

**State Board of Health
October 2nd 2025- 9:00am
Perimeter Center, Boardroom 2**

Members Present: Juanita Balenger; Charles Bott Ph.D., P.E., BCEE; James Cole; Gary Critzer, NRP, CCEMTP; Douglas Daniels, DVM; Michael Desjadon, Chair; Astrid Gamez; Kathy Gorman, MSN, RN, FAAN; Lee Jones, DMD; Melissa Nelson, MD, Vice Chair; Walter Vest, MD; and Cindy Warriner.

Members Absent: Thomas Lawton, MBA

Ann B.R. Vaughters, MD and Amanda Gannon participated virtually from their homes.

Virginia Department of Health (VDH) Staff Present: Maria Beermann-Foat, PhD, NRP, Director, Office of Emergency Medical Services; Katelyn Briguglio, Policy Administrator; Michael Capps, Director of Policy and Planning; Charlotte Fajardo, Executive Assistant; Susan Fischer Davis, MD, Chief Deputy Commissioner for Community Health Services; Stephanie Dunkel, Deputy Commissioner for Population Health and Preparedness; Daniel Ferrell, MPH, Agency Star; Laurie Forlano, DO, MPH; Joe Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; Jim Jenkins, RN, Acting Director of the Office of Licensure and Certification; Jonathan Kiser MS, Agency Star; John Kotyk, Legislative and Regulatory Coordinator; R. Christopher Lindsay, Chief Operating Officer; Maria Reppas, Director of Communications; John Ringer, Chief Financial Officer; Karen Shelton, MD, State Health Commissioner; Suresh Soundararajan, Chief Information Officer

Other Staff Present: Robin Kurz, Senior Assistant Attorney General, Rob Bell, Deputy Attorney General

Call to Order

Mr. Desjadon called the meeting to order at 9:36 am and led all present in the Pledge of Allegiance.

Introduction

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

Review of Agenda

Mr. Hilbert reviewed the agenda and the items contained in the Board's binder.

Approval of June 12th and August 18th Meeting Minutes

The minutes from the June 12th meeting were reviewed. Dr. Vest moved to approve the minutes, and Dr. Nelson seconded the motion, which was then approved unanimously by roll-call vote (13-Y 0-N).

The minutes from the August 18th meeting were reviewed. Dr. Vest moved to approve the minutes, and Dr. Nelson seconded the motion, which was then approved unanimously by roll-call vote (13-Y 0-N).

Public Comment Period for Notice of Intended Regulatory Action: Regulations Governing Biological Sex Specific or Separated Spaces and Activities (12VAC5-660)

There were 0 people signed up for the public comment period.

Notice of Intended Regulatory Action: Regulations Governing Biological Sex Specific or Separated Spaces and Activities (12VAC5-660)

Mr. Hilbert presented a Notice of Intended Regulatory Action (NOIRA) regarding Regulations Governing Biological Sex Specific or Separated Spaces and Activities. This regulatory action seeks to promulgate new regulations governing sex specific or separated spaces and activities resulting from the unanimous approval of Petition for Rulemaking 432 by the Board of Health on August 18, 2025. The purpose of this action is to add regulations within 12VAC-5 to protect the health of females participating in organized female-only athletic teams and competitions in Virginia and to protect the health of females using designated female spaces where females are likely to be in any state of undress.

Dr. Vest made a motion to approve the Notice of Intended Regulatory Action seconded by Ms. Warriner. The motion passed unanimously by roll-call vote (13-Y 0-N).

Commissioner's Report

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

- Recognition of Agency Stars
- Key Personnel Changes
- Foundational Public Health Services & Strategic Planning
- Infectious Disease Update
- Nursing Home Oversight
- 2025 Community Health Forum
- Federal Grants Update
- JLARC Recommendations Progress Update
- Drownings and Pool Safety
- Office of Vital Records Relocation

Ms. Warriner thanked Dr. Shelton, VDH, and the board for their work related to increasing accessibility of COVID-19 vaccinations through pharmacies. Ms. Warriner highlighted that pharmacies have provided over 70% of COVID-19 vaccines, and that many physicians no longer carry the COVID-19 vaccine in their practices. Ms. Warriner thanked the work of the VDH Office of Epidemiology for their role in this work.

Christopher Lindsay presented an overview of Governor Youngkin's Executive Order 52, designed to strengthen oversight of nursing homes across Virginia. He highlighted four primary focus areas aimed at enhancing this oversight: expanding the workforce capacity of the VDH's Office of Licensure and Certification, accelerating training and onboarding processes, evaluating opportunities for workflow automation and process redesign, and advancing accountability measures within nursing home oversight. Additionally, Mr. Lindsay noted the establishment of a new advisory board dedicated to nursing home oversight and accountability as a key outcome of

the Executive Order.

There was discussion regarding age ranges for the distribution of the MMR and MMR-V vaccines; the correlation between vaccinations and measles cases in Virginia; and COVID-19 vaccine confusion with pharmacist access and reporting. There was additional discussion concerning drowning data collection; language options for advisory materials related to drownings; and geographic distribution and regional targeting of drownings and educational materials. Finally, there was discussion about protection mechanisms in place for paper records within the Office of Vital Records (OVR) in case of fire or water emergencies; as well as acute care team recruitment as part of efforts to increase capacity of oversight of facilities at the Office of Licensure and Certification (OLC).

Regulatory Action Update

Mr. Kotyk reviewed the summary of all pending VDH regulatory actions. There are 60 pending actions under development:

- 11 NOIRAs
- 2 Emergency/NOIRAs
- 15 proposed actions
- 13 final actions
- 19 fast track actions

Regulatory Actions Taken by the Commissioner on Behalf of the Board pursuant to § 32.1-20 of the Code of Virginia since the June 12, 2025, Board Meeting while the Board was not in Session

- Approved Final Exempt Regulatory Action for 12VAC5-31 – Virginia Emergency Medical Services Regulations
 - This action is being taken to comply with Chapter 459 of the 2025 Acts of Assembly
- Approved Final Exempt Regulatory Action for 12VAC5-220 – Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations
 - This action is being taken to comply with Chapters 114, 135, and 325 of the 2025 Acts of Assembly
- Approved Final Exempt Regulatory Action for 12VAC5-371 – Regulations for Licensure of Nursing Homes
 - This action is being taken to comply with Chapters 238, 423, 428, 457, 472, 488, 544, 557, and 589 of the 2025 Acts of Assembly
- Approved NOIRA for 12VAC5-371 – Regulations for the Licensure of Nursing Homes
 - This action is being taken to comply with Chapters 166 and 180 of the 2025 Acts of Assembly
- Approved Final Exempt Regulatory Action for 12VAC5-410 – Regulations for the Licensure of Hospitals in Virginia
 - This action is being taken to comply with Chapters 238, 423, 428, 457, 472, 488, 544, 557, and 589 of the 2025 Acts of Assembly
- Approved Final Exempt Regulatory Action for 12VAC5-590 – Waterworks Regulations
 - This action is being taken to comply with Chapters 631 and 672 of the 2025 Acts of Assembly

The Commissioner took no non-regulatory actions on behalf of the Board since the June 12, 2025 meeting

while the Board was not in Session.

Mr. Kotyk advised the Board that there are 8 periodic reviews in progress:

- 12 VAC 5-125 Regulations for Bedding and Upholstered Furniture Inspection Program
- 12 VAC 5-125 Regulations for the Licensure of Nursing Facilities
- 12 VAC 5-381 Home Care Organization Regulations
- 12 VAC 5-507 Guidelines for General Assembly Nursing Scholarships and Loan Repayment Program Requiring Service in a Long-Term-Care Facility
- 12 VAC 5-520 Regulations Governing the State Dental Scholarship Program
- 12 VAC 5-545 Guidelines for the Nurse Educator Scholarship
- 12 VAC 5-590 Waterworks Regulations
- 12 VAC 5-620 Regulations Governing Application Fees for Construction Permits for Onsite Sewage Disposal Systems and Private Wells

Second Public Comment Period

There were 2 people signed up for the public comment period.

