

**State Board of Health  
December 10, 2021 - 9:00am  
Hybrid Meeting**

**Perimeter Center, Boardroom 2, 9960 Mayland Drive, Henrico VA 23233 and via WebEx**

Members Present: Faye Prichard, Chair; Jim Edmondson; Wendy Klein, MD, Vice Chair; Benita Miller, DDS; Holly Puritz, MD; Maribel Ramos; Elizabeth Harrison; and Mary Margaret Whipple.

\*The following member attended virtually due to personal reasons of public health concerns for physical distancing and transmission levels for COVID-19: Gary Critzer.

\*The following member attended virtually due to personal reasons of family emergency: Jim Shuler, DVM.

\* The following members attended virtually due to a personal reason of scheduling conflicts: Linda Hines, RN and Stacey Swartz, PharmD.

Members Absent: Melissa Green; Anna Jeng, ScD; and Patricia Kinser, PhD.

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; Kim Beazley, Director, Office of Licensure and Certification; Heather Board, Acting Director, Office of Family Health Services; Robin Buskey, Policy Analyst, Office of Family Health Services; Shameera Carr, Executive Advisor, Public Health and Preparedness; Kristin Collins, Policy Analyst, Office of Epidemiology; Brookie Crawford, Central Region Public Information Officer; Kathryn Crosby, Chief Diversity, Equity, and Inclusion Officer; Dr. Marcia Degen, Office of Environmental Health Services; Tiffany Ford, Deputy Commissioner for Administration; Dr. Laurie Forlano, Deputy Director, Office of Epidemiology; Julie Henderson, Director, Office of Environmental Health Services; Bob Hicks, Deputy Commissioner for Public Health and Preparedness; Joe Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; Dr. Parham Jaber, Chief Deputy Commissioner for Community Health Services; Alexandra Jansson, Senior Policy Analyst; Bob Mauskapf, Director, Office of Emergency Preparedness; Dr. M. Norman Oliver, State Health Commissioner; Dr. Lilian Peake, Director, Office of Epidemiology; Carole Pratt, Senior Advisor and Confidential Assistant for Policy; John Ringer, Director of Public Health Planning and Evaluation; Jeff Stover, Chief of Staff; and Sonia Valadez, Executive Advisor for Administration.

Other Staff Present: Alexis Aplasca, Chief Clinical Officer, Department of Behavioral Health and Developmental Services; Emily Hopkins, MS, Director of Laboratory Operations, Division of Consolidated Laboratory Services; Grant Kronenburg, Office of the Attorney General; Robin Kurz, JD, Senior Assistant Attorney General; Vanessa MacLeod, Office of the Attorney General; Krista Samuels, Office of the Attorney General; and Allyson Tysinger, Senior Assistant Attorney General/Section Chief.

**Call to Order**

Ms. Prichard called the meeting to order at 9:08am.

## **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 September 2, 2021 Minutes**

Dr. Swartz made the motion to approve the minutes from the September 2, 2021 meeting with Ms. Hines seconding the motion. The minutes were approved unanimously by roll call vote.

## **Commissioner's Report**

Dr. Oliver provided the Commissioner's Report to the Board. They discussed the public health transformation roadmap and updates on the novel coronavirus (COVID-19) situation and response with respect to:

- Disease Burden and Transmission
- Testing
- Containment
- Communications
- Vaccination

There was a brief discussion regarding the transformation roadmap. There was larger discussion about the COVID-19 pandemic and response related to the omicron variant, test supply programs in public libraries, case investigation and contact tracing, and the new case management system. There was also discussion related to communication and vaccination efforts including targeted population outreach and partnerships with providers and community groups.

## **Regulatory Action Update**

Ms. Jansson reviewed the summary of all pending VDH regulatory actions. Since the September 2021 meeting the Commissioner has taken one regulatory action on behalf of the Board while the Board was not in session - taking no action on a petition for rulemaking regarding requiring vaccinations in school settings for students and staff.

