

Board of Health Quarterly Meeting

April 10, 2024
Richmond, Virginia

WELCOME AND INTRODUCTIONS

AGENDA

Agenda

Approval of December 15, 2023 Minutes

Gary Critzer, Chair

Commissioner's Report

Karen Shelton, MD
State Health Commissioner

Regulatory Action Update

Michael Capps, MPH
Sr. Policy Analyst for Governmental and
Regulatory Affairs

Public Comment Period

Break

Lunch Presentation:
Travel Preparations – Reimbursement Process

Brook Pittinger, MPA, CPM
Assistant Deputy Commissioner
Administration

Agenda

Regulations Governing Vital Records
12VAC5-550
(Fast Track Amendments)

Seth Austin
Director
Office of Vital Records

Regulations for Summer Camps
12VAC5-440
(Proposed Amendments)

Julie Henderson
Director
Office of Environmental Health Services

Rainwater Harvesting System Regulations
12VAC5-635
(Final Regulations)

Ms. Henderson

Food Regulations
12VAC5-421
(Fast Track Amendments)

Ms. Henderson

Board of Health Annual Report

Laurie Forlano, DO, MPH
Director
Office of Epidemiology

Agenda

2024 General Assembly Legislative Update

Ms. Jansson

2024 General Assembly Budget Update

Stephanie Gilliam
Deputy Director for Budget
Office of Financial Management

Appointment of Nominating Committee

Mr. Critzer

Other Business

Adjourn

MINUTES FROM DECEMBER 15, 2023

**State Board of Health
December 15, 2023 - 9:00am
Perimeter Center, Boardroom 2**

Members Present: Gary Critzer, Chair; Douglas Daniels, DVM; Michael Desjaton; Melissa Green; Lee Jones, DMD; Stacey Swartz, PharmD; Ann B.R. Vaughters, MD; and Mary Margaret Whipple.

Members Absent: Holly Puritz, MD; Melissa Nelson, MD; Anna Jeng, ScD; Maribel Ramos Elizabeth Ruffin Harrison. Patricia Kinser, PhD, Vice Chair; Patricia O'Bannon;

VDH Staff Present: Rebekah Allen, Sr. Policy Analyst, Office of Licensure and Certification; Michael Capps, Senior Policy Analyst; Laurie Forlano, State Epidemiologist; Julie Henderson, Director, Office of Environmental Health Services; Robert Hicks, Deputy Commissioner of Population Health & Preparedness; Joe Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; Alexandra Jansson, Senior Policy Analyst; R. Christopher Lindsay, Chief Operating Officer; Maria Reppas, Director, Office of Communications; Brenden Rivenbark, VDH Agency Star; Sandra Serna, Director, Office of Health Equity; Karen Shelton, State Health Commissioner; and Amy Tharp, MD, VDH Agency Star.

Other Staff Present: Darrell W. Kuntz III, Assistant Attorney General; Robin Kurz, JD, Senior Assistant Attorney General; John Littel, Secretary of Health and Human Resources; and Charis Mitchell, Assistant Attorney General.

Call to Order

Mr. Critzer called the meeting to order at 9:10 am.

Introductions

Mr. Critzer welcomed those in attendance to the meeting. Mr. Critzer 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 binder.

Approval of September 14, 2023, Minutes

The minutes from the September 14 meeting were reviewed. Mr. Desjaton made a motion to approve the minutes, seconded by Dr. Swartz. The motion passed unanimously by voice vote.

Remarks by Secretary Littel

John Littel, Secretary of Health and Human Resources, provided remarks to the Board. He shared appreciation for the Board members work and engagement. He also shared several highlights from the Youngkin Administration's past year and moving forward including funding to eliminate the priority 1 wait list for developmental disability waiver services and the expansion of Right Help, Right Now with a focus on children. To support these efforts, the Centers for Medicaid Services provided a waiver to expand school-based care and counseling, and there is anticipated legislation targeted at helping provide guidelines for social media and

children. Secretary Littel also briefly discussed plans for the expansion of crisis stabilization units, and for the increased availability of naloxone in the face of the ongoing fentanyl crisis.

In regard to VDH, Secretary Littel shared appreciation for the work agency leadership, particularly the Commissioner, has shown for rebuilding the infrastructure of the agency, including that for financial management and human resources. He indicated issues in the Office of Emergency Medical Services (OEMS) reflect the need for better financial and human resource infrastructure. The Secretary said that the Governor plans to include in his budget funding to help address a number of financial issues within OEMS. He also highlighted ongoing work related to maternal and child health and looking forward to turning more of a focus towards that in the coming year.

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:

- Agency Stars
- Communicable Disease Update
- Holiday Satellite Media Tour
- American Rescue Plan Act Projects
- VDH Workgroup on Structure and Funding of Local Health Departments Outcomes
- Workforce: Non-Physician Directors/Medical Officers
- EMS Update
- Monthly Operating Reviews
- Language Access
- Strategic Planning Update
- Retirement of Bob Hicks

There was discussion regarding RSV vaccine availability and educational efforts to increase awareness and uptake. There was also appreciation from Board members and staff for Mr. Hick's years of service. There was also discussion around updates regarding the Office of Emergency Medical Services and emergency systems for the Commonwealth at large.

Regulatory Action Update

Mr. Capps reviewed the summary of all pending VDH regulatory actions.

Since the September 2023 meeting, the Commissioner approved five regulatory actions on behalf of the Board while the Board was not in session. Approved Result of Periodic Review of Regulations – Board of Health Regulations Governing Vital Records (12VAC5-550). The decision resulting from the periodic review of Chapter 550 is to amend the Regulations to conform the language to the *Virginia Registrar of Regulations' Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*. Approved Final Exempt Action - Regulation for the Certificate of Quality Assurance of Managed Care Health Insurance Plan (MCHIP) Licensees (12VAC5-408); this non-discretionary action conforms to required legislative changes. Approved Notice of Intended Regulatory Action (NOIRA) – Certified Nursing Facility Staffing Standards Regulation (12VAC5-375); this begins promulgation of new regulations per legislative action. Approved NOIRA – Managed Care Health Insurance Plan

Quality Assurance Regulation (12VAC5-409); this action is to implement the results of the recent Periodic Review. And approved NOIRA – Regulation for the Licensure of Nursing Facilities (12VAC5-372). This action initiates a Periodic Review of the Regulations for the Licensure of Nursing Facilities (12VAC5-371), the results of which will be promulgated into a new Chapter 372, repealing Chapter 371.

Since the September 2023 meeting the Commissioner has not taken any non-regulatory action on behalf of the Board while the Board was not in session.

Mr. Capps advised the Board that there are 22 periodic reviews in progress:

- 12 VAC 5-67 Advance Health Care Directive Registry
- 12 VAC 5-90 Regulations for Disease Reporting and Control
- 12 VAC 5-105 Rabies Regulations
- 12 VAC 5-115 Virginia Immunization Information System Regulations
- 12 VAC 5-125 Regulations for Bedding and Upholstered Furniture Inspection Program
- 12 VAC 5-215 Rules and Regulations Governing Health Data Reporting
- 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 5-220 Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations
- 12 VAC 5-221 Virginia's Rules and Regulations Governing Cooperative Agreements
- 12 VAC 5-371 Regulations for the Licensure of Nursing Facilities
- 12 VAC 5-381 Home Care Organization Regulations
- 12 VAC 5-405 Rules Governing Private Review Agents
- 12 VAC 5-407 Regulations for the Submission of Health Maintenance Organization Quality of Care Performance Information
- 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 5-613 Regulations for Alternative Onsite Sewage Systems
- 12 VAC 5-620 Regulations Governing Application Fees for Construction Permits for Onsite Sewage Disposal Systems and Private Wells
- 12 VAC 5-640 Alternative Discharging Sewage Treatment Regulations for Individual Single Family Dwellings
- 12 VAC 5-650 Schedule of Civil Penalties

There was discussion about if personal care services were included in the Home Care Organization regulations.

Public Comment Period

There was one person signed up for the public comment period. Brent Rawlings from the Virginia Hospital and Healthcare Association shared support for the Certificate of Public Need regulatory action on the Board's agenda.

Workforce Incentive Programs

Ms. Serna presented regarding workforce incentive programs in Virginia administered by the Office of Health Equity (OHE). She provided an overview of OHE and the divisions within it. She then shared information about each of the currently funded programs administered by the office including:

- Mary Marshall Nursing Scholarships
- Virginia Long-Term Care Facility Nursing Scholarships
- Virginia Nurse Educator Scholarship Program
- Virginia Nurse Practitioner/Nurse Midwife Scholarship Program
- Virginia Nurse Preceptor Program
- Virginia State Loan Repayment Program
- Virginia State Loan Repayment Program – Delta Dental Foundation Extension
- Behavioral Health Loan Repayment Program
- Earn to Learn Nursing Education Acceleration Program

There was discussion about the nurse preceptor program and getting feedback from recipients.

Final Amendments to the Regulations Governing the State Dental Scholarship Program 12VAC5-520

Ms. Serna presented the Final Amendments to the Regulations Governing the State Dental Scholarship Program. In June of 2016, VDH conducted a periodic review of 12VAC5-520, “Regulations Governing the Dental Scholarship and Loan Repayment Programs.” As a result of the review, VDH determined it was necessary to use the regulatory process to amend these regulations, as the regulatory chapter has not been comprehensively revised in over a decade.

This regulatory action is necessary to amend the regulations so that 12VAC5-520 aligns with the regulations governing the other scholarship and loan repayment programs administered by VDH. The amendments include corrections to the definitions of terms utilized within the regulatory chapter; changes to make the regulatory chapter easier to read; formatting changes to make the regulatory chapter conform to other similar programs; and correcting or inserting language regarding 1) how to apply to the program and 2) the penalty to be paid in the event a recipient defaults after graduation.

There was discussion regarding the length of regulatory timelines between decision and action, as well as clarity for “economically disadvantaged background.” Dr. Jones shared his appreciation for VDH’s attention to oral health and issues around oral health workforce.

Dr. Jones made a motion to approve the final amendments with Dr. Vaughters seconding. There was a motion to further amend the regulations to provide clarity and a demonstrable measurement of what “economically disadvantaged” means by Mr. Desjaden, seconded by Dr. Vaughters. There was further amendment motioned by Dr. Jones and seconded by Dr. Vaughters related to how the VCU School of Dentistry was referred to in two sections. The amendments were adopted by unanimous voice vote. The amended regulations passed by unanimous voice vote.

Fast Track Amendments to Regulations of Food 12VAC5-421

Ms. Henderson presented the Fast Track Amendments to Food Regulations. The purpose of these regulations is to prevent foodborne illness by ensuring that foods prepared and served at food establishments in Virginia are safe, unadulterated, and prepared under sanitary conditions. This is accomplished by ensuring regulations reflect current science and technology regarding minimum sanitary standards for food establishments to protect the dining public. These standards include approved sources for foods used in food establishments, specifications for safe handling, storage, preparation and serving of food, personal hygiene of employees, precautions to prevent the transmission of diseases communicable through food, and the general sanitation of the facility. When followed, these minimum standards will protect the public's health, safety, and welfare.

The proposed regulatory action would amend the existing Food Regulations to incorporate, in part, 2022 amendments to the Food and Drug Administration (FDA) Food Code. Proposed edits include the addition and revision of definitions, updates to cross references, and changes to standards related to temperatures, food donation, and risk categorization. The FDA Food Code serves as a model document to assist state and local agencies with regulatory authority over food safety by creating a regulatory scheme that reflects the most current science available to reduce the risk of food borne illnesses associated with food establishments. Additional amendments are intended to ensure clarity and uniform application.

Dr. Swartz made a motion to approve the fast-track amendments with Dr. Daniels seconding. The motion passed by unanimous voice vote.

Fast Track Amendments to the Regulations for the Certificate of Public Need 12VAC5-220

Ms. Allen presented the Fast Track Amendments to the Regulations for the Certificate of Public Need (COPN). The purpose of these amendments is to create a fee schedule for the COPN program and revise the fee cap on applications. Chapter 1271 of the 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 program in VDH. The amendments removed the prior statutory cap on fees and included authority for the State Board of Health to establish a fee schedule for the applications that it receives.

The goals of the regulatory change are 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.

There was discussion regarding the development of the fee schedule, and staffing for the COPN program.

Ms. Whipple made a motion to approve the fast-track amendments with Dr. Vaughters seconding. The motion passed by unanimous voice vote.

2024 Travel Meeting Recommendations

Mr. Hilbert presented recommendations to the Board regarding a potential travel meeting in June

2024. Mr. Hilbert reviewed the proposals from two sites, a joint one in Norfolk and Virginia Beach and one from Mt. Rogers Health District. The recommendation was made to travel to Norfolk and Virginia Beach in June 2024 and plan for Mt. Rogers in June 2025. The Board expressed appreciation to staff for preparing these proposals and the recommendations.

A motion to adopt the recommendation was made by Mr. Desjadon and seconded by Dr. Swartz. The motion passed by unanimous voice vote.

Policy Committee Discussion

At the September meeting, the Policy Committee and staff were asked to do two things prior to the December meeting. The first was to prepare information about how other Boards do or do not include written comments in the minutes. The second was to develop a one-pager describing the process and a graphic to illustrate for the Board by the December meeting.

Ms. Jansson shared that in reaching out to other Boards, most do not receive written comment, only oral comment at the meetings. For Boards that do receive written comment, similar to how this Board has done, they are included at the end of the minutes document. The recommendation was made that the Board may put a page between the end of the Board minutes and the beginning of any written comments to say that the remainder of the document is written comment received and may not reflect the views of the Board or its members.

Dr. Vaughters made a motion to accept the recommendation with Dr. Jones seconding. The motion passed unanimously by voice vote.

Mr. Capps shared the policy committee process overview. This provides that if there were an idea a Board members wished to submit, they email it with a justification of why VDH should investigate to the Policy Committee Chair, Mr. Hilbert, Ms. Jansson, and Mr. Capps. Next, staff will coordinate within the agency to create a one-pager on the topic and it will be sent to the Policy Committee. The Policy Committee may request additional information, but when they have enough information, can vote on a recommended decision that will be presented to the Board and voted on. The following Board meeting, the Policy Committee will report out and if the Board approves, the idea will move through the internal problem statement process through Commissioner approval. Once approved, it will be brought back to the Board to vote on adoption of the recommended items.

A motion to accept and implement this process was made by Ms. Whipple with Ms. Green seconding. The motion passed by unanimous voice vote.

Other Business

Dr. Jones asked if the frequent comment the Board has received regarding electromagnetic radiation was something that should be sent to the Policy Committee. There was a discussion around previous communications and that VDH does not have authority over this area, it falls to the Federal level. It was suggested that the Chair could send a note on behalf of the Board to acknowledge the concerns. A motion to have the Chair respond was made by Ms. Green and seconded by Dr. Vaughters. The motion passed by unanimous voice vote.

Adjourn

The meeting adjourned at 12:56pm.

Commissioner's Report

Dr. Karen Shelton
State Health Commissioner

Outline

Agency Stars

Key Personnel Changes

Communicable Diseases

Workforce Development

Accreditation Updates

Naloxone Distribution Program

Highlight: Maternal Health Roundtable

Joint Commission on Healthcare (JCHC) Studies

Joint Legislative and Audit Review Commission (JLARC) Study

Internship Academy Look Ahead

Agency Stars

Briana Bill

Cathy Peppers

Key Personnel Changes

Breanne Forbes Hubbard

Dr. Susan Fischer Davis

COMMUNICABLE DISEASES UPDATE

Syphilis Update

Data Updates

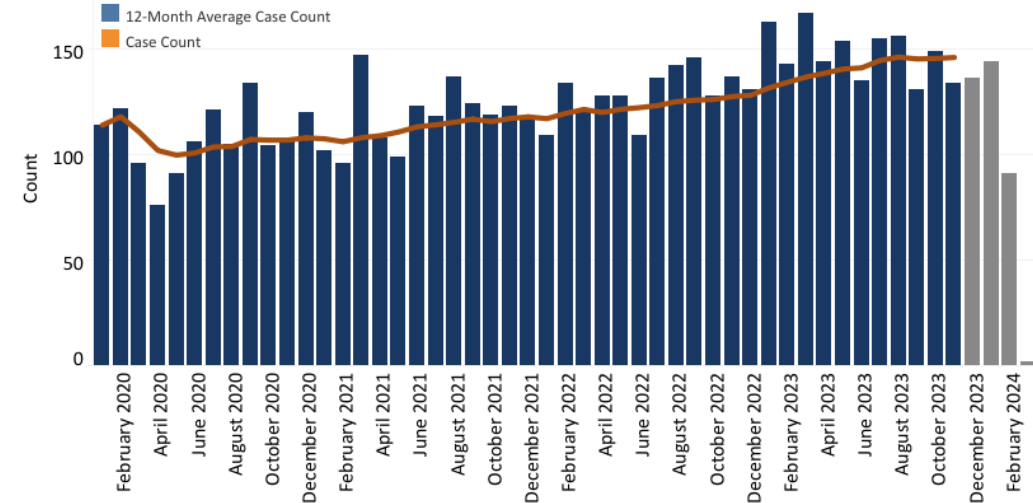
- Early syphilis cases increased 14% in 2023; however, cases among women of reproductive age increased 26%.
- 21 cases of congenital syphilis were identified in 2023, and four cases have already been identified in 2024.

Program Updates

- VDH has trained clinicians to prescribe doxycycline as STI post-exposure prophylaxis (DoxyPEP), and [published factsheets](#) online.
- VDH's recent HIV/STI prevention public messaging [campaign](#) ran throughout February, resulting in 1.1 million video views.
- Syphilis and pregnancy rapid testing pilot planned for three comprehensive harm reduction sites.
- Health directors will begin conducting quarterly training with community providers using template slide deck developed by VDH.
- VDH has begun scaling up phlebotomy training for disease intervention staff to ensure timely testing for exposed partners of infected people.
- VDH Pharmacy has successfully procured and managed the ability to maintain sufficient supply of the only first-line recommended treatment, penicillin G benzathine (Bicillin-LA) despite national shortages persisting since April 2023.
- VDH and DMAS have begun collaborating to resolve treatment access barriers for Medicaid patients.

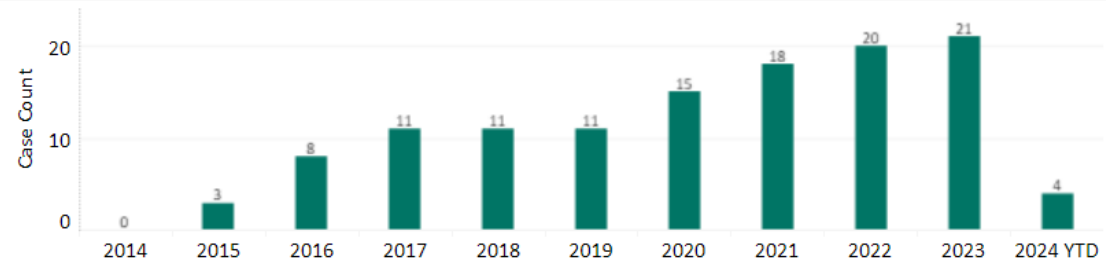
TES Cases by Month in Virginia

Monthly counts of total early syphilis (TES) cases are based on date of diagnosis. Data for the most recent three months (shown as gray bars in the chart) represent incomplete data due to ongoing case investigations.



Congenital Syphilis Cases by Year in Virginia

Annual congenital syphilis case counts are based on year of birth (or stillbirth).

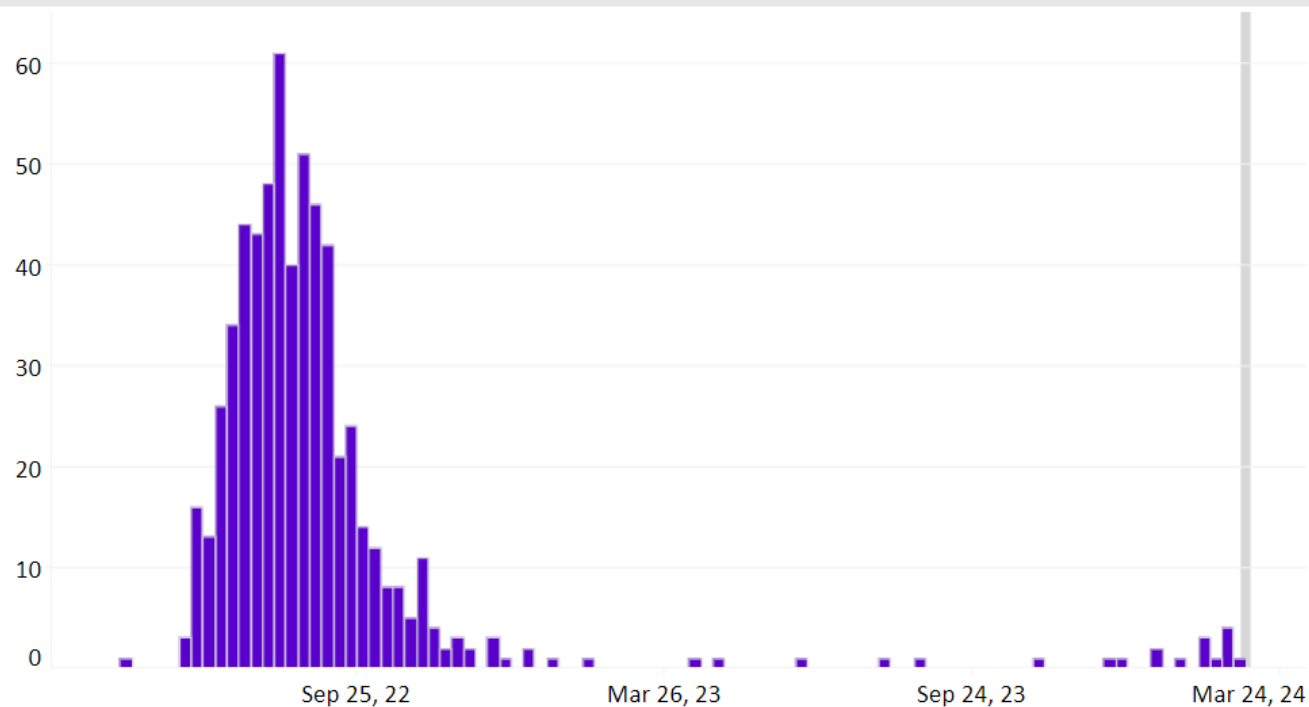


Mpox Update

Total Cases	Total Hospitalizations	Total Deaths
590	35	2

Number of Cases by Week

The graph shows the number of mpox cases reported to VDH by the date closest to when the person became ill or got tested for the mpox virus.



- Recent increase in reported mpox cases
 - As of March 12: Reported cases up to 12 in 2024 (total from Central, Eastern, Northern, and Northwest regions)
 - In CY 2023, 12 total reported mpox cases, all from Northern region
- Vaccination coverage in U.S. and in Virginia remains low, with ~1 in 4 eligible people having received both doses

Respiratory Virus Guidance Update

People with symptoms of a respiratory virus should stay home and away from others to [prevent spreading illness](#):

People can go back to normal activities when, for at least 24 hours, both are true:

- Your symptoms are getting better overall, **and**
- You have not had a fever (and are not using fever-reducing medication).

Once people resume normal activities, they are encouraged to take precautions for the next five days to curb disease spread

- Taking more steps for cleaner air
- Enhancing hygiene practices
- Wearing a well-fitting mask
- Keeping a distance from others
- Getting tested to inform your actions to prevent spread to others

Enhanced precautions are especially important to protect those [most at risk for severe illness](#), including those over 65 and people with weakened immune systems

Respiratory Virus Guidance Snapshot

Core prevention strategies

- Immunizations
- Hygiene
- Steps for Cleaner Air
- Treatment
- Stay Home and Prevent Spread*

Additional prevention strategies

- Masks
- Distancing
- Tests

***Stay home and away from others until, for 24 hours BOTH:**

- Your symptoms are getting better
- You are fever-free (without meds)

Then take added precaution for the next 5 days

Layering prevention strategies can be especially helpful when:

- ✓ Respiratory viruses are causing a lot of illness in your community
- ✓ You or those around you have risk factors for severe illness
- ✓ You or those around you were recently exposed, are sick, or are recovering

Meningococcal Disease

- More cases than the baseline incidence of meningococcal disease caused by *Neisseria meningitidis* have been reported in Virginia since January 30, 2024
 - *N. meningitidis* serogroup Y, including the strain associated with the statewide outbreak and a ciprofloxacin and penicillin-resistant strain, drive increase
- Three cases are associated with the statewide outbreak first identified in June 2022 eastern Virginia. To date, 35 outbreak-associated cases have been identified across Virginia.
 - Populations disproportionately affected by this outbreak include Black or African American adults 30-60 years of age and adults with HIV
- Two cases are caused by a strain of *N. meningitidis* that is resistant to ciprofloxacin and penicillin. This strain has only been detected in residents of/travelers to the DC metro area
- **Next Steps:**
 - Expand our vaccination strategy to increase access to MenACWY vaccine for persons at increased risk for meningococcal disease due to [certain medical conditions](#) (e.g., people with HIV)
 - Notify providers of this increase in meningococcal disease activity and the detection of antibiotic-resistant *N. meningitidis* in northern Virginia

Workforce Development Initiatives

Workforce Development & Engagement Director

- Funded by the Public Health Infrastructure Grant
- Initiatives
 - Establish the VDH Employee Advisory Council
 - Conduct a Workforce Gap Analysis
 - Meet with LHD and Central Office staff
 - Develop a dashboard to track employee engagement metrics
 - Attend CDC reverse site visit in May
 - Create a strategic plan to address workforce wellness, engagement, and agency culture

Workforce Development Initiatives

Politico Event

Virginia Health Workforce Development Authority – RAND Corporation Study

- Retain
 - Workforce wellness
 - Workplace safety
 - Team based practice
- Recruit
 - Start early – Kindergarten!
 - Culturally Diverse
 - Reduce educational barriers
 - Cost and location
 - Loans, Scholarships, Earn to Learn



Accreditation Updates

- The Public Health Accreditation Board (PHAB) develops standards for high performing public health organizations and then reviews the performance of those organizations against those standards.



- Initial accreditation lasts for five years and then organizations must go through a re-accreditation process.
- The Virginia Department of Health is fully accredited.

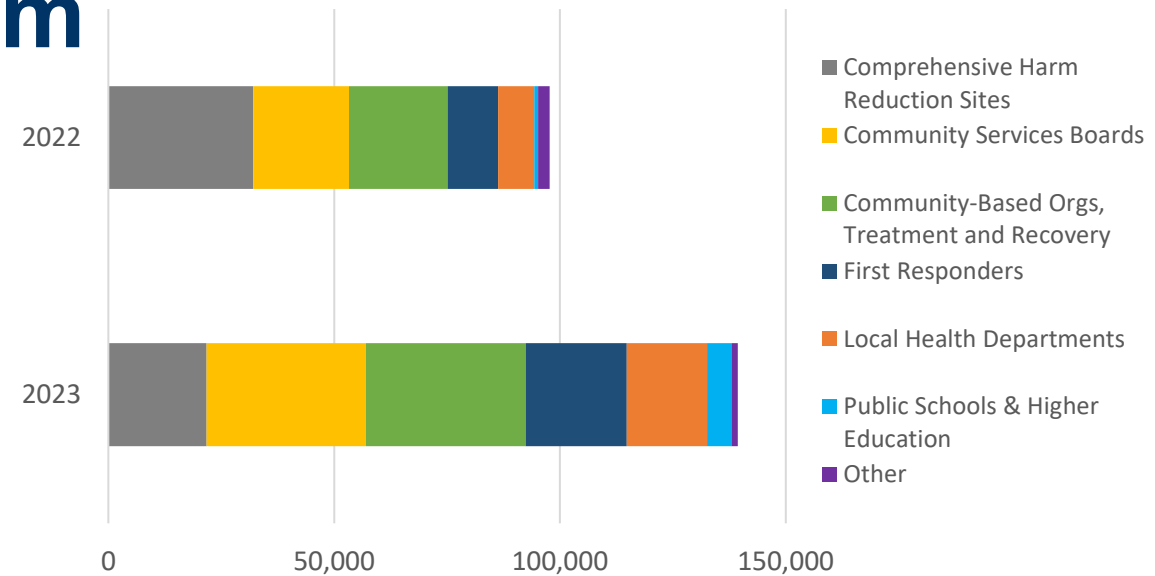
Accreditation Updates

- Some local health districts have chosen to go through the accreditation process:
 - Fairfax County Health Department
 - Prince William Health District (Re-accredited on March 12, 2024)
 - Portsmouth Health Department (Re-accreditation in process)
 - Blue Ridge Health District (chose not go through Re-accreditation)
- Rappahannock Health District is currently going through the Accreditation process

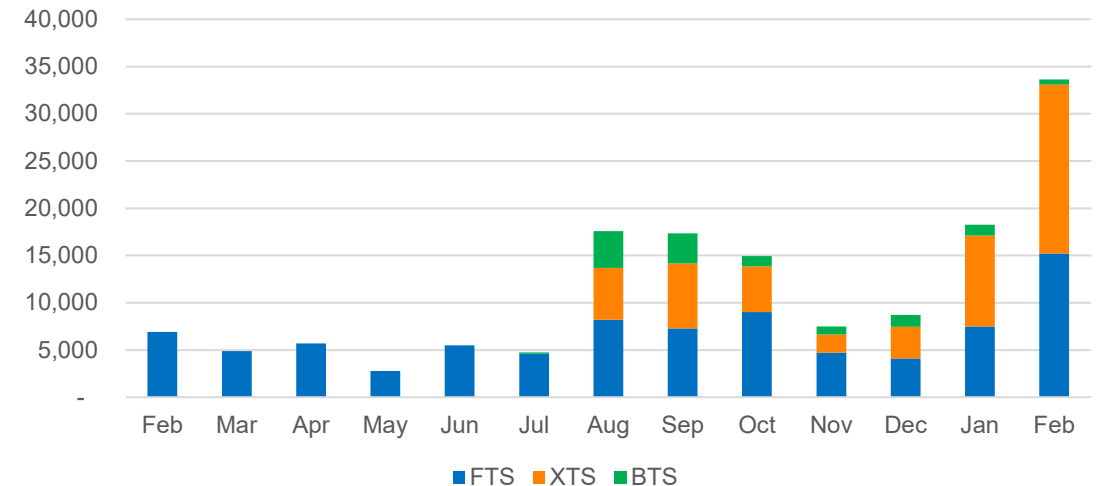
Naloxone Distribution Program

- In 2023, VDH distributed **139,368 naloxone kits** to eligible partners, a 43% increase in distribution from the previous year's distribution of 97,688. VDH has distributed over 20,000 kits to partners in January and February of 2024.
- Community Services Boards, Community Partners** (e.g., High-Impact Community Based Organizations, Treatment and Recovery facilities) and **First Responders** were among the largest ordering partner organizations in 2023.
- VDH has continued to increase distribution of test strips, inclusive of testing **fentanyl, xylazine or benzodiazepines** to persons using drugs. In February 2024, VDH nearly doubled the distribution for the previous month with a **4-fold increase from February 2023**.
- Since the development of the Naloxone Distribution and Saturation plan in 2023, VDH has **engaged closely with partners** to ensure that they have sufficient quantities of naloxone to serve their communities while targeting high-risk individuals.

Naloxone Distributed to Partners



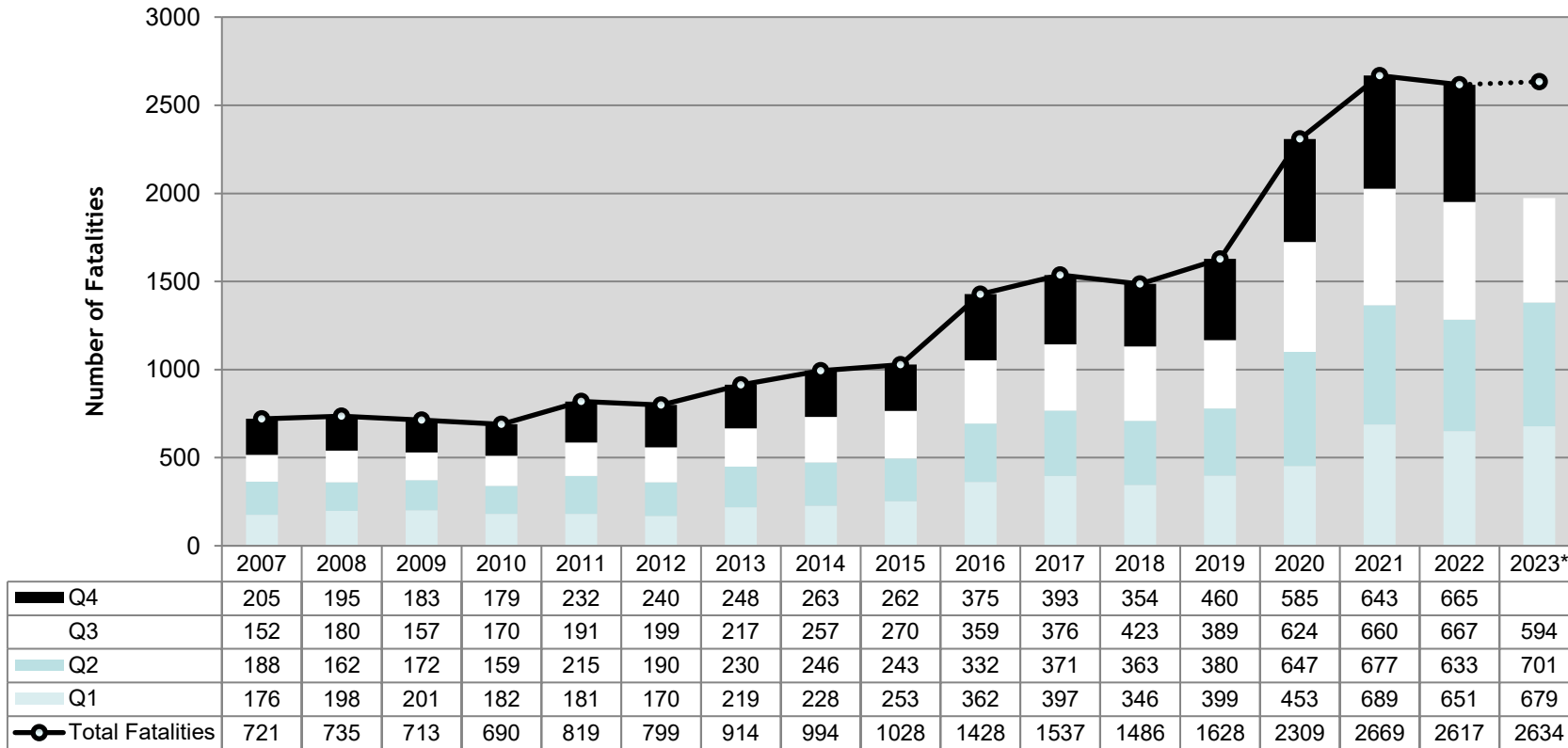
Test Strips Shipped by Month (Feb 2023– Feb 2024)



ALL DRUGS

The total number of fatal drug overdoses statewide has increased each year. In 2013, fatal drug overdose became the number one method of unnatural death in the Commonwealth, surpassing both motor vehicle-related fatalities and gun-related fatalities. In 2014, fatal drug overdose became the leading cause of accidental death in Virginia. Fatal overdoses, all substance, decreased by 1.9% in 2022 when compared to 2021.