Scott Johnson from the Virginia Health Care Association (VCHA) spoke about the Emergency/Notice of Intended Regulatory Action: Regulations for the Licensure of Nursing Facilities (12VAC5-371). Mr. Johnson noted that VHCA supports the increase in fees for nursing home licensing if the funds are used to hire additional staff to meet requirements of survey and inspection requirements set forth by the state. Mr. Johnson expressed disapproval of the last-minute increase in the proposed fees, noting that it differed from their earlier conversations with the Virginia Department of Health. He also noted that the action as originally proposed did not comply with the “Callahan rule” provisions of the enabling legislation. He also stated that a workgroup required by a provision in the Appropriation Act had not met.

Brent Rawlings from the Virginia Hospital and Healthcare Association (VHHA) addressed the Emergency/Notice of Intended Regulatory Action concerning the Regulations for the Licensure of Hospitals in Virginia (12VAC5-410). Mr. Rawlings expressed VHHA’s support for the legislative intent behind the proposed regulations but raised concerns about the significant fee increases. He urged the Board to consider postponing action to allow stakeholders and Board members additional time to review and evaluate the proposed fee adjustments. The fees are based on VHHA’s review of the proposal as originally drafted in 2019. Mr. Rawlings emphasized the importance of this delay to enable thorough consideration by all parties involved.

Submitted written comment can be found at the end of the minutes document.

Emergency Regulation/Notice of Intended Regulatory Action: Regulations for the Licensure of Nursing Facilities (12VAC5-371)

Mr. Jenkins presented an Emergency Regulation/ Notice of Intended Regulatory Action (NOIRA) regarding the licensure of nursing facilities. This regulatory action seeks to amend the Regulations for the Licensure of Nursing Facilities (12VAC5-371) to conform to chapters 254 and 265 of the 2025 Acts of Assembly, which direct the State Board of Health to establish fees for the issuance, change, or renewal of a hospital or nursing

home license to cover the costs of operating the hospital and nursing home licensure and inspection program in a manner that ensures timely completion of inspections. Ms. Warriner made a motion to approve the action, seconded by Dr. Nelson.

Discussion from Mr. Jones indicated that the recent testimony indicated that the regulation did not include required aspects of the legislation, and Mr. Hilbert responded that as originally presented, the regulation includes prospective fee increases, which we learned are not consistent with the Board's statutory authority and could be corrected by striking lines 14-24. Mr. Jones asked if we should table this issue to give both parties time to thoroughly discuss this issue. Mr. Hilbert indicated that, pursuant to the legislation, the Board must act within 280 days of legislation going into effect, which would be by early December, but the Executive Branch review process also needs to occur following action by the Board. If the Board defers action, there would not be sufficient time to complete Executive Branch review prior to the expiration of the 280 days.

Mr. Desjaden made a motion to amend the Emergency Regulation/Notice of Intended Regulatory Action by striking lines 14-24. Ms. Warriner seconded the motion. The motion passed unanimously by roll-call vote (14-Y 0-N).

Ms. Gannon asked about including language from the legislation regarding the 10% threshold to amend the fees and OAG confirmed the proposal could be adopted as amended. Ms. Gorman inquired if the hardship on nursing homes might cause closures. Dr. Jones asked if the regulations have an expiration date, and Mr. Hilbert confirmed that emergency regulations expire after 18 months and explained that approval of the NOIRA would begin the process to make the emergency regulations permanent. Finally, Dr. Jones questioned if striking certain lines would remove the concerns, and Mr. Hilbert confirmed that it would.

Ms. Warriner made a motion to approve the Emergency Regulation/Notice of Intended Regulatory Action, as amended, seconded by Mr. Jones. The motion passed by roll-call vote (11-Y; 1-N - Mr. Cole; 2 abstentions – Ms. Gorman, Mr. Vest).

Fast Track Regulations: Advance Health Care Directive Registry (12VAC5-67)

Mr. Arman presented a Fast Track regulation regarding Advance Health Care Directive Registry (12VAC5-67) This regulatory action seeks to improve the organization of regulatory content, and the language used in the Virginia Administrative Code. The proposed changes will better inform the public, government organizations and the entities, contacted vendors or public-private partnerships which support Virginia's health data reporting initiatives of the types of documents that may be filed in the Registry, and to specify the individuals who are authorized to access such documentation.

Mr. Arman gave a brief overview of the regulatory development and review process, including anticipated timelines.

Dr. Vest made a motion to approve the Fast Track Regulation seconded by Dr. Vaughters. The motion passed unanimously by roll call vote (14-Y; 0-N).

Emergency Regulation/Notice of Intended Regulatory Action: Regulations for the Licensure of Hospitals in Virginia (12VAC5-410)

Mr. Jenkins presented an Emergency Regulation/Notice of Intended Regulatory Action (NOIRA) regarding the Board's hospital regulations in Virginia. This regulatory action seeks to amend the Regulations for the Licensure of Hospitals in Virginia (12VAC5-410) to conform to chapters 254 and 265 of the 2025 Acts of Assembly, which direct the State Board of Health to establish fees for the issuance, change, or renewal of a hospital or nursing home license to cover the costs of operating the hospital and nursing home licensure and inspection program in a manner that ensures timely completion of inspections

Mr. Cole expressed concern that hospitals only recently learned of the emergency regulatory action and made a motion, seconded by Dr. Vest to table the vote on this action until the earlier of: the scheduled December 2nd quarterly meeting or, if necessary, a special meeting called for this purpose.

Ms. Warriner noted that the nursing home fees were not tabled or delayed, so the Board should not table the hospital fee action.

Mr. Vest asked about the impact on rural vs. urban hospitals, and Mr. Jenkins explained fees are based on bed count, so smaller facilities pay less. Mr. Cole noted that the impact on rural hospitals would still be greater due to their financial situation.

The motion to table the vote on the hospital fees failed by roll call vote (3-Y - Mr. Cole, Dr. Daniels, Ms. Gorman; 10-N; 1 abstention – Mr. Critzer).

Ms. Warriner made a motion to approve the Emergency Regulation/Notice of Intended Regulatory Action, seconded by Dr. Vest.

Ms. Warriner then made a motion to amend the Emergency Regulation/NOIRA by striking lines 30-36, 43-48, 54-55, and 62-67 based on counsel's review of the Board's statutory authority. The motion was seconded by Mr. Desjadon. The motion passed by roll call vote (13-Y; 1 abstention – Mr. Critzer).

Ms. Gorman asked if there will be an opportunity for VHHA to work with VDH to clarify the stated concerns. Mr. Hilbert stated that if the Board approved the action, it would be submitted for executive branch review before publication, and stakeholders typically reach out with their concerns during executive branch review, which would then be discussed with VDH.

The motion to approve the Emergency Regulation /NOIRA as amended passed by roll-call vote (12-Y; 1-N – Mr. Cole; 1 abstention – Mr. Critzer).

Fast Track Regulations: Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations (12 VAC5-220)

Mr. Jenkins presented a Fast Track regulation regarding the Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations. This regulatory action seeks establish an expedited review process for certain project requests subject to the COPN requirements pursuant to Chapter 325 of the 2025 Acts of

Assembly and clarifies additional requirements related to expedited requests. The act requires the expedited review process to include the following:

- Notice and opportunity for public comment.
- Review completed within 90 days
- Four annual batch cycles for filing
- Ability for the public to request a public hearing
- Criteria for removing an application from expedited review and subjecting it to the full review process

Dr. Vest made a motion to approve the Fast Track Regulation seconded by Dr. Nelson The motion passed unanimously by roll-call vote (14-Y; 0-N).

Non-Regulatory Action Items: Emergency Medical Services Regional Council Designations

Dr. Maria Beermann-Foat presented a non-regulatory action to designate Emergency Medical Services Regional Councils. Dr. Beermann-Foat provided background on the EMS Regional Councils, the regions they service, and the restructuring and redesign of the Regional Councils to better meet the needs of Virginians. Based on the Request for Applications review panel recommendations, the Office of Emergency Medical Services recommends the designation of Regional EMS Councils as follows, contingent upon a successful site visit of each recommended entity to be completed between October and November of 2025, as outlined in 12VAC5-31-2340:

OEMS Region 1

Counties: Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe

Cities: Bristol, Galax, Norton

Recommended Entity: Southwest Virginia Emergency Medical Services Council, Inc.

