

To Register for the Board of Health Meeting on June 10, 2021

(Either to attend and view the meeting or to speak during the Public Comment Period)

The purpose of these instructions is to help any member of the public who wishes to observe or participate in the Board of Health meeting on June 10 to understand how to do so.

1) Open the link the Online meeting registration:

<https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e79d6d2ef91f89eb168ddc2afea5f22e9>.


The screenshot shows the Cisco Webex registration page for the Board of Health Meeting on June 10, 2021. The page includes the following elements:

- Event Information:** Board of Health Meeting - 9am
- Registration status:** Not started ([Register](#))
- Date and time:** Thursday, June 4, 2020 8:00 am Eastern Daylight Time (New York, GMT-04:00) [Change time zone](#)
- Duration:** 7 hours
- Description:**
- Join Event Now:** A button to join the event.
- Registration form:** Fields for First name, Last name, Email address, and Event password.
- Modal window:** A pop-up window titled "Try the new Webex web app!" with the following text:
 - Nothing to install
 - Simple and intuitive
 - Ideal for participants who do not need to present
 - [Learn more](#)

- 2) Click on the link that says, “Register” It is in blue and on the line that starts with “Event Status”.

Event Information: Board of Health Meeting - 9am

Registration is required to join this event. If you have not registered, please do so now.

Event status: Not started ([Register](#)) 

Date and time: Thursday, June 4, 2020 8:00 am
Eastern Daylight Time (New York, GMT-04:00)
[Change time zone](#)

Duration: 7 hours

Description:

- 3) This will prompt you to register for the event. Please enter your name and email address on the registration form. (Note: this information will not be retained after the meeting and will only be used for purposes of making sure people who want to connect to the meeting or speak at the meeting can do so.)



Register for Board of Health Meeting - 9am

Please complete this form to register for the event. An asterisk (*) indicates required information.

English :

Please answer the following questions.

* First name:	<input type="text"/>	* Last name:	<input type="text"/>
* Email address:	<input type="text"/>	* Phone number:	<input type="text"/>
* Confirm email address:	<input type="text"/>		

Are you a member of the media?:
☐ Yes
☐ No

If yes, what media outlet are you with?:


If you would like to sign up to speak during the public comment period please place a check next to the topic you would like to speak about::

- ☐ Regulations for Licensure of Nursing Homes 12VAC5-371
- ☐ Regulations Governing Newborn Screening Services 12VAC5-71
- ☐ Regulations for the Licensure of Hospitals 12VAC5-410
- ☐ State EMS Plan
- ☐ Other

If you chose Other for the public comment period, please list the topic::

Submit

- 4) If you want to speak during the public comment, choose one of the items on the list in the bottom center of the screen and check the box for the topic you want to speak on. If you do not want to speak during the meeting, but just watch, do not check any of those boxes. When you are finished entering registration information and choosing a topic to speak on (if appropriate) click the “Submit” button in the bottom right.



Register for Board of Health Meeting - 9am

Please complete this form to register for the event. An asterisk (*) indicates required information.

Please answer the following questions.

* First name:	<input type="text" value="Bob"/>	* Last name:	<input type="text" value="Smith"/>
* Email address:	<input type="text" value="bob.smith@google.com"/>	* Phone number:	<input type="text" value="1"/> <input type="text" value="804-867-5309"/>
* Confirm email address:	<input type="text" value="bob.smith@google.com"/>		



Are you a member of the media?:
☐ Yes
☒ No

If yes, what media outlet are you with?:


If you would like to sign up to speak during the public comment period please place a check next to the topic you would like to speak about::

- ☒ Regulations for Licensure of Nursing Homes 12VAC5-371
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- ☐ Regulations for the Licensure of Hospitals 12VAC5-410
- ☐ State EMS Plan
- ☐ Other

If you chose Other for the public comment period, please list the topic::

- 5) Once you have clicked “Submit” that will lead you to the final screen and then you are finished.



Registration Confirmed

Thank you for registering.

You are now registered for the event: **Board of Health Meeting - 9am**

You will receive a confirmation email message that contains detailed information about joining the event.

The event will start at 8:00 am New York Time on June 4, 2020.
Please join the event on time.

Invite a Friend

To invite a friend to this event, enter your friend's email address.

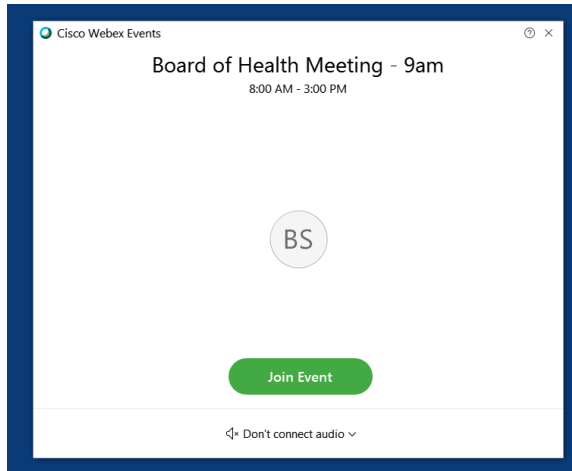
Set Up Webex Events

To participate in fully interactive events, please click [here](#) for setting up Webex Events on this computer.