Total Number of Fatal Drug Overdoses by Quarter and Year of Death, 2007-2023*
Data for 2023 is a Predicted Total for the Entire Year



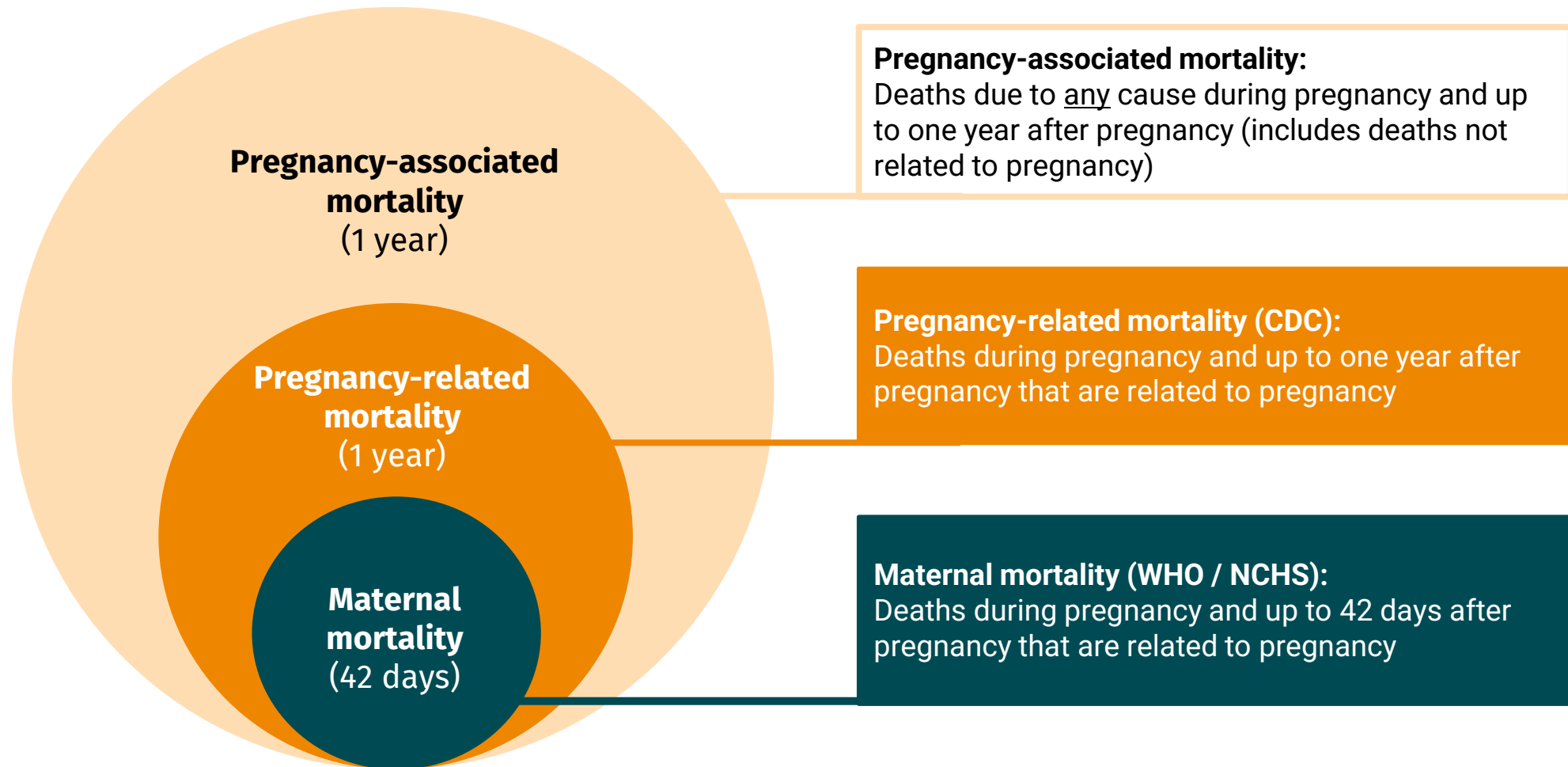
Virginia's Maternal Health Landscape

Karen Shelton MD
State Health Commissioner
Virginia Department of Health
February 29, 2024

Virginia's Maternal Health Data

- Maternal Mortality Surveillance
- Maternal Outcomes
- Patient Engagement
- Linkage to Care
- Access to Care

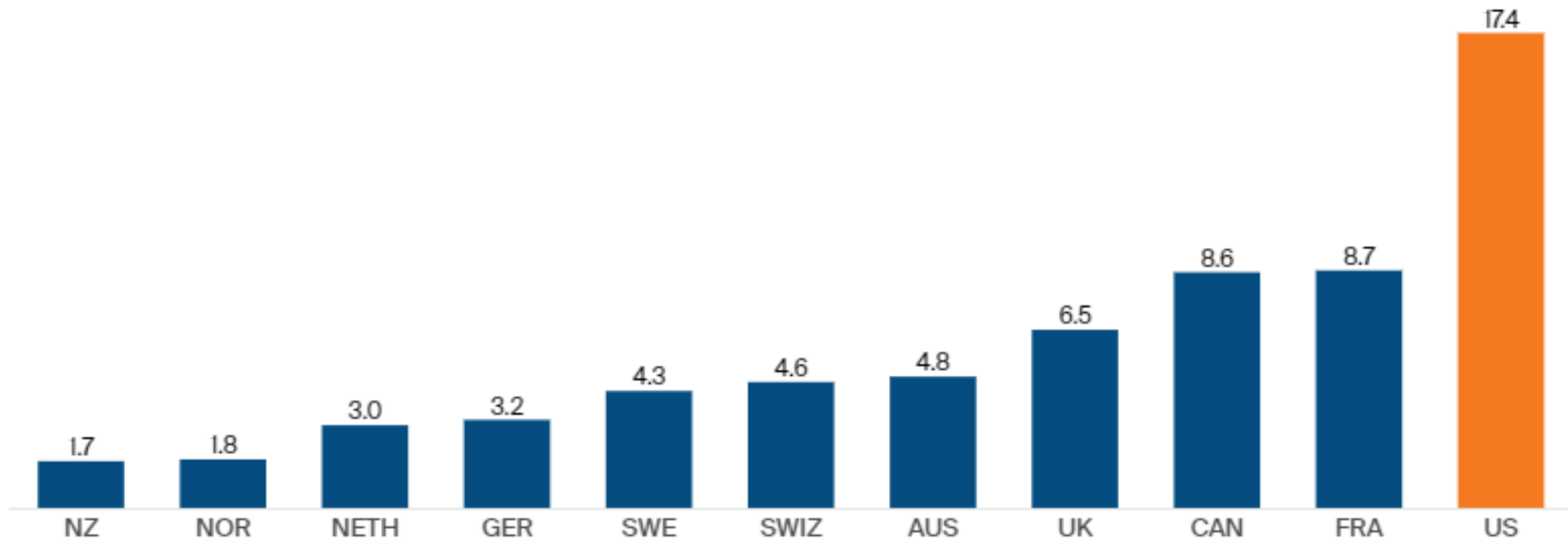
Maternal Mortality



Trends in Maternal Mortality (WHO Definition)

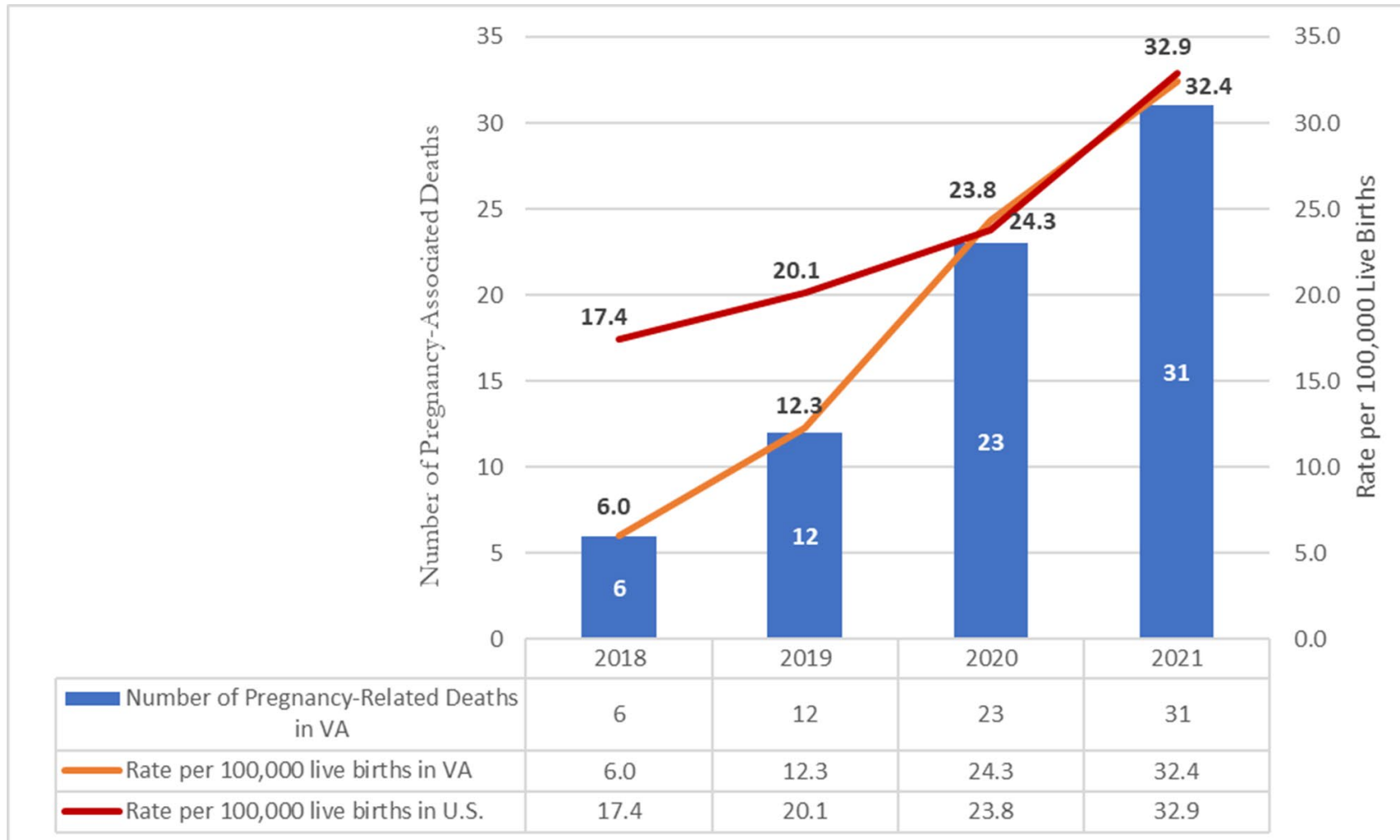
Maternal Mortality Ratios in Selected Countries, 2018 or Latest Year

Deaths per 100,000 live births

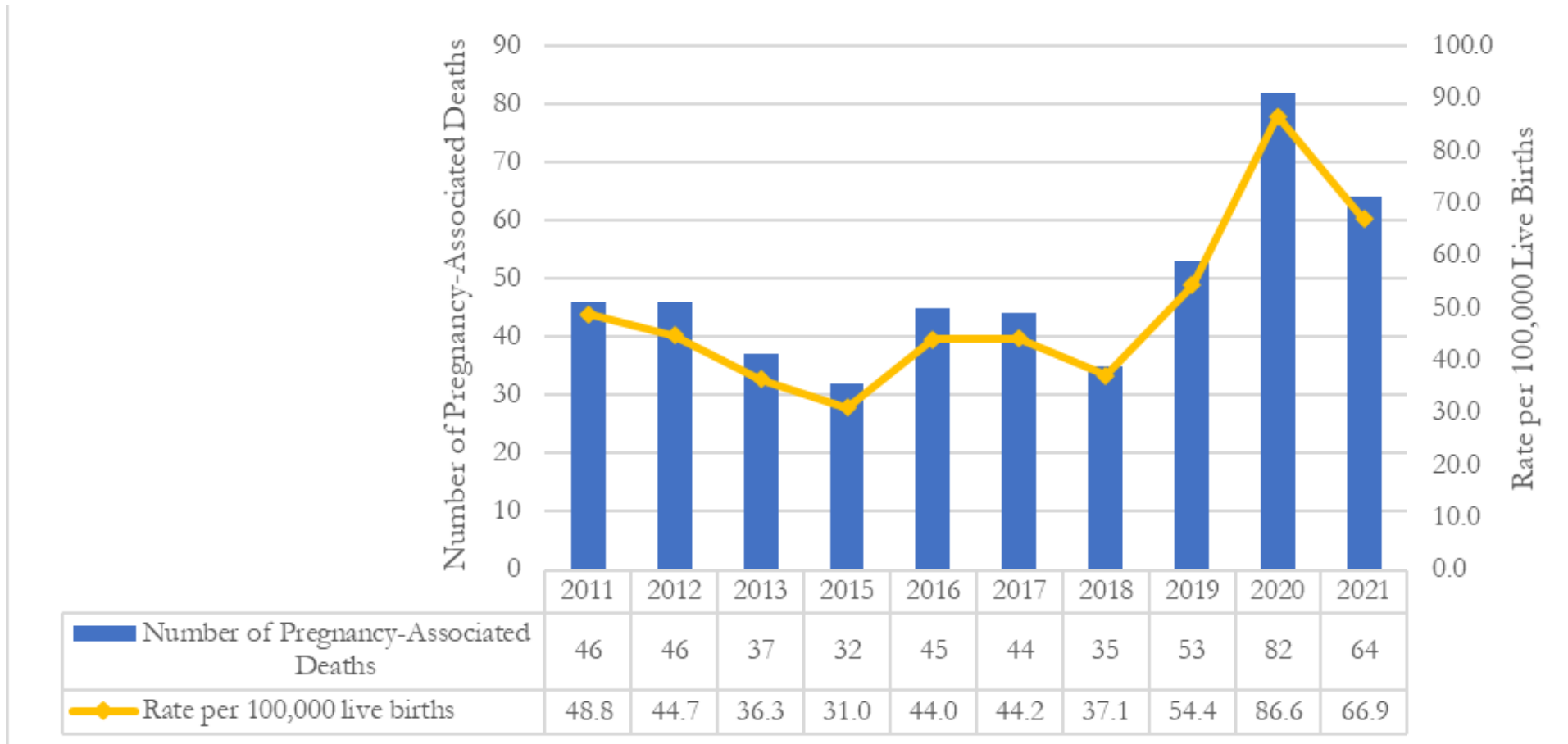


Source: <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries>

Trends in Pregnancy-Related Mortality

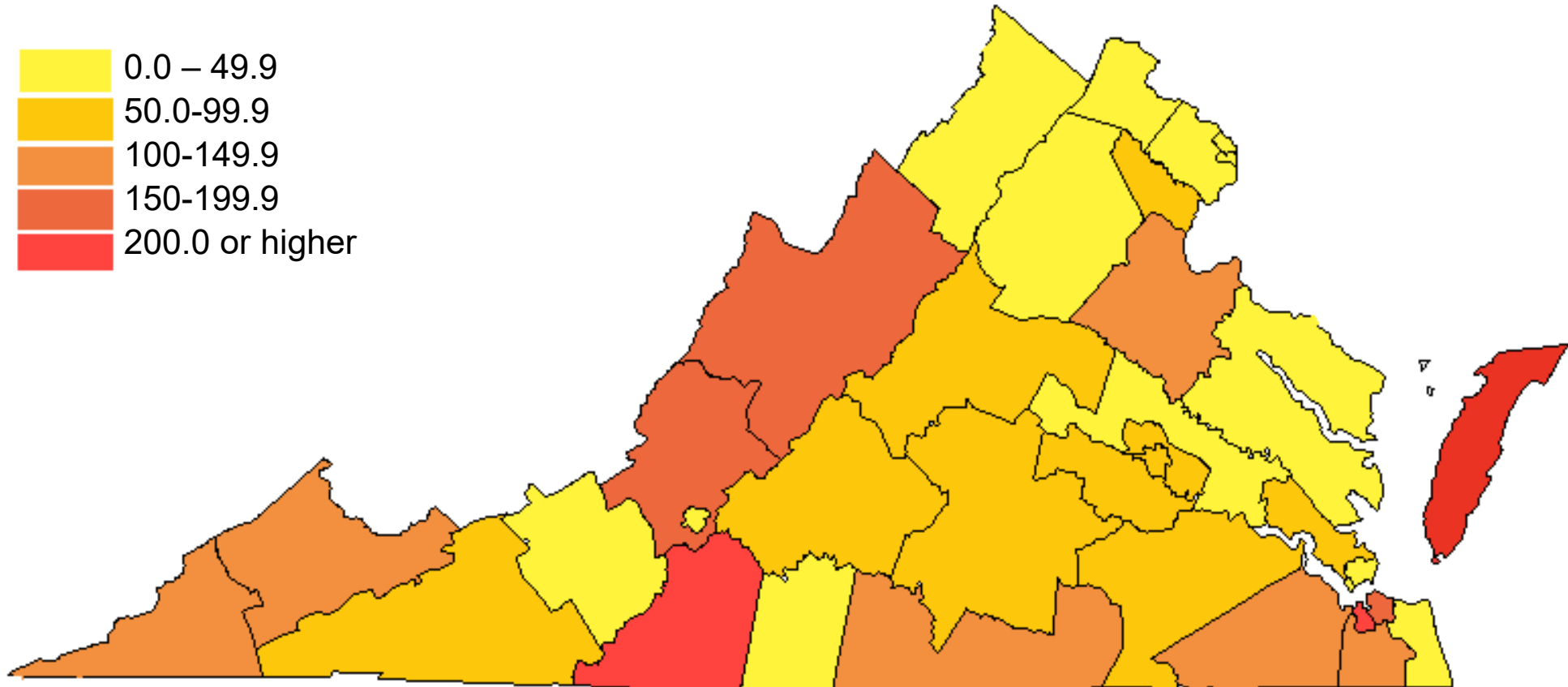


Trends in Pregnancy-Associated Mortality

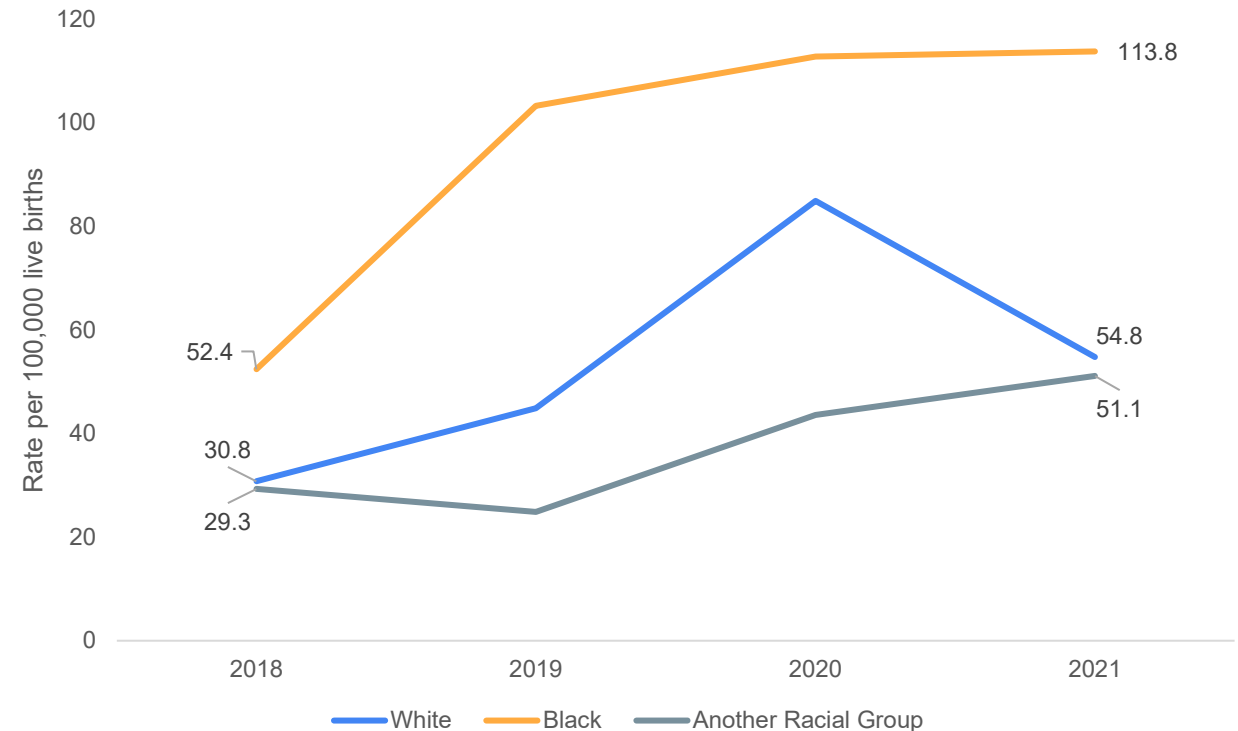
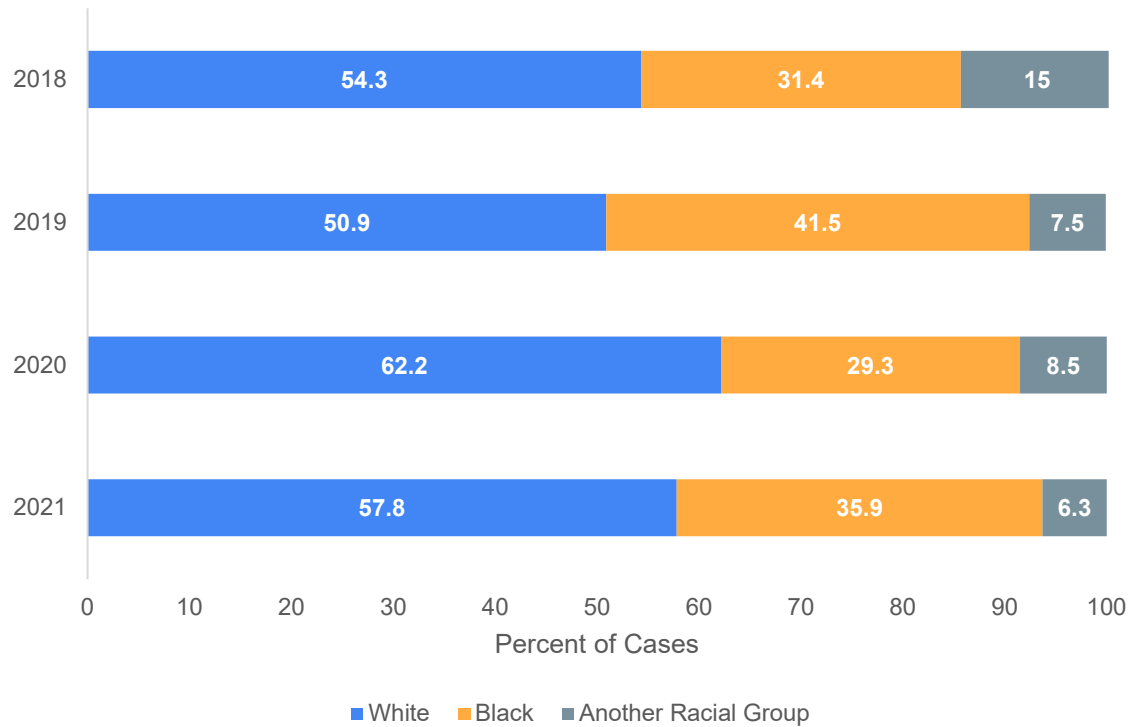


***Data for 2019 and 2020 are preliminary

Pregnancy-Associated Mortality by Health District (2021)



Racial Disparities in Pregnancy-Associated Mortality (2018-2021)

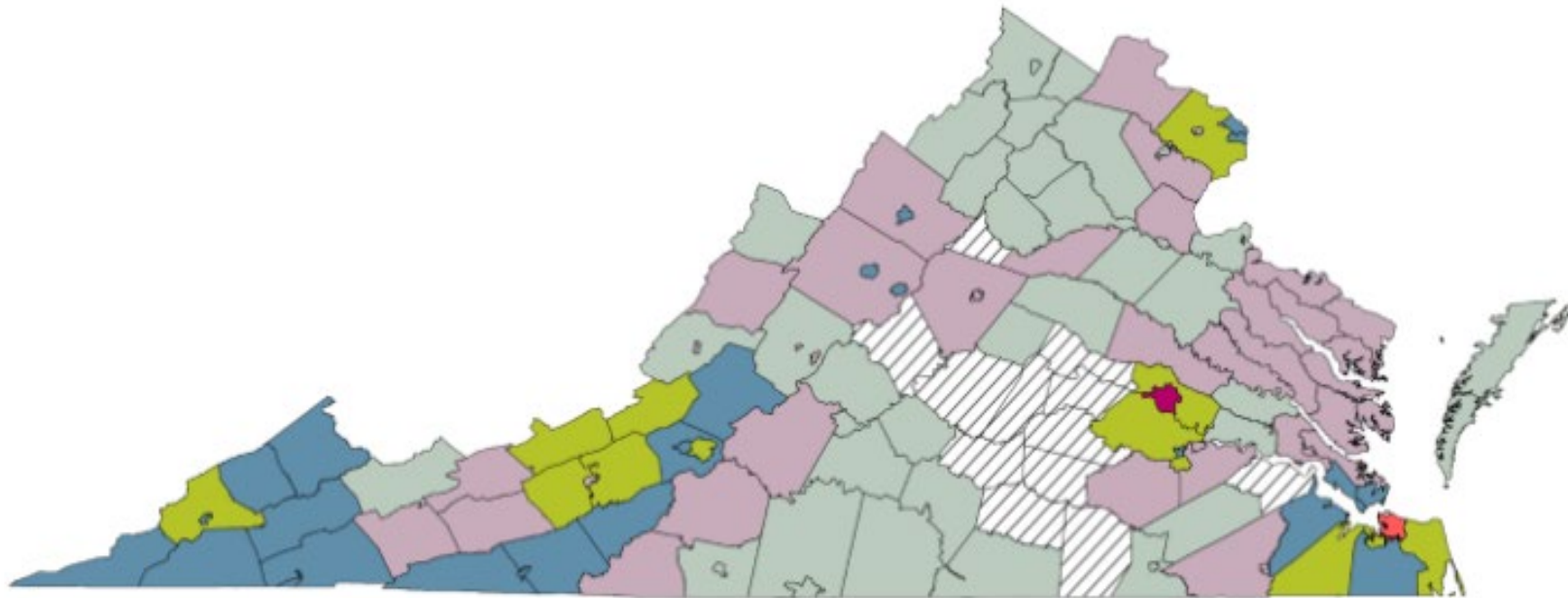


Risk Factors Identified During Case Review (2018)



- Mental illness
 - Depression
 - Anxiety
- Chronic substance abuse
- Intimate Partner Violence
- Chronic disease

Home Visiting Programs



Home Visiting Programs per Locality



Doulas – educate, empower, support mothers

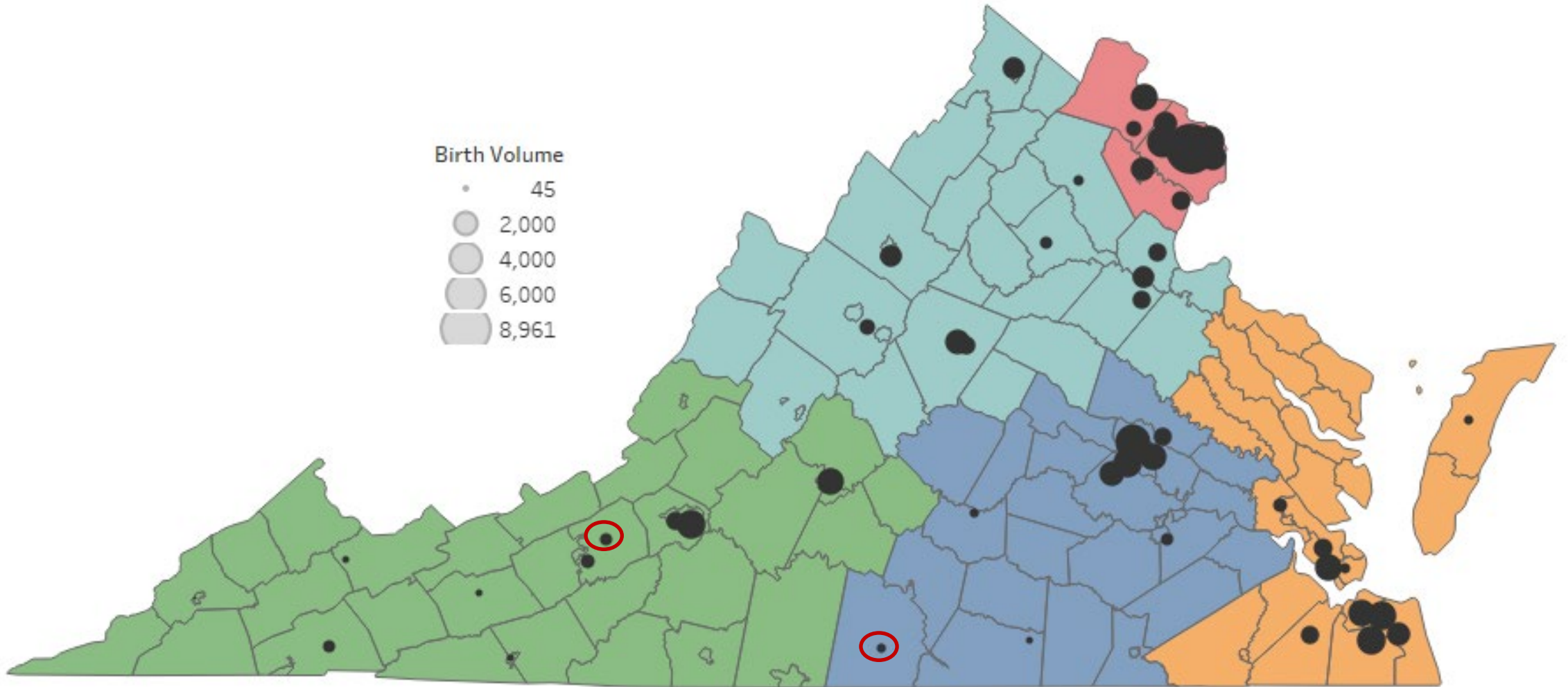
DOULA STATE CERTIFICATION

Doula State Certification Process



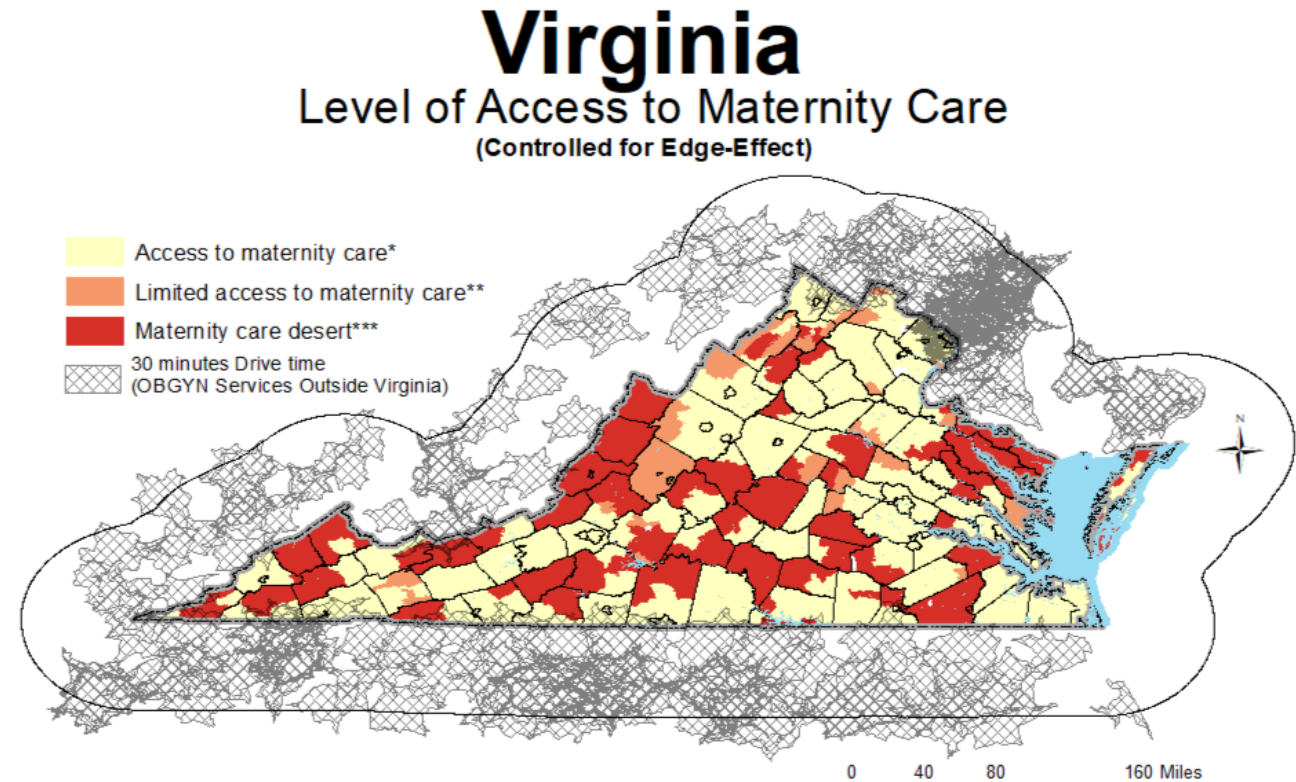
- Improve birth outcomes
- Eliminate disparities in maternal and infant health outcomes
- Established a state-certified doula designation guided by regulations approved by the Board of Health.
- Virginia Certification Board Webpage: <https://www.vacertboard.org>
- Current number of state certified doulas: 132

Birthing Hospitals by Birth Volume (2021)



Maternity Care Deserts (2019)

- Specific regions of Virginia are recognized as maternal care deserts
- Reasons contributing to maternal care deserts include:
 - hospital closures
 - shortages in healthcare personnel
 - social determinants of health



*Access to maternity care – OBGYN access within 30 minutes drive time from the Population Weighted census tract centroid
 **Limited access to maternity care – OBGYN access over 30 minutes drive time from the Population Weighted census tract centroid
 ***Maternity care desert - OBGYN access over 30 minutes drive time from the Population Weighted census tract centroid, with over 20% of Population living below 200 Federal Poverty Level and located in Health Professional Shortage Area (HPSA)

**Healthy Moms
Healthy Families
Healthy Communities**

JCHC Studies

- The Joint Commission on Health Care (JCHC) is conducting several studies this year which will involve VDH staff and programs:
 - Performance and Impact of State Funded Health Care Workforce Programs
 - Strategies to Extend Health Care Access to Vulnerable Populations
- JCHC will also be providing support to the new Select Committee on Rural Health Care Access that was established by the General Assembly and VDH could be asked to participate in that work as well.