OEMS Region 2

Counties: Alleghany, Amherst, Appomattox, Bedford, Botetourt, Campbell, Craig, Floyd, Franklin, Giles, Henry, Montgomery, Roanoke, Patrick, Pittsylvania, Pulaski

Cities: Bedford, Covington, Danville, Lynchburg, Martinsville, Radford, Roanoke, Salem

Recommended Entity: Western Virginia Emergency Medical Services Council, Inc.

OEMS Region 3

Counties: Bath, Highland, Augusta, Rockbridge, Rockingham, Page, Shenandoah, Frederick, Warren, Clarke

Cities: Buena Vista, Harrisonburg, Lexington, Staunton, Waynesboro, Winchester

Recommended Entity: Northern Virginia Emergency Response System, Inc.

OEMS Region 4

Counties: Arlington, Fairfax, Loudoun, Prince William

Cities: Alexandria, Fairfax, Falls Church, Manassas, Manassas Park

Recommended Entity: Northern Virginia Emergency Response System, Inc.

OEMS Region 5

Counties: Albemarle, Caroline, Culpeper, Fauquier, Fluvanna, Greene, King George, Louisa, Madison, Nelson, Orange, Rappahannock, Spotsylvania, Stafford

Cities: Fredericksburg, Charlottesville

Recommended Entity: Northern Virginia Emergency Response System, Inc.

OEMS Region 6

Counties: Amelia, Brunswick, Buckingham, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Halifax, Hanover, Henrico, Goochland, Greensville, Lunenburg, Mecklenburg, New Kent, Nottoway, Powhatan, Prince Edward, Prince George, Surry, Sussex

Cities: Colonial Heights, Emporia, Hopewell, Petersburg, Richmond

Recommended Entity: Old Dominion Emergency Medical Services Alliance, Inc.

OEMS Region 7

Counties: Accomack, Essex, Gloucester, Isle of Wight, James City, King and Queen, King William, Lancaster, Mathews, Middlesex, Northampton, Northumberland, Richmond, Southampton, Westmoreland, York

Cities: Chesapeake, Franklin, Hampton, Newport News, Norfolk, Portsmouth, Poquoson, Suffolk, Virginia Beach, Williamsburg

Recommended Entity: Tidewater Emergency Medical Services Council, Inc.

Mr. Critzer made a motion to approve the recommended designation of the EMS regional councils, seconded by Ms. Warriner. The motion passed unanimously by roll-call vote (13-Y, 0-N).

There was discussion highlighting the work accomplished by the Regional Council and Office of Emergency Medical Services in Virginia, and the team supporting this work. There was discussion regarding the manner in which the regions were created and the size of Region 6.

2026 Meeting Dates:

Michael Capps presented the 2026 Meeting Dates to the Board. Mr. Capps also presented proposals from Three Rivers Health District in coordination with the Office of Environmental Health Services, Hampton & Peninsula Health District and Fairfax County District for the Board's 2026 Travel Meeting. Mr. Capps recommended Three Rivers Health District for the 2026 Board of Health Travel Meeting.

The dates for the 2026 Board of Health meetings are as follows:

Q1: March 19th

Q2: June 11th or June 18th

Q3: September 17th

Q4: December 10th

Discussion included costs for proposals for the travel meeting, the value of traveling to different districts, and benefits to travel meetings in general.

Other Business:

Ms. Warriner noted that the March 2025 meeting included a discussion on Pharmacy Benefit Managers (PBMs) and a request for a presentation, which she hoped would be scheduled for the December meeting. She also requested that a representative from DMAS attend to provide additional insight.

Additionally, Ms. Warriner addressed the Pharmacy Desert Letter approved at the June 12th meeting and sent to the Administration, emphasizing that the issue of pharmacy deserts has worsened. She provided an overview of the Board of Pharmacy meeting held on September 30, where the decline in pharmacies across the Commonwealth was discussed. During the meeting, Ms. Warriner presented data and maps illustrating pharmacy closures, community access to pharmacy services, and the impact of pharmacy deserts on Virginia's communities. The materials provided by Ms. Warriner are included after these minutes. Ms. Warriner made a motion that a Resolution be adopted by the Board regarding the issue, seconded by Dr. Vest.

Dr. Vaughters noted that DMAS sets capitation rates for the PBMs that contract with Medicaid plans and inquired which agencies Ms. Warriner intended the resolution address. Ms. Warriner identified DMAS, the state employee health insurance plan, and DBDHS. There was discussion on the resolution being outside of the Board's scope, and Ms. Warriner indicated that the intent is not to mandate anything but to inform and educate.

Mr. Cole questioned how well online and mail-in pharmacies meet needs compared to physical locations, as the data reflected closure of brick-and-mortar locations. Ms. Warriner acknowledged that online services help but noted key services like vaccinations and important medication education aren't available or easily accessible online. Ms. Gorman asked about the impact of mail-order and the national trends regarding pharmacy closures. Ms. Warriner confirmed pharmacies are declining but did not have first-hand data to provide as she was focused on Virginia. Dr. Vest highlighted that delays in mail-order meds could lead patients to visit physical pharmacies or ERs, creating potential problems that could have been originally avoided from adequate pharmacy access.

Ms. Warriner withdrew the original motion and then made a motion to approve the resolution with amendments to the language to (i) include specific years for the data referenced in the resolution, (ii) specify that it is the Board, not the Department, making the resolution, and (iii) make other minor edits. Mr. Cole seconded the motion. The motion passed by roll-call vote (12-Y; 1-N – Dr. Vaughters).

Adjourn:

The meeting adjourned at 1:51pm, on a motion by Dr. Jones, seconded by Dr. Vest.

**A RESOLUTION OF THE VIRGINIA STATE BOARD OF HEALTH
ADOPTED AT ITS MEETING ON OCTOBER 2, 2025**

WHEREAS, the Virginia Department of Health is the primary state agency responsible for population health and ensuring medication access for the citizens of the Commonwealth; and

WHEREAS, pharmacy deserts have been exponentially increasing in the state. From 2022-2025, according to the Board of Pharmacy report dated September 30, 2025, there has been a net loss of 62 pharmacies across the state, sixty from 2023-2025 and a net loss of 32 pharmacies in 2025. As of 2024, out of 903 zip codes across the state, there are 561 zip codes with no open-door community retail pharmacy¹ access, 86 with only one, and 75 zip codes with two, and 264 zip codes where community pharmacies are endangered (Walgreens, Rite-Aid, or independent);² and

WHEREAS, these net losses are decreasing the ability of the citizens, especially the underserved and those with chronic conditions, to access their needed medications, immunizations and other pharmacy services as well as negatively impacting local economies; and

WHEREAS, full transparency increases accountability and understanding of the spending of public dollars and impact on pharmacy closures; now therefore be it

RESOLVED BY THE STATE BOARD OF HEALTH that the State Board of Health members recognize pharmacy deserts as a threat to public health and encourages state agencies engaging in a pharmacy services contracts to work toward ensuring a financially sustainable local community pharmacy model to assist in addressing the current threat and preserving access to care, especially for underserved areas and patients with chronic conditions.

¹ Open door community pharmacy defined as a local pharmacy that any citizen could walk into and fill a prescription or receive pharmacy services (i.e. immunization, test/treat protocols, etc.)

² Data presented from public Board of Pharmacy meeting 9/30/2025
(https://townhall.virginia.gov/L/GetFile.cfm?File=meeting\30\40151\Agenda_DHP_40151_v1.pdf) and USPS zip code information.