The playback of UCF (Universal Communications Format) rich media files requires appropriate players. To view this type of rich media files in the event, please check whether you have the players installed on your computer by going to [Verify Rich Media Players](#).

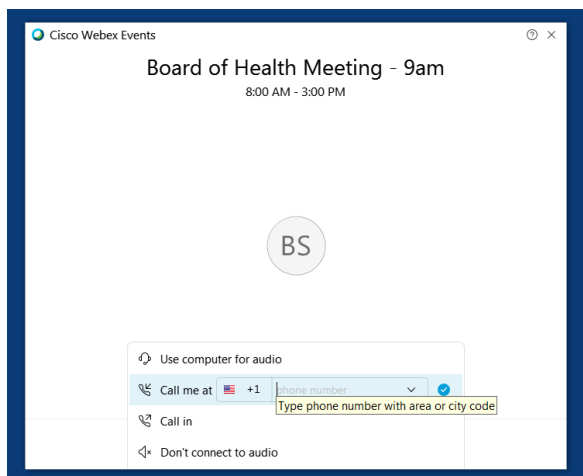
To view system requirements, go to www.webex.com.

JOINING THE MEETING



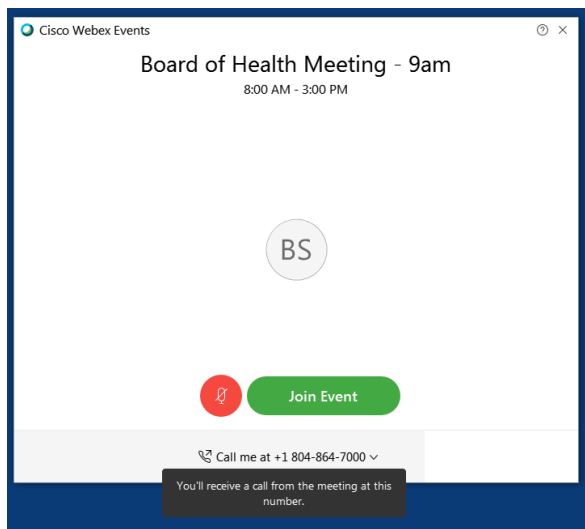
On the day of the meeting, you will click in the email to join the meeting.

You will need to enter your name as it appeared on the registration in order to join.



You should select the “CALL ME AT” option to connect for audio. DO NOT select the call in nor use computer audio options.

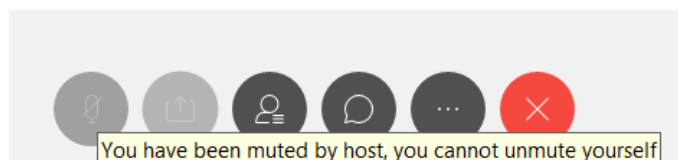
Enter your 10 digit phone number and click the blue check mark.



Click Join Event.

You will receive a phone call from the meeting platform.

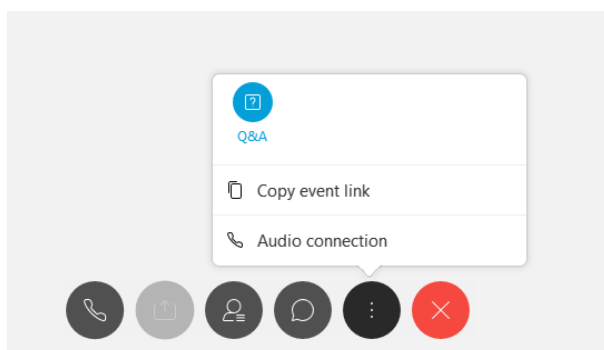
You will be prompted to press 1 when you answer the phone to connect.



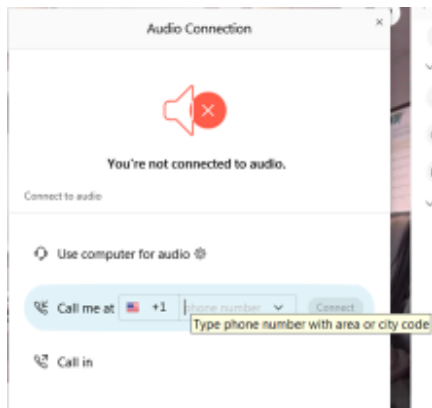
Note that you will be automatically muted when you join the meeting. You cannot unmute yourself to be heard during the meeting until the host unmutes you. This will occur during the public comment period for those who have signed up to do so.

Audio settings:

In order to facilitate public comment, you will need to use your phone to dial in. It is very important that you follow these instructions to merge your phone and computer identification. This will allow you to be unmuted to speak during public comment if you have signed up.



If you have joined the meeting without having WebEx call you, you will need to change the audio settings. Click on the “MORE” control button and select audio connection. **DO NOT** use the call-in option nor the computer audio option.



You will change the type of connection and select “CALL ME AT”. Enter your 10 digit phone number and click CONNECT. Press 1 when prompted on the incoming phone call.