JLARC Study

- The Joint Legislative Audit and Review Commission (JLARC) is conducting a review of VDH operations and management.
- JLARC staff are interviewing VDH staff around the state and collecting documents.
- The JLARC team will prepare a report which is expected to be presented in November or December of 2024. VDH leadership will have a chance to review an exposure draft for factual errors before its release.

Internship Academy Look Ahead

Kick Off
May 20-21, 2024

Closing Events
July 25-26, 2024



546 Applications

48 Screeners

30 Interns

23 Local Health District interns

19 Colleges/Universities

7 Central Office program interns

Cohort #2



Questions?

REGULATORY ACTION UPDATE

**State Board of Health
Regulatory Action Update
April 10, 2024**

Overview of Pending Regulatory Actions:

There are 51 pending actions under development:

- 11 NOIRAs
- 10 proposed actions
- 8 final actions
- 22 fast track actions

A spreadsheet containing additional detail concerning each of these actions is attached.

A NOIRA is the first stage in the standard rulemaking process in Virginia. It describes the nature and scope of the regulatory changes being considered. Should a NOIRA be approved, the next stage in the rulemaking process (the proposed stage) would involve the drafting of actual amending regulatory language for consideration. The proposed stage—if approved—is in turn followed by the final stage. Each of these three stages includes a public comment period.

The Virginia Administrative Process Act (§ 2.2-4000 et. seq. of the Code of Virginia) provides that certain types of regulatory actions are exempt from certain requirements of the state regulatory process. This includes regulatory actions that are:

- i. Necessary to conform to changes in Virginia statutory law or the appropriation act where no agency discretion is involved, or
- ii. Necessary to meet the requirements of federal law or regulations, provided such regulations do not differ materially from those required by federal law or regulation, and the Registrar has so determined in writing.

The Administrative Process Act also describes a “Fast Track” rulemaking process, which is utilized for regulations that are expected to be noncontroversial. The Fast Track process generally involves an action with a single stage.

Regulatory Actions Taken by the Commissioner on Behalf of the Board pursuant to § 32.-20 of the Code of Virginia since the December 15, 2023 Board Meeting while the Board was not in Session:

Approved Results of Periodic Review of Regulations (7):

Disease Reporting and Control Regulations (12VAC5-90)

- Decision: Amend the Regulations to conform the language to the Code of Virginia and the Virginia Registrar of Regulations’ *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code (“Style Guide”)*, reflect the best available scientific evidence and recommendations, and reduce regulatory burden where possible.

Rabies Regulations (12VAC5-105)

- Decision: Amend the Regulations to conform the language to Ch 121 of the 2023 Acts of Assembly and to the *Style Guide*, reflect current best practice, and reduce regulatory burden where possible.

Virginia Immunization Information System (12VAC5-115)

- Decision: Amend the Regulations to conform the language to the *Style Guide*, update processes and forms, and reduce regulatory burden where possible.

Regulations Governing Cooperative Agreements (12VAC5-221)

- Decision: Amend to conform the language to the *Style Guide*, address public comment, and reduce regulatory burden where possible.

Regulations for Alternative Onsite Sewage Systems (12VAC5-613)

- Decision: Amend the Regulations to conform the language to the *Style Guide*, reflect updates in science and technology, current industry best practices, public feedback, and to reduce regulatory burden where possible.

Alternative Discharging Sewage Treatment Regulations for Individual Single Family Dwellings (12VAC5-640)

- Decision: Retain the regulation as is.

Schedule of Civil Penalties (12VAC5-650)

- Decision: Retain the regulation as is.

Non-Regulatory Actions Taken by the Commissioner on Behalf of the Board since the December 15, 2023 Board Meeting while the Board was not in Session:

None

Periodic Review of Regulations

The process for conducting periodic reviews of regulations is governed by the Virginia Administrative Process Act and Executive Order 19 (2022).

All regulations are to be reviewed every four years to determine whether they should be continued without change or be amended or repealed, consistent with the stated objectives of applicable law, to minimize the economic impact on small businesses in a manner consistent with the stated objectives of applicable law.

VDH has 15 periodic reviews in progress:

Chapter		Status
12 VAC 5-67	Advance Health Care Directive Registry	Result under OCOM review
12 VAC 5-125	Regulations for Bedding and Upholstered Furniture Inspection Program	Intend to issue result after current action becomes effective.
12 VAC 5-215	Rules and Regulations Governing Health Data Reporting	Result under OCOM review
12 VAC 5-216	Methodology to Measure Efficiency and Productivity of Health Care Institutions	Result under OCOM review
12 VAC 5-217	Regulations of the Patient Level Data System	Result under OCOM review
12 VAC 5-220	Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations	Result due to OCOM

12 VAC 5-371	Regulations for the Licensure of Nursing Facilities	Issued with NOIRA, Result will be published with Proposed stage.
12 VAC 5-381	Home Care Organization Regulations	Issued with NOIRA, Result will be published with Proposed stage.
12 VAC 5-405	Rules Governing Private Review Agents	Result due to OCOM
12 VAC 5-407	Regulations for the Submission of Health Maintenance Organization Quality of Care Performance Information	Result under OCOM review
12 VAC 5-507	Guidelines for General Assembly Nursing Scholarships and Loan Repayment Program Requiring Service in a Long-Term-Care Facility	Result due to OCOM
12 VAC 5-520	Regulations Governing the State Dental Scholarship Program	Intend to issue result after current action becomes effective.
12 VAC 5-545	Guidelines for the Nurse Educator Scholarship	Result due to OCOM
12 VAC 5-590	Waterworks Regulations	Result under OCOM review
12 VAC 5-620	Regulations Governing Application Fees for Construction Permits for Onsite Sewage Disposal Systems and Private Wells	Intend to issue result after current action becomes effective.

Executive Branch Review Activity Completed since the December 15, 2023 Board Meeting:

The Office of the Attorney General certified:

- Final Action for the Regulations for Disease Reporting and Control (12VAC5-90)
- Fast Track Action for the Regulations of the Patient Level Data System (12VAC5-217)
- Fast Track Action for the Food Regulations (12VAC5-421)

The Department of Planning and Budget completed the review of:

- Final Action for the Regulations for Disease Reporting and Control (12VAC5-90)
- Fast Track Action for the Regulations of the Patient Level Data System (12VAC5-217)
- Fast Track Action for the Regulations for the Licensure of Hospices (12VAC5-391)
- Proposed Regulations for the Certification of Community Health Workers (12VAC5-402)
- Fast Track Action for the Food Regulations (12VAC5-421)
- Fast Track Action for the Board of Health Regulations Governing Vital Records (12VAC5-550)

Regulations Governing Vital Records 12VAC5-550 Fast Track Amendments

Seth Austin
Director
Office of Vital Records



COMMONWEALTH of VIRGINIA

Department of Health
P O BOX 2448
RICHMOND, VA 23218

Karen Shelton, MD
State Health Commissioner

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

MEMORANDUM

DATE: April 10, 2024

TO: Virginia State Board of Health

FROM: Seth Austin, State Registrar & Director of the Office of Vital Records

SUBJECT: Fast Track Action: Amend regulations following periodic review (12VAC5-550)

Enclosed for your review and approval is a fast-track regulatory action to amend the Board of Health Regulations Governing Vital Records (12VAC5-550). This fast-track action is the result of a periodic review conducted in 2023 which determined that the regulations should be amended as a significant review and revision has not occurred in over 10 years.

The fast-track action amends the Regulations to improve the language used in the Virginia Administrative Code so that the public and government organizations have better direction concerning the responsibilities and requirements needed to perform their duties.

The proposed amendments should reduce the challenges faced by the public when determining how to register a vital event or request a copy of a vital record, will make the operations of the Office of Vital Records more transparent, and will improve clarity and readability to the regulations by conforming to the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code* published by the Virginia Registrar of Regulations.

The Board of Health is requested to approve the Fast Track Action; if approved it shall be published in the Virginia Register of Regulations. A 30-day public comment period will begin and a public comment forum will open on the Virginia Regulatory Town Hall website. The regulations will become effective 15-days after the public comment period ends unless there is objection by member(s) of the applicable committee of the Senate or House of Delegates, member(s) of the Joint Commission on Administrative Rules, or 10 or more members of the public; in which case the Fast Track regulation will serve as Notice of Intended Regulatory Action and the standard rulemaking process shall be followed to promulgate the regulation.



townhall.virginia.gov

Fast-Track Regulation Agency Background Document

Agency name	State Board of Health
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC5-550
VAC Chapter title(s)	Board of Health Regulations Governing Vital Records
Action title	Amend Regulations Following Periodic Review
Date this document prepared	12/21/2023

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), 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.

The fast-track action amends the Regulations to improve the language used in the Virginia Administrative Code so that the public and government organizations have better direction concerning the responsibilities and requirements needed to perform their duties.

The fast track amendments should reduce the challenges faced by the public when determining how to register a vital event or request a copy of a vital record, will make the operations of the Office of Vital Records more transparent, and will improve clarity and readability to the regulations by conforming to the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code* published by the Virginia Registrar of Regulations.

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.

The following acronyms are used in this form:

- OCME: Office of the Chief Medical Examiner
- VDH: Virginia Department of Health

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.

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 the ORM procedures, "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."

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

In 2023, the VDH completed a review of the regulations governing vital records. In its finding, VDH recommended that the regulations be amended to align with the objectives of Executive Order 19.

The rulemaking is expected to be non-controversial because there are few substantive changes made to the regulations. The regulations are being amended to (i) provide transparency and direction to vital records processes and responsibilities; (ii) reduce regulatory burden and requirements, where possible; (iii) align the regulations to statutory changes, and (iv) conform regulatory language to the *Form and Style Requirements* as published by the Virginia Registrar of Regulations.

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.

The regulations are promulgated under the authority of §§ 32.1-12, 32.1-250, and 32.1-273 of the Code of Virginia.

- The Board of Health (Board) is the promulgating agency. Va. Code § 32.1-12 authorizes the Board to 'make, adopt, promulgate and enforce such regulations...as may be necessary to carry out the provisions of Title 32.1 and other laws of the Commonwealth administered by it, the Commissioner, or the Department.'
- Section 32.1-250 of the Code of Virginia requires the Board to install, maintain and operate the only system of vital records throughout this Commonwealth.

- Section 32.1-273 of the Code of Virginia grants the Board the authority to prescribe fees for certified copies of vital records.

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 is intended to solve.

This fast-track action seeks to increase clarity, accuracy, and completeness of the regulations governing vital records while reducing regulatory burdens on the public and government organizations.

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.

All sections have been amended to conform to the *Form and Style requirements*.

- 12VAC5-550-5. Definitions. Existing definitions have been amended to conform to the *Style Guide Requirements*, and the definition of midwife has been revised to differentiate between a certified nurse midwife and a licensed midwife. Definitions have been added to make the regulations easier to understand.
- 12VAC5-550-70. State Registrar. This section has been repealed to remove duplicative statutory requirements from the regulations.
- 12VAC5-550-80. County and city registrars. This section has been repealed and incorporated into 12VAC5-550-90.
- 12VAC5-550-90. Use of forms. Revisions incorporate existing provisions from 12VAC5-550-80 into three subsections that clarify the use of forms, electronic media, and supplies related to the system of vital records, while removing duplicative statutory references to the duties of the State Registrar.
- 12VAC5-550-100. Birth certificate items. The changes provide clarity to the process to file a birth certificate, the forms required to file a birth certificate, and the forms used to request a copy of a birth certificate. References to delayed birth registrations after seven years from the date of birth have been moved to 12VAC5-550-230. The section title has been amended to "Filing a Certificate of Birth at the time of birth."
- 12VAC5-550-110. Death certificate items. The changes identify the forms used to report a death in the Commonwealth, and the form used to request a copy of a death certificate. The section title has been amended from "Death certificate" to "Filing a Certificate of Death."
- 12VAC5-550-130. Marriage return and certificate. The changes clarify the authority of the Department of Motor Vehicles to issue certified copies of marriage records and the forms used to request a copy of a marriage record from the Department of Motor Vehicles.
- 12VAC5-550-140. Report of divorce or annulment. The changes clarify the authority of the Department of Motor Vehicles to issue certified copies of divorce records and the forms used to request a copy of a divorce or annulment record from the Department of Motor Vehicles.

- 12VAC5-550-150. Requirements for Completion. Amendments clarify the requirements for completing vital statistics forms, so the forms are acceptable for filing. A requirement that forms may not be stained, damaged, or torn has been added and included with a requirement that improper forms may not be accepted.
- 12VAC5-550-180. Acceptance of certificates. The changes authorize a registrar's representative to examine forms filed for acceptance, clarify the process to complete a form's filing date, and instruct registrars and their representatives to consecutively number forms filed to document a birth, death, or fetal death based on the date of the vital event. The title has been amended to "acceptance of forms."
- 12VAC5-550-190: Local records. The changes require registrars to record information from forms filed to document a birth, death, or fetal death on electronic media approved by the State Registrar. Amendments also specify the forms from which such information may be obtained, and remove five items currently required to be recorded by registrars from birth certificates filed in their jurisdiction.
- 12VAC5-550-200: The amendments authorize special registrars to submit monthly reports documenting that no birth, death, or fetal death occurred in their jurisdiction for the previous month using electronic media approved by the State Registrar, and specify the form to be used to provide the report to the State Registrar if such electronic media cannot be used by the special registrar providing the report. Remaining amendments require a Death Index Report to be submitted alongside death certificates submitted by special registrars to the State Registrar on the monthly reporting cycle.
- 12VAC5-550-210: The section has been repealed as it does not meet the definition of a regulation under § 2.2-4001 of the Code of Virginia.
- 12VAC5-550-220: Amendments organize regulatory content into four subsections that define *foundling child* and identify the responsibilities of custodians and safe haven hospitals caring for foundling children, and physicians examining foundling children as related to birth registration. The title has been amended from "procedure" to "filing a Certificate of Birth for a foundling child."
- 12VAC5-550-230. Late birth registration and delayed birth registration. A provision identifying the items on the form used to file a late or delayed Certificate of Birth has been moved from 12VAC5-550-100(B) to 12VAC5-550-230, and has been amended to specify the forms used to file a late or delayed birth within seven years of the date of birth. Revisions also clarify the form and form items to be completed when filing a delayed certificate of birth after seven years since the intended registrant's date of birth. The section title has been amended from "late registration and delayed registration defined" to "late birth filings and delayed birth filings."
- 12VAC5-550-240. Who may file a late or delayed birth certificate and conditions. A requirement has been added specifying that a late or delayed Certificate of Birth shall not be filed if a prior birth certificate is located for the registrant. Revisions clarify that the documents submitted in support of a delayed birth filing that is rejected by the State Registrar be returned to the applicant's address on file with the Office of Vital Records. The title has been amended to "who may file a late or delayed Certificate of Birth and conditions."
- 12VAC5-550-250. Procedures and requirements for late birth registration and delayed birth registration within seven years of the date of birth. Revisions remove a requirement that late or delayed birth certificates are filed according to the State Registrar's instructions, and instead identify the signatures required for form acceptance. The section title has been amended to "procedures and requirements for late birth filing within one year from the date of birth and delayed birth filing between one and seven years after the date of birth."

- 12VAC5-550-260. Procedures and requirements for late birth registration and delayed birth registration after seven years of the date of birth. Duplicative requirements and requirements that are unenforceable have been removed from the regulations. The requirement specifying a late or delayed birth certificate cannot be filed if a registrant has an existing birth certificate was moved to 12VAC-550-240 as a condition of all late and delayed birth certificates. The title has been amended to “Procedure and requirements for delayed birth filing seven or more years after the date of birth.”
- 12VAC5-550-280. Adoptions. Amendments reflect the conditions under which a new birth certificate is established after adoption, and direct applicants to the processes for late and delayed birth filings if there is no existing birth certificate for an adopted child, prior to establishing a new post-adoptive birth certificate. Revisions remove references to acknowledgement of paternity, court determination of paternity, and legitimation, as they are discussed in subsequent sections of the regulations. Subdivision 3 of subsection A has been added to specify that a new birth certificate may be created for a child adopted by Virginia residents under the conditions of § 63.2-1200.1(B) of the Code of Virginia.
- 12VAC5-550-290. Legitimation. The regulation has been repealed and incorporated into 12VAC5-550-300.
- 12VAC5-550-300. Acknowledgement of Paternity. Revisions incorporate an existing requirement from 12VAC5-550-290 that a copy of the marriage record of the registrant’s biological parents is to be submitted to the State Registrar if a new birth certificate is established as a result of legitimation. The section title has been changed to “acknowledgement of paternity and legitimation.”
- 12VAC5-550-310. Court determination of paternity. The changes clarify the individuals who are to transmit a certified copy of a court order for a court determination of paternity to the State Registrar to establish a new birth certificate for a registrant born in the Commonwealth. Further amendments name the form used to change the surname of the registrant to reflect the biological father’s surname, and conform the regulations to the *Form and Style Requirements*.
- 12VAC5-550-330. New certificate. Amendments specify the forms and items of information to be provided to the State Registrar to locate a registrant’s existing birth certificate. The title has been amended to “New Certificate of Birth.”
- 12VAC5-550-340. Sealed files. The amendments specify that the special file used to house sealed birth certificates may be in a physical or electronic format, and that electronic media approved by the State Registrar is used to store special files in an electronic format. Remaining amendments conform the provision to the *Form and Style Requirements*.
- 12VAC5-550-350: A proper and complete medical certification of cause of death defined. The definition of medical certification of cause of death has been removed and added to 12VAC-550-5 (Definitions). Two discretionary requirements included in examples for submitting supplemental reports for the cause of death by physicians and medical examiners were also removed. The section title has been amended by removing the word “defined” and specifying “medical certification of the cause of death.”
- 12VAC5-550-360. Responsibility of the attending physician. Amendments combine the responsibilities of medical certifiers for the cause of death and incorporate 12VAC5-550-370 provisions into the regulations. The changes align the regulations to the Code of Virginia by authorizing autonomous nurse practitioners in charge of a decedent’s care for an illness or condition contributing to death or who pronounce death to complete and file the medical certification of the cause of death. The changes add additional persons authorized by §32.1-263 of the Code of Virginia to complete the medical certification of the cause of death in the absence

of such a physician or autonomous nurse practitioner, and remove existing permissions granted to associate physicians to complete the medical certification of the cause of death if a physician is unavailable or on vacation. The title has been updated to reflect the “responsibility of the medical certifier.”

- 12VAC5-550-370. Responsibility of the medical examiner. This section has been repealed. The provisions have been incorporated into 12VAC5-550-370.
- 12VAC5-550-380. Responsibility of the hospital or institution. Amendments align the regulations with §32.1-263 of the Code of Virginia by authorizing autonomous nurse practitioners to complete and file the medical certification of the cause of death if a death occurs in a hospital or institution, the death is known and of natural causes, and the decedent’s medical history is part of hospital or institutional records.
- 12VAC5-550-390. Responsibility of the funeral service licensee. A provision restricting the filing of death certificates to registrars in the jurisdiction where a death occurs, or a deceased body is found, was removed to align with statutory changes adopted as part of Chapter 784 of the 2017 Acts of Assembly.
- 12VAC5-550-400. Out-of-State Transit Permits. Revisions remove existing provisions requiring registrars who receive forms to register deaths occurring in a different jurisdiction not to consecutively number forms and forward the forms to the registrar in the jurisdiction of death along with confirmation whether an out of state transit permit has been issued for the dead body, and specify the forms used to file a provisional death certificate.
- 12VAC5-550-410: Emergency cases: filing of death certificates elsewhere. A reference to 12VAC12-550-390 has been amended to reference the correct regulatory section 12VAC5-550-390. Amendments remove requirements instructing registrars to document the issuance of out of state transit permits filed with the registrar for a death in a different jurisdiction and the requirement that the registrar forward the form to the registrar in the jurisdiction of death, as out-of-state transit permits are issued electronically.
- 12VAC5-550-420. Forwarding “pending” cause death certificates. Revisions authorize medical certifiers and the State Registrar to add cause of death information to a death certificate form if the form is in a pending status. Amendments instruct medical examiners to add cause of death information to such forms in pending status electronically, and specify the Medical Certifier Query Letter form is to be used by medical certifiers when adding cause of death information to death certificate forms in pending status. The changes also authorize medical certifiers to submit a written statement in lieu of the Medical Certifier Query Letter if the medical certifier does not have access to the form.
- 12VAC5-550-430: Disinterment permits. A provision has been added authorizing electronic submission of disinterment permit applications to registrars within the Commonwealth. Subsection D has been amended to specify that a dead body is not considered as disinterred body unless 30 days has passed since the body was interred.
- 12VAC5-550-450. Evidence required for corrections or amendments. Revisions add a definition of a “correction affidavit” to the regulations, remove a discretionary requirement identifying evidence to supply to a court to amend the date of birth on a birth certificate more than one year, increase by one day the amount of time by which the State Registrar may correct the date of birth administratively, and identify the forms and evidence required to correct or amend vital records.
- 12VAC5-550-470. Individual requests. Revisions separate the requirements related to issuance of vital records and fulfilling requests for vital record information, vital record data, and death verifications. Amendments add a provision instructing a registrar to issue a verification of a death

record upon request of an applicant with a direct and tangible interest in the death certificate, differentiate between the permissions granted to the Department of Motor Vehicles related to issuance of vital records and fulfilling requests for vital record data by individuals with a direct and tangible interest. Two definitions of “legal representative” have been combined and moved to 12VAC5-550-5 (Definitions), removing two discretionary requirements in the regulation.

- 12VAC5-550-480: Amendments remove the authority of city and county registrars to permit the use of vital record data for research purposes, as research requests for vital record data are made to the State Registrar and not city or county registrars, and because city or county registrars do not have access to all of the vital record data or information (e.g., supplemental health data).
- 12VAC-550-550-510. Certified copies; how prepared. Amendments authorize the Department of Motor Vehicles to issue certified copies of vital records to conform to §32.1-273 of the Code of Virginia, and identify the signatures and seal used on each certified copy of a vital record that is issued.
- 12VAC5-550-160, 12VAC5-550-170, 12VAC5-550-490, and 12VAC5-550-500: There are no substantive changes made to the regulations. The amendments conform regulatory language to the *Form and Style Requirements*.

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.

The primary advantage to the public, the VDH, and the Commonwealth is the enhanced integrity of the regulations governing vital records and clarity to the processes by which the system of vital records operates. There are no known disadvantages to the public, regulated entities, business entities, 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 of this proposal that are more restrictive than applicable federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

Consistent with § 2.2-4007.04 of the Code of Virginia, identify any other state agencies, localities, or other entities particularly affected by the regulatory change. Other entities could include local partners such as tribal governments, school boards, community services boards, and similar regional organizations. “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

No other state agencies are affected by the proposed amendments.

Localities Particularly Affected

No localities are affected by the proposed amendments.

Other Entities Particularly Affected

No other entities are affected by the proposed amendments.

Economic Impact

Consistent with § 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 the proposed change versus the status quo.

Impact on State Agencies

<p><i>For your agency:</i> 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</p>	<p>The projected cost to the Virginia Department of Health to implement and enforce this regulatory proposal is negligible. It will not interrupt or affect business operations within the Office of Vital Records.</p>
<p><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.</p>	<p>There is no projected cost to other state agencies to implement and enforce this regulatory proposal.</p>
<p><i>For all agencies:</i> Benefits the regulatory change is designed to produce.</p>	<p>The analysis has been reported in tables 1a and 2 on the Economic Review Form.</p>

Impact on Localities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a or 2) on which it was reported. Information provided on that form need not be repeated here.

<p>Projected costs, savings, fees or revenues resulting from the regulatory change.</p>	<p>Implementing and enforcing this regulatory proposal will not produce a cost to any localities.</p>
<p>Benefits the regulatory change is designed to produce.</p>	<p>The analysis has been reported in table 2 on the Economic Review Form.</p>

Impact on Other Entities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a, 3, or 4) on which it was reported. Information provided on that form need not be repeated here.

<p>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.</p>	<p>The analysis has been provided in tables 1a and 3 on the Economic Review Form.</p> <p>There is no impact to small businesses.</p>
<p>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:</p> <p>a) is independently owned and operated and;</p> <p>b) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.</p>	<p>No entities, including small businesses, are likely to be affected by the regulatory changes.</p>
<p>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:</p> <p>a) projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses;</p> <p>b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the regulatory change;</p> <p>c) fees;</p> <p>d) purchases of equipment or services; and</p> <p>e) time required to comply with the requirements.</p>	<p>The analysis has been provided in tables 1a and 3 on the Economic Review Form.</p>
<p>Benefits the regulatory change is designed to produce.</p>	<p>There are no monetized benefits resulting from regulatory changes. Non-monetized benefits are reported in tables 1a and 3.</p>

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.

There are no viable alternatives to the proposal considered. The regulatory action is necessary to provide clarity to regulatory language and processes related to the system of vital records.

Regulatory Flexibility Analysis

Consistent with § 2.2-4007.1 B 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.

No alternative regulatory methods are available to the agency. Non-substantive changes are made for the purpose of clarity, readability, and transparency, but do not change compliance or reporting requirements. Few substantive changes have been made. Substantive amendments are proposed to organize content, remove duplicative requirements, and align the regulations with statutory changes. The proposed changes do not impact small businesses.

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.

Consistent with § 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, email or fax to Rilee Bennett; Office of Vital Records, P.O. Box 1000, Richmond, VA 23218; Phone 804-66-6258; Fax 804-662-6256. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

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 describe 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 website at: <https://townhall.virginia.gov>. Comments may also be submitted by mail, email, or fax to

Rilee Bennett
Office of Vital Records
P. O. Box 1000
Richmond, VA, 23218

Phone: (804) 662-6258
 Fax: (804) 662-6256
 Email: rilee.bennett@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
12VAC5-550-5		This section provides definitions applicable to the Regulations Governing Vital Records.	<p>CHANGE: Existing definitions have been amended to conform with <i>Form and Style Requirements</i>. The existing definition of “midwife” has been revised to differentiate between a certified nurse midwife and a licensed midwife. The definition of “immediate family” has been amended to include a registrant’s grandparents and adult grandchildren. The definition of “registrant” has been revised to clarify that the registrant is the person whose information is “primarily” registered on a vital record. Several terms used or defined in the body of the regulations have been incorporated into the definitions section, and new definitions have been added: administrative, affiant, amendment, applicant, attendant, certificate, Commonwealth, correction, dead body, delayed birth filing, delayed Certificate of Birth, file, form, intended registrant, late birth filing, legal representative, maiden name, medical certifier, medical certification of cause of death, registration, true copy, and vital record.</p> <p>INTENT: The intent is to promote understanding of the terms used in the regulations, to reduce discretionary requirements, and to conform with the <i>Form and Style Requirements</i>. For example,</p>

			<p>relocating the definitions of delayed and late birth registrations from 12VAC5-550-230(A)(C) to 12VAC-550-5 (definitions) brings clarity to the process of late and delayed birth registrations for the reader, without definitions intermingled with regulatory text. Revising the definition of “immediate family” authorizes a registrant’s grandparents and adult grandchildren to express a direct and tangible interest when requesting a copy of a vital record.</p> <p>RATIONALE: The rationale is that clearer regulatory language promotes readability and understanding for the public and agency staff. Revisions to the definition of “immediate family” opens a pathway for members of a registrant’s immediate family to obtain copies of vital records.</p> <p>LIKELY IMPACT: The likely impact is that the definitions will be easier to locate, and the regulations will be easier to read and understand.</p>
12VAC5-550-70	12VAC5-550-90	This section identifies the duties of the State Registrar relative to the development and use of vital statistical forms, electronic media, and supplies.	<p>CHANGE: The section has been repealed as it duplicates statute under §32.1-267 of the Code of Virginia.</p> <p>INTENT: The intent is to remove duplicative statutory requirements from the regulations.</p> <p>RATIONALE: The rationale is that §32.1-252 of the Code of Virginia outlines the duties of the State Registrar, including the establishment of form instructions, approving forms and electronic media used for vital event registration, securing uniform observance of the statutes and regulations governing vital records, and maintaining an adequate system of collection, registration, and preservation of data of vital records in the Commonwealth.</p> <p>LIKELY IMPACT: The likely impact is that repeal of the regulation will reduce duplicative statutory requirements throughout the Regulations Governing Vital Records (12VAC5-550).</p>
12VAC5-550-80	12VAC5-550-90	This section identifies the duties of county and city registrars relative to the retainment and dissemination of vital statistical forms.	<p>CHANGE: The section has been repealed and combined with 12VAC5-550-90 to communicate the effective use of vital statistical forms, electronic media, and supplies, and the duties of the county and city registrars, and the State Registrar.</p> <p>INTENT: The intent is to provide clarity to the use of forms, electronic media, and supplies related to the system of vital records, as well as the duties of registrars throughout the Commonwealth.</p>

			<p>RATIONALE: The rationale is that reducing duplicative statutory references; streamlining the use of forms, electronic media, and supplies; and conforming the regulation to the <i>Form and Style Requirements</i> will promote clarity in the regulations.</p> <p>LIKELY IMPACT: The likely impact is that readers will better understand the role of registrars as related to the use of forms, electronic media, and supplies used as part of vital records processes.</p>
<p>12VAC5-550-90</p>		<p>This section describes the use of vital statistical forms, reports, records, and electronic media.</p>	<p>CHANGE: The section has been combined with 12VAC5-550-80 to communicate the effective use of vital statistical forms, electronic media, and supplies, and the duties of the county and city registrars, and the State Registrar. Duplicative statutory requirements have been removed. The section title has been amended to “use of forms, electronic media, and supplies.”</p> <p>INTENT: The intent is to provide clarity to the use of forms, electronic media, and supplies related to the system of vital records, as well as the duties of registrars throughout the Commonwealth.</p> <p>RATIONALE: The rationale is that reducing duplicative statutory references; streamlining the use of forms, electronic media and supplies; and conforming the regulation to the <i>Form and Style Requirements</i> will promote clarity in the regulations.</p> <p>LIKELY IMPACT: The likely impact is that readers will better understand the role of registrars as related to the use of forms, electronic media, and supplies used as part of vital records processes.</p>
<p>12VAC5-550-100</p>		<p>This section identifies the form items to be completed to register a birth in the Commonwealth, and describes what evidence is required if a birth is not registered within 30 days of a home birth.</p>	<p>CHANGE: Amendments direct readers to the forms filed to record births at the time of birth. Content has been reorganized to identify the processes associated with filing a birth certificate at the time of birth for home births and non-home births. Subsection F has been added to specify the forms used when requesting a copy of a birth certificate. An existing provision identifying the form used for delayed birth registrations has been moved to section 12VAC5-550-230 (late and delayed birth filings). Remaining amendments conform the section to the <i>Form and Style Requirements</i>. The section title has been amended to “Filing a Certificate of Birth at the time of birth.”</p> <p>INTENT: The intent is to specify the forms used to register births in the Commonwealth or to request a copy of a birth certificate. The intent in restructuring the regulation and conforming to the <i>Form and Style</i></p>