COMMONWEALTH OF VIRGINIA

Meeting of the Board of Pharmacy

Perimeter Center, 9960 Mayland Drive, Third Floor (804) 367-4456 (Tel)
Henrico, Virginia 23233

Tentative Agenda of Full Board Meeting

September 30, 2025

9AM

TOPIC

PAGE

Call to Order of Public Hearing: Larry Kocot, JD, Chairman

- Welcome & Introductions

Public Hearings:

- Placing Certain Chemicals into Schedule I 41-52
- Scheduling of Drugs Consistent with Federal Scheduling Action 53-59
- Crisis stabilization services and use of Automated Drug Dispensing Devices/Remote Dispensing Systems 136-14

Adjournment of Public Hearings

Call to Order of Full Board Meeting: Larry Kocot, JD, Chairman

- Approval of Agenda

Approval of Previous Board Meeting Minutes:

- May 7, 2025, Telephone Conference Call 3-4
- May 19, 2025, Full Board Meeting 5-13
- May 19, 2025, Public Hearing 14-15
- May 19, 2025, Formal Hearing 16-17
- June 11, 2025, Telephone Conference Call 18-19
- July 2, 2025, Telephone Conference Call 20-21
- July 15, 2025, Formal Hearing 22-28
- August 11, 2025, Public Hearing 29
- August 12, 2025, Therapeutic Interchange Work Group 30-34
- September 9, 2025, Innovative Pilot Program Committee 35-36

Call for Public Comment: The Board will receive public comment at this time. The Board will not receive comment on any regulation process for which a public comment period has closed or any pending disciplinary matters.

DHP Director's Report: Arne Owens

Verbal

Legislative/Regulatory/Guidance: Erin Barrett, JD/Caroline Juran, RPh

- Chart of Regulatory Actions 37-40
- Adopt Exempt Regulatory Action – addition of chemicals to Schedule I 41-52
- Adopt Exempt Regulatory Action to Conform to Recent Federal Scheduling Action of Fentanyl Classification 53-59
- Adopt Final Regulations for Allowances for Emergency Drugs by EMS Agencies 60-93
- Adopt Fast-Track Regulatory Amendment of 18VAC110-20-590 regarding Correctional Facilities Possessing Long-acting Medication 94-99
- Adopt Proposed Regulations related to Central Fill Pharmacies 100-117
- Adopt Proposed Regulations related to Exclusion of Private Dwellings from CSRs 118-123
- Initiate periodic review of Chapter 15 regarding Agency Subordinates 124-126

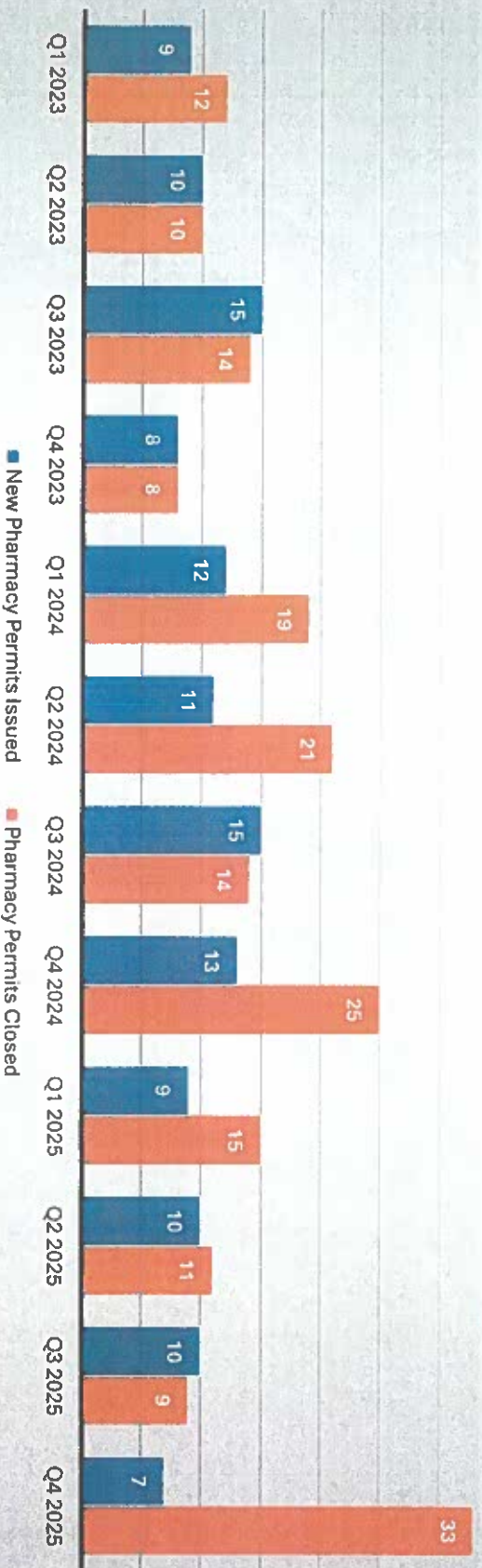
• Adopt Exempt Regulatory Amendments regarding Advanced Registered Medication Aides	127-135
• Re-Adoption of Guidance Document 110-19, <i>Use of Automated Dispensing Drug Systems and Remote Dispensing Systems in Certain Facilities</i>	136-142
• Adopt Guidance Document 110-39 regarding Hospital Centralized Compounding	143-144
• Adopt Amendment to Guidance Document 110-8 to Remove Reference to TPA Formulary for Optometrists due to Legislative Change	145-160
• Amend Guidance Document 110-17 regarding TOEFL Scores	161-166
Old Business:	
• Review Action Items from Previous Meetings	167-183
New Business:	
• Ad Hoc Committees	Verbal
• Amend Statewide Protocols	184-299
Reports:	
• Chairman's Report –Larry Kocot, JD	Verbal
• Report on Licensure of Individuals and In-State Facilities – Ryan Logan, RPh	300-306
• Report on Nonresident Facilities and Inspection Program – Beth O'Halloran, RPh	307-310
• Report on Disciplinary Program – Ellen B. Shinaberry, PharmD	311-322
• Executive Director's Report – Caroline D. Juran, RPh	323

Consideration of consent orders, summary suspensions, or summary restrictions, if any.