**State of Board of Health
Agenda
June 10, 2021 – 8:30 a.m.
VIA WEBEx**

Call to Order and Welcome	Stacey Swartz, PharmD Nominating Committee Chair
Nomination of Officers	Nominating Committee Members
Adjourn	

**State of Board of Health
Agenda
June 10, 2021 – 9:00 a.m.
VIA WEBEx**

Call to Order and Welcome	Faye Prichard, Chair
Introductions	Ms. Prichard
Review of Agenda	Alexandra Jansson
Approval of March 18, 2021 Minutes	Ms. Prichard
Commissioner's Report <i>COVID-19 Update</i>	M. Norman Oliver, MD, MA State Health Commissioner
Break	
Regulatory Action Update	Ms. Jansson
Public Comment Period	
Break	
<u>Regulatory Action Item</u> Regulations of the Patient Level Data System 12VAC5-217 (Fast Track Amendments)	Mylam Ly Policy Analyst/Project Coordinator Office of Information Management
American Rescue Plan - Update	Joe Hilbert Deputy Commissioner for Governmental and Regulatory Affairs

Legislative Update
Development of Draft Proposals for 2022

Mr. Hilbert

Remarks

The Honorable Daniel Carey, MD, MHCM
Secretary, Health and Human Resources

Other Business

Adjourn

**State of Board of Health
March 18, 2021 – 9:00 a.m.
Virtual Meeting – WebEx**

Due to COVID-19, this meeting was conducted in an all-virtual environment.

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

Members Absent: Benita Miller, DDS

VDH Staff Present: Rebekah E. Allen, JD, Senior Policy Analyst, Office of Licensure and Certification; Dr. Danny Avula, Vaccine Coordinator and director, Richmond and Henrico Health Districts; Rachel Ellick, Communications Coordinator, Office of Epidemiology; Dr. Laurie Forlano, Deputy Director, Office of Epidemiology; Stephanie Gilliam, Deputy Director for Budget; Julie Henderson, Director of Office of Environmental Health Services; Bob Hicks, Deputy Commissioner for Community Health Services; Joe Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; Dr. Parham Jaber, Chief Deputy Commissioner for Public Health and Preparedness; Alex Jansson, Policy Analyst; Mylam Ly, Policy Analyst; Dr. Norm Oliver, State Health Commissioner; Mike McMahon, Acting Deputy Commissioner for Administration; Dr. Lilian Peake, Director of Office of Epidemiology; Dr. Carole Pratt, Special Advisor to the Commissioner; Maria Reppas; Director of the Office of Communications; Whitney Rickman, Executive Administrative Assistant for Population Health and Governmental and Regulatory Affairs; John Ringer, Director of Public Health Planning and Evaluation; Michael Sarkissian, Director, Data and Quality, Office of Information Technology; Tammie Smith, Public Relations Coordinator; Richard Watson, Video Conference Engineer;

Other Staff: Robin Kurz, JD, Senior Assistant Attorney General

Call to Order

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

Introductions

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

Review of Agenda

Ms. Jansson reviewed the agenda and the items contained in the Board's virtual binder.

Approval of December 3, 2020 Minutes

Ms. Whipple made the motion to approve the minutes from the December 3, 2020 meeting with Ms. Hines seconding the motion. The minutes were approved unanimously by roll call vote.

Commissioner's Report

Dr. Oliver and Dr. Avula provided the Commissioner's Report to the Board. They discussed the novel coronavirus (COVID-19) situation and response with respect to:

- Disease Burden and Transmission
- Testing
- Containment
- Long-Term Care Facilities
- Community Mitigation
- Communications
- Vaccination
- Funding Allocation

There was discussion concerning the implementation of the vaccination campaign, including concerns about vaccine distribution and communications. Topics included the role of local government, availability of the vaccine to smaller health care providers, the need for a feedback loop to citizens and Board members, and the role of the Board and how members can advocate for public health with elected officials. A COVID-19 after action report was also briefly discussed and the Board will have the opportunity to provide comments and input into this report.

Regulatory Action Update

Mr. Hilbert reviewed the summary of all pending VDH regulatory actions. Since the December 2020 meeting the Commissioner has approved the two following regulatory actions on behalf of the Board while the Board was not in session:

- Regulations for the Licensure of Hospices (12VAC5-391) - Final Exempt Amendments
- Certification of Doulas (12VAC5-403) - Proposed Regulations

Mr. Hilbert advised the Board that there are 19 periodic reviews in progress:

- Virginia Emergency Medical Services Regulations (12VAC5-66)
- Regulations for the Repacking of Crabmeat (12VAC5-165)
- Regulations Governing Eligibility Standards and Charges for Medical Services to Individuals (12VAC5-200)
- Methodology to Measure Efficiency and Productivity of Health Care Institutions (12VAC5-216)
- Regulations of the Patient Level Data System (12VAC5-217)
- Rules and Regulations Governing Outpatient Data Reporting (12VAC5-218)
- Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations (12VAC5-220)
- Regulations for the Submission of Health Maintenance Organization Quality of Care Performance Information (12VAC5-407)
- Certificate of Quality Assurance of Managed Care Health Insurance Plan Licensees (12VAC5-408)
- Regulations for the Licensure of Hospitals in Virginia (12VAC5-410)
- Food Regulations (12VAC5-421)