			<p><i>Requirements</i> is to provide organization and promote understanding of the requirements related to birth registrations in the Commonwealth.</p> <p>RATIONALE: The rationale is that the public and government agencies will be better poised to identify the forms, items, and timeframes required for birth registrations and what is needed to request a copy of a birth certificate. Restructuring the regulation organizes content so that it is easier to read and understand.</p> <p>LIKELY IMPACT: The likely impact is that readers will better understand the requirements of birth registration in the Commonwealth, and the forms used to register births or request a copy of a birth certificate.</p>
12VAC5-550-110		<p>This section identifies what form items are to be completed as part of death registration in the Commonwealth.</p>	<p>CHANGE: Provisions have been added to direct readers to the forms used to register deaths in the Commonwealth, both subject and not subject to inquiry by the OCME, and the forms used by the public when requesting a copy of a death certificate. Remaining amendments conform the section to the <i>Form and Style Requirements</i>. The section title has been amended to specify "Filing a Certificate of Death."</p> <p>INTENT: The intent is to clarify the specific forms used to register deaths in the Commonwealth, or to request a copy of a death certificate while improving the clarity of the regulations.</p> <p>RATIONALE: The rationale is that the public and government agencies will be better poised to identify the forms used for death registrations and what is needed to request a copy of a death certificate.</p> <p>LIKELY IMPACT: The likely impact is that the public will be better informed of the requirements to register a death in the Commonwealth, and the specific forms used to register deaths or to request a copy of a death certificate.</p>
12VAC5-550-130		<p>This section identifies the form to be used and form items to be completed when filing a marriage record, and the forms used to request a copy of the marriage record.</p>	<p>CHANGE: Subsection C has been amended to include in the regulations the authorization granted to the Department of Motor Vehicles to issue certified copies of vital records under §32.1-273 of the Code of Virginia, and the forms used by applicants when requesting a copy of a marriage record from the Department of Motor Vehicles. Additional changes to the regulations identifying the form used to file a marriage record in the Commonwealth, items included on the form, and reporting responsibilities of the clerk of</p>

			<p>the court were approved by the Board of Health in June 2023.</p> <p>INTENT: The intent is to clarify the individuals and places authorized by the Code of Virginia to issue certified copies of vital records, and the forms used by applicants when requesting a copy of a marriage record.</p> <p>RATIONALE: The rationale is that the public and government agencies will be better poised to identify the forms used to request a copy of a marriage record, and the places from which a copy of a marriage record may be obtained.</p> <p>LIKELY IMPACT: The likely impact is that the public will be better informed of the specific forms used to request a copy of a marriage record, and the places from which a copy of a marriage record may be obtained.</p>
12VAC5-550-140		<p>This section identifies the form to be used and form items to be completed when filing a record of divorce or annulment, and the forms used to request a copy of the marriage record.</p>	<p>CHANGE: Subsection C has been amended to include in the regulations the authorization granted to the Department of Motor Vehicles to issue certified copies of vital records under §32.1-273 of the Code of Virginia, and the forms used by applicants when requesting a copy of a record of divorce or annulment from the Department of Motor Vehicles. Additional changes to the regulations identifying the form used to file a record of divorce or annulment, form items, and reporting responsibilities of the clerk of the court were approved by the Board of Health in June 2023.</p> <p>INTENT: The intent is to clarify the individuals and places authorized by the Code of Virginia to issue certified copies of vital records, and the forms used by applicants when requesting a copy of a record of divorce or annulment.</p> <p>RATIONALE: The rationale is that the public and government agencies will be better poised to identify the forms used to request a copy of a record of divorce or annulment, and the places from which a copy of a record of divorce or annulment may be obtained.</p> <p>LIKELY IMPACT: The likely impact is that the public will be better informed of the specific forms used to request a copy of a record of divorce or annulment, and the places from which a copy of a record of divorce or annulment may be obtained.</p>
12VAC5-550-150		<p>This section identifies the requirements to complete a correct and accurate vital</p>	<p>CHANGE: Regulations have been reorganized by creating subsections A-C. Subsection A reflects the order of the most common methods of data entry on vital statistical forms. Subsection B was created</p>

		<p>statistical certificate or record.</p>	<p>using an existing provision requiring signatures in black ink. Subsection C identifies the requirements for completion and acceptance. The requirement that carbon copies or photocopies are not acceptable has been combined with the provision that documents may not be marked “copy” or “duplicate.” Changes also add specificity to an existing provision that certificates prepared on improper forms will not be accepted by including that forms may not be stained, damaged, or torn; and clarify that registrars shall not consider a form acceptable for filing that has false, incomplete, or inconsistent data. The section title has been amended to add the word “form” to specify the requirements for form completion. Remaining amendments conform regulatory language to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to clarify the requirements for form completion and acceptance and to combine similar requirements for the completion of vital statistical forms. The intent of conforming language to the <i>Form and Style Requirements</i> is that the regulations will be easier to read and understand.</p> <p>RATIONALE: The rationale is to clearly communicate the requirements for completion and acceptance as statutes and regulations state that forms, records, and certificates must be completed correctly and accurately for acceptance by the State Registrar.</p> <p>LIKELY IMPACT: The likely impact is that readers will have a better understanding of what is required for form acceptance.</p>
<p>12VAC5-550-160</p>		<p>This section describes the constitution of registration districts.</p>	<p>CHANGE: There are no substantive changes made to the regulation. The amendments conform regulatory language to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to align regulatory language with the <i>Form and Style Requirements</i>.</p> <p>RATIONALE: The rationale is that conforming to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements.</p> <p>LIKELY IMPACT: The likely impact is the regulations will be more readable and easier to understand.</p>
<p>12VAC5-550-170</p>		<p>This section authorizes county or city registrars to appoint a designee for after</p>	<p>CHANGE: There are no substantive changes made to the regulation. The amendments conform regulatory language to the <i>Form and Style Requirements</i>.</p>

		<p>hours services, including the issuance of out-of-state transit permits.</p>	<p>INTENT: The intent is to align regulatory language with the <i>Form and Style Requirements</i>.</p> <p>RATIONALE: The rationale is that conforming to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements.</p> <p>LIKELY IMPACT: The likely impact is the regulations will be more readable and easier to understand.</p>
<p>12VAC5-550-180</p>		<p>This section describes the duties of registrars when examining vital event records for registrations, communication processes related to unsatisfactory registrations, and the numbering of birth, death, and fetal death certificates for each calendar year.</p>	<p>CHANGE: Amendments authorize a registrar’s representative to examine forms filed for acceptance, clarify that a form’s filing date is to be completed using the item “date record filed,” and instruct registrars and their representatives to consecutively number forms filed to document a birth, death, or fetal death based on the date of the vital event. The remaining amendments conform regulatory language to the <i>Form and Style Requirements</i>. The section title has been changed from “acceptance of certificates” to “acceptance of forms.”</p> <p>INTENT: The intent is to bring clarify who is authorized to examine certificates for acceptance and the processed used by registrars and their representatives when reviewing forms for acceptance, entering a filing date on forms filed with a registrar or a representative, and when a registrar or their representative consecutively number forms filed to document a birth, death, or fetal death. Remaining amendments were made to align regulatory language with the <i>Form and Style Requirements</i>.</p> <p>RATIONALE: The rational is to clarify who is authorized to review forms for acceptance and the process used to complete the filing date when filing acceptable forms. Specifying that forms documenting a birth, death, or fetal death are to be consecutively numbered based on the date of the vital event is included in the regulations to ensure forms are numbered in the order that a vital event occurred, and is not based upon the date the form was filed with a registrar or their representative. Amendments conforming the regulations to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements. Amendments to the section title conform the regulation to the definition of form and certificate proposed in this action.</p> <p>LIKELY IMPACT: The likely impact is that registrars, their representatives, and the public will better understand who is</p>

			<p>authorized to review, accept, and file forms with a registrar or registrar’s representative. Forms documenting a birth, death, or fetal death will be consecutively numbered based on the date of the vital event rather than the form’s filing date. Form and style changes will make the regulations easier to understand.</p>
12VAC5-550-190		<p>This section identifies information to be recorded by county, city, deputy, or special registrars prior to transmitting original records to the State Registrar.</p>	<p>CHANGE: The changes restructure the regulation. Subsection A has been amended to require registrars to use electronic media approved by the State Registrar to record information from forms filed to document a vital event for local records. Subsections B, C, and D have been created to specify the information to be recorded electronically by registrars, and the forms from which the information to be recorded may be obtained. The requirement that registrars or their representatives record information related to an intended registrant’s race and sex, the names and residence of the intended registrant’s parents when filing a birth certificate have been removed from the regulations, and certificate numbers. The remaining amendments conform regulatory language to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to align regulatory language with the processes and technologies used by registrars throughout the Commonwealth when recording information from forms filed to document a vital event. Remaining amendments are intended to conform with the <i>Form and Style Requirements</i>.</p> <p>RATIONALE: The rationale is that the regulations will reflect the current procedures executed by registrars when recording information for local records, and the information to be referenced if a registrar searches local records. Amendments conforming the regulations to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements.</p> <p>LIKELY IMPACT: The likely impact is the regulations will be more readable and easier to understand, and registrars throughout the Commonwealth will have a better understanding of the information needed to be documented for local records.</p>
12VAC5-550-200		<p>This section describes the reporting protocols for city, county, and special registrars.</p>	<p>CHANGE: Amendments authorize special registrars to use electronic media approved by the State Registrar when reporting to the State Registrar that no birth, death, or fetal death occurred in their jurisdiction. The changes also instruct special registrars that unable to use such electronic media for reporting to submit a Monthly Report of Vital Statistics form to report this information to the</p>

			<p>State Registrar. The changes require a Death Index Report be submitted to the State Registrar along with any death certificates filed with the special registrar during the previous month. The remaining amendments conform the section to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to clarify the requirements and processes for regulated parties when transmitting completed forms and reports to the State Registrar.</p> <p>RATIONALE: The rationale is that clarifying requirements will result in well-defined processes for the transmission of vital statistical forms and reports to the State Registrar.</p> <p>LIKELY IMPACT: The likely impact is the process will be easier to understand and follow.</p>
<p>12VAC5-550-210</p>		<p>This section describes the responsibilities of registrars to promote vital event registration within the Commonwealth.</p>	<p>CHANGE: The section has been repealed as it is not regulatory in nature.</p> <p>INTENT: The intent is to ensure that only regulations as defined in § 2.2-4001 of the Code of Virginia are included in the regulations governing vital records.</p> <p>RATIONALE: The rationale is that, as written, the section does not fit the definition of a regulation under §2.2-4001 of the Code of Virginia.</p> <p>LIKELY IMPACT: The impact is that the Chapter will provide the regulations under which the system of vital records is governed and will not incorporate non-regulatory components into the provisions.</p>
<p>12VAC5-550-220</p>		<p>This section provides the procedure for foundling birth registration.</p>	<p>CHANGE: The regulations have been restructured into four subsections that define foundling child and outline the responsibilities of the custodian and the physician or other health care provider who examines a foundling child. Language has been added that identifies the responsibility of the hospital to which a foundling child has been taken for care, if applicable. The section title has been amended from "procedure" to "Filing a Certificate of Birth for a foundling child." Amendments to regulatory language conform the regulations to the Form and Style Requirements.</p> <p>INTENT: The intent is to align regulatory language with the <i>Form and Style Requirements</i> and to identify the content of the provisions in the section title. Including safe haven hospitals is intended to account for infants surrendered to hospitals.</p>

			<p>RATIONALE: The rationale is that conforming to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements. Renaming the section title will help readers locate regulations related to foundling birth registration. Including safe haven hospitals in the regulation reflects current practices of surrendering infants to hospitals.</p> <p>LIKELY IMPACT: The likely impact is that the public will be able to quickly identify the section relating to foundling child birth registration and the responsibilities of custodians of foundling children as related to birth registration. Amendments conforming to the <i>Form and Style Requirements</i> will make the regulations more readable and easier to understand.</p>
<p>12VAC5-550-230</p>		<p>This section defines late and delayed birth registrations.</p>	<p>CHANGE: Definitions for late and delayed birth registrations have been removed from the provision. The definitions have been changed to reflect “late birth filings” and “delayed birth filings,” and have been moved to the definitions section 12VAC5-550-5. Regulatory language has been amended to reflect the forms used to file a late or delayed Certificate of Birth, and directs applicants where to file forms for late or delayed birth filings. Revisions clarify the form items for a delayed Certificate of Birth filed after seven years from the date of birth have been included. Duplicative requirements were removed from the regulation. The section title has been amended to “late birth filings and delayed birth filings.” The remaining amendments conform the section to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to organize content of the regulation to bring transparency to the processes and forms used to file a late or delayed Certificate of Birth.</p> <p>RATIONALE: The rationale is that the regulations will direct the public to the processes and forms used to file a late or delayed Certificate of Birth.</p> <p>LIKELY IMPACT: The likely impact is that the public will be better informed of the processes and forms used to file a late or delayed Certificate of Birth.</p>
<p>12VAC5-550-240</p>		<p>This section identifies who is authorized to file late and delayed birth registrations, and the conditions under which late and delayed birth registrations are completed.</p>	<p>CHANGE: The requirement prohibiting late or delayed birth registration if a prior birth certificate is located for the registrant has been removed from 12VAC5-550-260 and included in this section as it relates to the conditions under which any late or delayed birth certificate is completed. The provision has been combined with an existing requirement that also restricts late and</p>

			<p>delayed birth certificate filings for deceased persons. Late and delayed birth registrations have been changed to reference late or delayed birth “filing.” Changes to Subsection C clarify that documents submitted in support of a delayed Certificate of Birth that is dismissed by the State Registrar be returned to the applicant’s address on file with the Office of Vital Records. Amendments conform the provisions to the <i>Form and Style Requirements</i>. The title has been updated to “who may file a late or delayed Certificate of Birth and conditions.”</p> <p>INTENT: The intent is to include all conditions under which late or delayed birth certificates are filed into the appropriate regulatory section while reducing requirements and burdens on regulants. Updates to the title are intended to specify the Certificate of Birth. Form and style updates are intended to bring clarity to the regulations.</p> <p>RATIONALE: The rationale is that the conditions under which late or delayed birth certificates are filed should be organized in the same section of regulations to promote clarity for the reader.</p> <p>LIKELY IMPACT: The likely impact is that the conditions under which late or delayed birth filings are authorized will be more easily understood by the public, entities, and government agencies.</p>
<p>12VAC5-550-250</p>		<p>This section describes the procedure and requirements for late or delayed birth registrations completed within seven years from the registrant’s date of birth.</p>	<p>CHANGE: The requirement that a certificate of live birth form be used for birth registrations within seven years from the date of birth has been removed as it is referenced in 12VAC5-550-230. Duplicative provisions requiring the State Registrar’s acceptance of registration have been removed, and emphasis has been placed on the signatures required for form acceptance. The section title has been amended to “procedures and requirements for late birth filing within one year from the date of birth and delayed birth filing between one and seven years after the date of birth.” Form and style updates make the regulations easier to read.</p> <p>INTENT: The intent is to remove duplicative references to the forms used for late and delayed birth registration between one and seven years from the date of birth, as the form is referenced in previous regulatory sections. Amendments to the section title are intended to clarify the timeframes associated with late and delayed birth filings up to seven years after the registrant’s date of birth.</p>

			<p>RATIONALE: The rationale is that references to the form used do not need to be repeated, as an existing section in the regulations confirms the form to be used in these instances. Changes to the section title clarify the timeframes and types of birth filings associated with the provisions.</p> <p>LIKELY IMPACT: The likely impact is that the provisions in this section will focus on the procedures and requirements for completing the form for late and delayed birth registrations up to seven years after the date of birth, and that the public will be better informed of the requirements for completion and registration.</p>
<p>12VAC5-550-260</p>		<p>This section describes the procedure and requirements for delayed birth registrations completed seven or more years after the registrant's date of birth.</p>	<p>CHANGE: Amendments to subsection A removed the requirement that delayed births be filed according to instructions issued by the State Registrar, as the requirement is unenforceable, and specify the form used for delayed birth filings after seven years from the date of birth. The provision prohibiting filing of a delayed birth if a prior birth certificate is located for the registrant has been moved to 12VAC5-550-240(B), as it is a condition of all late or delayed birth filings. The provision specifying the form used for birth filings after seven years from the date of birth has been removed as it is referenced in 12VAC5-550-230(C). A duplicative reference that only forms supplied by the State Registrar may be used for delayed birth filings has also been removed. The section title has been amended to specify delayed birth "filings" after seven years of "the" date of birth of the registrant. Form and style updates make the regulations easier to read.</p> <p>INTENT: The intent is to organize the provisions related to late or delayed birth filings by moving a general provision of all late and delayed birth filings to the regulatory section that describes general conditions of establishment and removing duplicative references to the forms supplied by the State Registrar.</p> <p>RATIONALE: The rationale is that the conditions under which a late or delayed birth filing may be established should be included in the regulatory section which describes the required conditions. Provisions in 12VAC-550-260 should outline the procedure and requirements for delayed birth filings established after seven years from the date of birth, specifically.</p> <p>LIKELY IMPACT: The likely impact is that readers will better understand the conditions under which a late or delayed birth filing is established, and the specific procedures</p>

			related to establishing a delayed birth registration after seven years of the registrant's date of birth.
12VAC5-550-280		This section describes the conditions under which a new birth certificate may be established for a registrant after adoption.	<p>CHANGE: Amendments reflect the conditions under which a new birth certificate is established after adoption by removing references related to the establishment of new birth certificates after legitimation, acknowledgment of paternity, and court determination of paternity, as the processes for establishing a new birth certificate in these circumstances are discussed in subsequent sections. The provisions have been restructured into three subsections. Subdivision 3 has been added to subsection A to specify the State Registrar may establish a new birth certificate for a child adopted by Virginia residents under the conditions of § 63.2-1200.1(B) of the Code of Virginia. Subsection B specifies the responsibilities of the adoptive parents and clerk of the court finalizing the adoption when establishing a new Certificate of Birth for an adopted child. Subsection C restricts the State Registrar from establishing a new Certificate of Birth for the adopted child if no existing birth certificate is located, and instructs applicants to follow the process for a late or delayed birth filing to establish an original birth certificate so that the State Registrar may create a post-adoptive birth certificate for the registrant. The remaining amendments conform the regulatory language to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to ensure the provisions in the section relate to the establishment of a birth certificate after adoption of the registrant. Form and style amendments are intended to bring clarity to the regulations.</p> <p>RATIONALE: The rationale is to amend the regulation to reflect the conditions under which a new birth certificate is established after adoption and remove references to alternative causes for the establishment of a new birth certificate that are located in subsequent sections of the regulations.</p> <p>LIKELY IMPACT: The likely impact is that readers will be better directed to regulations related to the establishment of a new birth certificate after adoption, and that the regulations will more clearly communicate the conditions under which a new birth certificate is established after adoption. The regulations will be easier to read and understand.</p>
12VAC5-550-290		This section describes the conditions under which a	CHANGE: This section has been repealed and combined with 12VAC5-550-300.

		<p>new birth certificate may be established after legitimation.</p>	<p>INTENT: The intent is to clearly reflect the process by which a new birth certificate is established for a registrant as a result of acknowledgement of paternity and/or legitimation of the registrant Amendments also intend to align regulatory language with the <i>Form and Style Requirements</i>.</p> <p>RATIONALE: The rationale is to accurately reflect the process used to request the preparation of a new birth certificate after an acknowledgement of paternity or legitimation of a registrant, as the processes require the same forms and evidence, except that a copy of the biological parent’s marriage record is also required if a new birth certificate is established due to legitimation.</p> <p>LIKELY IMPACT: The likely impact is that the public will better understand the processes by which a new birth certificate may be established if a registrant’s parents marry after the registrant’s birth or as a result of an acknowledgement of paternity.</p>
<p>12VAC5-550-300</p>		<p>This section describes the conditions under which a new birth certificate may be established after an acknowledgment of paternity.</p>	<p>CHANGE: Amendments (i) include an existing requirement from 12VAC5-550-290 that a copy of the registrant’s biological parent’s marriage record be provided to the State Registrar if a new birth certificate is created as a result of a registrant’s legitimation; (ii) clarify who may submit a copy of the registrant’s parents’ marriage record to the State Registrar as evidence of legitimation, (iii) specify the forms used to establish a new birth certificate as a result of an acknowledgement of paternity and/or legitimation of the registrant, and (iv) direct applicants to the form used to request a change in the registrant’s surname to reflect the surname of the father on the registrant’s birth certificate. Remaining amendments conform the regulations to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to clearly communicate the processes associated with establishing a new birth certificate because of paternity acknowledgement and/or legitimation. Aligning regulatory language with the <i>Form and Style Requirements</i> is intended to make the regulations easier to understand.</p> <p>RATIONALE: The rationale is that the same forms and processes are used to request the preparation of a new birth certificate because of an acknowledgement of paternity or legitimation, including changing the surname of the registrant to reflect the biological father’s surname; except that a copy of the biological parent’s marriage record is required to be provided to the State Registrar only if the establishment of a new birth</p>

			<p>certificate is requested as a result of a registrant's legitimation. Conforming to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements.</p> <p>LIKELY IMPACT: The likely impact is the regulations will be more readable and easier to understand. The processes and requirements by which a new birth certificate is established because of paternity acknowledgement and/or legitimation will be more clearly communicated to the public.</p>
<p>12VAC5-550-310</p>		<p>This section describes the conditions under which a new birth certificate may be established as a result of a court determination of paternity.</p>	<p>CHANGE: The amendments specify the persons authorized to submit a court determination of paternity to the State Registrar when requesting a new birth certificate for a registrant, and specify the form used when requesting to change a registrant's surname to reflect the surname of the biological father. Remaining amendments conform the regulations to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to identify who may transmit the court order for a determination of paternity to the State Registrar and the form used to change the registrant's surname to the biological father's surname if a new birth certificate is created due to a court determination of paternity. Revisions are also intended to align regulatory language with the <i>Form and Style Requirements</i>.</p> <p>RATIONALE: The rationale is that the regulations should identify who may transmit the court order for a determination of paternity to the State Registrar and specify the form used to amend a registrant's surname to the biological father's surname in such circumstances. Conforming the regulations to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements.</p> <p>LIKELY IMPACT: The likely impact is that readers will better identify the persons who can transmit copies of a court order for a determination of paternity to the State Registrar when requesting the preparation of a new birth certificate in such circumstance. <i>Form and Style</i> amendments will bring clarity to the regulations, and make the regulations more readable and easier to understand.</p>
<p>12VAC5-550-330</p>		<p>This section identifies the items necessary to complete a new birth certificate established after adoption, legitimation, a court determination of paternity, or an acknowledgement of paternity.</p>	<p>CHANGE: The changes add two new subsections: (i) subsection B has been added to specify the information to be provided by applicants to the State Registrar when requesting a new birth certificate be established for a registrant under Part IX of the Regulations Governing Vital Records, and (ii) subsection C has been added to specify the forms used to provide the</p>

			<p>information required to locate a registrant's existing birth certificate. The amendments conform regulatory language to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to identify the information needed to locate a registrant's existing birth certificate so that a new birth certificate can be established after adoption, legitimation, acknowledgement of paternity, or a court determination of paternity. Aligning regulatory language with the <i>Form and Style Requirements</i> is intended to make the regulations easier to read and understand.</p> <p>RATIONALE: The rationale is to communicate to the public the information needed to locate an existing certificate of birth and the forms used by applicants to provide the information when requesting the preparation of a new birth certificate after adoption, legitimation, acknowledgement of paternity, or a court determination of paternity. Conforming to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements.</p> <p>LIKELY IMPACT: The likely impact is the process by which applicants provide information to locate the existing birth certificate will be clearer. <i>Form and Style</i> amendments mean the regulations will be more readable and easier to understand.</p>
<p>12VAC5-550-340</p>		<p>This section provides the procedure for sealing existing vital records and evidence after a new certificate is established.</p>	<p>CHANGE: Revisions authorize the State Registrar to store sealed files in physical or electronic files and requires that special electronic files be stored on electronic media approved by the State Registrar. Further amendments conform regulatory language to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to align regulatory language with current procedures followed by the State Registrar when sealing existing birth certificates by allowing sealed files to be incorporated into the electronic database used by the Office of Vital Records. <i>Form and Style</i> updates are intended to make the regulations easier to read.</p> <p>RATIONALE: The rationale is to specify that both physical and electronic special files may be used for sealed birth certificates, as the system of vital records has undergone modernization and utilizes an in-house electronic database to retain vital records and information. Conforming the regulations to the <i>Form and Style Requirements</i> will bring make the regulations easier to read and understand.</p>

			<p>LIKELY IMPACT: The likely impact is that the regulations will reflect the current procedures followed by the State Registrar when exercising authority for administration and governance of the system of vital records.</p>
12VAC5-550-350		<p>This section defines the medical certification of cause of death, and how the medical certification is completed on death certificates.</p>	<p>CHANGE: The definition of the medical certification of cause of death has been removed and added to 12VAC5-550-5 (Definitions). Amendments removed a discretionary requirement included in examples for submitting supplemental reports for cause of death by physicians and medical examiners. Remaining amendments conform regulatory language to the <i>Form and Style Requirements</i>. The section title has been amended to remove a reference to defining medical certification of cause of death.</p> <p>INTENT: The intent is to define the medical certification of cause of death for the regulatory chapter, rather than including it in one regulatory section only, and to clearly communicate section content in the section title of the regulation. Form and style changes were completed to increase clarity and readability of the regulations, and to reduce regulatory requirements.</p> <p>RATIONALE: The rationale is that “medical certification of cause of death” is used throughout the regulatory chapter and should be defined in the definitions section of the Regulations Governing Vital Records. Removing exemplary references reduced discretionary requirements. Conforming to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements.</p> <p>LIKELY IMPACT: The likely impact is that the regulations will be more readable and easier to understand.</p>
12VAC5-550-360		<p>This section describes the responsibilities of the attending physician when completing the medical certification of cause of death.</p>	<p>CHANGE: The regulation has been amended to include the responsibilities of medical examiners that is currently located in 12VAC5-550-370. Further substantive changes to the regulations include (i) specifying that an autonomous nurse practitioner treating the deceased or pronouncing death is authorized by §32.1-263 of the Code of Virginia to complete and file the medical certification of the cause of death; (ii) adding to the regulations the individuals authorized by §32.1-263 of the Code of Virginia to complete and file the medical certification of the cause of death in the absence of the physician or autonomous nurse practitioner or with their approval; (iii) clarifying that the medical certification of the cause of death is to be completed on the Certificate of Death form if the death is not in the jurisdiction of the medical examiner; and</p>

			<p>(iv) removing an existing provision from the regulations that authorizes an associate physician to certify the cause of death in limited circumstances. The title has been amended to “responsibilities of the medical certifier Remaining amendments conform regulatory language to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent of combining the provisions in 12VAC5-550-360 and 12VAC5-550-370 is to clearly communicate the responsibilities of medical certifiers. Further revisions are intended to align the regulations with the Code of Virginia when clarifying the individuals authorized to complete and file the medical certification of death on the Certificate of Death form when the death is not in the jurisdiction of the medical examiner. Conforming to the <i>Form and Style Requirements</i> is intended to make the regulations easier to read and understand.</p> <p>RATIONALE: The rationale is that the regulations will reflect the responsibilities of medical certifiers. Changes restrict completion and filing of the medical certification of the cause of death to the individuals authorized to complete and file the certification by the Code of Virginia. Amendments to the title communicate that the section is relative to the responsibilities of medical certifiers. Conforming to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements.</p> <p>LIKELY IMPACT: The likely impact is that readers will be better enabled to identify the persons responsible for completing and filing the medical certification of the cause of death if a medical examiner does not assume jurisdiction in a death. Form and style updates will make the regulations more readable and easier to understand.</p>
<p>12VAC5-550-370</p>		<p>This section describes the responsibilities of the medical examiner when completing the medical certification of cause of death.</p>	<p>CHANGE: The section has been repealed. Provisions relating to the responsibilities of medical examiners when preparing and filing the medical certification of the cause of death on a death certificate have been moved to 12VAC5-550-360.</p> <p>INTENT: The intent is to ensure that regulations related to the responsibilities of medical certifiers are included in the same section of the regulations.</p> <p>RATIONALE: The rationale is that the responsibilities of medical certifiers are more easily located by readers if the provisions are in the same section of the regulations.</p>

			<p>LIKELY IMPACT: The likely impact is that readers will be better able to identify the responsibilities of medical certifiers in the regulations.</p>
<p>12VAC5-550-380</p>		<p>This section describes the responsibilities of hospitals and institutions in the preparation of death certificates.</p>	<p>CHANGE: The revisions specify the form to be completed by persons in charge of institutions or hospitals when completing the form used to register a death in the Commonwealth. Amendments authorize autonomous nurse practitioners to sign the medical certification of the cause of death in instances where the cause of death is known and determined to be of natural causes, occurs in a hospital, and where the medical history are part of hospital records. Remaining amendments conform regulatory language to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to align the regulatory language with the <i>Form and Style Requirements</i>, while conforming the regulations to reflect the authorization of autonomous nurse practitioners to complete the medical certification of the cause of death under §32.1-263 of the Code of Virginia.</p> <p>RATIONALE: The rationale is that statutory authorizations provided to autonomous nurse practitioners will be reflected in the regulations. Conforming to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements.</p> <p>LIKELY IMPACT: The likely impact is the regulations will be more readable and easier to understand.</p>
<p>12VAC5-550-390</p>		<p>This section describes the responsibilities of the funeral service licensee when preparing and filing death certificates.</p>	<p>CHANGE: A provision in 12VAC5-550-390(3) that deaths certificates be filed with the registrar in the jurisdiction in which the death occurred or a dead body is found has been removed pursuant to § 32.1-263 (A) of the Code of Virginia. The provision instructs that death certificates must be filed prior to final disposal of the body or its removal from the Commonwealth. Amendments restructure the regulations to better communicate the responsibilities of funeral service licensees when completing and filing death certificates. Remaining amendments conformed the regulations to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to align the regulation with statutory changes adopted under Chapter 784 (2017 Acts of Assembly).</p> <p>RATIONALE: Chapter 784 (2017 Acts of Assembly) removed the requirement that all death certificates be filed with registrars in the jurisdiction a death occurs or a deceased body is found, allowed non-electronically filed</p>

			<p>death registrations to be filed with any registrar in the Commonwealth, and required electronically filed death registrations to be filed with the State Registrar.</p> <p>LIKELY IMPACT: The regulations will reflect the statutes as currently written and will reflect the operations of the system of vital records.</p>
<p>12VAC5-550-400</p>		<p>This section provides the process by which out-of-state transit permits are issued after a death certificate is filed, and before a deceased human body is removed from the Commonwealth.</p>	<p>CHANGE: The amendments specify the forms used to file a death certificate that must be completed before an out-of-state transit permit is granted. The amendments conform regulatory language to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to specify the forms used to file a death certificate that are to be completed before an out of state transit permit is issued by a registrar, and to align regulatory language with the <i>Form and Style Requirements</i>.</p> <p>RATIONALE: The rationale is that readers will be enabled to identify the forms used to file a death certificate that are required by the regulations to be filed before an out of state transit permit is granted. Conforming to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements.</p> <p>LIKELY IMPACT: The likely impact is that readers will better understand the requirements to obtain an out of state transit permit. <i>Form and Style</i> changes will make the regulations readable and easier to understand.</p>
<p>12VAC5-550-410</p>		<p>This section provides emergency provisions for extending the timeframe associated with filing death certificates.</p>	<p>CHANGE: A reference to 12VAC12-550-390 has been amended to reference the correct regulatory section 12VAC5-550-390. Provisions requiring registrars not to consecutively number forms filed with them to establish death certificates if a death occurred in a different jurisdiction, and to forward the form to the registrar of the jurisdiction where death occurred with a notation on the form confirming if an out of state transit permit has been issued has been removed from the regulations as permits are issued electronically. Remaining amendments conform the regulations to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to reference the appropriate regulatory section related to the responsibilities of the funeral service licensee when preparing and filing death certificates. The intent of removing provisions instructing registrars not to consecutively number death certificate forms, note if an out of state transit permit is issued, and forward a completed death certificate form to the registrar of the</p>

			<p>jurisdiction where the death occurred is to align with current practices executed by registrars in the Commonwealth, as out of state issuance permits are issued using electronic media approved by the State Registrar.</p> <p>RATIONALE: The rationale is that the regulations should reflect the procedure by which out of state transit permits are issued. Readers should be directed to the correct regulatory sources when referenced within other regulations.</p> <p>LIKELY IMPACT: The likely impact is that readers will be directed to the appropriate regulatory section if further information is needed. The regulations will reflect the current issuance procedures executed by registrars throughout the Commonwealth.</p>
<p>12VAC5-550-420</p>		<p>This section requires county and city registrars to submit death certificates to the State Registrar if the medical certification is signed but the cause of death is incomplete due to a pending inquiry, and describes the process by which the cause of death is completed after the inquiry has concluded.</p>	<p>CHANGE: Revisions structure the regulations into two subsections. Subsection A specifies that the State Registrar or medical certifier may add cause of death information to a death certificate and the documentation required to be provided to the State Registrar to initiate the change to the medical certification of the cause of death – including a Medical Certifier Query Letter. Subsection B identifies the items on the Medical Certifier Query Letter that must be completed to complete the medical certification of the cause of death on a death certificate form where the cause of death is in a pending status. The changes open pathways to compliance for medical certifiers, by authorizing medical examiners to submit cause of death information electronically in such instances, and allow for the submission of a written statement in lieu of a Medical Certifier Query Letter if a medical certifier does not have access to the corresponding Medical Certifier Query Letter form. The amendments conform regulatory language to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to inform readers of the forms and processes to utilize when adding cause of death information to a death certificate in “pending” status, including the items of information to be submitted to the State Registrar to complete the death certificate. align regulatory language with the <i>Form and Style Requirements</i>.</p> <p>RATIONALE: The rationale is that readers will be better able to identify the items of information, forms or statements to be completed and submitted to the State Registrar, and processes associated with adding cause of death information to a death certificate in “pending” status. Authorizing</p>