Adjourn

****The Board will have a working lunch at approximately 12pm.****

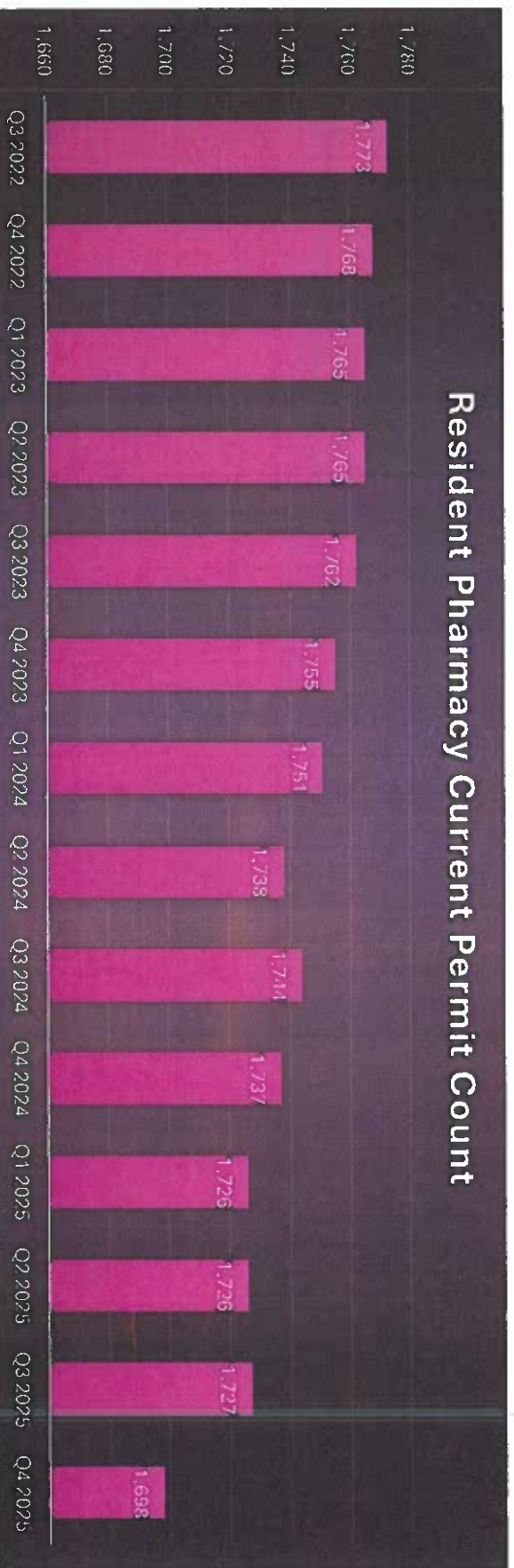
Licensing Report



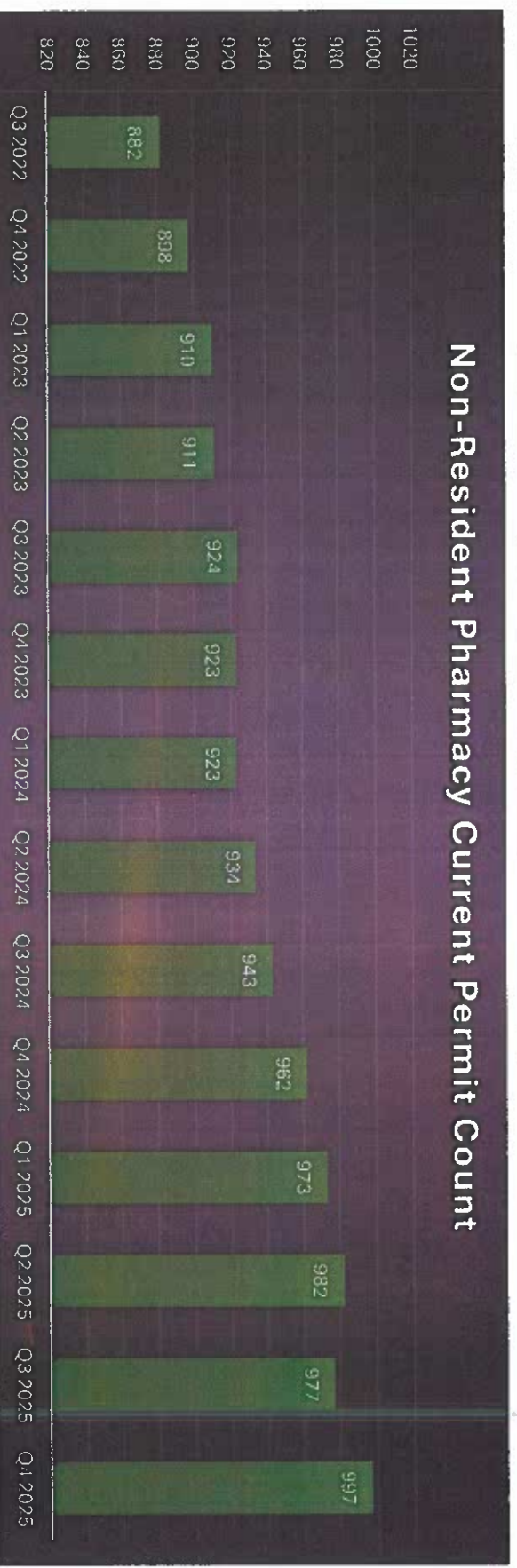
Net loss 62
last 2 yrs 60
2025 82

Licensing Report

Resident Pharmacy Current Permit Count



Non-Resident Pharmacy Current Permit Count



10 Year VA Pharmacy Desert Growth

Year	Community Opened	Community Closed	Net Community
2015	43	31	12
2016	35	48	-13
2017	35	43	-8
2018	35	81	-46
2019	21	68	-47
2020	22	37	-15
2021	21	26	-5
2022	12	31	-19
2023	14	46	-32
2024	12	50	-38

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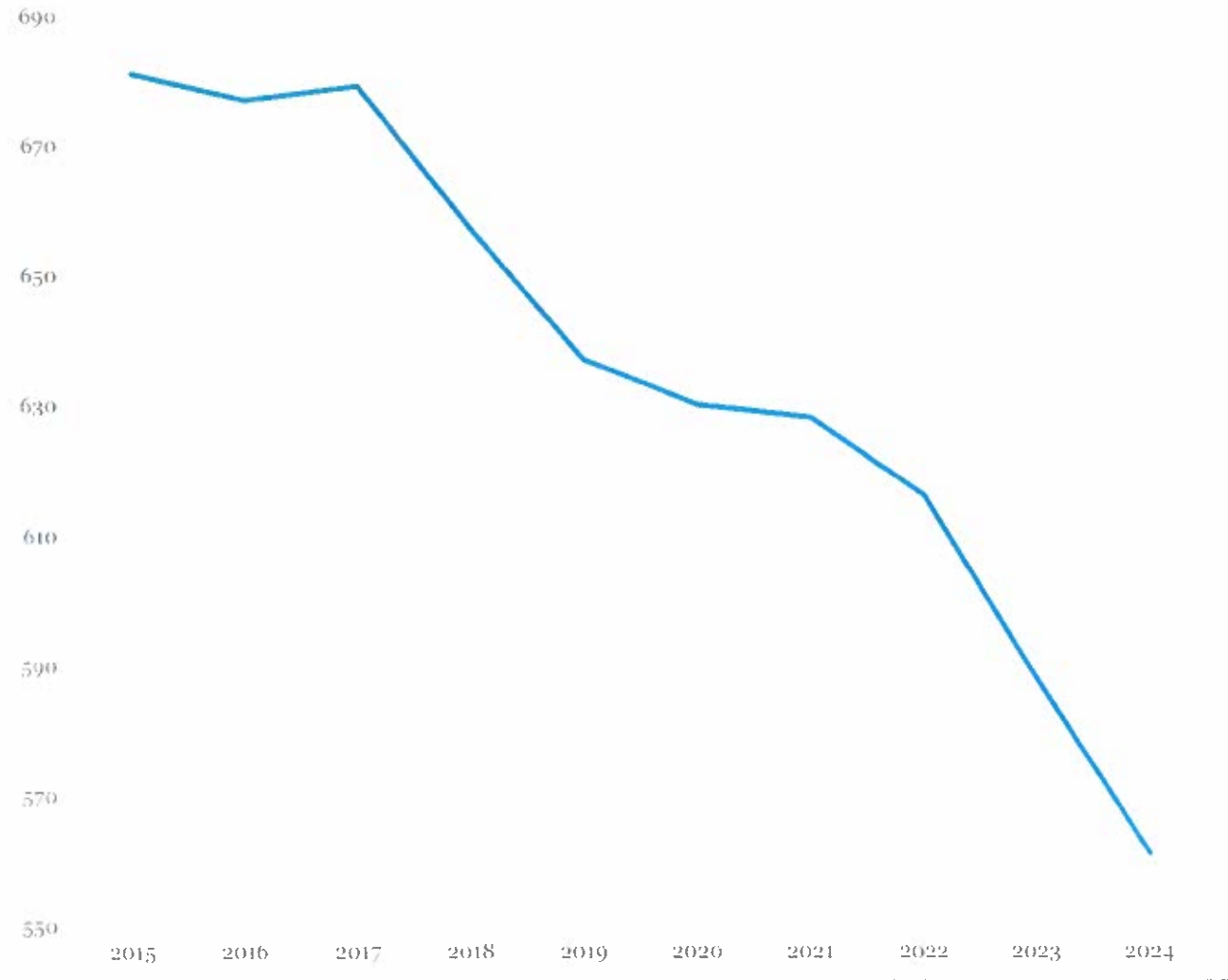
Virginia Pharmacy Deserts

Zip Code Analysis	# of Pharmacies	Percentage
Total Zip Codes	903	
Without a Community Pharmacy	561	62.13%
Only 1 Community Pharmacy	86	9.52%
Only 2 Community Pharmacies	75	8.31%
All Community Pharmacies are endangered	264	29.24%
Sole Community Pharmacy endangered	64	7.09%
Population Analysis	Population	Percentage
VA Total Population	8,811,195,000	
Population in Deserts	1,279,568,000	14.52%
Population With Only 1 Pharmacy	811,124,000	9.21%
Population with only endangered pharmacies	1,950,661,000	22.14%