- Regulations for Summer Camps (12VAC5-440)
- Rules and Regulations Governing Campgrounds (12VAC5-450)
- Regulations Governing Tourist Establishment Swimming Pools and Other Public Pools (12VAC5-460)
- Swimming Pool Regulations Governing the Posting of Water Quality Results (12VAC5-462)
- Regulations Governing the Virginia Physician Loan Repayment Program (12VAC5-508)
- Guidelines for Virginia General Assembly Nursing Scholarships (12VAC5-510)
- Regulations for Identification of Medically Underserved Areas in Virginia (12VAC5-540)
- Waterworks Operation Fee (12VAC5-600)

There was a brief discussion about the outcome of the reconsideration of the proposed regulations for Certification of Doulas.

Public Comment Period

There was no one who had signed up to provide public comment at the meeting. There were no public comments.

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

Ms. Allen presented the fast track amendments. Chapter 1271 (2020 Acts of Assembly) made extensive revisions to Article 1.1 (§ 32.1-102.1 *et seq.*) of Chapter 4 of Title 32.1 of the Code of Virginia, which governs the Certificate of Public Need (COPN) program. Va. Code § 32.1-102.2(A)(5) previously granted the Board the authority to establish a fee schedule for COPN applications, but the fees were capped at “the lesser of one percent of the proposed expenditure for the project or \$20,000”; this fee cap was created in 1996 and was an increase from the prior fee cap of \$10,000. With the amendments introduced by Chapter 1271 (2020 Acts of Assembly), the authority to establish a fee schedule has been renumbered as Va. Code § 32.1-102.2(A)(5), the Board’s authority has been expanded to include registration applications, and the fee cap has been removed. Chapter 1271 (2020 Acts of Assembly) also reduced the review interval for the SHSP (formerly the State Medical Facilities Plan) from every four years to every two years and placed new requirements on VDH to have a publicly available electronic inventory of COPN-authorized capacity. These changes require an additional two FTEs and the Board is establishing a new fee schedule to support the existing COPN program, the new program obligations, and the new FTEs.

The COPN program should be primarily, if not entirely, supported by fee revenue rather than general funds. The specific reasons the regulatory change is essential to protect the health, safety, or welfare of citizens is that the continued financial health of the COPN program ensures that the healthcare marketplace is not flooded with unneeded medical facilities or equipment and that charity care is being provided to indigent patients. There is a minimum patient volume needed to ensure continued competency of staff providing care, which is a consideration of COPN programs staff when evaluating COPN requests; COPNs are also conditioned on the provision of a prescribed amount of charity care to indigent patients, which allows healthcare to be accessible to more patients. The goals of the regulatory change is to ensure that VDH receives sufficient

revenue to support its COPN program and the mandated activities that the COPN program carries out. The problem the regulatory change is intended to solve is to update a fee cap that has not been changed in over 20 years and to create a fee for the registration process that currently lacks one. It is anticipated that this action will be noncontroversial and therefore appropriate for the fast-track process

Ms. Hines made a motion to approve the fast track amendments to the Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations with Mr. Critzer seconding the motion.

There was a brief discussion about the scope of the changes to the regulations through this action.

The motion was approved unanimously by roll call vote.

Legislative Update

Mr. Hilbert presented the legislative update from the 2021 General Assembly Session. He highlighted bills that would have an impact on VDH's work. Subject areas included the following:

- Health Workforce
- Environmental Health
- Maternal and Child Health
- Data Reporting
- Medical Care Facilities Regulation
- Other

There was discussion around the difference between SB1436's registry and the Medical Reserve Corps and if any bills were related to preparing for future pandemics.

Budget Update

Ms. Gilliam presented the budget update from the 2021 General Assembly Session. She also discussed that some, though not all, of the funding was partially or fully restored in seven of 16 areas for FY22. Additionally, there are, pending the Governor's approval, 61 new full time equivalent (FTE) positions for VDH in FY22. She also pointed out that Federal funding has provided a lot of support for the COVID-19 vaccine rollout, and was a source of additional funding the General Assembly for appropriating resources pending grant budgets approval by the Centers for Disease Control and Prevention, especially for the Epidemiological and Laboratory Capacity grant.

There was a brief discussion about when the increase in FTEs would start and how it would work.

Appointment of the Nominating Committee

Ms. Prichard nominated Dr. Swartz to be the chair of the nominating committee, with the other members being Dr. Miller and Dr. Kinser.

Other Business

There was a discussion regarding advocacy for public health and the role of the Board and how health equity is being addressed through funding. There was also mention that the Board should be considering basic public health work, as well as infrastructure. The Board also asked that the Governor and the Secretary for Health and Human Resources be invited to the June 2021 meeting.

Adjourn

Meeting adjourned at 1:06pm.