			<p>medical examiners to add cause of death information to death certificates in “pending” status allows medical examiners to utilize e-amendment processes in the Virginia Vital Events Screening and Tracking System (VVESTS). Conforming the regulations to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements.</p> <p>LIKELY IMPACT: The likely impact is that readers will better understand the processes to be followed, forms or statements to be completed, and informational items required to be submitted to the State Registrar when adding cause of death information to a death certificate in “pending” status. VVESTS enhancements, such as e-amendments, may be utilized by medical examiners to facilitate faster processing of death certificates when adding cause of death information to a death certificate in pending status. <i>Form and Style</i> changes will make the regulations more readable and easier to understand.</p>
12VAC5-550-430		<p>This section provides the requirements for disinterment, requires registrars to issue permits in triplicate, and clarifies the timeframe after which a human body kept in a receiving vault is determined to be disinterred.</p>	<p>CHANGE: A provision allowing for the electronic submission of disinterment permit applications to Commonwealth registrars if submitted on electronic media approved by the State Registrar has been added to the regulations. Amendments specify the individuals authorized to submit applications for a disinterment permit to a city or county registrar. Further amendments conformed the regulations to <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to provide additional methods for regulants to apply for disinterment permits, and clarify who is able to apply for a disinterment permit.</p> <p>RATIONALE: The rationale is that allowing applications to be submitted electronically will provide an additional method for disinterment permits to be obtained and issued. The regulations should clarify who is authorized to apply for a disinterment permit.</p> <p>LIKELY IMPACT: The likely impact is that regulants have additional methods of submitting applications for disinterment permits, and will be better able to determine who is authorized to apply for a disinterment permit to a city or county registrar.</p>
12VAC5-550-450		<p>This section identifies the evidence required for the correction or amendment of birth and death certificates.</p>	<p>CHANGE: Amendments restructure the provisions into seven subsections. Subsection A defines a “correction affidavit.” Subsection B clarifies the evidence requirements for corrections and amendments to birth certificates – (i) removing language authorizing corrections or amendments to the item “spouse” as listed on a birth certificate; (ii) specifying that a mother may submit a correction affidavit to amend</p>

			<p>the given names listed on a birth certificate within one year of the registrant’s date of birth if the registrant was born out of wedlock and no paternity is established; (iii) amends the regulations to require a court order to change a registrant’s name on the birth certificate if it has previously been changed; (iv) specifying evidence requirements for altering the date of birth on a certificate by more or less than one year “and one day” from the date registered as the date of birth on the certificate; (v) removing a requirement specifying the evidence to be provided to a court to obtain a court order to correct the date of birth on a certificate by more than one year and one day from the date of birth. Subsection C has been created using an existing provision that any second change to an item on a certificate requires a court order. Subsections D and E have been added to specify the process by which information may be corrected or amended on marriage certificates and records of divorce or annulment. Subsection F is regulatory language approved by the Board of Health in June 2023. Subsection G requires secondary evidence to be established at least five years, and provides an exception for death certificate evidence that may be established less than five years.</p> <p>INTENT: The intent is to clarify the processes and evidence requirements for corrections and amendments to vital records, and to remove requirements that do not relate the authority of the State Registrar (e.g., determining what evidence is accepted by a Commonwealth court). Excluding death certificate evidence from a five-year establishment period as secondary evidence is needed to confirm the decedent’s residence at the time of death as part of the process to complete a death certificate. Changes to form and style are intended to bring clarity to the regulations and make them easier to read.</p> <p>RATIONALE: The rationale is that restructuring the regulations and defining a correction affidavit makes the regulations easier to read and follow. Revisions to requirements related to correcting and amending birth certificates specify for readers what forms and evidence are required, remove the authority to correct certain items that are not currently listed on the birth certificate form (e.g., “spouse”), and provide Commonwealth courts with the discretion to determine the evidence to be supplied to obtain a court order to change a registrant’s date of birth more than one year and one day after the date of birth. Changing the</p>
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			<p>regulations to specify changes to the date of birth to reflect “one year and one day more than” or “one year and one day less than” incorporates the registrant’s first birthday into the timeframe for an administrative correction to the date of birth. Remaining changes identify the evidence and forms required to correct or amend information on marriage records, records of divorce and annulment, and death certificates. The exception that death certificate evidence does not need to be established for five years takes into consideration that information pertaining to a decedent’s current residence is required to be provided when filing a death certificate. Conforming to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements.</p> <p>LIKELY IMPACT: The likely impact is that the regulations will clearly communicate the court’s authority to determine the evidence required to obtain a court order when the date of birth as listed on a birth certificate is requested to be amended by more than one year. Secondary evidence requirements will align with business practices executed by the Office of Vital Records. Style and form updates will promote readability and understanding of the regulations.</p>
<p>12VAC5-550-470</p>		<p>This section identifies who may request a copy of a vital record certificate, and authorizes the State Registrar, or county or city registrars, to disclose data or information, or to issue copies of birth and death certificates to applicants with a direct and tangible interest or their legal representatives.</p>	<p>CHANGE: Revisions separate requirements related to requests for vital records, vital record information, vital record data, and death verifications. The changes direct readers to the processes to request a copy of a birth certificate or a death certificate. Amendments add language specifying the authority of the Department of Motor Vehicles (DMV) to issue vital records to applicants with a direct and tangible interest in the record, but do not authorize the DMV to fulfill requests for vital record data. Further changes clarify that individual requests for vital record data are to be made to a registrar. Two definitions of “legal representative” related to birth and death certificates have been combined and moved to 12VAC5-550-5 (Definitions). Remaining amendments conform the regulations to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to include definitions applicable to the governance of the system of vital records to the definitions section in order to promote a better understanding of the terms used throughout the regulatory chapter.</p> <p>RATIONALE: The rationale is that terms applied to the regulatory chapter should be included in the chapter’s definitions section,</p>

			<p>rather than isolated to one regulatory section only.</p> <p>LIKELY IMPACT: The likely impact is that readers will better understand who is considered a legal representative for purposes of obtaining vital event information and certificates.</p>
12VAC5-550-480		<p>This section authorizes the State Registrar, or county or city registrars, to permit the use of vital statistical data for research purposes.</p>	<p>CHANGE: Revisions restrict the authority to permit the use of vital record data for research purposes to the State Registrar as city and county registrars do not have access to all the vital record data and do not receive the requests for such data under current processes. The amendments conform regulatory language to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to align regulatory language with the processes and procedures followed by registrars in the Commonwealth when requests for vital record data are made and to align the regulations to the <i>Form and Style Requirements</i>.</p> <p>RATIONALE: The rationale is that specifying the authority of the State Registrar to permit the use of vital record data will direct research requests involving vital record data to the correct person to review and fulfill the request. Conforming to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements.</p> <p>LIKELY IMPACT: The likely impact is that readers will be directed to the State Registrar for vital record data requests, and that the regulations will be more readable and easier to understand.</p>
12VAC5-550-490		<p>This section authorizes the State Registrar, or county or city registrars, to disclose vital statistical data to federal, state, county, or municipal government agencies if requested in the conduct of official duties.</p>	<p>CHANGE: There are no substantive changes made to the regulation. The amendments conform regulatory language to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to align regulatory language with the <i>Form and Style Requirements</i>.</p> <p>RATIONALE: The rationale is that conforming to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements.</p> <p>LIKELY IMPACT: The likely impact is the regulations will be more readable and easier to understand.</p>
12VAC5-550-500		<p>This section authorizes the State Registrar to require applicants provide a written application, proof of identification, or a sworn</p>	<p>CHANGE: There are no substantive changes made to the regulation. The amendments conform regulatory language to the <i>Form and Style Requirements</i>.</p>

		<p>statement to establish their right to information from vital records.</p>	<p>INTENT: The intent is to align regulatory language with the <i>Form and Style Requirements</i>.</p> <p>RATIONALE: The rationale is that conforming to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements.</p> <p>LIKELY IMPACT: The likely impact is the regulations will be more readable and easier to understand.</p>
<p>12VAC5-550-510</p>		<p>This section authorizes the State registrar to produce certified copies of vital records and issue short form certifications of birth records. The section identifies the statement of certification to be included on each copy of a vital record that is issued.</p>	<p>CHANGE: The changes authorize the Department of Motor Vehicles to issue certified copies of vital records pursuant to §32.1-273 of the Code of Virginia, specify the State Registrar’s signature is required to be included on certified copies of vital records issued by the Commonwealth, and identifies the seal of the issuance office to be included on each certified copy of a vital record. The amendments conform regulatory language to the <i>Form and Style Requirements</i>.</p> <p>INTENT: The intent is to clarify the signatures and seals that are included on certified copies of vital records, and communicate to readers that copies of vital records may be obtained at Department of Motor Vehicle locations. Technical amendments align regulatory language with the <i>Form and Style Requirements</i>.</p> <p>RATIONALE: The rationale is that the regulations will better reflect the signatures and seals that are present on certified copies of vital records. Conforming to the <i>Form and Style Requirements</i> will bring clarity to the regulations and requirements.</p> <p>LIKELY IMPACT: The likely impact is that readers will be better able to identify valid certified copies of vital records that are issued by the Commonwealth through the VDH. <i>Form and Style</i> updates will make the regulations more readable and easier to understand.</p>

Office of Regulatory Management
Economic Review Form

Agency name	State Board of Health
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC 5-550
VAC Chapter title(s)	Board of Health Regulations Governing Vital Records
Action title	Amendments following periodic review
Date this document prepared	2/8/2023
Regulatory Stage (including Issuance of Guidance Documents)	Fast-track action.

Cost Benefit Analysis

Complete Tables 1a and 1b for all regulatory actions. You do not need to complete Table 1c if the regulatory action is required by state statute or federal statute or regulation and leaves no discretion in its implementation.

Table 1a should provide analysis for the regulatory approach you are taking. Table 1b should provide analysis for the approach of leaving the current regulations intact (i.e., no further change is implemented). Table 1c should provide analysis for at least one alternative approach. You should not limit yourself to one alternative, however, and can add additional charts as needed.

Report both direct and indirect costs and benefits that can be monetized in Boxes 1 and 2. Report direct and indirect costs and benefits that cannot be monetized in Box 4. See the ORM Regulatory Economic Analysis Manual for additional guidance.

Table 1a: Costs and Benefits of the Proposed Changes (Primary Option)

<p>(1) Direct & Indirect Costs & Benefits (Monetized)</p>	<p>Direct Costs: The proposed amendments do not change the existing fee schedules for vital record issuance and amendment: \$12.00 per copy of a vital record issued, and \$10.00 per amendment application.</p> <p>Indirect Costs:</p> <ul style="list-style-type: none"> • Court costs associated with obtaining court orders for certain actions related to vital event registration, vital record issuance, or amendment of a vital record vary widely and cannot be calculated. • Enhancements to the Virginia Vital Event Screening and Tracking System (VVESTS) to accommodate the electronic submission of disinterment permits were completed several years ago during the implementation of the digitized submission process. • There are no additional system registration, authentication/verification, or training measures to be completed by Commonwealth registrars to implement the proposed changes. Registrars are already validated and registered in the VVESTS. <p>Direct Benefits: Costs associated with ordering and mailing disinterment permit forms to Commonwealth registrars are minimized, as the majority of registrars submit disinterment permits electronically through the VVESTS. The system of vital records does not have data for costs associated with form submissions as electronic submission began in 2017.</p> <p>Indirect Benefits: There are no indirect monetized benefits because of the regulatory action.</p>	
<p>(2) Present Monetized Values</p>	<p>Direct & Indirect Costs</p>	<p>Direct & Indirect Benefits</p>
	<p>(a) Retain the current fee schedule:</p> <ul style="list-style-type: none"> • \$12.00 per copy of a vital record; and • \$10.00 per correction or amendment application. 	<p>(b) The existing revenue share agreement between local health districts and the system of vital records remains in place; see table 1.b.</p> <p>(c) The Department of Motor Vehicles retains authorization to issue copies of vital records, direct issuance fee revenue to the system of vital records, and implement a two-dollar service fee directed to the Department of Motor Vehicles; see table 1.b.</p>
<p>(3) Net Monetized Benefit</p>	<p>In FY2023:</p>	

	<ul style="list-style-type: none"> Local health districts retained a total of \$6,919,140.00 in issuance fee revenue. The system of vital records received approximately \$4,715,409.67 in issuance fee revenue from all issuance locations (Office of Vital Records, local health districts, and the Department of Motor Vehicles). <p>Approximately \$116,019.42 in revenue was generated from administrative fees related to vital record amendment in FY2023. All revenue generated was directed to the system of vital records.</p>
(4) Other Costs & Benefits (Non-Monetized)	<p>The regulations will reflect current operational practices for the electronic submission of disinterment permits.</p> <p>Disinterment permits will be more easily prepared and distributed by Commonwealth registrars.</p> <p>The regulations will align with statutory changes under Chapter 784 of the 2017 Acts of Assembly.</p> <p>Requirements for completion or acceptance of certificates and reporting protocols will be more easily understood.</p> <p>The proposed amendments will provide better clarity and transparency to the processes by which the system of vital records operates.</p> <p>Duplicative statutory and discretionary requirements have been removed from the regulations.</p>
(5) Information Sources	<p>Virginia Vital Event Tracking Screening System registration protocols.</p> <p>Chapter 784 of the 2017 Acts of Assembly.</p> <p>Fee schedules related to issuance and administrative fees for vital records are described in § 32.1-273 of the Code of Virginia and 12VAC5-550-520.</p> <p>Fee schedules and the revenue share agreement between local health districts and the system of vital records are outlined in § 32.1-273 of the Code of Virginia, and Chapter 1 of the 2023 Acts of Assembly, Special Session I (HB6001, Item 290 (VDH) Vital Records and Health Statistics.)</p>

Table 1b: Costs and Benefits under the Status Quo (No change to the regulation)

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>Direct Costs: There is a direct cost to consumers of \$12.00 per vital record copy issued and a direct cost of \$10.00 per application submitted to the State Registrar to amend a vital record.</p>
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	<p>Indirect Costs: Postage costs to mail blank forms to registrars and reporting jurisdictions (e.g., court clerks, county/city registrars, special registrars, etc.) are variable.</p> <p>Direct Benefits:</p> <ul style="list-style-type: none"> • State-administered local health districts retain 65% of issuance fee revenue related to the issuance of birth, marriage, and divorce records from local health department locations, and 100% of death certificate revenue. • Locally administered health districts retain 100% of issuance fee revenue. • The Department of Motor Vehicles is authorized to issue copies of vital records and charge an additional two-dollar service fee per copy issued. Issuance fee revenue is directed to the system of vital records, while the Department of Motor Vehicles retains the service fee. • The system of vital records receives 35% of fee revenue from state-administered local health districts from the issuance of birth, marriage, and divorce records. All issuance fee revenue generated by the Department of Motor Vehicles is directed to the system of vital records. • The system of vital records receives all issuance and administrative fee revenue from registration, amendment, and issuance of vital records by the Office of Vital Records. <p>Indirect Benefits: Families save two dollars for vital record issuance through local health districts or the Office of Vital Records, as there is no implementation of a service fee.</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	<p>(a) \$12.00 per vital record copy; \$10.00 per correction or amendment application.</p> <p>The Department of Motor Vehicles charges an additional \$2.00 service fee for each copy of a vital record issued.</p>	<p>(b) \$6,465,228.00 in death certificate issuance fees was retained by local health districts in FY2023.</p> <p>State-administered health districts retained \$403,128.00 of issuance fees for the issuance of birth, marriage, and divorce records in FY2023.</p> <p>Locally administered health districts retained \$50,874.00 of issuance fees for the issuance of birth, marriage, and divorce records in FY2023.</p>

		<p>The system of vital records was allocated \$141,094.80 in issuance fee revenue generated from the issuance of birth, marriage, and divorce records by state-administered local health districts for FY2023.</p> <p>The Department of Motor Vehicles generated \$1,796,544.00 in issuance fee revenue in FY2023 that was directed to the system of vital records.</p> <p>In FY2023, vital record issuance by the Office of Vital Records generated \$2,777,770.87 in issuance fee revenue that was directed to the system of vital records.</p>
(3) Net Monetized Benefit	<p>In FY2023:</p> <ul style="list-style-type: none"> • Local health districts retained a total of \$6,919,140.00 in issuance fee revenue. • The system of vital records received approximately \$4,715,409.67 in issuance fee revenue from all issuance locations (Office of Vital Records, local health districts, and the Department of Motor Vehicles). • Approximately \$116,019.42 in revenue was generated from administrative fees related to vital record amendment in FY2023. All revenue generated was directed to the system of vital records. 	
(4) Other Costs & Benefits (Non-Monetized)	<p>Registrants and their families, guardians, or legal representatives are provided with multiple locations in the Commonwealth to register vital events, obtain copies of vital records, or be provided with vital statistical information.</p>	
(5) Information Sources	<p>FY2023 issuance and administrative fee revenue data was obtained from the VVESTS.</p> <p>Fee schedules related to issuance and administrative fees for vital records are described in § 32.1-27 of the Code of Virginia and 12VAC5-550-520.</p> <p>Fee schedules and the revenue share agreement between local health districts and the system of vital records are outlined in § 32.1-273 of the Code of Virginia, and Chapter 1 of the 2023 Acts of Assembly, Special Session I (HB6001, Item 290 (VDH) Vital Records and Health Statistics).</p>	

Table 1c: Costs and Benefits under Alternative Approach(es)

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>Direct Costs: There are no direct costs associated with alternative approaches. The alternative approach would be to repeal the regulations, which was not determined as the result of the Periodic Review conducted in 2023.</p> <p>Indirect Costs: There are no indirect costs associated with alternative approaches. The alternative approach would be to repeal the regulations, which was not determined as the result of the Periodic Review conducted in 2023.</p> <p>Direct Benefits: There are no direct benefits associated with alternative approaches. The alternative approach would be to repeal the regulations, which was not determined as the result of the Periodic Review conducted in 2023.</p> <p>Indirect Benefits: There are no indirect benefits associated with alternative approaches. The alternative approach would be to repeal the regulations, which was not determined as the result of the Periodic Review conducted in 2023.</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) N/A	(b) N/A
(3) Net Monetized Benefit	N/A	
(4) Other Costs & Benefits (Non-Monetized)	N/A	
(5) Information Sources	12VAC5-550 Regulations Governing Vital Records. Chapter 7 (§ 32.1-249 et seq.) of the Code of Virginia.	

Impact on Local Partners

Use this chart to describe impacts on local partners. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 2: Impact on Local Partners

(1) Direct & Indirect Costs &	Direct Costs: There are no direct costs to local partners resulting from the proposed amendments.
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<p>Benefits (Monetized)</p>	<p>Indirect Costs: There are no indirect costs to local partners resulting from the proposed amendments.</p> <p>Direct Benefits: Local health departments maintain the current revenue share agreement with the system of vital records. The Department of Motor Vehicles retains the authority to issue copies of vital records and implement and retain a two-dollar service fee per copy of a vital record issued at a DMV location.</p> <p>Indirect Benefits: There are no indirect benefits to local partners resulting from the proposed amendments.</p>	
<p>(2) Present Monetized Values</p>	<p>Direct & Indirect Costs</p> <p>(a) \$12.00 per vital record copy; \$10.00 per correction or amendment application.</p> <p>The Department of Motor Vehicles charges an additional \$2.00 service fee for each copy of a vital record issued.</p>	<p>Direct & Indirect Benefits</p> <p>(b) State-administered local health districts will continue to retain 65% of issuance fee revenue from birth, marriage, and divorce certificates; and 100% of revenue generated from the issuance of death certificates: \$6,919,140.00 in FY2023.</p> <p>The system of vital records will continue to receive 35% of revenue from the issuance of birth, marriage, and divorce records from state-administered local health districts: \$141,094.80 in FY2023</p> <p>Locally administered health districts will continue to retain 100% of revenue generated from the issuance of vital records (birth, death, marriage, divorce).</p>
<p>(3) Other Costs & Benefits (Non-Monetized)</p>	<p>The proposed amendments will provide better clarity and transparency to the processes by which the system of vital records operates.</p> <p>Requirements for completion or acceptance of certificates and reporting protocols will be more easily understood by reporting entities.</p> <p>The regulations will reflect current operational practices for the electronic submission of disinterment permits.</p>	

	<p>The regulations will align with 2017 statutory changes authorizing registrars to accept death registrations if a deceased human body is found, or a human death occurs, in a separate reporting jurisdiction within the Commonwealth.</p> <p>Commonwealth courts will have the authority to determine evidence required to grant a court order to change the date on a birth certificate to more than one year after the registrant’s date of birth.</p>
(4) Assistance	
(5) Information Sources	<p>FY2023 issuance and administrative fee revenue data was obtained from the Virginia Vital Event Tracking and Screening System (VVESTS).</p> <p>Chapter 784 of the 2017 Acts of Assembly.</p> <p>Fee schedules related to issuance and administrative fees for vital records are described in § 32.1-27 of the Code of Virginia and 12VAC5-550-520.</p> <p>Fee schedules and the revenue share agreement between local health districts and the system of vital records are outlined in § 32.1-273 of the Code of Virginia, and Chapter 1 of the 2023 Acts of Assembly, Special Session I (HB6001, Item 290 (VDH) Vital Records and Health Statistics.)</p>

Impacts on Families

Use this chart to describe impacts on families. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 3: Impact on Families

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>Direct Costs: Families will continue to be charged \$10.00 per amendment application and \$12.00 per copy of a vital record issued.</p> <p>Indirect Costs:</p> <ul style="list-style-type: none"> • Families will continue to be charged an additional two-dollar service fee per vital record issued by the Department of Motor Vehicles. • Court costs associated with obtaining court orders for vital event registration, vital record issuance, or amendment of a vital record, vary widely and cannot be calculated. • Service-related costs for families that retain legal counsel or other administrative services related to obtaining registration,
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	<p>amendment/correction, issuance of vital records, or disclosure of vital record information vary widely and cannot be calculated.</p> <p>Direct Benefits: The proposed amendments do not alter existing fee schedules. Commonwealth families will continue to pay below jurisdictional averages for all 57 reporting jurisdictions (all U.S. states, Washington D.C., New York City, Guam, Puerto Rico, Northern Marianas Islands, American Samoa, and the Virgin Islands) for copies of vital records.</p> <ul style="list-style-type: none"> • Birth certificate issuance fee average: \$18.69 • Death certificate issuance fee average: \$18.29 • Marriage certificate issuance fee average: \$17.00 • Divorce certificate issuance fee average: \$16.41 <p>Indirect Benefits: There are no indirect monetized benefits to families associated with the proposed amendments.</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	<p>(a) \$12.00 per vital record copy; \$10.00 per correction or amendment application.</p> <p>The Department of Motor Vehicles charges an additional \$2.00 service fee for each copy of a vital record issued.</p>	<p>(b) The system of vital records received approximately \$4,715,409.67 in issuance fee revenue from all issuance locations (Office of Vital Records, local health districts, and the Department of Motor Vehicles) in FY2023.</p>
(3) Other Costs & Benefits (Non-Monetized)	<p>The proposed amendments support a system for the administration and governance of an adequate system of vital records.</p> <p>The proposed amendments will provide better clarity and transparency to the processes by which the system of vital records operates.</p> <p>Requirements for completion or acceptance of certificates and reporting protocols will be more easily understood.</p> <p>The regulations open a pathway to compliance for the filing of death certificates by authorizing registrars to accept death certificate forms that are filed non-electronically outside of the jurisdiction in the Commonwealth where a person dies, or a deceased human body is found.</p>	
(4) Information Sources	<p>Revenue data was obtained from the Virginia Vital Event Screening and Tracking System (VVESTS).</p> <p>Chapter 784 of the 2017 Acts of Assembly.</p>	

	<p>Fee schedules related to issuance and administrative fees for vital records are described in § 32.1-27 of the Code of Virginia and 12VAC5-550-520.</p> <p>Data comparing issuance and administrative fees for reporting jurisdictions was obtained from the Centers for Disease Control and Prevention: https://www.cdc.gov/nchs/w2w/index.htm</p>
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Impacts on Small Businesses

Use this chart to describe impacts on small businesses. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 4: Impact on Small Businesses

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>Direct Costs: There are no direct costs to small businesses associated with the proposed amendments.</p> <p>Indirect Costs: There are no indirect costs to small businesses associated with the proposed amendments.</p> <p>Direct Benefits: There are no direct benefits to small businesses associated with the proposed amendments.</p> <p>Indirect Benefits: There are no indirect benefits to small businesses associated with the proposed amendments.</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) N/A	(b) N/A
(3) Other Costs & Benefits (Non-Monetized)	N/A	
(4) Alternatives		
(5) Information Sources		

Changes to Number of Regulatory Requirements

Table 5: Regulatory Reduction

For each individual action, please fill out the appropriate chart to reflect any change in regulatory requirements, costs, regulatory stringency, or the overall length of any guidance documents.

Change in Regulatory Requirements

VAC Section(s) Involved*	Authority of Change	Initial Count	Additions	Subtractions	Net Change
12VAC5-550-5	Statutory:	0			
	Discretionary:	0			
12VAC5-550-70	Statutory:	2 (G/S)		-2 (G/S)	-2
	Discretionary:	0			
12VAC5-550-80	Statutory:	0			
	Discretionary:	2 (G/D)		-2 (G/D)	-2
12VAC5-550-90	Statutory:	0			
	Discretionary:	3 (G/D), 1 (R/D)	+1 (G/D)		+1
	Discretionary:	0			
12VAC5-550-100	Statutory:	5 (G/S), 4 (R/S)	+1 (R/S)		+1
	Discretionary:	4 (G/D), 15 (R/D)	+4 (G/D)	-5 (R/D)	-1
12VAC5-550-110	Statutory:	1 (G/S), 1 (R/S)	+4 (G/S) +4 (R/S)		+8
	Discretionary:	0	+1(G/D) +1 (R/D)		+2
12VAC5-550-130	Statutory:	1 (G/S), 1 (R/S)	+3 (G/S) +3 (R/S)		+6
	Discretionary:	0	+1 (G/D) +1 (R/D)		+2
12VAC5-550-140	Statutory:	1 (G/S), 1 (R/S)	+2 (G/S) +2 (R/S)		+4
	Discretionary:	0	+1 (G/D) +1 (R/D)		+2
12VAC5-550-150	Statutory:	1 (G/S), 1 (R/S)			
	Discretionary:	11 (G/D), 11 (R/D)		-1 (G/D) -1 (R/D)	-2
12VAC5-550-160	Statutory:	0			
	Discretionary:	1 (G/D)	+1 (G/D)		+1
12VAC5-550-170	Statutory:	0			
	Discretionary:	2 (G/D)			
12VAC5-550-180	Statutory:	0			

	Discretionary:	4 (G/D)	+2 (G/D)		+2
12VAC5-550-190	Statutory:	0			
	Discretionary:	3 (G/D)	+1 (G/D)		+1
12VAC5-550-200	Statutory:	0			
	Discretionary:	4 (G/D)			
12VAC5-550-210	Statutory:	0			
	Discretionary:	2 (G/D)		-2 (G/D)	-2
12VAC5-550-220	Statutory:	1 (R/S)			
	Discretionary:	4 (R/D)	+1 (G/D)	-1 (R/D)	
12VAC5-550-230	Statutory:	2 (G/S)	+1 (R/S)	-1 (G/S)	
	Discretionary:	4 (G/D), 1 (R/D)	+2 (G/D) +5 (R/D)		+7
12VAC5-550-240	Statutory:	1 (G/S)			
	Discretionary:	3 (G/D), 2 (R/D)	+1 (R/D)		+1
12VAC5-550-250	Statutory:	0			
	Discretionary:	3 (G/D), 2 (R/D)		-2 (G/D) -1 (R/D)	-3
12VAC5-550-260	Statutory:	2 (G/S), 2 (R/S)			
	Discretionary:	9 (G/D), 12 (R/D)	+2 (G/D)	-5 (R/D)	-3
12VAC5-550-280	Statutory:	2 (G/S) 1 (R/S)		-1 (G/S)	-1
	Discretionary:	2 (G/D), 2 (R/D)	+1 (R/D)		+1
12VAC5-550-290	Statutory:	4 (G/S),		-4 (G/S)	-4
	Discretionary:	1 (G/D), 1 (R/D)		-1 (G/D) -1 (R/D)	-2
12VAC5-550-300	Statutory:	2 (G/S), 1 (R/S)	+1 (R/S)		+1
	Discretionary:	0	+4 (R/D)		+4
12VAC5-550-310	Statutory:	2 (G/S), 1 (R/S)	+2 (G/S) +2 (R/S)		+4
	Discretionary:	1 (R/D)	+1 (G/D) +1 (R/D)		+2
12VAC5-550-330	Statutory:	1 (R/S)			
	Discretionary:	3 (G/D), 4 (R/D)	+8 (R/D)	-1 (G/D)	+7
12VAC5-550-340	Statutory:	2 (G/S)			
	Discretionary:	0	+1 (G/D)		+1
12VAC5-550-350	Statutory:	0			
	Discretionary:	3 (G/D), 6 (R/D)		-3 (R/D)	-3

12VAC5-550-360	Statutory:	1 (G/S)	+3 (G/S) +2 (R/S)			
	Discretionary:	9 (R/D)		-2 (R/D)	-2	
12VAC5-550-370	Statutory:	1 (G/S)		-1 (G/S)	-1	
	Discretionary:	4 (G/D)		-4 (G/D)	-4	
12VAC5-550-380	Statutory:	0	+1 (R/S)		+1	
	Discretionary:	4 (G/D), 5 (R/D)		-1 (G/D) -1 (R/D)	-2	
12VAC5-550-390	Statutory:	4 (R/S)	+2 (G/S) +2 (R/S)		+4	
	Discretionary:	1 (G/D), 9 (R/D)		-1 (R/D)	-1	
12VAC5-550-400	Statutory:	2 (G/S)				
	Discretionary:	2 (G/D), 2 (R/D)		-1 (G/D) -1 (R/D)	-2	
12VAC5-550-410	Statutory:	3 (G/S)		-2 (G/S)	-2	
	Discretionary:	3 (G/D), 2 (R/D)	+3 (G/D) +4 (R/D)		+7	
12VAC5-550-420	Statutory:	0				
	Discretionary:	5 (G/D)	+2 (G/D) +5 (R/D)		+7	
12VAC5-550-430	Statutory:	0				
	Discretionary:	2 (G/D), 6 (R/D)	+1 (G/D) +1 (R/D)		+2	
12VAC5-550-450	Statutory:	1 (R/S)	+1 (G/S) +2 (R/S)		+3	
	Discretionary:	8 (G/D), 15 (R/D)	+3 (G/D)		+3	
12VAC5-550-470	Statutory:	0				
	Discretionary:	3 (G/D), 5 (R/D)	+2 (R/D)		+2	
12VAC5-550-480	Statutory:	0				
	Discretionary:	1 (G/D)				
12VAC5-550-490	Statutory:	1 (G/S)				
	Discretionary:	1 (G/D)				
12VAC5-550-500	Statutory:	0				
	Discretionary:	1 (G/D)				
12VAC5-550-510	Statutory:	2 (G/S)	+1 (G/S)		+1	
	Discretionary:	4 (G/D)		-1 (G/D)	-1	
					Total Net Change of Statutory Requirements:	+33
					Total Net Change of	+25

Discretionary Requirements:	
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Cost Reductions or Increases (if applicable)

VAC Section(s) Involved*	Description of Regulatory Requirement	Initial Cost	New Cost	Overall Cost Savings/Increases

Other Decreases or Increases in Regulatory Stringency (if applicable)

VAC Section(s) Involved*	Description of Regulatory Change	Overview of How It Reduces or Increases Regulatory Burden
12VAC5-550-70	The section has been repealed.	Two statutory requirements requiring the State Registrar to prepare, print, and supply forms to reporting sources, as well as prepare and issue detailed form instructions were removed from the regulations.
12VAC5-550-80	The section has been repealed.	Two discretionary requirements were removed as the regulation was repealed.
12VAC5-550-90	The regulatory section has been revised to include content from two repealed sections 12VAC-550-80, and 12VAC5-550-90.	An existing requirement that city and county registrars maintain an adequate supply of forms furnished by the State Registrar has been moved from 12VAC5-550-80 to 12VAC5-550-90.
12VAC5-550-100	<p>Subsection A of the regulations related to birth registration at the time of birth is reorganized to emphasize the forms required to file a birth certificate at the time of birth.</p> <p>Subsection B has been removed, and a new subsection E has been added to direct readers to Part VIII of the regulations for late and delayed birth registrations.</p>	The regulation has been amended to (i) combine requirements for the filing of birth certificates at the time of birth by specifying the VS1 form is used to register births at the time of birth for non-home births or home births; (ii) remove regulations related to late and delayed birth registration to emphasize the process of filing a birth certificate at the time of birth; and (iii) direct readers to the

	Subsection F has been created to inform the public of the form used to request a copy of a birth certificate.	forms used to request a copy of a birth certificate.
12VAC5-550-110	The regulations were amended to specify the process to file a death certificate in the Commonwealth, and to request a copy of a death certificate.	The regulations are amended to include the VS2A form and form items, along with the forms used by applicants to request a copy of a death certificate.
12VAC5-550-130	The forms used by applicants to request a copy of a marriage record at the Department of Motor Vehicles have been included. Remaining changes are Fast-Track amendments approved by the Board of Health in June 2023 which amended the regulation to specify the form used to request a copy of a marriage certificate.	The regulation specifies the form used by applicants when requesting a copy of a marriage certificate from the Department of Motor Vehicles.
12VAC5-550-140	The forms used by applicants to request a copy of a record of divorce or annulment at the Department of Motor Vehicles have been included. Remaining changes are Fast-Track amendments approved by the Board of Health in June 2023 amended the regulation to specify the form used to request a copy of a record of divorce or annulment.	The regulation specifies the form used by applicants when requesting a copy of a record of divorce or annulment from the Department of Motor Vehicles
12VAC5-550-150	Subsection A was created to reorganize the existing methods of data entry on certificates and records. Amendments reorganize the provision to reflect the most common types of data entry in the order each	Requirements were reduced by combining requirements related to the non-acceptance of certificates (i) marked “copy,” (ii) marked “duplicate,” (iii) is a carbon copy, or (iv) is a photocopy.