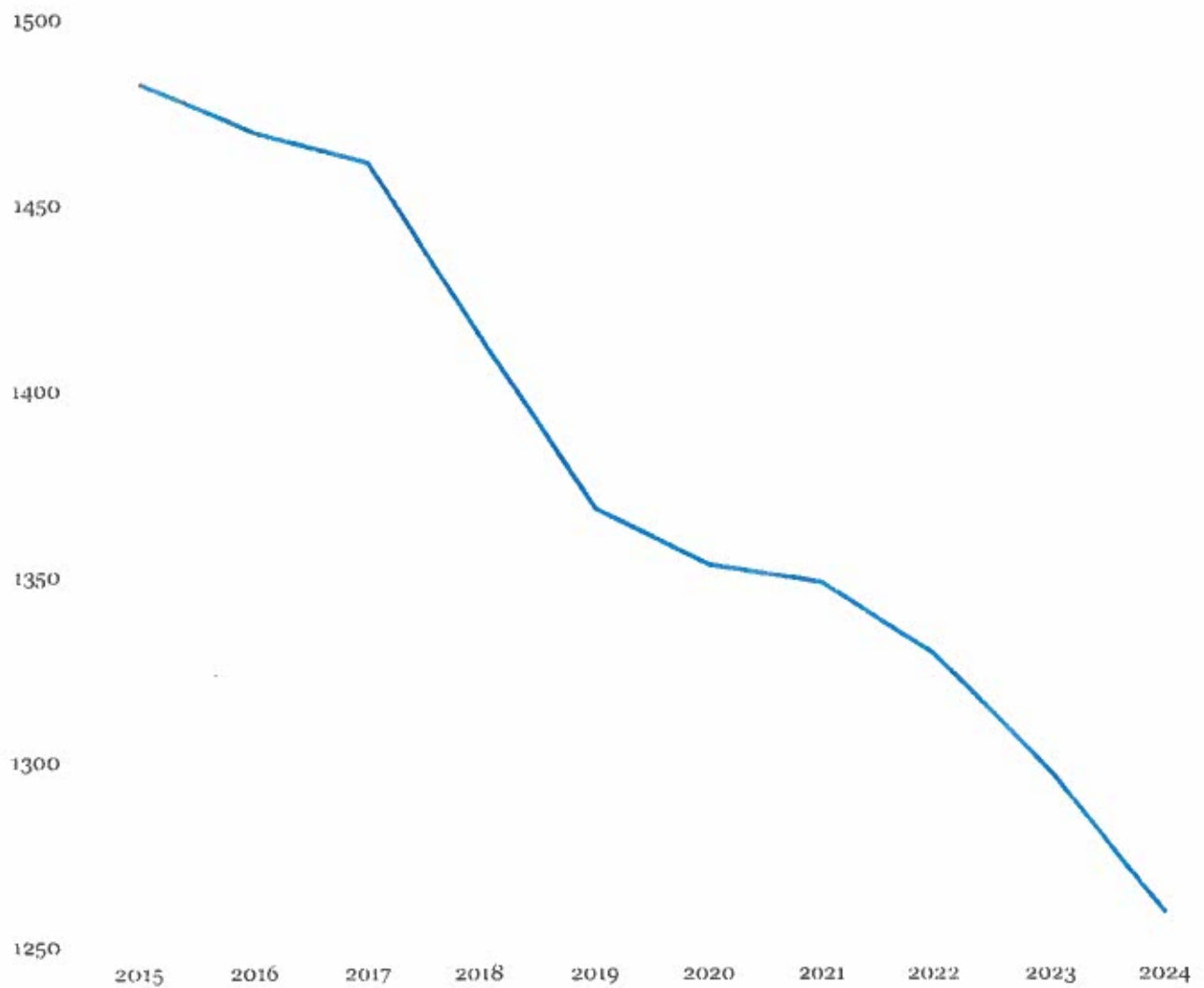
Total Independent Pharmacies In VA



Total Chain Pharmacies In VA

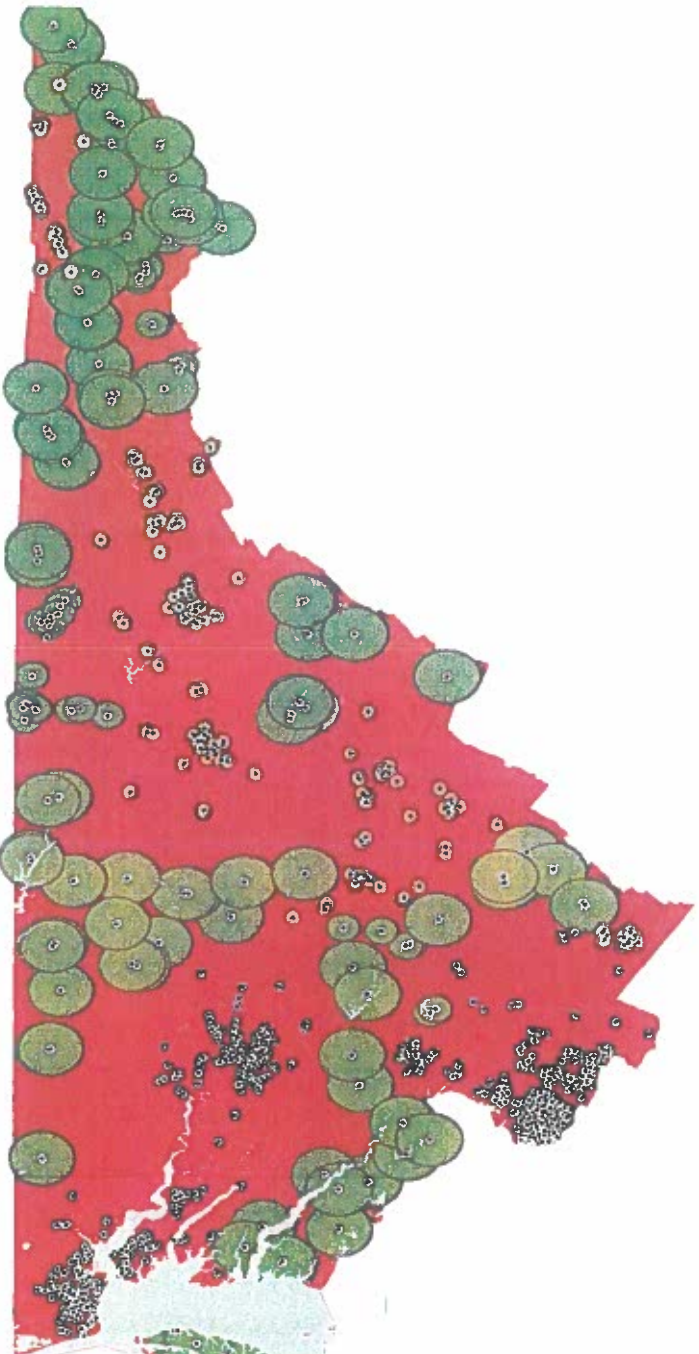


Total Community Pharmacies in VA



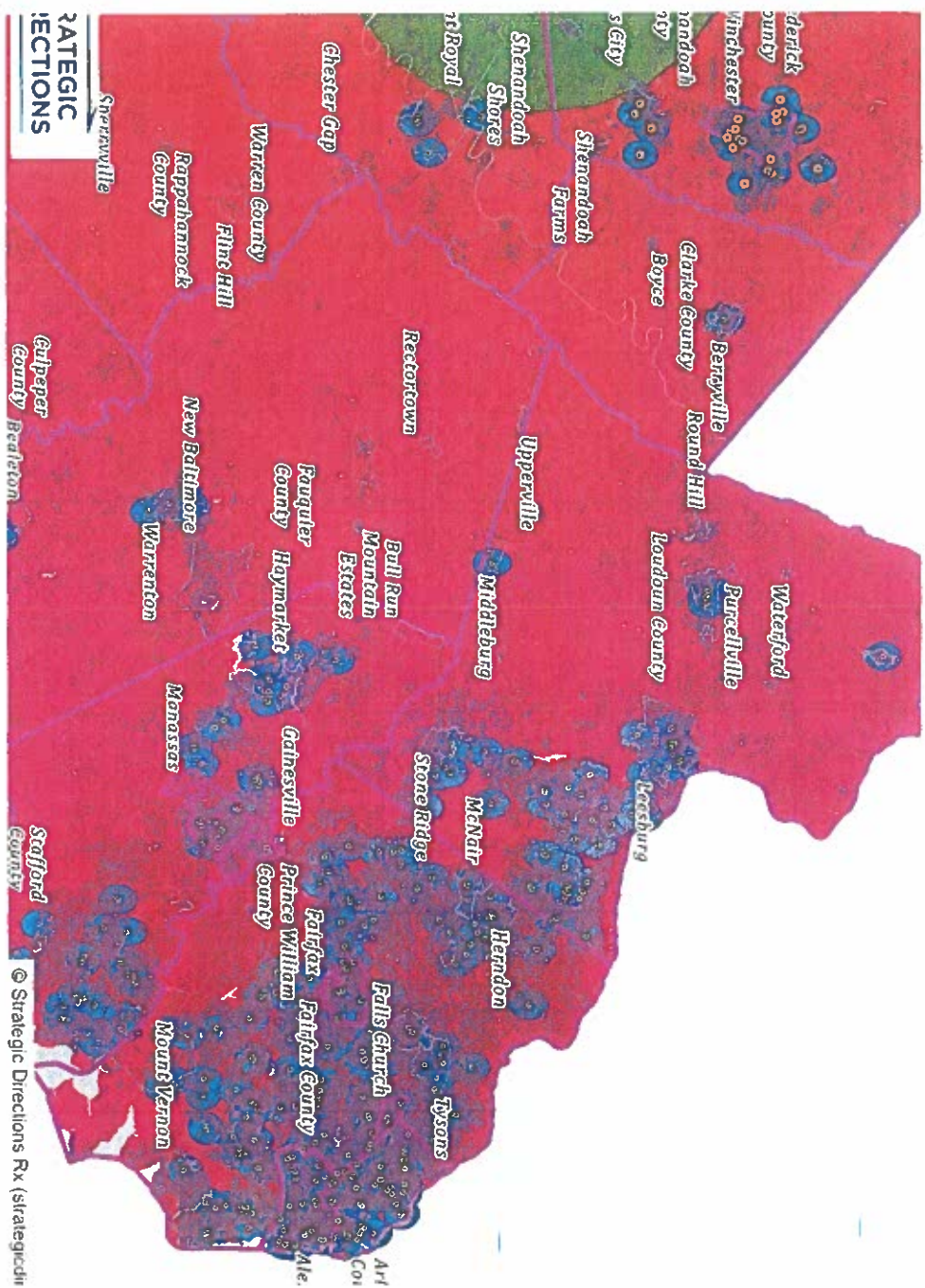
Virginia Community Pharmacy Openings vs. Closures