COMMONWEALTH of VIRGINIA

Department of Health

P O BOX 2448

RICHMOND, VA 23218

M. Norman Oliver, MD, MA
STATE HEALTH COMMISSIONER

TTY 7-1-1 OR
1-800-828-1120

MEMORANDUM

DATE: June 10, 2021

TO: Virginia State Board of Health

FROM: Suresh Soundararajan
Chief Information Officer, Office of Information Management

SUBJECT: Fast Track Action – Regulations of the Patient Level Data System (12VAC5-217)
– Admission source of any individuals meeting the criteria for voluntary or involuntary psychiatric commitment

Enclosed for your review is a Fast-Track action to conform the Regulations of the Patient Level Data System (12VAC5-217) to Chapter 1289 of the 2020 Acts of Assembly Item 307(D1).

Chapter 1289 of the 2020 Acts of Assembly Item 307(D1) requires inpatient hospitals to report the admission source of any individuals meeting the criteria for voluntary or involuntary psychiatric commitment as outlined in § 16.1-338, 16.1-339, 16.1-340.1, 16.1-345, 37.2-805, 37.2-809, or 37.2-904, Code of Virginia, to the Board of Health. The Board shall collect and share any and all data regarding the admission source of individuals admitted to inpatient hospitals as a psychiatric patient, pursuant to Va. Code § 32.1-276.6, with the Department of Behavioral Health and Developmental Services. The existing list of information from that Code section does not include criteria for voluntary or involuntary psychiatric commitment. The Board is using this action to conform to the requirements in Item 307 (D1).

The Board of Health is requested to approve the Fast Track Regulations. Should the Board of Health approve the Fast Track Regulations, they will be submitted to the Office of the Attorney General to begin the Executive Branch review process, as specified by the Administrative Process Act. Following Executive Branch review and approval, the proposed regulations will be published in the Virginia Register of Regulations and on the Virginia Regulatory Town Hall website and a 30 day public comment period will begin. Fifteen days after the close of the public comment period the Regulations will become effective.


townhall.virginia.gov

Fast-Track Regulation Agency Background Document

Agency name	Virginia Department of Health
Virginia Administrative Code (VAC) Chapter citation(s)	12 VAC 5 - 217
VAC Chapter title(s)	Regulations of the Patient Level Data System
Action title	Amend Regulation to conform to Chapter 1289 Item 307(D1) of the 2020 Acts of Assembly
Date this document prepared	May 2, 2021

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1VAC7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.

Chapter 1289 of the 2020 Acts of Assembly Item 307(D1) requires inpatient hospitals to report the admission source of any individuals meeting the criteria for voluntary or involuntary psychiatric commitment as outlined in § 16.1-338, 16.1-339, 16.1-340.1, 16.1-345, 37.2-805, 37.2-809, or 37.2-904, Code of Virginia, to the Board of Health. The Board shall collect and share any and all data regarding the admission source of individuals admitted to inpatient hospitals as a psychiatric patient, pursuant to Va. Code § 32.1-276.6, with the Department of Behavioral Health and Developmental Services. The existing list of information from that Code section does not include criteria for voluntary or involuntary psychiatric commitment. The Board is using this action to conform to the requirements in Item 307 (D1).

Acronyms and Definitions

Define all acronyms used in this form, and any technical terms that are not also defined in the "Definitions" section of the regulation.

Not Applicable.

Statement of Final Agency Action

Provide a statement of the final action taken by the agency including: 1) the date the action was taken; 2) the name of the agency taking the action; and 3) the title of the regulation.

Enter statement here

Mandate and Impetus

Identify the mandate for this regulatory change and any other impetus that specifically prompted its initiation (e.g., new or modified mandate, petition for rulemaking, periodic review, or board decision). For purposes of executive branch review, "mandate" has the same meaning as defined in Executive Order 14 (as amended, July 16, 2018), "a directive from the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part."

As required by Virginia Code § 2.2-4012.1, also explain why this rulemaking is expected to be noncontroversial and therefore appropriate for the fast-track process.

Ch. 1289 of the 2020 Acts of Assembly Item 307(D1) requires inpatient hospitals to report the admission source of any individuals meeting the criteria for voluntary or involuntary psychiatric commitment as outlined in § 16.1-338, 16.1-339, 16.1-340.1, 16.1-345, 37.2-805, 37.2-809, or 37.2-904, Code of Virginia, to the Board of Health. The Board shall collect and share any and all data regarding the admission source of individuals admitted to inpatient hospitals as a psychiatric patient, pursuant to § 32.1-276.6, Code of Virginia, with the Department of Behavioral Health and Developmental Services. The existing list of information from that Code section does not include criteria for voluntary or involuntary psychiatric commitment and the Board is using this action to conform to the requirements of Item 307(D1).

As the rulemaking is being utilized to conform to Ch. 1289 of the 2020 Acts of Assembly Item 307(D1), it is expected to be noncontroversial.