	<p>type is used, from most to least frequent.</p> <p>The existing requirement that all signatures be in black ink has been moved to a newly created subsection, subsection B.</p> <p>Existing regulations identifying the reasons a certificate would not be acceptable for filing have been moved to a newly created subsection, subsection C.</p> <p>Amendments to the provision combined requirements related to the types of copies that are not accepted.</p> <p>The provision that a certificate submitted on an improper form will not be accepted has been amended to specify the requirement includes forms that are stained, damaged, or torn.</p>	<p>The changes specify that improper forms include forms that are stained, damaged, or torn.</p>
12VAC-550-180	<p>Form and style changes reorganize the regulation into three subsections.</p> <p>Amendments authorize a registrar’s representative to examine forms filed for acceptance, and clarify the requirement that forms filed with a registrar or their representative documenting a birth, death, or fetal death to be consecutively numbered based on the date of the vital event, rather than the date the form was filed with a registrar or their representative.</p>	<p>Amendments authorize a registrar’s representative to examine forms filed for acceptance and clarify the requirement that forms filed with a registrar or their representative documenting a birth, death, or fetal death to be consecutively numbered based on the date of the vital event, rather than the date the form was filed with a registrar or their representative. The current provision limits such examination and acceptance to a registrar.</p>
12VAC5-550-190	<p>Form and style changes to the regulation created an additional</p>	<p>An additional subsection was created to conform to the <i>Form</i></p>

	subsection. Specifically, separating the requirement that registrars record information and establish internal processes to record information before forwarding forms filed with them to the State Registrar.	<i>and Style Requirements</i> , adding a discretionary requirement to the regulations.
12VAC5-550-200	<p>Amendments authorize special registrars to utilize electronic media to report to the State Registrar that no birth, death, or fetal death occurred in their jurisdiction the previous month, if reporting is executed using electronic media approved by the State Registrar.</p> <p>The regulations provide an alternative, the VS23 form, for special registrars to report to the State Registrar that no birth, death, or fetal death occurred in their jurisdiction the previous month if approved electronic media cannot be used to submit such report.</p>	The amendments open a pathway to compliance for special registrars to report that no birth, death, or fetal death occurred during the previous month in their jurisdiction by providing an electronic submission process. The changes also provide a paper form that may be used if the electronic media approved by the State Registrar, and used for such reporting purposes, is unavailable.
12VAC5-550-210	The regulation has been repealed.	The repeal of the regulation removed two requirements.
12VAC5-550-220	<p>Revisions include the responsibility of the hospital to which a foundling child has been taken for care.</p> <p>An existing provision requiring the name and address of the person or institution to which the foundling child has been placed for care to be entered on the back of the Certificate of Live Birth form has been removed from the regulations.</p>	<p>The changes open pathways to compliance related to foundling registration by extending authorization to complete the foundling child's birth registration to care hospitals.</p> <p>Removing the provision specifying that the name and address of the persons or institution to which a foundling child has been taken for care removes a duplicative statutory requirement from the regulations.</p>
12VAC5-550-230	Definitions for late and delayed birth registration have been	The form used to file a late or delayed Certificate of Birth

	<p>removed, revised to “late birth filing” and “delayed birth filing,” and moved to 12VAC5-550-5.</p> <p>Subsections A and B have been amended to reflect the form used to file a late Certificate of Birth and a delayed Certificate of Birth completed within 7 years from the intended registrant’s date of birth.</p> <p>Subsection C has been amended to include the form, and form items, used when filing a delayed Certificate of Birth 7 or more years after the intended registrant’s date of birth.</p> <p>Subsection D was created using an existing provision from 12VAC5-550-100 naming the form to be used, and form items to be completed, when filing a delayed Certificate of Birth 7 or more years since the intended registrant’s date of birth.</p>	<p>within 7 years of the date of birth have been included in the regulation. The provisions have been amended to specify the filing process for late and delayed Certificate of Birth within 7 years of the date of birth.</p> <p>The form used to file a delayed Certificate of Birth after 7 years of the date of birth have been included in the regulation, along with the form items to be completed. The provisions have been amended to specify the filing process for late and delayed Certificate of Birth after 7 years of the date of birth.</p> <p>While the changes added discretionary requirements to the regulations, the amended provisions more clearly communicate the processes by which a late or delayed Certificate of Birth is filed.</p>
12VAC5-550-240	<p>Amendments specify who is authorized to file a late or delayed Certificate of Birth for an intended registrant.</p> <p>A provision that a late or delayed Certificate of Birth will not be filed if a prior birth certificate is found for the registrant has been combined with the requirement that a late or delayed Certificate of Birth will not be filed if the registrant is deceased.</p>	<p>The amendments do not alter who is authorized to file a late or delayed birth certificate; rather, the amendments specify who is authorized to file a late or delayed birth certificate for an intended registrant born in the Commonwealth.</p> <p>The requirement that a late or delayed birth certificate is not to be established if the intended registrant has an existing birth certificate was removed from 12VAC5-550-260 and included in 12VAC5-550-240 as it is a condition of all late or delayed</p>

		birth filings, and is not limited in applicability to delayed birth filings after 7 years from the registrant's date of birth.
12VAC5-550-250	Provisions identifying the form to be completed for late and delayed birth filings within 7 years have been removed and are instead referenced in 12VAC5-550-230.	The amendments clarify the requirements for signing the form used for late or delayed birth filings.
12VAC5-550-260	<p>The requirement that a late or delayed birth certificate will not be filed if a prior birth certificate is located for the registrant has been removed and incorporated into 12VAC5-550-240 as it is a condition of all late or delayed birth registrations, and is not limited in applicability to delayed registrations after 7 years from the registrant's date of birth.</p> <p>The requirement that delayed birth filings are to be prepared on a form supplied by the State Registrar has been removed.</p> <p>Examples of primary evidence have been removed as primary evidence is defined in 12VAC-550-5.</p>	<p>Removing the requirement that delayed birth filings are to be prepared on forms supplied by the State Registrar removed a duplicative requirement from the regulations.</p> <p>The requirement that delayed birth filings after seven years from the registrant's date of birth be prepared on forms supplied by the State Registrar has been removed as it is duplicative to statutory requirements, and proposed amendments to 12VAC-550-230 identify the form to be used for delayed birth registrations after 7 years of the registrant's date of birth.</p> <p>Removing examples of primary evidence removed a discretionary requirement from the regulations.</p>
12VAC5-550-280	<p>References to the establishment of a new birth certificate after legitimation, acknowledgment of paternity, or court determination of paternity have been removed as they are discussed in subsequent sections of the regulations.</p> <p>Subsection A combines the three circumstances in which</p>	<p>A duplicative provision related to the required evidence supporting the establishment of the new birth certificate has been removed.</p> <p>The amendments clarify that an existing birth certificate must be located for the adopted child before a new birth, post-adoptive, birth certificate can</p>

	<p>the State Registrar is authorized to prepare a new birth certificate after adoption.</p> <p>A duplicative provision requiring the submission of an adoption report or certified copy of an adoption decree to the State Registrar has been removed.</p> <p>Subsection C has been created to specify that an existing birth certificate must be located before a new birth certificate is established due to adoption. The provision specifies that if there is no existing birth certificate for the adopted child, a late or delayed certificate of birth must be established before the new birth certificate can be created and issued.</p>	<p>be established by the State Registrar. The changes also specify that a late or delayed birth certificate can be established prior to the creating of the new birth certificate if an existing birth certificate for the adopted child cannot be located.</p>
12VAC5-550-290	<p>The regulation has been repealed. The existing requirement that the registrant's parent's marriage record is also required to be provided to the State Registrar to establish a new birth certificate because of legitimation has been moved to 12VAC5-550-300.</p>	<p>The repeal of the regulation removed four statutory requirements and two discretionary requirements.</p>
12VAC5-550-300	<p>The process by which a new birth certificate is established after an acknowledgement of paternity and legitimation of a registrant have been combined as both processes require the VS22 form to be completed. A provision was added to specify that a copy of the registrant's parent's marriage record is also required to be submitted to the State Registrar if a new birth certificate is</p>	<p>The requirements do not alter the current processes associated with establishing a new birth certificate because of an acknowledgement of paternity or legitimation of a registrant, but instead specify that the same process is used in both scenarios, except that a copy of the registrant's parent's marriage record is also required to establish the new birth certificate because a registrant's legitimation.</p>

	<p>established because of a registrant’s legitimation.</p> <p>Statutory requirements specifying when a court determination of paternity is needed to establish a new birth certificate because of an acknowledgement of paternity and/or legitimation of the registrant have been separated in the regulations to make the regulations easier to read.</p>	
12VAC5-550-310	<p>Statutory requirements specifying the documentation to be submitted to the State Registrar, and the individuals and agencies authorized to submit a court determination of paternity have been added to the regulation.</p> <p>Form and style edits in subsection C created an additional discretionary requirement.</p>	<p>The requirements do not alter the current processes associated with submission and acceptance of a court determination of paternity to establish a new birth certificate because of a court determination of paternity, but rather are amended to clarify the conditions under which and the process executed to establish the new birth certificate.</p>
12VAC5-550-330	<p>Two new subsections have been added that outline the information needed to locate an existing birth certificate for a registrant, and the forms upon which the information is provided to the State Registrar.</p>	<p>The requirements do not alter the current processes associated with establishing a new birth certificate, but instead clarify the information required to be submitted to the State Registrar, and the forms required for such submission, to locate an existing birth certificate for the registrant.</p>
12VAC5-550-340	<p>The regulation has been amended to add a discretionary requirement specifying that the State Registrar may store sealed vital records in physical and electronic files.</p>	<p>The requirements do not alter the current processes associated with creating and sealing vital records, but instead open pathways to compliance by authorizing the State Registrar to maintain both physical and digital sealed files. This change allows the State Registrar to better</p>

		maintain the vital records vault and digital database as part of the system of vital records.
12VAC5-550-350	<p>The definition of medical certification of cause of death has been removed and moved to 12VAC5-550-5.</p> <p>Two examples of the actions taken by the physician or medical examiner in circumstances in which autopsy findings significantly alter the cause of death have been removed.</p>	Requirements were reduced by removing the definition of medical certification of cause of death, and removing two examples of actions taken in response to the findings of an autopsy that significantly alter the cause of death.
12VAC5-550-360	Changes incorporate existing provisions in 12VAC5-550-370. Statutory requirements identifying the persons authorized by the Code of Virginia to complete and file the medical certification of the cause of death on a death certificate have been added to the regulations.	<p>Amendments specifying who is authorized by §32.1-263 Code of Virginia to complete and file a medical certification of the cause of death provides clarity to the regulations and processes associated with the medical certification of the cause of death.</p> <p>Conforming the regulations to the Style Guide and removing a duplicative provision related to the responsibility of an institution removed two discretionary requirements.</p>
12VAC5-550-370	Repeal of the regulation and incorporation of existing provisions into 12VAC5-550-370	Repeal of the regulation removed one statutory and four discretionary requirements.
12VAC5-550-380	<p>An existing discretionary requirement requiring a physician to sign the medical certification of the cause of death on a death certificate form if a VS2 form is used has been moved to a separate subsection in the regulations.</p> <p>Amendments specify who may complete the medical</p>	<p>There are no new requirements and the responsibility of the hospital or institution when preparing the VS2 form remains unchanged.</p> <p>The changes specify the persons authorized to complete the medical certification of the cause of death and the forms used by the hospital or</p>

	certification of the cause of death if a hospital or institutional administrator prepares the death certificate form, and the form used by the hospital administrator when helping to prepare the death certificate.	institution administrator when preparing the VS2 form.
12VAC5-550-390	<p>A provision has been added specifying the persons authorized by the Code of Virginia to complete the medical certification of the cause of death on a death certificate if a completed cause of death is not available when a funeral service licensee takes possession of a dead body.</p> <p>A provision requiring city, county, or special registrars to file death certificates in the jurisdiction where the death occurred, or the deceased human body is found, has been removed.</p> <p>The regulation has been amended to specify that death certificates may be filed outside of the jurisdiction in which the death occurred, or the body was found.</p>	<p>The provision requiring city, county, or special registrars to file death certifications in the jurisdiction where the death occurred was removed to comply with Chapter 784 of the 2017 Acts of Assembly, which opened an additional pathway to compliance when filing a death certificate, by allowing the death certificate to be filed non-electronically outside of the jurisdiction in which the death occurred, or the body was found.</p> <p>Adding a provision specifying the persons authorized by the Code of Virginia to complete the medical certification of the cause of death on a death certificate if a completed cause of death is not available when a funeral service licensee takes possession of a dead body, provides funeral services licensees with a process to follow if the cause of death is not completed when he takes possession of a dead body, and clarifies this process in the regulations.</p>
12VAC5-550-400	A provision requiring death certificates filed with city, county, or special registrars in the jurisdiction where the death occurred was removed as the	The regulations open pathways to compliance by allowing death certificate forms to be filed non-electronically with city, county, or special

	<p>requirement is no longer required by statute.</p>	<p>registrars in any jurisdiction in the Commonwealth.</p>
12VAC5-550-410	<p>Two statutory requirements have been removed that (i) directed city, county, and special registrars not to consecutively number death certificate forms filed in their jurisdiction if the death occurred in a different jurisdiction within the Commonwealth, and (ii) directed city, county, and special registrars to forward such death certificate forms to the registrar of the jurisdiction where the death occurred.</p> <p>A new subsection A was created to add a definition of a provisional death certificate to the regulations, along with clarification of the information contained on the provisional death certificate, and restrictions concerning its use.</p> <p>An existing provision requiring death certificates to be filed with a registrar other than the registrar at the place of death has been amended to clarify the forms used to file a death certificate, and authorize death certificates to be filed electronically using electronic media approved by the State Registrar.</p> <p>The changes remove an existing provision requiring registrars that registrars do not consecutively number death certificate forms filed with them for a death that has occurred in a different</p>	<p>The two statutory requirements were removed to conform to changes to the Code of Virginia that removed the restriction that death certificates be filed with registrars in the jurisdiction where the death occurred.</p> <p>Requirements added to the regulation specify the conditions under which a provisional death certificate may be issued, the forms used to file a provisional death certificate and the forms used to replace a provisional death certificate with a completed death certificate form.</p> <p>The amendments open pathways to compliance and conform the regulation to the Code of Virginia by (i) authorizing the filing of death certificate forms to be made electronically using electronic media approved by the State Registrar, and (ii) allowing non-electronically filed death certificate forms to be filed with a registrar in any Commonwealth jurisdiction.</p>

	<p>jurisdiction and send the form to the registrar in the jurisdiction where the death occurred, as most death certificate forms are filed electronically, and statutes have been changed to remove the requirement that non-electronically filed death certificates be filed with a registrar in the jurisdiction where the death occurred.</p>	
12VAC5-550-420	<p>The regulations have been amended to (i) identify the forms used to file a death certificate in the Commonwealth; (ii) specify the information and the form or statement required to be completed by a medical certifier and submitted to the State Registrar to complete the cause of death to a death certificate form in pending status; and (iii) authorize medical examiners to add cause of death information using electronic media approved by the State Registrar.</p>	<p>The changes reflect the current operational practices of the Office of Vital Records when adding a cause of death to a death certificate in “pending” status.</p> <p>Amending the regulations to allow medical examiners to complete cause of death information to a death certificate using electronic media approved by the State Registrar allows medical examiners to utilize new technologies such as e-amendments in the Virginia Vital Events Screening and Tracking System (VVESTS).</p> <p>The amended regulations specify the information and the forms or statements to be submitted to the State Registrar by medical certifiers when adding the cause of death to a death certificate in “pending” status.</p>
12VAC5-550-430	<p>Amendments to subsection B specify the persons who submit applications for a disinterment permit to a city or county registrar.</p>	<p>Amendments clarify who may submit applications for disinterment permits and expand the pathway to compliance for the submission of disinterment permits to</p>

	<p>A requirement was added to subsection B allowing for the submission of disinterment permits to be completed on physical forms or electronic media approved by the State Registrar.</p>	<p>Commonwealth registrars by authorizing electronic submission actions.</p>
<p>12VAC5-550-450</p>	<p>Under this action, subsection A has been amended to define a “correction affidavit.”</p> <p>Amendments to subsection B specify who is authorized to submit a correction affidavit to the State Registrar, clarify the State Registrar’s responsibility to correct a name on a birth certificate if the name is not known or used by the registrant, and conform subdivision B.3 to §32.1-269 of the Code of Virginia in relation to amending birth certificates based on hermaphroditism and pseudo-hermaphroditism as well as name changes on vital records. The State Registrar’s authority to provide administrative changes to minor corrections in the spelling of a spouse’s name on a birth certificate was removed, as “spouse” of the registrant is not a birth certificate item.</p> <p>Subsection C has been created using an existing provision that a court order is required if information is to be changed on a vital record more than one time.</p> <p>Two provisions have been added that (i) prohibit corrections or amendments to</p>	<p>The changes clarify the form used as a correction affidavit, and specify the responsibilities of the State Registrar when changing information such as the name, date of birth, and sex as listed on a registrant’s birth certificate.</p> <p>Removal of the requirement that a Federal Census Bureau transcript is required as evidence to a court to amend the date of birth more than one year and one day was made as the court retains the authority to determine what evidence is sufficient to grant a court order directing the State Registrar to amend the date of birth on the registrant’s birth certificate.</p> <p>Amending the regulations to require a court order to change the registrant’s date of birth if the date of birth is to be changed more than one year and one day has been made to ensure that the timeframe for the State Registrar to process administrative changes to the date of birth on a birth certificate incorporates at least one full year past the original birth date listed on the birth certificate.</p>

	<p>records of marriage, divorce, or annulment unless a certified copy of the change is received by the State Registrar from the court granting the change of information on the record; and (ii) provide an exception to the timeframe for which secondary evidence must be established for death certificates.</p> <p>A requirement identifying the evidence to be supplied to the court if the date of birth on a birth certificate is to be changed more than one year was removed from the regulation. The regulation has also been amended to require a court order to amend the date of birth on a birth certificate after one year and one day from the date of birth.</p> <p>Structural changes to the regulations and amendments related to changes of information on death certificates were part of Fast-Track amendments approved by the Board of Health in June 2023. The previous regulatory action separated the requirements related to amending birth and death certificates and conformed the regulations to changes under Chapters 465 and 466 of the 2022 Acts of Assembly which changed the process by which death certificates can be amended, and the evidence required for amendment (subsections D and F).</p>	
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<p>12VAC5-550-470</p>	<p>Two definitions of legal representative when obtaining information or certified copies of birth and death certificates were removed from the regulation, combined, and moved to 12VAC5-550-5 (Definitions).</p> <p>Provisions have been added directing readers to sections 12VAC5-550-100 and 12VAC5-550-110 for the processes to request a copy of a birth or death certificate, respectively.</p> <p>Language has been added specifying the authority of the Department of Motor Vehicles to issue vital records.</p> <p>A provision has been added differentiating between the authority of the Department of Motor Vehicles to issue vital records and the authority of the registrars to fulfill requests for data from vital records.</p>	<p>The removal of the definitions reduced requirements in the regulation.</p> <p>The amendments do not alter the processes followed when requesting copies of a vital record, and differentiate between the permissions granted to the State Registrar, Commonwealth registrars, and the Department of Motor Vehicles when requesting data from vital records.</p> <p>The changes direct readers to the processes related to obtaining certified copies of a birth certificate or death certificate.</p> <p>Revisions separate the requirements related to requests for vital records, vital record data, vital record information, and death verifications.</p>
<p>12VAC5-550-480</p>	<p>The authority of city and county registrars to permit the use of vital record data has been removed from the regulations.</p>	<p>The changes account for current operational practices associated with the governance and administration of the system of vital records; specifically, that city and county registrars to not have access to nor maintain all data from forms filed with them. City and county registrars do not currently receive requests for vital record data or information, as these requests are made directly to the State Registrar.</p>
<p>12VAC5-550-510</p>	<p>A statutory requirement was added authorizing the</p>	<p>The amendments do not change the processes associated with</p>

	<p>Department of Motor Vehicles to issue certified copies of vital records to conform to §32.1-273 of the Code of Virginia.</p>	<p>issuing certified copies of vital records, nor the statement, signature, or seal embedded on certified copies of vital records, but rather clarify who is authorized to issue certified copies of vital records, and the statement, signature, and seal to be included on each copy of a vital record.</p> <p>The changes specify that the Department of Motor Vehicles is authorized by statute to issue certified copies of vital records.</p>
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1 **Project 7729 – Fast Track**

2 **Department of Health**

3 **Chapter 550 Amendments Resulting from Periodic Review 2023**

4 **12VAC5-550-5. Definitions.**

5 In addition to the words and terms defined in § 32.1-249 of the Code of Virginia, the
6 following words and terms when used in this chapter shall have the following meanings unless
7 the context clearly indicates otherwise:

8 "Administrative" means a non-judicial process by which information registered on a vital
9 record can be added, removed, or changed.

10 "Affiant" means a person who swears to and signs an affidavit.

11 "Amendment" means a change to information registered on a vital record which was not
12 registered or omitted in error.

13 "Applicant" means the person submitting a form with a registrar to file a vital record or to
14 obtain a permit or authorization, or a person submitting a form to a registrar or the Department
15 of Motor Vehicles to obtain a copy of a vital record.

16 "Attendant" means a physician or other person in attendance (i) at a birth; (ii) at or after the
17 delivery of a dead fetus; (iii) of an abortion; or (iv) the Chief Medical Examiner pursuant to
18 §32.1-257 and 32.1-264 of the Code of Virginia.

19 "Board" means the State Board of Health.

20 "Commissioner" means the State Health Commissioner.

21 "Certificate" means a form registered with the Department to establish a vital record
22 documenting a birth, death, stillbirth, marriage, divorce, or annulment occurring in the
23 Commonwealth.

24 "Commonwealth" means the Commonwealth of Virginia.

25 "Correction" means a change to information registered on a vital record to fix errors or
26 omissions.

27 "Dead body" means a human body, or such parts of the human body, as provided for in
28 Chapter 7 (§ 32.1-249 et seq.) of Title 32.1 of the Code of Virginia from the condition of which it
29 reasonably may be concluded that death occurred.

30 "Delayed birth filing" means the process of registering a non-recorded birth after one year
31 from the date of birth.

32 "Delayed Certificate of Birth" means a vital record documenting a previously non-recorded
33 birth after one year from the date of birth.

34 "Department" means Virginia Department of Health.

35 "File" means the presentation of a vital record as provided for in Chapter 7 (§ 32.1-249 et
36 seq.) of Title 32.1 of the Code of Virginia for registration by the Department.

37 "Form" means a document furnished by the State Registrar that is filled out by an individual
38 with the intent to (i) document a vital event, (ii) obtain a copy of a vital record, (iii) request a
39 correction or amendment to a vital record, (iv) submit information or evidence to a registrar, or
40 (v) obtain a permit or authorization from a registrar.

41 "Immediate family" means a ~~registrant~~ registrant's mother, father (name must be shown on
42 the certification), sibling, current spouse, ~~and~~ adult children, adult grandchildren, or
43 grandparents.

44 "Informant" means the person providing information to complete the filing of file a vital record
45 in order to document a vital event.

46 "Intended registrant" means the person whose personal information is primarily entered onto
47 a form or electronic media approved by the State Registrar for the purpose of creating a vital
48 record.

49 "Late birth filing" means the submission of documents to the department to register a non-
50 recorded birth after the statutory time prescribed for filing, but within one year from the date of
51 birth.

52 "Legal representative" means an attorney licensed to practice law in Virginia; a funeral
53 director or funeral services licensee licensed to practice by the Board of Funeral Directors and
54 Embalmers and who is in charge of the final disposition of a dead human body; a person with
55 power of attorney for the affairs of a registrant; an attending physician, in the case of birth
56 records; a federal, state, or local government agency acting on behalf of the registrant or the
57 registrant's family; an insurance company insuring the registrant, in the case of death records; a
58 court appointed guardian; or a court appointed administrator, for the purposes of obtaining vital
59 record information and certificates.

60 "Maiden name" means a person's last name at birth or adoption that is established prior to
61 the marriage of the person who takes the last name of their spouse.

62 "Medical certifier" means (i) the physician or autonomous nurse practitioner in charge of a
63 deceased intended registrant's care for the illness or condition that resulted in death; (ii) the
64 physician or autonomous nurse practitioner who pronounced death pursuant to §§ 32.1-263 or
65 54.1-2972 of the Code of Virginia; (iii) the person authorized to complete the medical
66 certification of the cause of death in the absence of or with the approval of the physician or
67 autonomous nurse practitioner pursuant to subsection C of § 32.1-263 of the Code of Virginia;
68 (iv) if the death occurred while under the care of a hospice provider, the intended registrant's
69 health care provider; (v) a medical examiner or the physician who last furnished medical care to
70 a deceased intended registrant pursuant to § 32.1-263 and §§ 32.1-283 or 32.1-285.1 of the
71 Code of Virginia; (vi) a deceased intended registrant's healthcare provider pursuant to § 32.1-
72 263 of the Code of Virginia; or (vii) for fetal deaths, the physician in attendance at or after
73 delivery or abortion or the Chief Medical Examiner pursuant to §§ 32.1-264 and 32.1-385.1 of
74 the Code of Virginia.

75 "Medical certification of the cause of death" means the entry by a physician, medical
76 examiner, or other person authorized under § 32.1-263 of the Code of Virginia, of a definite
77 medical diagnosis of the underlying cause of death and related conditions following the
78 instructions on the form used to file a Certificate of Death.

79 "Midwife" means a registered nurse who has met the additional requirements of education
80 and examination for licensure as a nurse practitioner in the Commonwealth. an individual
81 providing primary maternity care who is either a certified nurse midwife as provided for in §
82 54.1-2957 of the Code of Virginia or a licensed midwife as provided for in § 54.1-2957.8 of the
83 Code of Virginia.

84 "Primary evidence" means valid first-hand documentation established before the registrant's
85 18th eighteenth birthday, such as including school admission records, physician's records,
86 immunization records, passport, federal census abstracts, baptismal records, and insurance
87 applications.

88 "Registrant" means the person whose personal information is primarily registered and filed
89 in the systems of on a vital records. record.

90 "Registration" means the acceptance by the Department and the incorporation of vital
91 records as provided for in Chapter 7 (§ 32.1-249 et seq.) of Title 32.1 of the Code of Virginia into
92 its official records.

93 "Secondary evidence" means valid documentation established after the registrant's
94 eighteenth birthday, ~~such as including~~ marriage records, ~~child's a~~ birth certificate, school
95 records, social security records, driver's records, work permit, and employment records. ~~Such~~
96 ~~evidence must be at least five years old.~~

97 "True copy" means a copy of an original document that is unaltered in format or content from
98 the document's original form, and is authenticated by an official authorized to administer oaths
99 or by the agency which issued the original document.

100 "Vital record" means a certificate or report of birth, death, fetal death, adoption, marriage,
101 divorce or annulment, and related amendment data as provided for in Chapter 7 (§ 32.1-249 et
102 seq.) of Title 32.1 of the Code of Virginia.

103 **Statutory Authority**

104 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

105 **Historical Notes**

106 Derived from Virginia Register Volume 19, Issue 26, eff. October 8, 2003.

107 **12VAC5-550-70. State Registrar. (Repealed.)**

108 ~~The State Registrar shall prepare, print, and supply all blanks and forms to be used in~~
109 ~~registering, recording, and preserving data of vital records and health statistics or in otherwise~~
110 ~~carrying out the purpose of the statutes governing vital statistics. He shall prepare and issue~~
111 ~~such detailed instructions concerning use of all forms, approved electronic media and supplies~~
112 ~~as may be required to secure the uniform observance of the statutes and the maintenance of an~~
113 ~~adequate system for the collection, registration, and preservation of data of vital records and~~
114 ~~health statistics throughout the Commonwealth.~~

115 **Statutory Authority**

116 ~~§§ 32.1-12 and 32.1-250 of the Code of Virginia.~~

117 **Historical Notes**

118 Derived from VR355-29-100 § 2.1, eff. April 1, 1995; amended, Virginia Register Volume 19,
119 Issue 26, eff. October 8, 2003.

120 **12VAC5-550-80. County and city registrars. (Repealed.)**

121 ~~County and city registrars shall maintain an adequate supply of all forms and blanks as~~
122 ~~furnished by the State Registrar in order to furnish required forms and blanks to all registrars~~
123 ~~and reporting sources within their jurisdiction.~~

124 **Statutory Authority**

125 ~~§ 32.1-273 of the Code of Virginia.~~

126 **Historical Notes**

127 Derived from VR355-29-100 § 2.2, eff. April 1, 1995.

128 **12VAC5-550-90. Use of forms, electronic media, and supplies.**

129 A. No person may use forms or electronic media for vital event registration other than those
130 the forms or electronic media approved and supplied by the State Registrar, shall be used for
131 vital event registration. B. All such Approved forms, vital records, and reports are property of the
132 Commonwealth of Virginia. As such, they Forms, vital records, and reports shall be protected
133 from unauthorized use, access, and distribution and shall be surrendered to the State Registrar
134 or his representative upon demand. C. County and city registrars shall maintain an adequate

135 supply of the forms furnished by the State Registrar in order to provide required forms to
136 informants and reporting sources within the registrar's jurisdiction.

137 **Statutory Authority**

138 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

139 **Historical Notes**

140 Derived from VR355-29-100 § 2.3, eff. April 1, 1995; amended, Virginia Register Volume 19,
141 Issue 26, eff. October 8, 2003.

142 **12VAC5-550-100. Filing a Certificate of Birth certificate items at the time of birth.**

143 A. ~~Certificate of Live Birth, Commonwealth of Virginia, for registrations at time of birth, shall~~
144 ~~contain the following items: child's full name; place of birth; usual residence of mother; sex of~~
145 ~~child; single or plural birth, and birth order of plural birth; date of birth; full name of father (except~~
146 ~~when mother is not married to the father); age of father (except when mother is not married to~~
147 ~~the father); birthplace of father (except when mother is not married to the father); full maiden~~
148 ~~name of mother; age of mother; birthplace of mother; certification of parent (if available);~~
149 ~~certification of attendant at the birth, including title, address and date signed; date the certificate~~
150 ~~was received by the registrar; registrar's signature; registration area and certificate numbers;~~
151 ~~state birth number; and supplemental confidential data to consist of the following items: medical~~
152 ~~record and social security numbers of the mother; medical record number of the child; hispanic~~
153 ~~origin, if any, and race of mother; education of mother; mother transferred prior to delivery;~~
154 ~~hispanic origin, if any, and race of father (except when mother is not married to the father);~~
155 ~~social security numbers of the father; education of father (except when mother is not married to~~
156 ~~the father); pregnancy history of mother, including date of last live birth and date of last other~~
157 ~~termination of pregnancy; date of last normal menses and physician's or midwife's estimate of~~
158 ~~gestation; month of pregnancy prenatal care began; source of prenatal care; number of prenatal~~
159 ~~visits; birthweight of child in grams; mother married to father of child; Apgar score of child at one~~
160 ~~minute and five minutes; obstetric procedures and method of delivery; newborn conditions and~~
161 ~~congenital malformations or anomalies of child, if any; infant transferred; medical history for this~~
162 ~~pregnancy; other history for this pregnancy; events of labor and delivery, and an optional item~~
163 ~~for the parent to request the State Registrar to report the birth to the Social Security~~
164 ~~Administration for account number issuance.~~

165 B. ~~Delayed Certificate of Birth, Commonwealth of Virginia, for delayed registrations of birth,~~
166 ~~shall contain the following items: full name at time of birth; sex; place of birth; date of birth;~~
167 ~~name of father (except when mother was not married to father at the time of birth or during the~~
168 ~~10 months next preceding the birth); race of father (except when mother was not married to the~~
169 ~~father); birthplace of father (except when mother was not married to the father); full maiden~~
170 ~~name of mother; race of mother; birthplace of mother; certification and signature of applicant;~~
171 ~~address of applicant; relationship of applicant to registrant; statement and signature of notary~~
172 ~~public (or other official authorized to administer oaths); description of documentary evidence~~
173 ~~submitted; certification and authorized signature of the State Registrar; date certificate filed by~~
174 ~~the State Registrar; and number of certificate.~~

175 C. ~~Certificate of Live Home Birth, Commonwealth of Virginia, is required to be registered~~
176 ~~within 30 days after time of birth and shall be registered with the local health department in~~
177 ~~which the birth occurred. The local registrar or the deputy registrar shall forward such~~
178 ~~registration of Live Home Birth filed within 30 days to the State Registrar. The Certificate of Live~~
179 ~~Home Birth, Commonwealth of Virginia, for registrations at time of birth, shall contain the~~
180 ~~following items: child's full name; place of birth; usual residence of mother; sex of child; single or~~
181 ~~plural birth and birth order of plural birth; date of birth; full name of father (except when the~~
182 ~~mother is not married to the father); age of father (except when the mother is not married to the~~
183 ~~father); birthplace of father (except when the mother is not married to the father); full maiden~~

184 name of mother; age of mother; birthplace of mother; certification of parent (if available);
185 certification of attendant at birth, including title, address, and date signed; date the certificate
186 was received by the registrar; registrar's signature; registration area and certificate numbers;
187 state birth number; and supplemental confidential data to consist of the following items: medical
188 record and social security numbers of the mother; hispanic origin, if any, and race of mother;
189 education of mother; mother transferred prior to delivery; hispanic origin, if any, and race of
190 father (except when mother is not married to the father); social security number of the father;
191 education of father (except when mother is not married to the father); pregnancy history of the
192 mother, including date of last live birth and date of last other termination of pregnancy; date of
193 last normal menses and physician's or midwife's estimate of gestation; month of pregnancy
194 prenatal care began; source of prenatal care; number of prenatal visits; birth weight of child in
195 grams; mother married to father of child; Apgar score of child at one minute and five minutes;
196 obstetric procedures and method of delivery; newborn conditions and congenital malformations
197 or anomalies of child, if any, infant transferred; medical history of this pregnancy; other history of
198 this pregnancy; events of labor and delivery and an optional item for the parent to request the
199 State Registrar to report the birth to the Social Security Administration for account number
200 issuance. If the Certificate of Live Home Birth is not filed at the time of birth or within 30 days,
201 supporting documents to establish a registration may be required and shall be as follows:

- 202 1. Evidence of pregnancy, such as but not limited to:
 - 203 a. Prenatal record;
 - 204 b. A statement from a physician or other health care provider qualified to determine
205 pregnancy;
 - 206 c. A home visit by a public health nurse or other health care provider; or
 - 207 d. Other evidence acceptable to the State Registrar.
- 208 2. Evidence that the infant was born alive, such as but not limited to:
 - 209 a. A statement from the physician or other health care provider who saw or examined
210 the infant;
 - 211 b. An observation of the infant during a home visit by a public health nurse; or
 - 212 c. Other evidence acceptable to the State Registrar.
- 213 3. Evidence of the mother's presence in the Commonwealth of Virginia on the date of the
214 birth, such as but not limited to:
 - 215 a. If the birth occurred in the mother's residence;
 - 216 (1) A driver's license or state issued identification card that includes the mother's
217 current residence on the face of the license/card;
 - 218 (2) A rent receipt that includes the mother's name and address;
 - 219 (3) Any type of utility, telephone, or other bill that includes the mother's name and
220 address; or
 - 221 (4) Other evidence acceptable to the State Registrar.
 - 222 b. If the birth occurred outside of the mother's place of residence and the mother is a
223 resident of the Commonwealth of Virginia, such evidence shall consist of the
224 following:
 - 225 (1) An affidavit from the owner, supervisor, manager and tenant of the premises
226 where the birth occurred stating that the mother was present on those premises at
227 the time of the birth;
 - 228 (2) Evidence of the affiants' residence similar to that required in subdivision 3 of this
229 subsection; and

230 ~~(3) Evidence of the mother's residence in the Commonwealth of Virginia similar to~~
231 ~~that required in subdivision 3 a of this subsection.~~

232 ~~c. If the mother is not a resident of the Commonwealth of Virginia, evidence that the~~
233 ~~home birth took place in Virginia must consist of clear and convincing evidence~~
234 ~~acceptable to the State Registrar, such as affidavits of the persons present at the~~
235 ~~time of the birth, proof of such affiants' residence as set out in subdivision 3 a of this~~
236 ~~subsection, ambulance records, police records, or the like.~~

237 A. A person authorized to file a live birth in the Commonwealth pursuant to §32.1-257 of the
238 Code of Virginia shall fill out the Certificate of Live Birth form in its entirety, sign the form, and
239 file the form with:

240 1. The State Registrar within seven days of the birth; or
241 2. The county or city registrar in the local health department in which the birth occurred
242 or to the deputy registrar within thirty days of a live home birth. The county, city, or
243 deputy registrar shall forward the Certificate of Live Birth form to the State Registrar
244 within thirty days of receipt for registration.