Ms. Jansson advised the Board that there are 16 periodic reviews in progress:

- 12 VAC 5-66 Regulations Governing Durable Do Not Resuscitate Orders
- 12 VAC 5-80 Virginia Hearing Impairment Identification and Monitoring System
- 12 VAC 5-195 Virginia Women Infants and Children Program Regulations
- 12 VAC 5-200 Regulations Governing Eligibility Standards and Charges for Health Care Services to Individuals
- 12 VAC 5-216 Methodology to Measure Efficiency and Productivity of Health Care Institutions
- 12 VAC 5-217 Regulations of the Patient Level Data System
- 12 VAC 5-218 Rules and Regulations Governing Outpatient Data Reporting
- 12 VAC 5-220 Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations

- 12 VAC 5-407 Regulations for the Submission of Health Maintenance Organization Quality of Care Performance Information
- 12 VAC 5-408 Regulation for the Certificate of Quality Assurance of Managed Care Health Insurance Plan (MCHIP) Licensees
- 12 VAC 5-410 Regulations for the Licensure of Hospitals in Virginia
- 12 VAC 5-460 Regulations Governing Tourist Establishment Swimming Pools and Other Public Pools
- 12 VAC 5-462 Swimming Pool Regulations Governing the Posting of Water Quality Results
- 12 VAC 5-508 Regulations Governing the Virginia Physician Loan Repayment Program
- 12 VAC 5-510 Guidelines for General Assembly Nursing Scholarships
- 12 VAC 5-540 Rules and Regulations for the Identification of Medically Underserved Areas in Virginia

### **Lunch Presentation: Behavioral Health Update**

Dr. Aplasca presented an update on the intersection between health and behavioral health initiatives. There was discussion regarding the capacity of the Department of Behavioral Health and Developmental Services to care for their client population, and the link between housing, health and behavioral health.

### **Public Comment Period**

There were five persons who signed up for public comment. Jennifer Gruber provided comments about violence prevention resources and in favor of religious exemptions for vaccines. Anne Taydus provided comments about vaccine mandates and COVID-19. Doris Knick provided comments about radio frequency radiation and potential health effects; Ms. Knick also provided written comment which is included at the end of the minutes document. Mitchell Opalski provided comments about the amendments to the home care organization regulations. One person was not present at the time of the public comment period.

### **Proposed Amendments for Home Care Organization Regulations**

Ms. Allen presented proposed amendments to the Home Care Organization Regulations. This regulatory action seeks to assess all current regulation content and determine whether it should be amended or retained in its current form. Regulatory language was reviewed and clarified if the content was unclear, inconsistent, or outdated, and was revised to conform to the Form, Style and Procedure Manual for Publication of Virginia Regulations. Language was also revised to more accurately reflect on whom the regulatory requirements were placed.

The various types of policies and procedures required were consolidated into the section entitled “Policies and procedures.” Other sections were also consolidated, including home visits and on-site inspections. Sections have been added to more clearly explain the different licensure processes, including creating a new reinstatement licensure process. Language was added to clarify points of ambiguity that have caused confusion and inconsistency for regulants, such as the issue of branch offices and changes to existing licenses.

Dr. Klein made the motion to adopt the proposed amendments and Ms. Whipple seconded the motion. There was a brief discussion around which amendments were thought to be most

disruptive to current practice, the requirement for an audit versus a review by an auditor, and what the purpose of the audit requirement was for these organizations. The amendments were approved unanimously by roll call vote.

### **Proposed Amendments to the Disease Reporting and Control Regulations**

Dr. Peake presented proposed amendments to the Disease Reporting and Control Regulations. The proposed amendments bring the regulation into compliance with recent changes in the field of communicable disease detection and control and to allow greater flexibility with respect to reporting requirements in light of rapidly changing laboratory technologies and the emergence of new pathogens that are of public health concern.