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

Va. Code § 32.1-12 gives the Board the responsibility to make, adopt, promulgate, and enforce such regulations as may be necessary to carry out the provisions of Va. Code § 32.1. Va. Code § 32.1-276.6(A) requires the Board to establish and administer an integrated system for collection and analysis of data which is used by consumers, employers, providers, purchasers of health care and state government. Section 32.1-276.6(B) of the Code of Virginia requires that every inpatient hospital shall submit to the Board patient level data where applicable and included on the standard claim forms: (1) hospital identifier; (2) attending physician identifier; (3) operative physician or oral and maxillofacial

surgeon identifier; (4) payor identifier; employer identifier as required on standard claims forms; (5) Employer identifier as required on standard claims forms; (6) Patient identifier (all submissions); (7) Patient sex, race (inpatient only), date of birth (including century indicator), street address, city or county, zip code, employment status code, status at discharge, and birth weight for infants (inpatient only); (8) Admission type, source (inpatient only), date and hour, and diagnosis; (9) Discharge date (inpatient only) and status; (10) Principal and secondary diagnoses; (11) External cause of injury; (12) Co-morbid conditions existing but not treated; (13) Procedures and procedure dates; (14) Revenue center codes, units, and charges as required on standard claims forms; and (15) Total charges.

Purpose

Explain the need for the regulatory change, including a description of: (1) the rationale or justification, (2) the specific reasons the regulatory change is essential to protect the health, safety or welfare of citizens, and (3) the goals of the regulatory change and the problems it's intended to solve.

The Board is required by Va. Code § 32.1-276.2 to establish effective health care data analysis and reporting initiatives to improve the quality and efficiency of health care, foster competition among health care providers, and increase consumer choice with regard to health care services in the Commonwealth, and that accurate and valuable health care data can best be identified by representatives of state government and the consumer, provider, insurance, and business communities.

The goal of the regulatory change is to conform the provisions of 12VAC5-217-20 to the additional provisions in Chapter 1289 Item 307(D1) of the 2020 Acts of Assembly.

Substance

Briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the "Detail of Changes" section below.

12VAC5-217-10: Admission source is defined further to include the provision of information of Chapter 1289 Item 307(D1) of the 2020 Acts of Assembly. This includes the point of origin and legal status of voluntary or involuntary psychiatric admissions.

Issues

Identify the issues associated with the regulatory change, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, include a specific statement to that effect.

This action is being used to conform the regulations to the provision of Chapter 1289 of the 2020 Acts of Assembly Item 307(D1). The advantage to the public and the Commonwealth is that the regulations are in compliance with legislative changes enacted by the 2020 General Assembly. There are no disadvantages to the public, the agency, or the Commonwealth.

Requirements More Restrictive than Federal

Identify and describe any requirement of the regulatory change which is more restrictive than applicable federal requirements. Include a specific citation for each applicable federal requirement, and a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements, or no requirements that exceed applicable federal requirements, include a specific statement to that effect.

There are no requirements in this proposal that exceed applicable federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

Identify any other state agencies, localities, or other entities particularly affected by the regulatory change. "Particularly affected" are those that are likely to bear any identified disproportionate material impact which would not be experienced by other agencies, localities, or entities. "Locality" can refer to either local governments or the locations in the Commonwealth where the activities relevant to the regulation or regulatory change are most likely to occur. If no agency, locality, or entity is particularly affected, include a specific statement to that effect.

Other State Agencies Particularly Affected

The Board shall collect and share any and all data regarding the admission source of individuals admitted to inpatient hospitals as a psychiatric patient with the Department of Behavioral Health and Developmental Services.

Localities Particularly Affected

No localities are particularly affected.

Other Entities Particularly Affected

Inpatient hospitals will be particularly affected by the proposed regulatory change.

Economic Impact

Pursuant to § 2.2-4007.04 of the Code of Virginia, identify all specific economic impacts (costs and/or benefits), anticipated to result from the regulatory change. When describing a particular economic impact, specify which new requirement or change in requirement creates the anticipated economic impact. Keep in mind that this is change versus the status quo.

Impact on State Agencies

For your agency: projected costs, savings, fees or revenues resulting from the regulatory change, including: a) fund source / fund detail; b) delineation of one-time versus on-going expenditures; and c) whether any costs or revenue loss can be absorbed within existing resources	None
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<i>For other state agencies:</i> projected costs, savings, fees or revenues resulting from the regulatory change, including a delineation of one-time versus on-going expenditures.	None
<i>For all agencies:</i> Benefits the regulatory change is designed to produce.	None

Impact on Localities

Projected costs, savings, fees or revenues resulting from the regulatory change.	None
Benefits the regulatory change is designed to produce.	None

Impact on Other Entities

Description of the individuals, businesses, or other entities likely to be affected by the regulatory change. If no other entities will be affected, include a specific statement to that effect.	Inpatient hospitals will report the additional admission source information.
Agency's best estimate of the number of such entities that will be affected. Include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that: a) is independently owned and operated and; b) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.	There are approximately 105 inpatient hospitals in Virginia.
All projected costs for affected individuals, businesses, or other entities resulting from the regulatory change. Be specific and include all costs including, but not limited to: a) projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the regulatory change; c) fees; d) purchases of equipment or services; and e) time required to comply with the requirements.	There are no anticipated costs associated with this regulatory change.
Benefits the regulatory change is designed to produce.	This regulatory change is designed to add admission source reporting information on individuals meeting the criteria for voluntary or involuntary psychiatric commitment.

