn called the roll call of votes to amend policy option #3. Seven members voted “yes” to amending policy option #3: Ms. Cameron, Ms. Adams, Dr. Baker, Mr. Dreyer, Ms. Dulin, Ms. Menees, and Mr. Phillips. Four members voted “no” to amending policy option #3: Dr. Eppes, Dr. Berger, Mr. Desjadon, and Mr. Hedrick. The motion to amend policy option #3 was approved by a voice vote of 7-Yes to 4-No. Ms. Flinn called the roll call of votes to support the amended policy option #3, “[a]llow facilities that already provide psychiatric services to add psychiatric beds up to 10 beds or 10% of beds, whichever is greater, in any two year period using the expedited process. A psychiatric bed added using the

expedited COPN review process may not be converted to a non-psychiatric bed without COPN review” as a recommendation by the Task Force. The motion was approved unanimously by voice vote, and policy option #3 as it was amended was adopted as a recommendation by the Task Force.

Dr. Eppes requested a motion to adopt policy option #4, “[a]llow facilities to relocate psychiatric beds through the expedited process” as a recommendation by the Task Force. Dr. Baker motioned to adopt policy option #4 as a recommendation by the Task Force, with Dr. Berger seconding that motion. Ms. Cameron motioned to amend policy option #4 by inserting “within the same planning district” after “Allow facilities to relocate psychiatric beds” with Mr. Hedrick seconding that motion. There was discussion regarding the relocation of beds and reasons for that relocation, and the potential effects the added language may have on patients. Ms. Flinn called the roll call of votes to amend policy option #4. Nine members voted “yes” to amending policy option #4: Dr. Eppes, Ms. Cameron, Dr. Berger, Mr. Dreyer, Ms. Dulin, Mr. Elliott, Mr. Hedrick, Ms. Menees, and Mr. Phillips. Three members voted “no” to amending policy option #4: Ms. Adams, Dr. Baker, and Mr. Desjadon. The motion to amend policy option #4 was approved by a voice vote of -Yes to 3-No. Ms. Flinn called the roll call of votes to support the adoption of the amended policy option #4, “[a]llow facilities to relocate psychiatric beds within the same planning district through the expedited process” as a recommendation by the Task Force. The motion was approved unanimously by voice vote, and policy option #4 as it was amended was adopted as a recommendation by the Task Force.

Dr. Eppes requested a motion to adopt policy option #5, “[r]equire facilities to request a COPN in order to convert beds from psychiatric beds to non-psychiatric beds” as a recommendation by the Task Force. Dr. Baker motioned adopt policy option #5 as a recommendation by the Task Force, with Ms. Adams seconding that motion. There was discussion regarding the COPN process that would be used to review these bed conversions, how the process of bed conversion works currently at the hospital-level, and how this recommendation may affect hospitals during a public health emergency. Ms. Cameron motioned to amend policy option #5 to insert “which is allowable through the expedited review process” after “non-psychiatric review” and was seconded by Mr. Desjadon. There was discussion whether this amendment closes the “loop hole.” Ms. Cameron withdrew her motion to amend policy option #5. Ms. Flinn called the roll call of votes to adopt policy option #5 as a recommendation by the Task Force. The motion was approved unanimously by voice vote, and policy option #5 was adopted as a recommendation by the Task Force.

Dr. Eppes requested a motion to adopt policy option #6, “[a]llow facilities that already provide psychiatric services to establish a new psychiatric facility through the expedited review process” as a recommendation by the Task Force. Dr. Berger