This amendment removes, edits, and adds definitions as necessary to reflect current public health definitions and needs; removes the requirement to report weekly counts of influenza diagnoses; modifies the timelines for laboratories to submit isolates or specimens for further public health laboratory testing to improve the viability of material available for testing; replaces reporting by use of the Epi-1 form with reporting via an online web portal. The list of isolates or specimens that must be forwarded for further public health testing has been removed from 12VAC5-90-90 in this action because it was added to 12VAC5-90-80 in a separate exempt regulatory action. The section on select agent reporting has been modified to clarify that VDH requires an annual report and an immediate report of a loss, theft, or release.

This action was originally submitted as fast track amendments, but received more than 10 comments objecting to the use of a fast track action. The majority of commenters objected to VDH receiving reports, which include personal information, of their influenza data. This action does not add any influenza reporting requirements. Instead, this amendment will strike "influenza should be reported by number of cases only (and type of influenza, if available)" to clarify that only confirmed influenza cases are required to be reported.

Ms. Whipple made the motion to adopt the proposed amendments and Dr. Miller seconded the motion. There was discussion regarding the reportable disease list and tracking influenza. The proposed amendments were approved unanimously by roll call vote.

### **Fast Track Amendments to Sewage Handling and Disposal Regulations**

Dr. Degen presented fast track amendments to the Sewage Handling and Disposal Regulations. These amendments establish minimum design and installation criteria for conveyance pump stations and dispersal areas utilizing treated effluent (TL-2 and TL-3). Historically, the criteria were addressed via agency Guidance Memorandum and Policies (GMP). These types of designs were addressed piecemeal through product specific approvals beginning in 1995 and culminated in a comprehensive policy in 2009, GMP 147, which established procedures for treatment units to receive general approval, hydraulic loading rates for alternative onsite sewage systems, and design and installation criteria for the dispersal areas through a series of blanket variances to 12VAC5-610.

GMP 147 was rescinded following promulgation of the Regulations for Alternative Onsite Sewage Systems (12VAC5-613 AOSS Regulations). However, those regulations are performance regulations and therefore did not include the specific design and installation criteria found in GMP 147. To address this gap, the VDH issued GMP 2016-03, noted that designers

could continue to use design guidance from rescinded GMP 147 which would be in compliance with the AOSS Regulations. Parts of the rescinded GMP are superseded by 12VAC5-613 so there is conflicting and extraneous information that makes it confusing as a definitive reference. In working to resolve the confusion, VDH determined that moving the policy into regulation was necessary to resolve the discrepancies and confusion and also to provide clear design instruction and authority to licensed professionals in Virginia.

Dr. Puritz made the motion to adopt the fast track amendments to the Sewage Handling and Disposal Regulations with Dr. Klein seconding the motion. There was discussion about the representation of public health priorities in the fast track regulations through multiple draftings. The fast track amendments were approved unanimously by roll call vote.

### **Final Amendments to Regulations Governing Virginia Newborn Screening Services**

Ms. Board presented the final amendments to the Regulations Governing Virginia Newborn Screening Services. The proposed regulatory action would amend the existing newborn screening regulation to add spinal muscular atrophy (SMA) and X-linked adrenoleukodystrophy (X-ALD) to the newborn screening panel. Blood spot newborn screening services are provided by the Department of General Services' Division of Consolidated Laboratory Services (DCLS) in partnership with VDH. SMA is a genetic disorder that is estimated to occur in approximately 9.1 out of every 100,000 live births. X-ALD is a genetic disorder that is estimated to occur in approximately 6 out of every 100,000 live births. Treatment for both X-ALD and SMA is available if detected early. Screening is necessary, as these disorders cannot be detected at birth through physical examinations. The additions of SMA and X-ALD to the newborn screening panel have been recommended by the Virginia Genetics Advisory Committee. On the national level, these disorders have been added to the core panel of 35 genetic disorders included in the Recommended Uniform Screening Panel (RUSP) of the U.S. Secretary of Health and Human Services' (HHS) Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC).

Dr. Puritz made the motion to adopt the final amendments and Dr. Klein seconded the motion. There was a brief discussion about the delay in updates after the fee increase went into effect. The final amendments were approved unanimously by roll call vote.