Alternatives to Regulation

Describe any viable alternatives to the regulatory change that were considered, and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the regulatory change. Also, include discussion of less intrusive or less costly alternatives for small

businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulatory change.

Initiation of this regulatory action is the least burdensome method to conform to the Regulations for Inpatient Data Reporting to Chapter 1289 Item 307(D1) of the 2020 Acts of Assembly.

Regulatory Flexibility Analysis

Pursuant to § 2.2-4007.1B of the Code of Virginia, describe the agency's analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) establishing less stringent compliance or reporting requirements; 2) establishing less stringent schedules or deadlines for compliance or reporting requirements; 3) consolidation or simplification of compliance or reporting requirements; 4) establishing performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the regulatory change.

There are no alternative regulatory methods. The Board is required by the General Assembly to administer the health care data reporting initiatives. There are no viable alternatives to the proposed regulatory action to achieve the necessary regulatory changes.

Public Participation

Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below.

As required by § 2.2-4011 of the Code of Virginia, if an objection to the use of the fast-track process is received within the 30-day public comment period from 10 or more persons, any member of the applicable standing committee of either house of the General Assembly or of the Joint Commission on Administrative Rules, the agency shall: 1) file notice of the objections with the Registrar of Regulations for publication in the Virginia Register and 2) proceed with the normal promulgation process with the initial publication of the fast-track regulation serving as the Notice of Intended Regulatory Action.

If you are objecting to the use of the fast-track process as the means of promulgating this regulation, please clearly indicate your objection in your comment. Please also indicate the nature of, and reason for, your objection to using this process.

The Virginia Department of Health is providing an opportunity for comments on this regulatory proposal, including but not limited to (i) the costs and benefits of the regulatory proposal and any alternative approaches, (ii) the potential impacts of the regulation, and (iii) the agency's regulatory flexibility analysis stated in this background document.

Anyone wishing to submit written comments for the public comment file may do so through the Public Comment Forums feature of the Virginia Regulatory Town Hall web site at: <https://townhall.virginia.gov>. Comments may also be submitted by mail, or email to Mylam Ly, 109 Governor Street, 4th Floor, Richmond, VA 23219, 804-864-7263 and mylam.ly@vdh.virginia.gov. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

Detail of Changes

List all regulatory changes and the consequences of the changes. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Use all tables that apply, but delete inapplicable tables.

If an existing VAC Chapter(s) is being amended or repealed, use Table 1 to describe the changes between existing VAC Chapter(s) and the proposed regulation. If existing VAC Chapter(s) or sections are being repealed and replaced, ensure Table 1 clearly shows both the current number and the new number for each repealed section and the replacement section.

Table 1: Changes to Existing VAC Chapter(s)

Current chapter-section number	New chapter-section number, if applicable	Current requirements in VAC	Change, intent, rationale, and likely impact of new requirements
20		8b. Admission source.	<p>Change: 8b. Admission source.</p> <p><u>Enter the point of origin or the legal status of the admission. Legal status applies to voluntary or involuntary psychiatric admissions of minors and adults. If the patient has both a point of origin and a legal status code, enter the legal status code as the admission source. If the patient has a legal status code that is not listed below, select the point of origin.</u></p> <p><u>1 Non Health Care Facility</u></p> <p><u>2 Clinic or Physician's office</u></p> <p><u>4 Transfer from Hospital</u></p> <p><u>5 Transfer from SNF, ICF or ALF</u></p> <p><u>6 Transfer from other Health Care Facility</u></p> <p><u>8 Court/Law Enforcement</u></p> <p><u>9 Information not available</u></p> <p><u>D Transfer within unit</u></p> <p><u>T=§16.1-338 Parental admission of minors < 14 and nonobjecting minors 14 years of age or older</u></p> <p><u>U=§16.1-339 Parental admission of objecting minor 14 years of age or older</u></p> <p><u>V=§16.1-340.1 Involuntary TDO (minor)</u></p> <p><u>W=§16.1-345 Involuntary commitment (minor)</u></p>

			<p><u>X=§37.2-805 Voluntary admission (adult)</u></p> <p><u>Y=§37.2-809 Involuntary TDO (adult)</u></p> <p><u>Z=§37.2-904 Sexually violent predators (prisoners or defendants)</u></p> <p>Intent: The intent of these changes is to conform to Chapter 1289 of the 2020 Acts of Assembly Item 307(D1).</p> <p>Rationale: The patient-level discharge data submitted to VHI do not currently include the patient's legal status. Collecting this information will enable the Department of Behavioral Health and Developmental Services to study the distribution of involuntary psychiatric admissions throughout the community hospital system, with the goal of developing strategies to alleviate the high census at state psychiatric hospitals.</p> <p>Likely Impact: It is expected that hospitals will enter the point of origin and legal status for a voluntary or involuntary psychiatric admission.</p>

If a new VAC Chapter(s) is being promulgated and is not replacing an existing Chapter(s), use Table 2.