motioned to adopt policy option #6 as a recommendation by the Task Force, with Mr. Hedrick seconding that motion. Ms. Menees motioned to amend policy option #6 by inserting “within the same planning district” after “establish a new psychiatric facility” with Mr. Dreyer seconding that motion. There was discussion regarding whether this option includes beds to be placed within the facility, and the limitations hospital licensure places on the establishment of these psychiatric facilities by a current psychiatric provider. Ms. Flinn called the roll call of votes to adopt the proposed amendments to policy option #6. The amendments were adopted unanimously by voice vote. Ms. Flinn then called the roll call of votes to adopt the amended policy option #6, “[a]llow facilities that already provide psychiatric services to establish a new psychiatric facility within the same planning district through the expedited review process” as a recommendation by the Task Force. Seven members voted “yes” to adopting the amended policy option #6 as a recommendation by the Task Force: Dr. Eppes, Ms. Adams, Dr. Berger, Mr. Desjardon, Mr. Elliott, Mr. Hedrick, and Mr. Phillips. Four Task Force members voted “no” to adopting the amended policy option #6 as a recommendation by the Task Force: Dr. Baker, Mr. Dreyer, Ms. Dulin, and Ms. Menees. Ms. Cameron voted to abstain from the vote. The motion was supported by a voice vote of 7-Yes, 4-No, and 1-Abstain, and policy option #6 as amended was adopted as a recommendation by the Task Force.

Dr. Eppes requested a motion to adopt policy option #7, “[m]ove the addition of psychiatric services from full COPN review” as a recommendation by the Task Force. Mr. Desjardon motioned to adopt policy option #7 as a recommendation by the Task Force, with Mr. Hedrick seconding that motion. There was discussion regarding what the definition of a psychiatric service is, and what the word addition would mean within this policy option. Ms. Menees motioned to amend policy option #7 by inserting “allow for” after “[m]ove”, “introduction” after “the addition”, and “to an existing facility to go through the expedited review process” after “psychiatric services”, and to strike “[m]ove”, “addition”, and “from full COPN review to expedited review” with Dr. Baker seconding this motion to amend. Ms. Flinn called the roll call of votes to adopt the amendment to policy option #7. The motion to amend policy option #7 was unanimously adopted by voice vote. There was discussion regarding whether this option is appropriate for expedited review, and the loop-hole language found in policy option #3. Dr. Baker introduced a substitute motion to amend policy option #7 by inserting “[a] psychiatric bed added using the expedited COPN review process may not be converted to a non-psychiatric bed without COPN review”, with Ms. Dulin seconding that substitute motion. Ms. Flinn called the roll call of votes to approve the substitute motion to amend policy option #7. The substitute motion to amend policy option #7 was adopted unanimously by voice vote. There was no further discussion regarding policy option #7. Ms. Flinn called the roll call of votes to adopt policy option #7 as amended, “[a]llow for the introduction of psychiatric services to an existing facility to go through the expedited process. A psychiatric bed added using the expedited COPN review

process may not be converted to a non-psychiatric bed without COPN review” as a recommendation by the Task Force. Five Task Force members voted “yes” to adopting the amended policy option #7 as a recommendation by the Task Force: Dr. Eppes, Dr. Berger, Mr. Desjadon, Mr. Hedrick, and Ms. Menees. Seven Task Force members voted “no” to adopting the amended policy option #7 as a recommendation by the Task Force: Ms. Cameron, Ms. Adams, Dr. Baker, Mr. Dreyer, Ms. Dulin, Mr. Elliott, and Mr. Phillips. The motion to adopt policy option #7 as amended as a recommendation by the Task Force failed on a voice vote of 4-Yes to 7-No.