### **Board of Health Annual Report/Plan for Well-Being Update**

Ms. Board presented the update to the Plan for Well-Being which serves as the Board of Health's Annual Report. The previous Plan for Well-Being ("Plan") lapsed in 2020, and preparations for a new Plan were ongoing, though delayed due to COVID-19. A survey will be conducted in early 2022 targeting publishing a new State Health Assessment to guide the development of the Health Improvement Plan in mid 2022.

Ms. Whipple made the motion to approve the annual report with Dr. Klein seconding the motion. There was discussion around the targeted populations and communications around the needs assessment survey and validation that Virginia residents were the ones responding. The annual report was approved unanimously by roll call vote.

**Legislative Update - 2022 Proposals**

Mr. Hilbert shared that there were a few proposals under consideration as agency bills, but that final approvals had not been made. Additionally, he shared that many of the details of the upcoming 2022 General Assembly session had not been determined including if the meetings would be in-person, hybrid, or virtual.

**Other Business**

Several members provided member reports. Dr. Swartz shared that pharmacists and pharmacies play a key role in vaccination efforts. Mr. Edmondson shared historical information regarding the procedures of the regulations of first trimester abortion facilities.

**Adjourn**

Meeting adjourned at 2:23pm.

---

## Comments to be added to the VDH meeting for December 10th

1 message

---

**Doris Knick** <teachersporch@yahoo.com>  
To: "questions@vdh.virginia.gov" <questions@vdh.virginia.gov>

Thu, Dec 9, 2021 at 5:05 PM

Hello,

I've signed up to speak for the meeting tomorrow. Just encase I have difficulty connecting and for the public record I'd like my comments to be submitted.

**Silent invisible threat** VDH has not yet been addressed, nurses in public schools, and doctors must be made aware and educated on the facts that Scientists are discovering that constant exposure to radiofrequency (RF) radiation, even at levels previously thought safe, can have serious and lifelong consequences especially for children. This is why hundreds of medical and public health professionals from around the world have joined together with parents and professional educators to demand that government agencies adopt more stringent standards to protect children from exposure to RF radiation.

### **Studies show that radiofrequency (RF) radiation from tablets, laptops and Wi-Fi routers are NOT SAFE for children**

Wireless radiation has been linked to serious health issues. A ten-year study by the National Toxicology Program of the NIH was designed to determine whether non-thermal RF radiation could cause cancer: In 2019, an independent expert panel reviewing the study found "clear evidence" of increased cancer among the **lab animals tested**.

### **What illnesses in children are most closely linked with exposure to RFR?**

The most common illness reported from exposure to RFR is Electromagnetic Hyper-Sensitivity (EHS). EHS is recognized by the WHO, the US Access Board, Department of Labor and others. High incidences among children are well documented.

Other reported medical impacts include:

- Neuropsychiatric (behavioral) effects anxiety, depression, brain fog, nausea and cognitive impairment,
- Autism
- ADHD
- Childhood leukemia
- Brain tumors
- Sudden cardiac arrest
- Diabetes
- Prenatal effects

The available data is stronger with some illnesses than others, although sufficient, even if inconclusive, to justify precaution and further inquiry.

The rapid proliferation of wireless devices in classrooms has brought increased concern about the potential health effects of near-constant exposure to RF radiation, particularly for children. These concerns stem from multiple factors:

- All wireless devices emit RF radiation

- Multiple devices used in classrooms increase the amount of radiation exposure
- Cell phone Towers near and on school property
- Wireless devices are NOT tested in current real-life use patterns
- Children are uniquely vulnerable to RF radiation because their still-developing physiology

I am requesting a formal process to begin to protect children from RFR in schools that educates teachers, nurses, and all school staff!

This website could help get the process moving.

[Schools & Families - Wireless microwave radiation induction \(wirelesseducation.org\)](http://wirelesseducation.org)

### **Schools & Families**

How to use wireless devices safely in the home – WiFi – mobile/cell/DECT phones, wireless routers, smart meters....

Please advise who I send the research studies and links to be added to this public record to.

Sincerely,

Doris Knick

"Live the changes you wish to see in the world!"