DRAFT - NOT APPROVED

State Board of Health Meeting
Executive Committee
July 31, 2026 - 10:30am
Microsoft Teams

Members Present: Melissa Nelson, MD, Chair; Cindy Warriner BS, RPh, CDCES, Vice Chair; Walter Vest, MD; and James Cole.

Virginia Department of Health Staff Present: Katelyn Briguglio, MPH, Policy Administrator; Michael Capps, MPH, Director of Policy and Planning; Joesph Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; and B. Cameron Webb, MD, JD, State Health Commissioner

Other Staff Present: Robin Kurz, Senior Assistant Attorney General, Office of the Attorney General

Call to Order and Welcome

Dr. Melissa Nelson called the meeting to order at 10:36am. Dr. Nelson welcomed those in attendance to the meeting.

Board Priorities for the Next 1-2 Years

Dr. Nelson began stating that her vision for this executive committee is to encourage proactive work on Board of Health priorities, targeting areas that align with the Commissioner's goals. Dr Webb explained during the beginning of his tenure he completed a Listening Tour throughout the state of Virginia, from which he identified three strategic priorities:

- Operational Excellence
    - Operational excellence starts with execution, and the agency must continuously improve how it operates. VDH's Chief Operating Officer (COO) is tasked with improving agency functions, strengthening executive leadership, and grants management. VDH is continuing to invest in data infrastructure to contribute to better, more timely decision-making.
- Building Trust
    - Public Health is deeply dependent on trust, investing in communications, and engaging internally. VDH is currently recruiting for a Deputy Commissioner of External Affairs who will oversee the Office of Communications, Office of Health Equity, and Office Community Relations at VDH. This position will focus on building and leveraging key partnerships and telling the story of VDH. Externally, such proactive story-telling is mission critical to build trust among communities in the Commonwealth.
- Centering Equity
    - It's important that every community within the Commonwealth feels seen and valued. Equity isn't a separate workstream, but one way to evaluate all of the agency's work. The goal is for every community to be seen and valued and to have a fair opportunity at good health. VDH's job is to help address disparities.

This dovetails with VDH's work with the Rural Health Transformation Program. Additionally, Dr. Webb instructed his Advisory Council on Health Disparities and Health Equity to establish a health equity framework and report for VDH's use.

Dr. Webb shared that ultimately, VDH and the Board are successful when people are healthier because of what we do. This informs how we show up with policies, partnerships, and investments. Dr. Webb also mentioned the notion of being a chief health strategist within communities, a role for our health district directors.

Ms. Warriner echoed that Building Trust is a great priority area, as it emphasizes accountability and will help combat disinformation and misinformation. She mentioned that listening to communities is a large aspect of building trust. Dr. Webb emphasized by utilizing many avenues of communication we will be able to center communities. As certain changes take place in the public health landscape, we will work to understand and address the impact on Virginia's communities.

Dr. Nelson continued and explained each Executive Committee member was tasked with reaching out to a few of their fellow Board members for objectives, topics or priorities areas that they would like the Board to address in the next 1-2 years.

The Executive Committee members reported the following priorities:

- Rural Health Challenges and Disparities
    - Multiple members mentioned rural health as a priority.
    - There was a recommendation to create a panel with representatives from public-private partnerships.
- Improving Chronic Disease Prevention and Management
    - Multiple members highlighted chronic disease as an area of interest, including the need to evaluate existing plans and services addressing chronic diseases, recognizing their significant impacts on quality of life, premature mortality, and long-term healthcare costs.
- Vaccination Education and Outreach
    - Discussed the importance of increasing public education efforts, in collaboration with community partners, to address vaccine hesitancy. Members pointed out that this priority goes hand-in-hand with Building Trust.
- Assistance in Dying
    - Medical aid in dying was identified as a potential topic for future discussion, noting that the issue has periodically been introduced in the Virginia General Assembly and that legal provisions currently exist in 14 states and the District of Columbia. Members questioned whether the Board of Health has conducted a recent review of this topic and whether an update would be appropriate
- Addressing Diabetes Rates
    - Members discussed the prevalence of diabetes in Virginia and highlighted the importance of increasing public education and awareness regarding diabetes prevention and management.