Dr. Eppes requested a motion to adopt policy option #8, “[e]xtend expedited review from 45 days to 90 days” as a recommendation by the Task Force. Ms. Cameron motioned to adopt policy option #8 as a recommendation by the Task Force, with Ms. Dulin seconding that motion. Ms. Cameron then requested the language from policy option #12 be added to policy option #8. There was discussion regarding whether 45 days is a sufficient enough time to review COPN applications, when expedited review applications may be submitted, and public participation during expedited review processes. Mr. Dreyer motioned to amend policy option #8 by inserting “[a]dd four batch cycles per year specifically for expedited review projects”, with Ms. Menees seconding this motion. There was discussion regarding where the length of the expedited review applications come from, what reviewing a project consists of, potential time constraints that 45 days may pose regarding the scheduling of Informal Fact-Finding Conferences (IFFCs), the timing of the expedited batch cycles, the conditions for which an IFFC is required to be held, and the needed regulatory changes to the expedited review process. Ms. Flinn called the roll call of votes to adopt the proposed amendments to policy option #8. Ten members voted “yes” to the adoption of the proposed amendments to policy option #8: Dr. Eppes, Ms. Cameron, Dr. Baker, Dr. Berger, Mr. Dreyer, Ms. Dulin, Mr. Elliott, Mr. Hedrick, Ms. Menees, and Mr. Phillips. Two members voted “no” to the adoption of the proposed amendments to policy option #8: Ms. Adams and Mr. Desjadon. The motion to adopt the proposed amendments to policy option #8 was approved by a voice vote of 10-Yes to 2-No. Dr. Eppes motioned to reconsider the proposed amendment to policy option #8, with Dr. Baker seconding that motion. Ms. Flinn called the roll call of votes to reconsider the previous motion to amend policy option #8. The motion to reconsider the previous motion to amend policy option #8 was approved unanimously by voice vote. Ms. Dulin then motioned to amend policy option #8 by inserting “[a]ll expedited review projects will be considered in one of four batch cycles per year specifically for expedited review projects” after “90 days”, with Mr. Dreyer seconding this motion. Ms. Flinn called the roll call of votes to adopt the proposed amendments to policy option #8. The motion to adopt the proposed amendments to policy option #8 was approved unanimously by voice vote. There was discussion regarding whether the movement from 45 to 90 days is necessary, and what types of expedited review projects policy option #8 would apply to. Ms. Flinn called the roll call of votes to

adopt policy option #8 as amended as a recommendation by the Task Force. Seven members voted “yes” to the adoption of the amended policy option #8 as a recommendation by the Task Force: Ms. Cameron, Ms. Adams, Dr. Baker, Mr. Dreyer, Ms. Dulin, Ms. Menees, and Mr. Phillips. Five members voted “no” to the adoption of the amended policy option #8 as a recommendation by the Task Force: Dr. Eppes, Dr. Berger, Mr. Desjaddon, Mr. Elliott, and Mr. Hedrick. The motion to adopt policy option #8 as amended as a recommendation by the Task Force was approved on a voice vote of 7-Yes to 5-No.

Dr. Eppes requested a motion to adopt policy option #9, “[r]equire the Commissioner to condition expedited review applications on providing a specified level of charity care” as a recommendation by the Task Force. Dr. Baker motioned to adopt policy option #9 as a recommendation by the Task Force, with Ms. Dulin seconding that motion. Mr. Bodin informed the Task Force that according to the Code of Virginia, the Commissioner is already required to condition an expedited review certificate. Dr. Eppes requested the Task Force does not vote on policy option #9 with no objections.

Dr. Eppes requested a motion to adopt policy option #10, “[r]equire the Commissioner to condition psychiatric projects on the acceptance of Temporary Detention Orders (TDOs)” as a recommendation by the Task Force. Ms. Cameron motioned to amend policy option #10 by replacing “require” with the word “allow” as follows, “[a]llow the Commissioner to condition psychiatric projects on the acceptance of Temporary Detention Orders (TDOs)”, with Ms. Dulin seconding that motion. There was discussion regarding the nature of TDOs, and ensuring that facility capability to accept TDOs be considered. Ms. Flinn called the roll call of votes to adopt policy option #10 as a recommendation by the Task Force. 10 members voted “yes” to adopting policy option #10 as a recommendation by the Task Force: Dr. Eppes, Ms. Cameron, Dr. Baker, Dr. Berger, Mr. Dreyer, Ms. Dulin, Mr. Elliott, Mr. Hedrick, Ms. Menees, and Mr. Phillips. Mr. Desjaddon voted “no” to adopting policy option #10 as a recommendation by the Task Force. The motion to adopt the amended policy option #10 as a recommendation by the Task Force was approved on a voice vote of 10-Yes to 1-No.