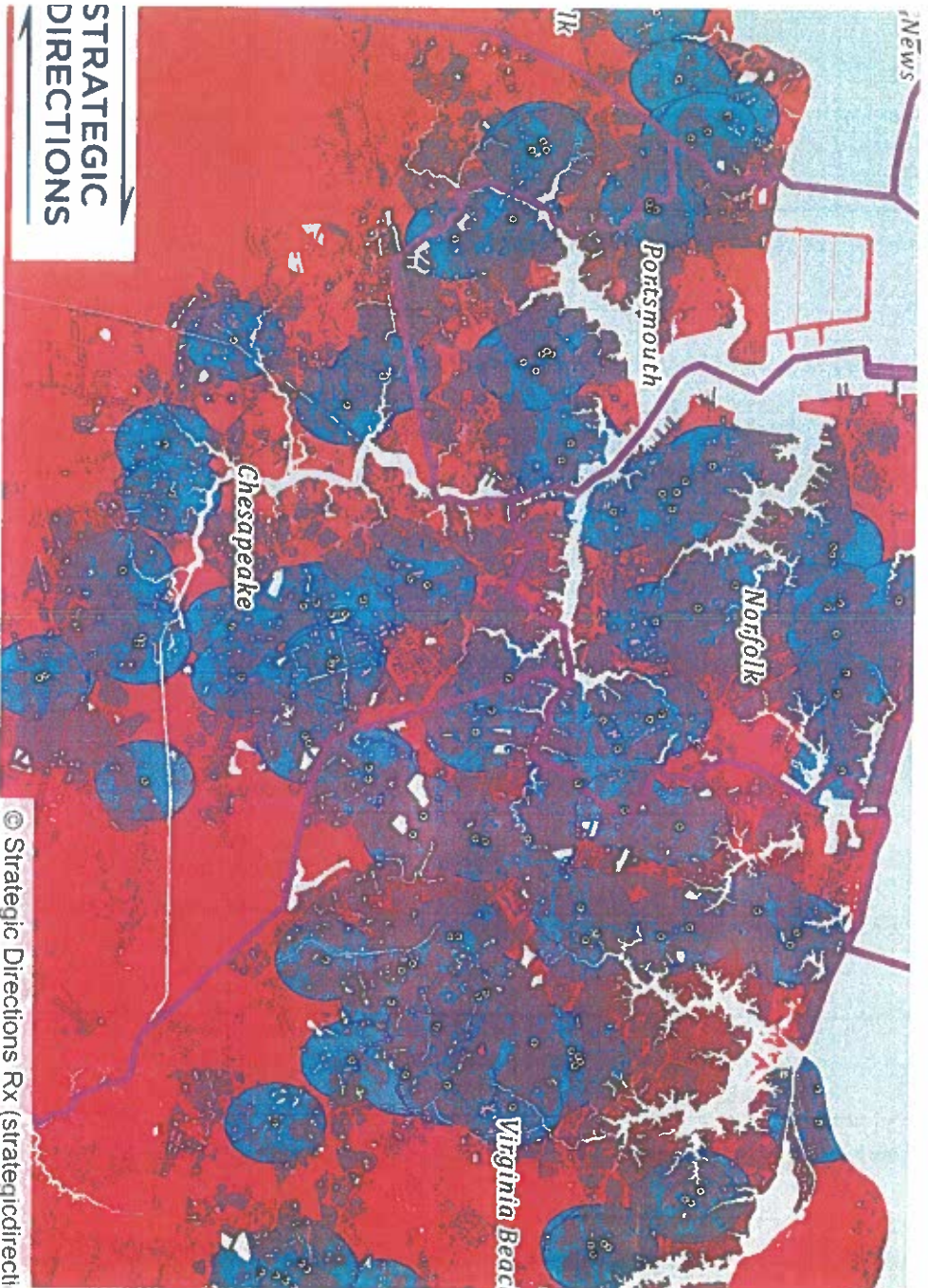


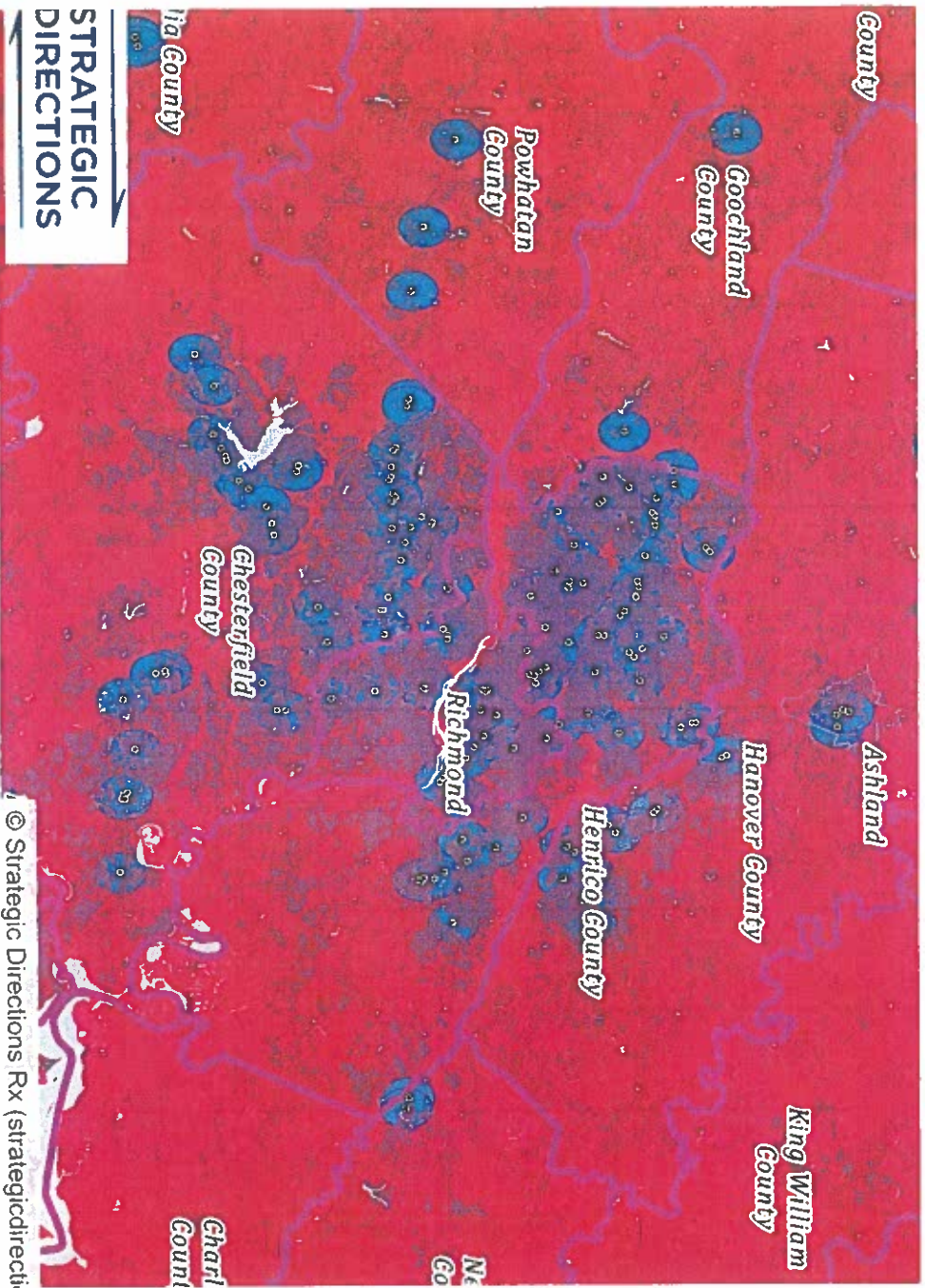


STRATEGIC DIRECTIONS

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STRATEGIC
DIRECTIONS

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**A RESOLUTION OF THE VIRGINIA STATE BOARD OF HEALTH
ADOPTED AT ITS MEETING ON OCTOBER 2, 2025**

WHEREAS, the Virginia Department of Health is the primary state agency responsible for population health and ensuring medication access for the citizens of the Commonwealth; and

WHEREAS, pharmacy deserts have been exponentially increasing in the state. From 2022-2025, according to the Board of Pharmacy report dated September 30, 2025, there has been a net loss of 62 pharmacies across the state, sixty from 2023-2025 and a net loss of 32 pharmacies in 2025. As of 2024, out of 903 zip codes across the state, there are 561 zip codes with no open-door community retail pharmacy¹ access, 86 with only one, and 75 zip codes with two, and 264 zip codes where community pharmacies are endangered (Walgreens, Rite-Aid, or independent);² and

WHEREAS, these net losses are decreasing the ability of the citizens, especially the underserved and those with chronic conditions, to access their needed medications, immunizations and other pharmacy services as well as negatively impacting local economies; and

WHEREAS, full transparency increases accountability and understanding of the spending of public dollars and impact on pharmacy closures; now therefore be it

RESOLVED BY THE STATE BOARD OF HEALTH that the State Board of Health members recognize pharmacy deserts as a threat to public health and encourages state agencies engaging in a pharmacy services contracts to work toward ensuring a financially sustainable local community pharmacy model to assist in addressing the current threat and preserving access to care, especially for underserved areas and patients with chronic conditions.

¹ Open door community pharmacy defined as a local pharmacy that any citizen could walk into and fill a prescription or receive pharmacy services (i.e. immunization, test/treat protocols, etc.)

² Data presented from public Board of Pharmacy meeting 9/30/2025 (https://townhall.virginia.gov/L/GetFile.cfm?File=meeting\30\40151\Agenda_DHP_40151_v1.pdf) and USPS zip code information.

The remainder of the document is written comment submitted at the Board meeting. It may not reflect the position or opinions of the Board or members.



Statement on the Emergency/NOIRA: Regulations for the Licensure of Nursing Facilities

State Board of Health | October 2, 2025

VDH is right that the Virginia Health Care Association – Virginia Center for Assisted Living (VHCA-VCAL) has consistently supported raising nursing home licensure fees if the additional resources are dedicated to hiring more staff in the Office of Licensure and Certification (OLC) to help the agency meet the requirements for federal nursing home survey timeliness. Getting the survey system back on track is both urgent and important for residents and providers.

That said, we were caught off guard by the language in the emergency regulation setting the licensure fee at \$29 per bed fee starting in 2025. As part of discussions with legislators and VDH during the 2025 General Assembly session, we agreed on a three-cycle, six-year phased approach to increasing the licensure fees that started with \$11.50 per bed for 2025/2026 and rose to \$31.50 per bed by 2029. Additionally, Item 276 J of the 2025 Appropriation Act required VDH to hold a meeting with stakeholders to talk through how to phase in the fees and look at ways to reduce the impact on nursing homes, including possible state support. Such a meeting was never convened.

If VDH is able to successfully hire enough surveyors to reach full employment in the OLC long term care division and meet the federal requirements to conduct standard nursing home surveys every 12-15 months, we remain supportive of a licensure fee increase.