- Education on health initiatives
    - One member noted a desire to learn more about the work going on at VDH and to collaborate on areas where they had expertise, notably on nursing home oversight – with a focus on practicably applicable regulations and accountability.
- Pharmacy Access
    - Members acknowledged the continued importance of ensuring access to pharmacy services across the Commonwealth,
      School Nursing Standards of Quality
    - It was noted that Virginia currently does not require school divisions to employ a registered school nurse. Members were informed that the School Health Services Committee recently discussed a proposed amendment that would require schools with an enrollment of 1,000 students or more, to have a licensed nurse in the building.
- Mental Health
    - Members identified mental health as an ongoing priority and discussed the importance of addressing substance use disorders from an addiction medicine perspective.
- America's Health Rankings
    - One member noted that VDH's current vision to "become the healthiest state in the nation" was inspiring and could be a unifier.
    - Rankings that are analyzed by the United Health Foundation are based on a comprehensive analysis of health indicators and provide valuable benchmarking data.
    - Virginia has improved its overall ranking from 21st approximately ten years ago to 14th in 2025. Members suggested that a presentation on the rankings could promote discussion of the Commonwealth's public health progress and identify opportunities to benchmark successful strategies from other states.
    - If VDH focuses on specific metrics and starts by looking for benchmarks for comparison, we can share, learn, and continue improving.

Dr. Nelson noted the common ground present across the reported priorities. She requested a list of the reported priorities be compiled so Dr. Webb and the Board can review and determine which areas are best suited to address over the next 1-2 years.

Review of Executive Committee Authority and Responsibilities

Joe Hilbert began his review by giving a brief overview of a "policy board" as defined in Va Code § 2.2-2100. The Board of Health is a policy board, not supervisory or advisory. Mr. Hilbert noted that the Board has approximately 65 sets of regulations, among the two highest of any policy board in the state. He then gave an overview of the board's composition and discussed the orientation materials disseminated when a member initially joins the Board, and the process of what occurs after the Board of Health adopts a regulation and briefly discussed the Executive Committee's role per the State Board of Health's bylaws. Mr. Hilbert also described the board's statutory authority to make health policy recommendations to the Governor and General Assembly. It was suggested at the September Board of Health meeting, staff would review the Board's responsibilities and processes, and overview of how the agency interacts with

the board.

Establishing a Formal Process for Board Agenda Items

Mr. Hilbert explained that the Governmental and Regulatory Affairs (GRA) team begins internal discussions regarding potential agenda items at least 60 days prior to each meeting. Following these discussions, a draft agenda is developed and submitted to the Commissioner for review. Executive Committee members who wish to propose agenda items or request discussion topics should submit their suggestions 6–8 weeks before the scheduled meeting. This timeline provides adequate opportunity for review, planning, and coordination. Volume and complexity of proposed agenda items will be considered during meeting planning. These factors help determine agenda prioritization and ensure sufficient time is allocated to address the most important topics during the meeting.

Also discussed was the new provision in Va Code § 2.2-3707 passed in 2026 (SB699) that states no final action may be taken on an item added to the agenda after the meeting begins, unless the matter is time-sensitive or concerns a closed meeting that has been properly identified in a motion in accordance with FOIA requirements. Specifically, "final action" means a vote, adjudication, or other formal action taken by a public body that completes a matter or acts as final consideration of an item. "Final action" does not include: 1. Referral to a committee or advisory body; 2. Referral to a future meeting for action; 3. Direction to staff to provide further information; or 4. Issuance of a commending or memorial proclamation.

Dr. Webb concluded the discussion by expressing enthusiasm about the Board's opportunity to identify policy gaps and legislative priorities. He emphasized that improving the Board's infrastructure and processes would enhance its ability to address key policy issues effectively. Dr. Webb recommended developing a manageable list of key priority areas focused on the most significant policy gaps and potential legislative actions. As a next step, Dr. Webb will follow up with Dr. Nelson to identify and further develop key priority areas before presenting the proposed priorities to the full Board for discussion, feedback, and consideration of next steps.

Public Comment

There were no individuals signed up for the public comment period.

Adjourn

The meeting adjourned at 11:41am.