245 B. The Certificate of Live Birth form shall include the following the following items:

246 1. The intended registrant's full name;
247 2. The intended registrant's place of birth and date of birth;
248 3. The intended registrant's sex;
249 4. Single or plural birth, and birth order of plural birth;
250 5. The full maiden name of the mother;
251 6. The mother's age;
252 7. The mother's birthplace;
253 8. The mother's usual residence;
254 9. Information of the father, except if the mother is not married to the father at the time of
255 birth or within the ten months before the birth:
256 a. The father's full name;
257 b. The father's age;
258 c. The father's birthplace;
259 10. Certification of the intended registrant's parent, if available;
260 11. Certification of the attendant at the birth, including title, address, and date signed;
261 12. Date the certificate was received by the registrar;
262 13. Registrar's signature;
263 14. Registration area and certificate numbers; and
264 15. State birth number.

265 C. The Certificate of Live Birth form shall include the following supplemental confidential
266 data used for statistical purposes:

267 1. The mother's medical record and social security numbers
268 2. The mother's race and Hispanic origin, if any;
269 3. The mother's education;
270 4. Whether the mother was transferred for delivery;
271 5. The mother's pregnancy history, including:
272 a. The date of the mother's last live birth and date of last other termination of
273 pregnancy;

- 274 b. The date of the mother's last normal menses and physician's or midwife's estimate
275 of gestation;
- 276 c. The month of pregnancy in which prenatal care began, source of prenatal care,
277 and number of prenatal visits;
- 278 d. Whether the mother is married to the father of the intended registrant at the time of
279 the birth, or within ten months before the birth;
- 280 e. The obstetric procedures and method of delivery;
- 281 f. The medical history of this pregnancy and the events of labor and delivery;
- 282 g. Other history for this pregnancy;
- 283 6. If the father is married to the mother at the time of the birth, or within ten months
284 before the birth;
- 285 7. The father's race and Hispanic origin, if any;
- 286 8. The father's social security number;
- 287 9. The father's education;
- 288 10. The intended registrant's medical information, including the intended registrant's:
289 a. Medical record number in instances of a non-home birth;
290 b. Birthweight in grams;
291 c. Apgar score at one minute and five minutes;
292 d. Newborn conditions and congenital malformations or anomalies, if any;
293 e. Whether the infant was transferred; and
- 294 11. An optional item for the parent to request the State Registrar to report the birth to the
295 Social Security Administration for account number issuance.
- 296 D. The State Registrar may require an applicant to submit supporting documents to register
297 a birth if the Certificate of Live Birth form is not filed within 30 days of a home birth. Supporting
298 documents shall include:
- 299 1. Evidence of pregnancy, which may include (i) the prenatal record, (ii) a statement
300 from a physician or other health care provider qualified to determine pregnancy, (iii) a
301 home visit by a public health nurse or other health care provider, or (iv) other evidence
302 acceptable to the State Registrar.
- 303 2. Evidence the infant was born alive, which may include (i) a statement from the
304 physician or other health care provider who saw or examined the infant, (ii) observation
305 of the infant during a home visit by a public health nurse, or (iii) other evidence as
306 acceptable to the State Registrar.
- 307 3. Evidence of the mother's presence in the Commonwealth on the intended registrant's
308 date of birth, which may include the following:
- 309 a. If the birth occurred in the mother's residence: (i) an unexpired driver's license or
310 state-issued identification card that includes the mother's current residence on the
311 face of the license or card; (ii) a rent receipt that includes the mother's name and
312 address; (iii) a type of utility, landline telephone, or other bill that includes the
313 mother's name and service address; or (iv) other evidence as acceptable to the State
314 Registrar;
- 315 b. If the birth occurred outside of the mother's place of residence and the mother is a
316 resident of the Commonwealth: (i) an affidavit from the owner, supervisor, manager,
317 or tenant of the premises where the birth occurred stating the mother was present on
318 those premises at the time of birth; (ii) evidence supporting birth in the
319 Commonwealth which may include evidence of the affiant's residence similar to the

320 evidence required in subdivision 3 of this subsection; and (iii) evidence of the
321 mother's residence in the Commonwealth similar to that of subdivision 3a of this
322 subsection; or

323 c. If the mother was not a Commonwealth resident, evidence the home birth took
324 place in Virginia shall include clear and convincing evidence acceptable to the State
325 Registrar. Evidence may include (i) affidavits of the persons present at the time of
326 birth; (ii) proof of the affiants' residence as set out in subdivision 3a of this
327 subsection; or (iii) ambulance, police, or similar records.

328 E. A late or delayed birth filing shall be subject to the provisions of Part VIII (12VAC5-550-
329 230 et seq.) of this chapter.

330 F. To request a certified copy of a Certificate of Birth, an applicant shall fill out the
331 Application for Certification of a Birth Record form in its entirety, sign the form, and submit the
332 form to the State Registrar or to a registrar at a local health department; or fill out the
333 Application for Certification of a Vital Record form or the DL-81 form, Born in Virginia - Virginia
334 Birth Certificate Application, in its entirety, sign the form, and submit the form to the Department
335 of Motor Vehicles.

336 **Statutory Authority**

337 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

338 **Historical Notes**

339 Derived from VR355-29-100 § 3.1, eff. April 1, 1995; amended, Virginia Register Volume 19,
340 Issue 26, eff. October 8, 2003.

341 **12VAC5-550-110. Filing a Certificate of Death certificate items.**

342 ~~The certificate of death to be used shall be the Certificate of Death, Commonwealth of~~
343 ~~Virginia, and shall contain the following items: full name of decedent; place of death; usual~~
344 ~~residence; date of death; sex; hispanic origin, if any, and race; education; date of birth; age;~~
345 ~~birthplace; citizenship; usual occupation and industry; veteran status; social security number or~~
346 ~~control number issued by the Department of Motor Vehicles; father's name; mother's maiden~~
347 ~~name; marital status and name of spouse, if married or widowed; informant's name and~~
348 ~~relationship to decedent; medical certification of cause of death; autopsy; if female, was there a~~
349 ~~pregnancy during past three months; and supplementary data concerning death due to external~~
350 ~~causes; certification of attending physician or medical examiner, including title, address, and~~
351 ~~date signed; disposition of the body; signature of funeral service licensee; name and address of~~
352 ~~funeral home; date received by registrar; registrar's signature; registration area and certificate~~
353 ~~numbers; and state file number.~~

354 A. Under the provisions of § 32.1-263 of the Code of Virginia, a licensed funeral director,
355 funeral service licensee, or next of kin as defined in § 54.1-2800 who first assumes custody of a
356 dead body, or a physician, physician assistant, autonomous nurse practitioner, or an individual
357 delegated authority to fill out and file a Certificate of Death, shall fill out and sign the Certificate
358 of Death form in its entirety if there is no inquiry or investigation by the Office of the Chief
359 Medical Examiner pursuant to §§ 32.1-283 or 32.1-285.1 of the Code of Virginia. Pursuant to §
360 32.1-263 of the Code of Virginia, electronic forms shall be filed with the State Registrar, and
361 non-electronic forms shall be filed with any city or county registrar within the Commonwealth
362 within 3 days of the death and prior to final disposition or removal of the body from the
363 Commonwealth. The form shall include the following items:

- 364 1. The intended registrant's full name;
- 365 2. The intended registrant's place of death and date of death;
- 366 3. The intended registrant's usual residence;

- 367 4. The intended registrant's sex and age;
368 5. The intended registrant's race and Hispanic origin, if any;
369 6. Education of the intended registrant;
370 7. The intended registrant's date of birth;
371 8. The intended registrant's birthplace;
372 9. The intended registrant's citizenship;
373 10. The intended registrant's usual occupation and industry;
374 11. The intended registrant's veteran status, if any;
375 12. The intended registrant's Social Security number or control number issued by the
376 Department of Motor Vehicles;
377 13. The intended registrant's father's name;
378 14. The intended registrant's mother's maiden name;
379 15. The intended registrant's marital status and name of spouse, if married or widowed;
380 16. Informant's name and relationship to the intended registrant;
381 17. Medical certification of cause of death;
382 18. Whether an autopsy was performed;
383 19. If the intended registrant is female, whether there a pregnancy during the three
384 months before death;
385 20. Supplementary data concerning death due to external causes;
386 21. Certification of the attending physician or medical examiner, including title, address,
387 and date signed;
388 22. Disposition of the body;
389 23. Signature of funeral service licensee;
390 24. Name and address of funeral home;
391 25. Date received by registrar;
392 26. Registrar's signature;
393 27. Registration area and certificate numbers; and
394 28. State file number.

395 B. The medical examiner shall fill out the Certificate of Death (Medical Examiner's
396 Certificate) form in its entirety, sign the form, and submit the form to the funeral director, funeral
397 service licensee, or next of kin for filing with the State Registrar to register deaths in the
398 Commonwealth if there is an inquiry or investigation by the Office of the Chief Medical Examiner
399 pursuant to §§ 32.1-263, 32.1-282 and 32.1-283 of the Code of Virginia. The form shall include
400 the following items:

- 401 1. The intended registrant's full name;
402 2. The intended registrant's sex and age;
403 3. The intended registrant's date and place of death;
404 4. The intended registrant's date of birth;
405 5. The intended registrant's veteran status;
406 6. The intended registrant's father's name;
407 7. The intended registrant's mother's maiden name;
408 8. The intended registrant's race and Hispanic origin, if any;
409 9. Education of the intended registrant;

- 410 10. The intended registrant's citizenship;
411 11. The intended registrant's place of birth;
412 12. The intended registrant's marital status, and name of spouse if married or widowed;
413 13. The intended registrant's Social Security number;
414 14. The intended registrant's usual or last occupation;
415 15. The intended registrant's kind of business or industry;
416 16. Informant's name and relationship to the intended registrant;
417 17. Medical certification and cause of death;
418 18. Whether an autopsy was performed;
419 19. If the intended registrant is female, was there a pregnancy during the three months
420 before death;
421 20. Supplementary data concerning death due to external causes;
422 21. Certification of the medical examiner;
423 22. Disposition of the body;
424 23. Place of burial or removal of the body;
425 24. Signature of funeral service licensee;
426 25. Name and address of funeral home;
427 26. Registrar's signature;
428 27. Registration area and certificate numbers; and
429 28. State file number.

430 C. To request a certified copy of a Certificate of Death, an applicant shall fill out the
431 Application for Certification of a Death Record form in its entirety, sign the form, and submit the
432 form to the State Registrar or to a registrar at a local health department; or fill out the
433 Application for Certification of a Vital Record form or the DL-82 form - Marriage, Divorce, Death
434 Certificate Vital Record Application, in its entirety, sign the form, and submit the form to the
435 Department of Motor Vehicles.

436 **Statutory Authority**

437 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

438 **Historical Notes**

439 Derived from VR355-29-100 § 3.2, eff. April 1, 1995; amended, Virginia Register Volume 19,
440 Issue 26, eff. October 8, 2003.

441 **12VAC5-550-130. Marriage return and certificate items.**

442 ~~The record of marriage to be used shall be the Marriage Return and Certificate,~~
443 ~~Commonwealth of Virginia, and shall contain the following items: city or county of the court of~~
444 ~~issuance; court clerk's number; for the groom: full name, age, date and place of birth, social~~
445 ~~security number or control number issued by the Department of Motor Vehicles, race, marital~~
446 ~~status if previously married, number of marriage, education, usual residence, the names of~~
447 ~~parents; for the bride: full name, maiden name, age, date and place of birth, social security~~
448 ~~number or control number issued by the Department of Motor Vehicles, race, marital status if~~
449 ~~previously married, number of marriage, education, usual residence, and names of parents;~~
450 ~~signature of clerk of court and date of license; date and place of marriage; whether civil or~~
451 ~~religious ceremony; certification and signature of officiant indicating title, address, and year and~~
452 ~~court of qualification; date received by clerk of court from officiant; and state file number.~~

453 A. The Marriage Return form shall be used to record marriages that occur in the
454 Commonwealth. The form shall be filled out in its entirety and shall include the following items:

- 455 1. City or county of the court issuing the marriage license;
456 2. Court clerk's number;
457 3. Full names of the intended registrants, including maiden name, if any;
458 4. Age, date, and place of birth of the intended registrants;
459 5. Social security number or control number issued by the Department of Motor Vehicles
460 for each intended registrant;
461 6. Marital status of the intended registrants, if previously married;
462 7. Number of marriage for each intended registrant;
463 8. Education of each intended registrant;
464 9. Usual residence of each intended registrant;
465 10. Names of the parents of each intended registrant;
466 11. Signature of the clerk of the court;
467 12. Date of marriage license;
468 13. Date and place of marriage;
469 14. Whether a civil or religious ceremony;
470 15. Certification and signature of officiant, indicating title, address, and year and court of
471 qualification;
472 16. Date received by clerk of the court from officiant; and
473 17. State file number.

474 B. An officer issuing marriage licenses shall, on or before the tenth day of each calendar
475 month, forward to the State Registrar each Marriage Return form filed with the officer during the
476 preceding calendar month pursuant to § 32.1-267 of the Code of Virginia.

477 C. To request a certified copy of a marriage record, an applicant shall fill out the Application
478 for Certification of a Marriage and/or Divorce Record form in its entirety, sign the form, and
479 submit the form to the State Registrar or registrar at a local health department; or fill out the
480 Application for Certification of a Vital Record form or the DL-82 form - Marriage, Divorce, Death
481 Certificate Vital Record Application, in its entirety, sign the form, and submit the form to the
482 Department of Motor Vehicles.

483 **Statutory Authority**

484 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

485 **Historical Notes**

486 Derived from VR355-29-100 § 3.4, eff. April 1, 1995; amended, Virginia Register Volume 19,
487 Issue 26, eff. October 8, 2003.

488 **12VAC5-550-140. Report of divorce or annulment items.**

489 ~~The report of divorce or annulment to be used shall be the Report of Divorce or Annulment,~~
490 ~~Commonwealth of Virginia, and shall contain the following items: city or county of court of~~
491 ~~issuance; for the husband: full name, date and place of birth, social security number or control~~
492 ~~number issued by the Department of Motor Vehicles, education, number of marriage, usual~~
493 ~~residence; for the wife: full maiden name, date and place of birth, social security number or~~
494 ~~control number issued by the Department of Motor Vehicles, education, number of the marriage,~~
495 ~~usual residence; date and place of marriage; identity of plaintiff and to whom divorce granted;~~
496 ~~number and custody of children under 18 in this family; date of separation; date of divorce; legal~~
497 ~~grounds or cause of divorce; signature of attorney or petitioner; certification and signature of~~
498 ~~clerk of court indicating type of decree; court file number; date final order entered; and state file~~
499 ~~number.~~

500 A. The Report of Divorce or Annulment form shall be used to register divorce or annulment
501 in the Commonwealth. The form shall be filled out in its entirety and shall include the following
502 items:

- 503 1. City or county of court of issuance;
- 504 2. Full names of the intended registrants, including maiden name, if any;
- 505 3. Date and place of birth of the intended registrants;
- 506 4. Social security number or control number issued by the Department of Motor Vehicles
507 for each intended registrant;
- 508 5. Education of the intended registrants;
- 509 6. Number of marriage for each intended registrant;
- 510 7. Usual residence for each intended registrant;
- 511 8. Date and place of marriage;
- 512 9. Identity of plaintiff and to whom divorce granted;
- 513 10. Number and custody of children under 18 in this family;
- 514 11. Date of separation;
- 515 12. Date of divorce;
- 516 13. Legal grounds or cause of divorce;
- 517 14. Signature of attorney or petitioner;
- 518 15. Certification and signature of clerk of court indicating type of decree;
- 519 16. Court file number;
- 520 17. Date final order entered; and
- 521 18. State file number.

522 B. A clerk of court shall, on or before the tenth day of each calendar month, forward to the
523 State Registrar the Report of Divorce or Annulment form for each final decree of divorce or
524 annulment granted during the preceding calendar month pursuant to § 32.1-268 of the Code of
525 Virginia.

526 C. To request a certified copy of a divorce or annulment record, an applicant shall fill out the
527 Application for Certification of a Marriage and/or Divorce Record form in its entirety, sign the
528 form, and submit the form to the State Registrar or to a registrar at a local health department; or
529 fill out the Application for Certification of a Vital Record form or the DL-82 form - Marriage,
530 Divorce, Death Certificate Vital Record Application, in its entirety, sign the form, and submit the
531 form to the Department of Motor Vehicles.

532 **Statutory Authority**

533 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

534 **Historical Notes**

535 Derived from VR355-29-100 § 3.5, eff. April 1, 1995; amended, Virginia Register Volume 19,
536 Issue 26, eff. October 8, 2003.

537 **12VAC5-550-150. Requirements for form completion.**

538 ~~All certificates and records provided for in the statutes governing vital event registration shall~~
539 ~~be prepared on a typewriter with a black ribbon whenever possible or shall be printed legibly in~~
540 ~~black ink or written legibly in black unfading ink or entered on electronic media approved by the~~
541 ~~State Registrar. All signatures required shall be entered in black ink. No certificate shall be~~
542 ~~considered as complete and correct and acceptable for filing that:~~

543 A. A person filling out information to file or register a vital record shall enter the information
544 on electronic media approved by the State Registrar, print the information on the form legibly in
545 black unfading ink, write the information on the form legibly in black unfading ink, or prepare the
546 form on a typewriter with black ribbon.

547 B. All signatures required shall be in black ink.

548 C. A registrar shall not consider a form as acceptable for filing if the form:

549 1. Does not supply all a required items item of information or, at the discretion of the
550 State Registrar, called for thereon or not satisfactorily account for their omission of the
551 item;

552 2. Contains alterations or erasures;

553 3. Does not contain original signatures;

554 4. Is marked "copy" or "duplicate-," is a carbon copy, photocopy, or other type of copy of
555 the original form;

556 ~~5. Is a carbon copy or photocopy.~~

557 ~~6. Is prepared on an improper form, including a form that is stained damaged, or torn;~~

558 ~~7. 6. Contains obviously improper false, incomplete, or inconsistent data;~~

559 ~~8. 7. Contains any data relative to the putative presumed father of a child born out of~~
560 ~~wedlock without his written consent, or unless paternity is determined by a court of~~
561 ~~competent jurisdiction as required by § 32.1-257 of the Code of Virginia;~~

562 ~~9. 8. Contains an indefinite cause of death denoting only symptoms of disease or~~
563 ~~conditions resulting from disease; or~~

564 ~~10. 9. Is not prepared in conformity with these regulations, or instructions issued by the~~
565 ~~State Registrar.~~

566 **Statutory Authority**

567 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

568 **Historical Notes**

569 Derived from VR355-29-100 § 4.01, eff. April 1, 1995; amended, Virginia Register Volume 19,
570 Issue 26, eff. October 8, 2003.

571 **12VAC5-550-160. Geographical areas.**

572 ~~For vital event registration purposes, the The Commonwealth is hereby divided into~~
573 ~~registration districts as follows: Each independent for the purpose of vital event registration. A~~
574 ~~city and each county or city constitutes shall constitute a registration district, provided that the~~
575 ~~The State Registrar may designate special registration districts within cities and counties where~~
576 ~~a county or city if necessary to facilitate registration.~~

577 **Statutory Authority**

578 § 32.1-273 of the Code of Virginia.

579 **Historical Notes**

580 Derived from VR355-29-100 § 5.1, eff. April 1, 1995.

581 **12VAC5-550-170. Registrars' representatives.**

582 ~~Each A county or city registrar for an independent city or county may appoint one or more~~
583 ~~representatives to act for the registrar after regular office hours. Such The representatives may~~
584 ~~issue out-of-state transit permits as specified in Part X of this chapter.~~

585 **Statutory Authority**

586 § 32.1-273 of the Code of Virginia.

587 **Historical Notes**

588 Derived from VR355-29-100 § 5.2, eff. April 1, 1995.

589 **12VAC5-550-180. Acceptance of certificates forms.**

590 ~~Each~~ A. A registrar or the registrar's representative shall examine certificates the forms filed
591 with the registrar as they are submitted for registration to determine whether they the forms
592 have been prepared in accordance with pursuant to the provisions of the statutes, and
593 regulations, governing vital records, and the form's instructions. If unsatisfactory, it shall be the
594 duty of the registrar or the registrar's representative shall to notify the person responsible for
595 applicant filing the registration form of its any defects, and to secure a complete and correct
596 registration. ~~Each~~ B. If a form documenting a birth, death, or fetal death is acceptable for filing, a
597 registrar or his deputy a registrar's representative shall sign the form and then note over his
598 signature enter the filing date alongside the form item "date record filed." ~~C. A~~ each registrar or
599 a registrar's representative certificate of birth, death, or report of fetal death was filed with him
600 and shall consecutively number consecutively the certificates of forms filed with the registrar to
601 document a birth, death, and or fetal death in three separate series based on the date of the
602 vital event. A registrar or a registrar's representative shall enter the number in the top right
603 corner of the form, beginning with the number 1 for the first certificate form in each respective
604 series in each calendar year.

605 **Statutory Authority**

606 § 32.1-273 of the Code of Virginia.

607 **Historical Notes**

608 Derived from VR355-29-100 § 6.1, eff. April 1, 1995.

609 **12VAC5-550-190. Local records.**

610 ~~On forms furnished by the State Registrar or on electronic media approved by the State~~
611 ~~Registrar, each registrar shall record the following information from the original records before~~
612 ~~forwarding such original records to the State Registrar:~~

- 613 ~~1. For birth records: the full name of the child, sex and race of child, date of birth, place~~
614 ~~of birth, names of parents, residence of parents, date filed, and local certificate number.~~
- 615 ~~2. For death records: the full name of the decedent, race and sex of decedent, date of~~
616 ~~death and place of death, date filed, and local certificate number.~~
- 617 ~~3. For spontaneous fetal death records: surname of family, race and sex of fetus, date~~
618 ~~and place of delivery, date filed, and local report number.~~

619 A. A registrar shall record information from and original form documenting a birth, death or
620 fetal death that is filed with the registrar on electronic media approved by the State Registrar
621 before forwarding the original forms to the State Registrar.

622 B. A registrar shall record the following information from a Certificate of Live Birth form:

- 623 1. The intended registrant's full name;
- 624 2. The intended registrant's date and place of birth;
- 625 3. The date the form was received by the registrar for filing; and
- 626 4. The date the registrar sends the form to the State Registrar.

627 C. A registrar shall record the following information from the Certificate of Death form or a
628 Certificate of Death (Medical Examiner's Certificate) form:

- 629 1. The intended registrant's full name;
- 630 2. The intended registrant's race and sex;
- 631 3. The intended registrant's date and place of death;

- 632 4. The date the form was received by the registrar for filing;
633 5. The local report number; and
634 6. The date the registrar sends the form to the State Registrar.

635 D. A registrar shall record the following information from a Report of Spontaneous Fetal
636 Death form:

- 637 1. The intended registrant's full name;
638 2. The intended registrant's date of delivery;
639 3. The date the form was received by the registrar for filing; and
640 4. The date the registrar sends the form to the State Registrar.

641 **Statutory Authority**

642 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

643 **Historical Notes**

644 Derived from VR355-29-100 § 6.2, eff. April 1, 1995; amended, Virginia Register Volume 19,
645 Issue 26, eff. October 8, 2003.

646 **12VAC5-550-200. Reporting periods.**

647 ~~A. Special registrars~~ On the fifth day of the month, a special registrar shall, upon receiving
648 all information on the properly completed forms, forward them send the forms filed with the
649 special registrar during the previous month to the State Registrar, on the fifth day of the month.
650 If no birth, death, or fetal death was registered in any filed with the special registrar during the
651 previous month, that fact shall be reported on the fifth day of the following month on a form
652 provided for that purpose to the State Registrar using electronic media approved by the State
653 Registrar, or, in instances where electronic media approved by the State Registrar cannot be
654 used, by submitting the Monthly Report of Vital Statistics form to the State Registrar.

655 ~~B. City and A city or county registrars~~ registrar shall transmit weekly to the State Registrar all
656 the complete original certificates forms filed with them him or received by them him from a
657 special registrars registrar during the period preceding such dates. Each shipment of certificates
658 sent by special registrars and by city and county registrars shall be accompanied by a
659 transmittal form provided for that purpose. previous week.

660 ~~C. A special, county, or city registrar shall include a Death Index Report when sending forms~~
661 filed to establish a Certificate of Death to the State Registrar.

662 **Statutory Authority**

663 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

664 **Historical Notes**

665 Derived from VR355-29-100 § 6.3, eff. April 1, 1995; amended, Virginia Register Volume 19,
666 Issue 26, eff. October 8, 2003.

667 **12VAC5-550-210. Promotion of registration. (Repealed.)**

668 ~~Each registrar is to familiarize himself with the statutes, regulations, and instructions so that~~
669 ~~he may promote and stimulate complete and accurate registration. Lists of hospitals, physicians,~~
670 ~~medical examiners, funeral service licensee, and midwives should be maintained where~~
671 ~~necessary for reference purposes.~~

672 **Statutory Authority**

673 ~~§§ 32.1-12 and 32.1-250 of the Code of Virginia.~~

674 **Historical Notes**

675 Derived from VR355-29-100 § 6.4, eff. April 1, 1995; amended, Virginia Register Volume 19,
676 Issue 26, eff. October 8, 2003.

677 **12VAC5-550-220. Procedure Filing a Certificate of Birth for a foundling child.**

678 ~~Whoever assumes custody of a living infant of unknown parentage shall on a blank~~
679 ~~certificate of live birth report the required facts. The certificate shall be plainly marked "foundling~~
680 ~~registration" in the top margin and data required will be determined by approximation.~~
681 ~~Parentage data shall be left blank, and the certification of the informant shall be signed by the~~
682 ~~custodian indicating title, if any. The item "Certification of the attendant," shall be signed by the~~
683 ~~physician who examines the foundling child. On the reverse of the form shall be listed the name~~
684 ~~and address of the persons or institution with whom such child has been placed for care and the~~
685 ~~date and place the child was found.~~

686 A. For purposes of this section and chapter, "Foundling child" means a living infant of
687 unknown parentage who is found in the Commonwealth.

688 B. The custodian of a foundling child or hospital where a foundling child is taken for care
689 shall fill out the information required pursuant to § 32.1-258 of the Code of Virginia on a
690 Certificate of Live birth form and file the form within seven days of finding the foundling child,
691 with the State Registrar. The custodian shall:

- 692 1. Mark the form "foundling registration" in the top-left corner of the form;
- 693 2. Leave parentage data blank;
- 694 3. Estimate the remaining data required to complete the form; and
- 695 4. Sign the form item "certification of the informant," indicating title, if any.

696 C. The State Registrar shall review each Certificate of Live Birth form filed for a foundling
697 child to ensure that all items of information required under 12VAC5-550-100 are filled out on the
698 Certificate of Live Birth form.

699 D. The physician or other health care provider who examines the foundling child shall sign
700 the form item "certification of the attendant."

701 **Statutory Authority**

702 § 32.1-273 of the Code of Virginia.

703 **Historical Notes**

704 Derived from VR355-29-100 § 7.1, eff. April 1, 1995.

705 **12VAC5-550-230. Late registration birth filings and delayed registration defined birth**
706 **filings.**

707 ~~A. The registration of a nonrecorded birth after the statutory time prescribed for filing but~~
708 ~~within one year from the date of birth shall be a "late birth registration." As such, its filing shall~~
709 ~~be subject An applicant shall use the Certificate of Live Birth form in use at the time of an~~
710 ~~intended registrant's birth for a late birth filing. The applicant shall fill out the form in its entirety~~
711 ~~according to the information and evidence requirements of 12VAC5-550-100, and file the form~~
712 ~~with a city or county registrar pursuant to the requirements of 12VAC5-550-250, but shall not be~~
713 ~~considered a "delayed registration." The registration of a nonrecorded birth after one year from~~
714 ~~the date of birth shall be a "delayed birth registration."~~

715 B. For those births occurring more than An applicant shall use the Certificate of Live Birth
716 form in use at the time of a registrant's birth to file a delayed Certificate of Birth between one
717 year but less than and seven years prior to the date of filing, after the intended registrant's date
718 of birth. The applicant shall fill out the form in its entirety and file the form with a registrar
719 according to the information and evidence requirements of 12VAC5-550-100. A registrar or a
720 registrar's representative the birth registrations shall be prepared and filed on the certificate of
721 live birth form in use at the time of birth and shall be plainly marked mark the delayed Certificate
722 of Birth "delayed registration" in the upper margin "delayed registration." Such certificates at the

723 top of the form. The delayed Certificate of Birth shall be subject to the requirements of 12VAC5-
724 550-250 and not subject to 12VAC5-550-260.

725 C. ~~The registration of a nonrecorded birth~~ An applicant filing a delayed Certificate of Birth
726 seven or more years after the intended registrant's date of birth shall be a "delayed birth
727 registration" and shall fill out the Delayed Certificate of Birth form in its entirety, sign the form,
728 and file the form with the State Registrar. A delayed Certificate of Birth filed seven or more
729 years after the registrant's date of birth be registered by the State Registrar on special forms
730 provided for such purposes and shall be subject to the requirements of 12VAC5-550-260.

731 D. The VS12 form, Commonwealth of Virginia - Delayed Certificate of Birth, shall include the
732 following items:

- 733 1. The intended registrant's full name;
- 734 2. The intended registrant's sex;
- 735 3. The intended registrant's date and place of birth;
- 736 4. Information regarding the intended registrant's father, except if the mother is not
737 married to the father at the time of birth or ten months before the birth:
 - 738 a. The father's name;
 - 739 b. The father's race;
 - 740 c. The father's birthplace;
- 741 5. Information of the intended registrant's mother:
 - 742 a. The mother's full maiden name;
 - 743 b. The mother's race;
 - 744 c. The mother's birthplace;
- 745 6. Certification and signature of the applicant;
- 746 7. Address of the applicant;
- 747 8. Relationship of the applicant to the intended registrant;
- 748 9. Statement and signature of a notary public or other official authorized to administer
749 oaths;
- 750 10. Description of documentary evidence submitted;
- 751 11. Certification and authorized signature of the State Registrar;
- 752 12. Date the form was registered by the State Registrar; and
- 753 13. Number of certificate.

754 **Statutory Authority**

755 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

756 **Historical Notes**

757 Derived from VR355-29-100 § 8.1, eff. April 1, 1995; amended, Virginia Register Volume 19,
758 Issue 26, eff. October 8, 2003.

759 **12VAC5-550-240. Who may file a late or delayed birth certificate Certificate of Birth and** 760 **conditions.**

761 A. A person born in the Commonwealth of Virginia whose birth is not recorded, or his the
762 person's parent, or legal guardian, legal representative, or an older a person older than the
763 intended registrant having knowledge with direct experience or observation of the facts of the
764 intended registrant's birth, may file a late or delayed certificate Certificate of birth Birth after the
765 time prescribed for filing subject to in accordance with the procedures and requirements
766 established by these regulations and instructions issued by the State Registrar. of this chapter.