Dr. Eppes requested a motion to adopt policy option #11, “[r]equire any project that is contested to be pulled from expedited review and placed into full review” as a recommendation by the Task Force. Mr. Dreyer motioned to adopt policy option #11 as a recommendation by the Task Force, with Ms. Menees seconding that motion. There was discussion regarding the time frame on contesting a project, the role of regulations in determining the timelines for contesting a project, and the appropriateness of certain projects for expedited review vs full review. Ms. Flinn called the roll call of votes to adopt policy option #11 as a recommendation by the Task Force. 3 members voted “yes” to adopting policy option #11 as a recommendation by the Task Force: Mr. Dreyer, Ms. Dulin, and Ms. Menees. 7

members voted “no” to adopting policy option #11 as a recommendation by the Task Force: Dr. Eppes, Dr. Baker, Dr. Berger, Mr. Elliott, Mr. Hedrick, and Mr. Phillips. Ms. Cameron abstained from the vote. The motion to adopt policy option #11 as a recommendation by the Task Force failed on a voice vote of 3-Yes, 7-No, and 1-Abstain.

Dr. Eppes requested a motion to adopt policy option #12, “[a]llow for members of the public to request a hearing for an expedited project” as a recommendation by the Task Force. Ms. Cameron motioned to adopt policy option #12 as a recommendation by the Task Force, with Mr. Desjadon seconding that motion. There was no discussion regarding this policy option. Ms. Flinn called the roll call of votes to adopt policy option #12 as a recommendation by the Task Force. 7 members voted “yes” to adopted policy option #12 as a recommendation by the Task Force: Ms. Cameron, Dr. Baker, Mr. Dreyer, Ms. Dulin, Mr. Hedrick, Mr. Menees, and Mr. Phillips. 4 members voted “no” to adopting policy option #12 as a recommendation by the Task Force: Dr. Eppes, Dr. Berger, Mr. Desjadon, and Mr. Elliott. The motion to adopt policy option #12 as a recommendation by the Task Force was approved on a voice vote of 7-Yes to 4-No.

The recommendations adopted by the Task Force as recommendations are as follows:

1. Allow facilities that already provide psychiatric services to add psychiatric beds up to 10 beds or 10% of beds, whichever is greater, in any two year period using the expedited review process. A psychiatric bed added using the expedited COPN review process may not be converted to a non-psychiatric bed without COPN review.
2. Allow facilities to relocate psychiatric beds within the same planning district through the expedited process.
3. Require facilities to request a COPN in order to convert beds from psychiatric beds to non-psychiatric beds.
4. Allow facilities that already provide psychiatric services to establish a new psychiatric facility within the same planning district through the expedited review process.
5. Extend expedited review from 45 days to 90 days. All expedited review projects will be considered in one of four batch cycles per year specifically for expedited review projects.
6. Allow the Commissioner to condition psychiatric projects on the acceptance of Temporary Detention Orders.
7. Allow members of the public to request a hearing for an expedited project.

9. Expedited Review Projects & Process Options

9.1. Review of Remaining Projects

Mr. Bodin reviewed the remaining projects for consideration with the Task Force.

9.2. Review of Potential Process Options and Criteria for Consideration

The Task Force discussed strategies for addressing the remainder of the projects for consideration, determining that reviewing the projects by service and action is the most effective way to review the projects.

9.3. Discussion

There was no further discussion regarding the remainder of the projects for consideration.

10. Wrap-Up and Next Steps

Dr. Eppes informed the Task Force that there will be an upcoming poll to determine the availability for future in-person meetings.

11. Meeting Adjournment

The meeting adjourned at 1:00 p.m.

DRAFT

State Health Services Plan Task Force

July 12, 2024 Meeting

Sign-up link for public comment:

<https://forms.office.com/g/AhFzf1nLSn>

Virtual Meeting Etiquette & Reminders

- You will be considered absent from any portion of the meeting in which your audio or video is disconnected, so please keep your video on for the meeting
- Please mute your microphone when you are not speaking to eliminate any background noises
- If you would like to ask a question, or make a comment, please either:
 - Raise your hand using the “raise hand” function on Webex
 - Send a message into the chat
- Members of the public – please save your comments for the public comment portion of the meeting. To sign up, please use this link:
<https://forms.office.com/g/AhFzf1nLSn>

Roll Call

Review of the Agenda

Agenda

July 12, 2024 at 9:00 a.m.