However, one significant concern we have with the regulatory language is that it leaves out an important provision of the legislation authorizing the fee increase. VDH is required to demonstrate that any future fee changes after the initial increase must be justified "if the expenses... allocated to the... Nursing Home Licensure and Inspection Program Fund... are shown to be more than 10 percent greater or less than the annual costs of operating the... nursing home licensure and inspection program in a manner that ensures timely completion of inspections." This is mentioned in the Background Document (see the "Substance" Section on p. 3 of the board materials) but is not actually written into the regulation. It needs to be stated in the regulation.

Thank you for your time.

Language Cited

Item 276 J 2025 Appropriation Act

Prior to the Board of Health establishment of or changes to the fees for the issuance, change or renewal of a nursing home license to cover the cost of operating the hospital and nursing home licensure and inspection program, the Commissioner of Health shall convene a stakeholder meeting to examine options for phasing in changes in fees to mitigate the impact on nursing homes, including options which would include state support.

Chapter 254/265

33. Shall establish fees for the issuance, change, or renewal of a hospital or nursing home license to cover the costs of operating the hospital and nursing home licensure and inspection program in a manner that ensures timely completion of inspections as set forth in § 32.1-126. In establishing such fees, the Board shall distribute the costs of operating the hospital and nursing home licensure and



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October 2, 2025

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Re: Public Comment to State Board of Health on Hospital Licensure Fee Regulations

Dear Commissioner Shelton,

On behalf of the Virginia Hospital & Healthcare Association (VHHA), thank you for the opportunity to submit this public comment to the State Board of Health in advance of its October 2, 2025, meeting. The agenda includes a regulatory action to amend the Regulations for the Licensure of Hospitals in Virginia (12VAC5-410) to conform to chapters 254 and 265 of the Acts of Assembly. To summarize our public comment in response to this proposed regulatory action, we have serious concerns with the base amounts for licensure fees included in this proposal, there are critical components contained in the statute that are not reflected in regulations, and we have not been given sufficient time to process and thoughtfully consider this proposal.

VHHA supported the underlying legislation to update hospital licensure fees and has been in discussions with representatives of the Virginia Department of Health (VDH) about this matter, since 2019 when it was first broached with us. This is why we were surprised to see the proposed regulations for the first time when the Board of Health agenda was released on September 29, 2025. A representative of VDH contacted me by phone earlier in September to explain the concept of the formula captured in the regulations, which we preliminarily indicated appeared reasonable, but we were not provided with the text or any of the base amounts or per bed or per operating room fee amounts prior to obtaining the Board of Health materials on September 29, 2025.

The fees are significantly higher than any figures we have discussed with VDH previously and as far as we can tell they are among if not the highest, if not the highest, in the nation. The fees are 300-400% higher than those we were discussing with VDH in 2019, and double those of a neighboring state with the highest fees – Maryland.

For example, under the proposed formula and fee amounts, a 100 bed hospital with 20 operating rooms would have a licensure fee of \$20,750. The figures we were discussing in 2019 for the same hospital would have been in the \$5,600 - \$5,900 range – almost four times as much. Under