Table 2: Promulgating New VAC Chapter(s) without Repeal and Replace

New chapter-section number	New requirements	Other regulations and law that apply	Intent and likely impact of new requirements

If the regulatory change is replacing an **emergency regulation**, and the proposed regulation is identical to the emergency regulation, complete Table 1 and/or Table 2, as described above.

If the regulatory change is replacing an **emergency regulation**, but changes have been made since the emergency regulation became effective, also complete Table 3 to describe the changes made since the emergency regulation.

Table 3: Changes to the Emergency Regulation

Emergency chapter-section number	New chapter-section number, if applicable	Current <u>emergency</u> requirement	Change, intent, rationale, and likely impact of new or changed requirements since emergency stage

Project 6605 - Fast-Track

Department Of Health

Amend Regulation to conform to Chapter 1289 Item 307(D1) of the 2020 Acts of Assembly 12VAC5-217-20. Reporting requirements for patient level data elements.

Every inpatient hospital shall submit a complete filing of each patient level data element listed in the table in this section for each hospital inpatient, including a separate record for each infant, if applicable. Most of these data elements are currently collected from a Uniform Billing Form located in the latest publication of the Uniform Billing Manual prepared by the National Uniform Billing Committee. The Uniform Billing Form and the Uniform Billing Manual are located on the National Uniform Billing Committee's website at www.nubc.org. The Uniform Billing Manual provides a detailed field description and any special instruction pertaining to that element. An asterisk (*) indicates when the required data element is either not on the billing form or in the Uniform Billing Manual. The instructions provided under that particular data element should then be followed. Inpatient hospitals that submit patient level data directly to the board or the nonprofit organization shall submit it in an electronic data format.

Data Element

1. Hospital identifier.*

Enter the six-digit Medicare provider number or a number assigned by the board or its designee.

2. Attending physician identifier.

Enter the nationally assigned physician identification number, either the Uniform Physician Identification Number (UPIN) or National Provider Identifier (NPI) as approved by the board for the physician assigned as the attending physician for an inpatient.

3. Other physician identifier.

Enter the nationally assigned physician identification number, either the Uniform Physician Identification Number (UPIN) or National Provider Identifier (NPI) as approved by the board for the physician identified as the operating physician for the principal procedure reported.

4. Payor identifier.

5. Employer identifier.

6. Patient identifier.*

Enter the nine-digit social security number of the patient. If a social security number has not been assigned, leave blank. The nine-digit social security number is not required for patients under four years of age.

7a. Patient sex.

7b. Race code.*

If an inpatient hospital collects information regarding the choices listed below, the appropriate one-digit code reflecting the race of the patient should be entered. If a hospital only collects information for categories 0, 1, or 2, then the appropriate code should be entered from those three selections.

0 = White

1 = Black

2 = Other

3 = Asian

4 = American Indian

5 = White Hispanic

6 = Black Hispanic

7c. Date of birth.

7d. Street address, city or county, and zip code.

7e. Employment status code.

7f. Patient status (i.e., discharge).

Inpatient codes only.

7g. Birth weight (for infants).*

Enter the birth weight of newborns in grams.

8a. Admission type.

8b. Admission source.

Enter the point of origin or the legal status of the admission. Legal status applies to voluntary or involuntary psychiatric admissions of minors and adults. If the patient has both a point of origin and a legal status code, enter the legal status code as the admission source. If the patient has a legal status code that is not listed below, select the point of origin.

1 Non Health Care Facility

2 Clinic or Physician's office

4 Transfer from Hospital

5 Transfer from SNF, ICF or ALF

6 Transfer from other Health Care Facility

8 Court/Law Enforcement

9 Information not available

D Transfer within unit

T= §16.1-338 Parental admission of minors < 14 and nonobjecting minors 14 years of age or older

U=§16.1-339 Parental admission of objecting minor 14 years of age or older

V=§16.1-340.1 Involuntary TDO (minor)

W=§16.1-345 Involuntary commitment (minor)

X=§37.2-805 Voluntary admission (adult)

Y=§37.2-809 Involuntary TDO (adult)

Z=§37.2-904 Sexually violent predators (prisoners or defendants)

8c. Admission date.

8d. Admission hour.

8e. Admission diagnosis code.

9a. Discharge date.

Only enter date of discharge.

10. Principal diagnosis code.

Enter secondary diagnoses (up to eight).

In addition, include diagnoses recorded in the comments section for DX6-DX9.

11. External cause of injury code (E-code).

Record all external cause of injury codes in secondary diagnoses position after recording all treated secondary diagnoses.

12. Co-morbid conditions existing but not treated.

13. Principal procedure code and date.

Enter other procedures and dates (up to five). In addition, include procedures recorded in the comments section for PX4-PX6.

14. Revenue code (up to 23).

Units of service (up to 23).

Units of service charges (up to 23).

15. Total charges (by revenue code category or by HCPCS code).

(R.C. Code 001 is for total charges. See page 47-1.)