Via Webex

1. Call to Order and Welcome – Dr. Thomas Eppes, Jr., Chair
2. Roll Call
3. Review of Agenda – Joseph Hilbert, Deputy Commissioner for Governmental & Regulatory Affairs
4. Review of Meeting Materials – Allyson Flinn, Policy Analyst
5. Approval of Prior Meeting Minutes
6. Public Comment Period
7. Task Force Vote on Psychiatric Recommendations
 - a. Review of Policy Options
 - b. Discussion
 - c. Vote

Break

8. Expedited Review Projects & Process Options
 - a. Review of remaining projects
 - b. Review of potential process options and criteria for consideration
 - c. Discussion
9. Wrap-Up and Next Steps
 - a. August Meeting
10. Meeting Adjournment

Review of Meeting Materials

Approval of Prior Meeting Minutes

Public Comment Period

Public Comment Period

- There is a two-minute time limit for each person to speak
- We will be calling names of those who signed up using the comment form
- After the two-minute public comment limit is reached, we will let you complete your sentence and move of to the next attendee

Review of Policy Options

Policy Options - Summary

Legislative Changes:

1. Move psychiatric beds from full COPN review to expedited review
2. Move the establishment of a psychiatric facility from full COPN review to expedited review
3. Allow facilities that already provide psychiatric services to add beds using the expedited review process
4. Allow facilities to relocate psychiatric beds through the expedited process
5. Require facilities to request a COPN in order to convert beds from psychiatric beds to non-psychiatric beds
6. Allow facilities that already provide psychiatric services to establish a new psychiatric facility through the expedited review process
7. Move the addition of psychiatric services from full COPN review to expedited review
8. Require the Commissioner to condition psychiatric projects on the acceptance of Temporary Detention Orders

Regulatory Changes:

1. Extend expedited review from 45 days to 90 days
2. Require the Commissioner to condition expedited review applications on providing a specified level of charity care
3. Require any project that is contested to be pulled from expedited review and placed into full review
4. Allow for members of the public to request a hearing for an expedited project

Discussion

Voting Procedures

- VDH Staff will read the policy option
- The Chair will ask for a motion to adopt the policy option
- Upon receiving a second, the Chair will ask if there is any discussion regarding the policy option
 - Option is now in position to be discussed and considered by the Task Force
 - Task Force members may also offer amendments at this time
- If Task Force members would like to offer amendments, those will need to be offered in the form of a motion
- After all discussion is had and motions are moved and seconded, the Chair will call for a roll call vote
- VDH Staff will call the roll and each member will respond with a **Yes, No, or Abstain**

Break

Chapter 423 of the 2024 Acts of Assembly

- Develop recommendations on expedited review of project types subject to certificate of public need (COPN) requirements that are generally non contested and present limited health planning impacts. The Task Force shall also create recommendations regarding:
 - What facilities and projects listed in § 32.1-102.1:3 of the Code of Virginia should be added to the expedited review process;
 - Criteria that should apply to any project types subject to expedited review; and
 - A framework for the application and approval process of such projects.

Expedited Review – Current Projects

- Capital expenditures of \$15 million or more by or on behalf of a medical care facility other than a general hospital

Recommendations from the 2021 COPN Study

- Recommend including the following non-competing projects in expedited review for existing facilities increasing capacity in an existing service:
 - Medical-surgical beds
 - Hospice beds
 - Psychiatric beds
 - Rehabilitation beds
 - Cardiac catheterization laboratories
 - Operating rooms
 - CT machines
 - MRI machines
 - PET machines
 - Linear accelerators

Review of Remaining Projects

Discussion

Wrap-Up and Next Steps

Meeting Adjournment