767 B. ~~No person may file a late or delayed Certificate of Birth shall be registered for a if the~~
768 ~~intended registrant is deceased person, or if a prior Certificate of Birth is located for the intended~~
769 ~~registrant.~~

770 C. ~~Application for delayed certificates that have not been completed within one year from the~~
771 ~~date of application may be dismissed at the discretion of the The State Registrar. Upon~~
772 ~~dismissal, may dismiss a delayed Certificate of Birth that has been filed the State Registrar shall~~
773 ~~so advise the applicant but has not been finished within one year from the filing date. The State~~
774 ~~Registrar shall notify the applicant of the dismissal and return all the documents submitted in~~
775 ~~support of such registration shall be returned the delayed Certificate of Birth to the applicant.~~
776 ~~applicant's address on file with the Office of Vital Records.~~

777 **Statutory Authority**

778 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

779 **Historical Notes**

780 Derived from VR355-29-100 § 8.2, eff. April 1, 1995; amended, Virginia Register Volume 19,
781 Issue 26, eff. October 8, 2003.

782 **12VAC5-550-250. Procedures and requirements for late birth registration filing within one**
783 **year from the date of birth and delayed birth registration within filing between one**
784 **and seven years of the date of birth.**

785 A. ~~The form used to file a late or Late birth registrations and delayed birth registrations filed~~
786 ~~Certificate of Birth within seven years of the intended registrant's date of birth shall be signed~~
787 ~~by: prepared and filed on the certificate of live birth form in use at the time of birth. To be~~
788 ~~acceptable for filing, the certificate must be signed by the 1. The physician or other person who~~
789 ~~attended the birth; or if the birth occurred in a hospital, the 2. The hospital administrator, or his~~
790 ~~the administrator's designated representative, may sign the certificate; if the birth occurred in a~~
791 ~~hospital; or if the physician or other person who attended the birth is not available, and the birth~~
792 ~~did not occur in a hospital, the certificate may be signed by one of the 3. One of the intended~~
793 ~~registrant's parents, if the physician or other person who attended the birth is unavailable, the~~
794 ~~birth did not occur in a hospital, and provided that a notarized statement is attached to the~~
795 ~~certificate form that explains outlining the reason why the late or delayed certificate Certificate of~~
796 ~~Birth cannot be signed by the attendant.~~

797 B. ~~The State Registrar or the city or a county registrar A registrar may require the~~
798 ~~presentation of additional evidence in support of supporting the facts of an intended registrant's~~
799 ~~birth or an explanation for the delay in filing a late or delayed Certificate of Birth. in any case~~
800 ~~where there appears to him reason to question the adequacy of the registration. Home C. An~~
801 ~~applicant filing a late or delayed Certificate of Birth within seven years from the date of the~~
802 ~~intended registrant's home birth records shall follow procedures in be subject to the information~~
803 ~~and evidence requirements of 12VAC5-550-100. C.~~

804 **Statutory Authority**

805 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

806 **Historical Notes**

807 Derived from VR355-29-100 § 8.3, eff. April 1, 1995; amended, Virginia Register Volume 19,
808 Issue 26, eff. October 8, 2003.

809 **12VAC5-550-260. Procedure and requirements for delayed birth registration filing seven**
810 **or more years after the date of birth.**

811 A. ~~Application for a delayed birth registration after seven years have elapsed since the date~~
812 ~~of birth shall be made to the State Registrar and shall be filed according to instructions issued~~
813 ~~by the State Registrar.~~

814 ~~B. If a prior birth certificate is located for the registrant, a delayed birth certificate shall not be~~
815 ~~filed. The final acceptance of a delayed birth certificate for filing A. The Delayed Certificate of~~
816 ~~Birth form shall remain in a pending status until the applicant submits evidence is submitted in~~
817 ~~support thereof satisfactory to the State Registrar as outlined in subsection E C of this section,~~
818 ~~to the State Registrar, or until one year from the form's filing date, of application, in which event~~
819 ~~the application shall lapse. when the State Registrar may dismiss the form pursuant to 12VAC5-~~
820 ~~550-240 C.~~

821 ~~C. The following facts concerning the person whose birth is to be registered must be~~
822 ~~established:~~

823 ~~1. The full name of the person at the time of birth, except that the delayed certificate may~~
824 ~~reflect a name established by adoption or legitimation when such evidence is submitted;~~

825 ~~2. The date and place of birth; and~~

826 ~~3. The names of the parents, except that if the mother of the child was not married to the~~
827 ~~father of the child at the time of birth, or during the 10 months preceding such birth, the~~
828 ~~name of the father shall not be entered on the delayed certificate unless the child has~~
829 ~~been adopted or legitimated, or parentage has been determined by a court of competent~~
830 ~~jurisdiction pursuant to § 32.1-257 of the Code of Virginia, or both natural parents~~
831 ~~present a sworn acknowledgement of paternity.~~

832 ~~D. Delayed birth certificates shall be prepared on forms supplied by the State Registrar.~~
833 ~~Each such delayed certificate shall be signed and sworn to B. The intended registrant shall sign~~
834 ~~and swear to the accuracy of the facts stated on the Delayed Certificate of Birth form before an~~
835 ~~official authorized to administer oaths, by the person whose birth is to be registered if such~~
836 ~~person if the intended registrant is not available and is or competent to sign and swear to the~~
837 ~~accuracy of the facts stated therein; if not, the application shall be signed and sworn to by~~
838 ~~provided, one of the intended registrant's parents, legal guardian, legal representative, or by an~~
839 ~~a person older person than the intended registrant with direct experience or observation of the~~
840 ~~intended registrant's having knowledge of the facts of birth. birth shall sign and swear to the~~
841 ~~accuracy of the facts stated on the form before an official authorized to administer oaths.~~

842 ~~E. The birth facts entered on the delayed certificate shall be supported by C. To file the~~
843 ~~Delayed Certificate of Birth form, the applicant shall submit at least three pieces of documentary~~
844 ~~primary evidence; to support the facts entered on the form, except that: the informant may~~
845 ~~submit only two pieces of primary evidence if:~~

846 ~~1. If one One of the documents was established before the intended registrant's seventh~~
847 ~~birthday, only two such documents shall be required.; or~~

848 ~~2. If the person whose birth The intended registrant is being registered is 15 fifteen years~~
849 ~~of age or under, only two such documents shall be required.~~

850 ~~F. All documents used shall be primary evidence, such as school admission records,~~
851 ~~physician's records, insurance applications, baptismal records, federal census abstracts,~~
852 ~~immunization records, or passports. Only one D. An intended registrant's parents or a person~~
853 ~~older than the intended registrant with direct experience or observation of the intended~~
854 ~~registrant's birth may submit an affidavit of personal knowledge shall be used as an additional~~
855 ~~supporting document. evidence for a delayed Certificate of Birth filed seven or more years after~~
856 ~~the intended registrant's date of birth. The State Registrar shall accept only one affidavit of~~
857 ~~personal knowledge as a supporting document, and may consider an affidavit of personal~~
858 ~~knowledge as primary evidence established before the intended registrant's seventh birthday~~
859 ~~under the conditions of subsection C 1 of this section.~~

860 ~~G. Facts~~ E. The State Registrar may verify the facts of the intended registrant's parentage
861 ~~need only be supported by using one such document described in subsection F of this section.~~
862 ~~piece of primary evidence.~~

863 ~~H. Documents~~ F. The applicant shall submit ~~be in the form of the original document used as~~
864 ~~primary evidence or certified or true copies of the original document.~~

865 ~~I. All~~ G. The State Registrar shall return the documents, submitted as evidence, except the
866 ~~affidavit of personal knowledge, shall be returned to the applicant~~ applicant's address on file
867 ~~with the Office of Vital Records after review.~~

868 ~~J. Whether delayed certificates~~ H. The State Registrar shall determine whether a Delayed
869 ~~Certificate of Birth form and documentary evidence submitted conform with this chapter and are~~
870 ~~acceptable for filing, shall be determined by the State Registrar. If, in his judgment, 1. If the~~
871 ~~State Registrar determines that an applicant does~~ has not submit submitted ~~the documentation~~
872 ~~required in support of the facts of birth or if there appears reason to question the delayed~~
873 ~~registration, the delayed birth certificate~~ the State Registrar shall not be accepted accept the
874 ~~form and shall advise the applicant shall be advised of its~~ the form's deficiencies.

875 1. 2. If a delayed birth certificate a form is acceptable for filing, the State Registrar or his
876 a designated representative shall abstract (i) write on the delayed birth certificate form a
877 description of each document submitted in support of the delayed registration, Certificate
878 of Birth on the bottom of the form, including the kind and title of the document; the name
879 and relationship of the affiant to the intended registrant if the document is an affidavit of
880 personal knowledge; and the date the document was originally established; and

881 2. The State Registrar or his a designated representative shall then (ii) enter the date of
882 filing of the delayed registration, the form was filed with the Department on the form, (iii)
883 enter a certificate number on the form, and (iv) sign the form to and by his signature
884 thereto shall certify:

885 a. That no prior birth certificate Certificate of Birth is on file for the person whose birth
886 is to be registered. intended registrant; and

887 b. That the documentary evidence submitted to establish the facts of birth in support
888 of the delayed Certificate of Birth has been reviewed and is in conformity conforms
889 with the stated facts. stated on the form.

890 **Statutory Authority**

891 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

892 **Historical Notes**

893 Derived from VR355-29-100 § 8.4, eff. April 1, 1995; amended, Virginia Register Volume 19,
894 Issue 26, eff. October 8, 2003.

895 **12VAC5-550-280. Adoptions.**

896 ~~New birth certificates after adoption, legitimation, acknowledgment of paternity, or court~~
897 ~~determination of paternity shall be established under the following conditions:~~

898 1. A new certificate of birth may be prepared by the State Registrar for a child born in
899 Virginia and subsequently adopted through the courts of Virginia, the several states of
900 the United States, or in a foreign country. An adoption report or certified copy of an
901 adoption decree must be in the possession of the State Registrar together with a request
902 that a new certificate be prepared.

903 2. A certificate of birth may be prepared by the State Registrar for a child born in a
904 foreign country and subsequently adopted through a court in Virginia. An adoption report
905 must be in the possession of the State Registrar together with a request that a Virginia

906 registration of the birth be prepared. Such certificates shall not confer citizenship upon
907 the child or the adoptive parents.

908 A. The State Registrar may establish a new Certificate of Birth after adoption under the
909 following conditions:

910 1. The child was born in Virginia and adopted through the courts of the United States or
911 in a foreign country;

912 2. The child was born in a foreign country and adopted through a court in Virginia; or

913 3. The child was born in a foreign country and adopted by residents of Virginia pursuant
914 to the laws of the foreign country and was admitted into the United States with an IR-3 or
915 IH-3 visa issued by the United States Citizenship and Immigration Services pursuant to §
916 63.2-1200.1 (B) of the Code of Virginia.

917 B. When requesting a new Certificate of Birth be prepared for a registrant after adoption, the
918 adoptive parents or the clerk of the court finalizing the adoption shall submit an adoption decree
919 to or file a Report of Adoption form with the State Registrar. The adoptive parents shall also fill
920 out and submit an Application for Certification of a Birth Record form that is signed by the
921 adoptive parents and complete with the appropriate amendment code on the form to request the
922 preparation of a new Certificate of Birth for the registrant.

923 C. If an existing Certificate of Birth is not established for the person adopted under the
924 conditions of subsection A of this section, the State Registrar shall not register the new
925 Certificate of Birth until an existing birth certificate for the adopted child is located or, if the
926 adopted child was born in the Commonwealth, an applicant files a late or delayed birth filing for
927 the adopted child pursuant to Part VIII (12VAC5-550-230 et seq.) of this chapter.

928 **Statutory Authority**

929 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

930 **Historical Notes**

931 Derived from VR355-29-100 § 9.1, eff. April 1, 1995; amended, Virginia Register Volume 19,
932 Issue 26, eff. October 8, 2003.

933 **12VAC5-550-290. Legitimation. (Repealed.)**

934 ~~If the biological parents of a child shall marry after the birth of a child, a new certificate of~~
935 ~~birth may be prepared by the State Registrar for a child born in Virginia provided that the name~~
936 ~~of another man is not shown as the father on the original certificate. An affidavit of paternity,~~
937 ~~executed subsequent to the birth of the child, by both biological parents and a certified copy of~~
938 ~~the parents' marriage record must be in the possession of the State Registrar together with a~~
939 ~~request that a new certificate be prepared. If another man is so listed, a new certificate may be~~
940 ~~prepared only if a determination of paternity shall be ordered by a court of competent jurisdiction~~
941 ~~or pursuant to § 20-49.8 of the Code of Virginia. If the mother was married at the time of the~~
942 ~~child's birth or in the 10 months next preceding, the State Registrar will not accept the~~
943 ~~acknowledgment of paternity form. A new certificate may be prepared only if a determination of~~
944 ~~paternity shall be ordered by a court of competent jurisdiction or pursuant to § 20-49.8 of the~~
945 ~~Code of Virginia.~~

946 **Statutory Authority**

947 ~~§§ 32.1-12 and 32.1-250 of the Code of Virginia.~~

948 **Historical Notes**

949 Derived from VR355-29-100 § 9.2, eff. April 1, 1995; amended, Virginia Register Volume 19,
950 Issue 26, eff. October 8, 2003.

951 **12VAC5-550-300. Acknowledgement of paternity and legitimation.**

952 ~~A new certificate of birth may be prepared by the State Registrar for a child born out of~~
953 ~~wedlock in this Commonwealth upon receipt of a sworn acknowledgement of paternity,~~
954 ~~executed subsequent to the birth of the child, signed by both parents and a written request by~~
955 ~~both parents that the child's surname be changed or not be changed on the certificate to that of~~
956 ~~the father. If the mother was married at time of the child's birth or in the 10 months next~~
957 ~~preceding or if another man is shown as the father of the child on the original certificate, a new~~
958 ~~certificate may be prepared only when a determination of paternity is made by a court of~~
959 ~~competent jurisdiction or pursuant to § 20-49.8 of the Code of Virginia.~~

960 A. The State Registrar may prepare a new Certificate of Birth for a registrant born out of
961 wedlock in the Commonwealth naming a man as the father if another man is not shown as the
962 father on the registrant's existing Certificate of Birth. The registrant's biological parents shall fill
963 out in its entirety and file a notarized Acknowledgement of Paternity form with the State
964 Registrar and submit to the State Registrar an Application for Certification of a Birth Record
965 form indicating a request to prepare a new Certificate of Birth for the registrant due to paternity
966 acknowledgement.

967 B. If the mother was married at the time of the registrant's birth or in the ten months before
968 the birth, or if another man is listed on the registrant's existing Certificate of Birth, the State
969 Registrar shall not accept the Acknowledgement of Paternity form and may only prepare a new
970 Certificate of Birth for the registrant if a determination of paternity is ordered by a court of
971 competent jurisdiction pursuant to §20-49.8 of the Code of Virginia.

972 C. Changing the registrant's surname to the biological father's surname requires the
973 signatures of both parents on the Acknowledgement of Paternity form. If one parent is deceased
974 or incapacitated, the other parent may sign the form to change the registrant's surname to
975 reflect the surname of the biological father.

976 D. In instances of legitimation, the registrant if eighteen years of age or older, the biological
977 parents of the registrant, or the registrant's legal guardian or legal representative shall also
978 submit a copy of the biological parent's marriage record to the State Registrar.

979 **Statutory Authority**

980 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

981 **Historical Notes**

982 Derived from VR355-29-100 § 9.3, eff. April 1, 1995; amended, Virginia Register Volume 19,
983 Issue 26, eff. October 8, 2003.

984 **12VAC5-550-310. Court determination of paternity.**

985 ~~A. If no appeal has been taken from the final order and the time allowed to perfect an appeal~~
986 ~~has expired, The State Registrar may prepare a new certificate of birth may be prepared by the~~
987 ~~State Registrar for a child Certificate of Birth naming a man as the father of a registrant born in~~
988 ~~this the Commonwealth upon receipt of a certified copy of a court determination of paternity. if:~~

989 1. The court that made the determination of paternity, the registrant's parents or legal
990 guardian, or a legal representative transmits a certified copy of the final court order for
991 determination of paternity to the State Registrar pursuant to §20-49.8 of the Code of
992 Virginia;

993 2. The State Registrar is in possession of a certified copy of the final court order for the
994 determination of paternity; and

995 3. No appeal has been taken from the final court order for the determination of paternity
996 and the time allowed to make an appeal has expired.

997 B. ~~A new certificate of birth may be prepared by~~ Before the State Registrar may prepare a
998 new Certificate of Birth under the conditions established in subsection A of this section, for a
999 child born in the registrant's biological parents, legal guardian, or legal representative shall
1000 submit to the State Registrar (i) a Commonwealth upon receipt of the certified copies copy of a
1001 document signed by a man indicating his consent to submit to scientifically reliable genetic
1002 tests, including blood tests, to determine paternity; (ii) and a certified copy of the genetic test
1003 results affirming at least a 98% probability of paternity from an ABBA-approved laboratory; and
1004 (iii) together with a request from the registrant's biological mother, biological father, or person
1005 having legal guardian, or legal representative custody of the child that a such new certificate
1006 Certificate of Birth be prepared. C. Changing the child's a registrant's surname to the biological
1007 father's surname requires the signatures of both parents on the Acknowledgement of Paternity
1008 form. or (i) the father in the case of death or incapacity of the mother or (ii) the mother in the
1009 case of the death or incapacity of the If one parent is deceased or incapacitated, the other
1010 biological parent may sign the form to change the registrant's surname to reflect the surname of
1011 the biological father.

1012 **Statutory Authority**

1013 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

1014 **Historical Notes**

1015 Derived from VR355-29-100 § 9.4, eff. April 1, 1995; amended, Virginia Register Volume 19,
1016 Issue 26, eff. October 8, 2003.

1017 **12VAC5-550-330. New certificate Certificate of Birth.**

1018 A. The State Registrar shall prepare a new certificate Certificate of birth Birth prepared after
1019 adopting, adoption, legitimation, court determination of paternity, or an acknowledgement of
1020 paternity shall be on the Certificate of Live Birth form in use at the time of birth; however, the
1021 State Registrar shall prepare a new Certificate of Birth for a same-sex adoption, same-sex
1022 surrogacy, or upon a gender neutral sex designation of the adoptive parents new certificate of
1023 birth shall be on the VS1 form, Commonwealth of Virginia - Certificate of Live Birth, that shows
1024 the parents' designation as "Name of Parent," and shall include the The following items and
1025 such other information shall be required necessary to complete register the certificate: new
1026 Certificate of Birth:

- 1027 1. The name of the child; registrant;
- 1028 2. The date and place of birth as transcribed from the original existing birth certificate;
- 1029 3. The names and personal particulars details of the adoptive parents or of the natural
1030 biological parents, whichever is appropriate;
- 1031 4. The name of the attendant, printed or typed;
- 1032 5. The birth number assigned to the original birth certificate; and
- 1033 6. The original filing date. The information necessary to locate the existing certificate and
1034 to complete the new certificate shall be submitted on forms prescribed by the State
1035 Registrar.

1036 B. When requesting a new Certificate of Birth be prepared under Part IX of this chapter,
1037 applicants shall provide the following information to the State Registrar to locate the registrant's
1038 existing birth certificate:

- 1039 1. The registrant's name at birth;
- 1040 2. The registrant's name at adoption or name resulting from a court order name change,
1041 if applicable;
- 1042 3. The names of the registrant's parents as listed on the existing birth certificate;
- 1043 4. The registrant's date of birth and place of birth;

1044 5. The hospital of birth, if requested and applicable; and

1045 6. The certificate number, if known.

1046 C. An applicant shall include the information necessary to locate the registrant's existing
1047 birth certificate and the information to complete the registrant's new Certificate of Birth on:

1048 1. The Report of Adoption form, for adoptions;

1049 2. The Application for Certification of a Birth Record form or the Acknowledgement of
1050 Paternity form, for acknowledgements of paternity and legitimation; or

1051 3. If a correction to an existing birth certificate is requested, an applicant shall fill out the
1052 Affidavit for the Correction of a Record form in its entirety, sign the form, and submit the
1053 form to the State Registrar.

1054 **Statutory Authority**

1055 § 32.1-12 and Chapter 7 (§ 32.1-249 et seq.) of Title 32.1 of the Code of Virginia.

1056 **Historical Notes**

1057 Derived from VR355-29-100 § 9.6, eff. April 1, 1995; amended, Virginia Register Volume 26,
1058 Issue 1, eff. October 14, 2009.

1059 **12VAC5-550-340. Sealed files.**

1060 After preparation of ~~the a new certificate,~~ Certificate of Birth, the State Registrar shall place
1061 the existing certificate Certificate of Birth and the supporting evidence upon which the new
1062 certificate was based are to be placed in a special physical or electronic file. Such The State
1063 Registrar shall store a special electronic file on electronic media approved by the State
1064 Registrar. No person shall be permitted to open or inspect the special file shall not be subject to
1065 inspection except upon order of a circuit court of this the Commonwealth or by the approval of
1066 the State Registrar for purposes of properly administering the system of vital records, and health
1067 statistics. pursuant to § 32.1-261 of the Code of Virginia.

1068 **Statutory Authority**

1069 § 32.1-273 of the Code of Virginia.

1070 **Historical Notes**

1071 Derived from VR355-29-100 § 9.7, eff. April 1, 1995.

1072 **12VAC5-550-350. ~~A proper and complete medical~~ Medical certification of cause of the**
1073 **death defined.**

1074 A. A complete and properly executed medical certification of the cause of death shall mean
1075 the entry by a physician or medical examiner of a definite medical diagnosis of the underlying
1076 cause of death and related conditions following the instructions indicated on the death
1077 certificate. This may be variously: supported by:

1078 1. Supported by clinical Clinical findings of the physician or autonomous nurse
1079 practitioner who attended the deceased intended registrant for the illness or condition
1080 that resulted in death;

1081 2. Supported by tentative Tentative clinical findings that may or may not be supported by
1082 the gross findings of an autopsy; or

1083 3. Supported by autopsy Autopsy findings where necessary to establish a definite
1084 medical diagnosis of the cause of death.

1085 ~~In cases where~~ B. If an autopsy is to be performed, the physician or medical examiner shall
1086 not defer delay the entry of the cause of death pending a full report of microscopic and
1087 toxicological studies. In any case where the If autopsy findings significantly change the medical
1088 diagnosis of the cause of death, the physician or medical examiner shall submit a supplemental
1089 report of the cause of death shall be made by the physician or medical examiner to the registrar

1090 ~~State Registrar as soon as the findings are available. (As examples: If it is clear that a patient~~
1091 ~~dies of "cancer of the stomach," report the cause while a determination of the histological type is~~
1092 ~~being carried out. Similarly, if it is clear that a death is from "influenza," do not delay the medical~~
1093 ~~certification while a laboratory test is being carried out to determine the strain).~~

1094 **Statutory Authority**

1095 § 32.1-273 of the Code of Virginia.

1096 **Historical Notes**

1097 Derived from VR355-29-100 § 10.1, eff. April 1, 1995.

1098 **12VAC5-550-360. Responsibility of the attending physician medical certifier.**

1099 A. When a patient ~~person~~ dies, the physician or autonomous nurse practitioner in charge of the
1100 patient's ~~person's~~ care for the illness or condition that resulted in death, or the other medical
1101 certifier shall ~~be responsible for executing and signing~~ fill out and sign the medical certification
1102 of cause of death as follows: on the Certificate of Death form and file the form with the State
1103 Registrar within 24 hours of the death.

1104 B. If a medical examiner assumes jurisdiction pursuant to §§ 32.1-283 or 32.1-285.1 of the
1105 Code of Virginia or this chapter, the medical examiner shall fill out and sign the medical
1106 certification of the cause of death on the Certificate of Death (Medical Examiner's Certificate)
1107 form and file the form with the State Registrar within 24 hours of the death. If the medical
1108 examiner is unable to file the medical certification of the cause of death within 24 hours, the
1109 medical examiner shall file the form at the time of releasing a dead body to a funeral service
1110 licensee or person who first assumes custody over a dead body, or as soon as practicable
1111 afterwards.

1112 ~~1. The physician shall execute and sign the medical certification of cause of death on the~~
1113 ~~death certificate form prescribed by the State Registrar.~~

1114 ~~2. In a case where an autopsy~~ C. If an autopsy is scheduled and the physician medical
1115 examiner or other health care provider who performs an autopsy wishes to await its
1116 gross finding to confirm a tentative clinical finding, he the medical examiner or other
1117 health care provider shall give notify the funeral service licensee ~~notice~~ that he attended
1118 the ~~patient~~ intended registrant and when he ~~expects to have~~ the expected date or time
1119 the medical data necessary for the certification of the cause of death: will be available. If
1120 the provisions of 12VAC5-550-350 cannot be adhered to, he the medical examiner or
1121 other health care provider shall indicate that the cause of death is pending and sign the
1122 medical certification. Immediately after the medical data necessary for determining the
1123 cause of death ~~have been made known~~, the physician shall, over his signature, forward
1124 are available, the medical examiner or other health care provider shall sign the form and
1125 send the cause of death to the ~~registrar~~. State Registrar.

1126 ~~3. D. If the physician medical certifier is unable to establish the cause of death or if a~~
1127 ~~death is within the jurisdiction of the medical examiner, he the medical certifier shall~~
1128 ~~immediately report the case to the local medical examiner and advise inform the funeral~~
1129 ~~service licensee, of this fact. If the medical examiner does not assume jurisdiction, the~~
1130 ~~physician medical certifier shall sign the medical certification noting special~~
1131 ~~circumstances and exception.~~

1132 ~~4. An associate~~ E. A physician who relieves the attending physician while he the
1133 attending physician is on vacation or otherwise temporarily unavailable may certify to the
1134 cause of death ~~in any case where~~ if he has access to the medical history of the case,
1135 provided that he views the deceased at or after death occurs and that death is from

1136 natural causes. In all other cases in which a physician is unavailable, the funeral service
1137 licensee shall contact the medical examiner.

1138 ~~5. When the attending physician shall have given the person in charge of an institution~~
1139 ~~authorization in writing, the person in charge of such institution, or his designated~~
1140 ~~representative, may prepare the medical certification of cause of death in cases where~~
1141 ~~all pertinent aspects of the medical history are a part of the official medical records and~~
1142 ~~the death is due to natural causes. In such instances, the signature shall be that of a~~
1143 ~~physician.~~

1144 F. The medical examiner shall fill out and sign the medical certification of the cause of death if a
1145 death is referred to the medical examiner because the intended registrant's physician or
1146 autonomous nurse practitioner is deceased, incapacitated, or is no longer practicing or licensed
1147 to practice and (i) there was no physician or autonomous nurse practitioner in attendance at the
1148 intended registrant's death or (ii) the health care provider who pronounced death pursuant to
1149 §54.1-2972 of the Code of Virginia is similarly unable to complete the medical certification of the
1150 cause of death.

1151 **Statutory Authority**

1152 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

1153 **Historical Notes**

1154 Derived from VR355-29-100 § 10.2, eff. April 1, 1995; amended, Virginia Register Volume 19,
1155 Issue 26, eff. October 8, 2003.

1156 **12VAC5-550-370. Responsibility of the medical examiner. (Repealed.)**

1157 ~~When a medical examiner assumes jurisdiction in a death or when a medically unattended~~
1158 ~~death occurs without medical attendance a known medical history or information, the medical~~
1159 ~~examiner shall be responsible for executing and signing the medical certification of cause of~~
1160 ~~death as follows:~~

1161 ~~1. The medical examiner shall, at the time of releasing a body to a funeral service~~
1162 ~~licensee or person who first assumes custody of a dead body, or as soon as practicable~~
1163 ~~thereafter, execute and sign the medical certification of cause of death on the death~~
1164 ~~certificate form prescribed by the State Registrar.~~

1165 ~~2. In any case where an autopsy is scheduled and the medical examiner wishes to await~~
1166 ~~its gross findings to confirm a tentative clinical finding, he shall give the funeral service~~
1167 ~~licensee notice as to when he expects to have the medical data necessary for the~~
1168 ~~certification of cause of death. If the provisions of 12VAC5-550-350 cannot be adhered~~
1169 ~~to, he shall indicate that the cause is pending and sign the certification. Immediately after~~
1170 ~~the medical data necessary for determining the cause of death have been made known,~~
1171 ~~the medical examiner shall, over his signature, forward the cause of death to the~~
1172 ~~registrar.~~

1173 ~~3. In any case where a death has been referred to the medical examiner because a~~
1174 ~~physician in attendance is deceased or physically incapacitated and there was no~~
1175 ~~associate physician, the medical examiner shall prepare and sign the medical~~
1176 ~~certification of cause of death.~~

1177 **Statutory Authority**

1178 ~~§§ 32.1-12 and 32.1-250 of the Code of Virginia.~~

1179 **Historical Notes**

1180 Derived from VR355-29-100 § 10.3, eff. April 1, 1995; amended, Virginia Register Volume 19,
1181 Issue 26, eff. October 8, 2003.

1182 **12VAC5-550-380. Responsibility of the hospital or institution.**

1183 ~~When A. If a patient shall die~~ person dies in a hospital or institution, the cause of death is
1184 known, and the death is not under the jurisdiction of the medical examiner, the person in charge
1185 of ~~such~~ the institution, or his a designated representative, shall ~~where feasible and where the~~
1186 ~~cause of death is known, aid in the preparation of the death certificate as follows:~~ help prepare
1187 the Certificate of Death form by:

1188 1. ~~Place~~ Placing the intended registrant's full name of the deceased on the death
1189 ~~certificate form and obtain~~ obtaining the medical certification of the cause of death from
1190 the attending physician, autonomous nurse practitioner, or other person authorized to
1191 complete the medical certification of cause of death, pursuant to 12VAC5-550-360;

1192 2. ~~If authorized in writing by the attending physician, the person in charge, or his~~
1193 ~~designated representative, may prepare the~~ Preparing the intended registrant's medical
1194 certification of the cause of death if (i) the physician or autonomous nurse practitioner
1195 authorized under §32.1-263 of the Code of Virginia to complete the medical certification
1196 of the cause of death provides written authorization, (ii) in cases where all pertinent
1197 aspects of the intended registrant's medical history are a part of in the official hospital
1198 records; and (iii) the death is due to natural causes. The signature shall be that of a
1199 physician;

1200 3. ~~Present~~ Sending the partially completed death certificate identified by the name form
1201 and the complete medical certification of the cause of death to the funeral service
1202 licensee, or, if taking possession of the dead body, the intended registrant's next of kin;
1203 and

1204 4. ~~In a case of long term residence by a patient in a state institution, a death certificate~~
1205 ~~including~~ Entering the intended registrant's personal particulars information of the
1206 ~~deceased may be prepared for presentation to the funeral service licensee. onto the~~
1207 form if the intended registrant was a long-term resident or patient in a state institution.

1208 B. If a person in charge of a hospital or institution or a designated representative prepares a
1209 Certificate of Death form pursuant to subdivision A2 this section, the physician or autonomous
1210 nurse practitioner shall sign the medical certification of the cause of death.

1211 **Statutory Authority**

1212 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

1213 **Historical Notes**

1214 Derived from VR355-29-100 § 10.4, eff. April 1, 1995; amended, Virginia Register Volume 19,
1215 Issue 26, eff. October 8, 2003.

1216 **12VAC5-550-390. Responsibility of the funeral service licensee.**

1217 ~~Each~~ A. A funeral service licensee ~~who has been~~ authorized to take custody of a dead
1218 human body shall ~~exercise~~ assist in the following responsibilities with respect to the preparation
1219 and filing of the death certificate: Certificate of Death form by:

1220 1. ~~When he arrives to take custody of the body, he shall first ascertain whether an~~
1221 ~~attending physician or local medical examiner has established the cause of death as~~
1222 ~~follows:~~

1223 a. ~~The funeral service licensee shall obtain the medical certification of cause of death~~
1224 ~~from the physician if the death is from natural causes. An associate physician or~~
1225 ~~person in charge of an institution may prepare the medical certification as outlined in~~
1226 ~~12VAC5-550-360.~~

1227 b. ~~If a physician attended the deceased but did not complete the medical certification~~
1228 ~~of cause of death, the funeral service licensee shall immediately contact such~~
1229 ~~physician in person or by telephone to be certain that he was the attending physician~~
1230 ~~and to ascertain whether the physician is to assume responsibility for the medical~~
1231 ~~certification or to refer the case to the medical examiner.~~
1232 c. ~~When a medical examiner assumes jurisdiction in a death, or when a physician in~~
1233 ~~attendance is incapacitated, the funeral service licensee shall obtain the signed~~
1234 ~~medical certification of cause of death from the medical examiner as required by~~
1235 ~~subdivision 3 of 12VAC5-550-370.~~
1236 ~~2. The personal history of the deceased and the facts of the death shall be obtained from~~
1237 ~~the best source possible. This source may be variously: a member of the immediate~~
1238 ~~family of the deceased who possesses the necessary information; a hospital records~~
1239 ~~custodian whose records contain the necessary information; or the local medical~~
1240 ~~examiner having jurisdiction over a case. The name of the informant, his address and~~
1241 ~~relationship to the decedent shall be entered on the death certificate. The facts required~~
1242 ~~as to the manner and place of disposal of the body or its removal from the~~
1243 ~~Commonwealth shall be entered over the signature of the funeral service licensee. He~~
1244 ~~shall personally sign the certificate and print or type the name of his firm.~~
1245 ~~3. Except as outlined in 12VAC5-550-410, a satisfactory death certificate shall be filed~~
1246 ~~with the city, county, or special registrar in the city or county where death occurred, or a~~
1247 ~~dead body is found, prior to final disposal of the body or its removal from the~~
1248 ~~Commonwealth, and within three days. In cases where a completed medical certification~~
1249 ~~is not available when the funeral service licensee takes possession of a body, he shall~~
1250 ~~not move the body from the place of death until so authorized by the local medical~~
1251 ~~examiner or until the attending physician has advised him that death is from natural~~
1252 ~~causes and the physician is able to prepare the medical certification of cause of death.~~
1253 ~~In every case, the removal of a dead human body from the city or county of death is~~
1254 ~~unlawful unless notice is given to the city, county, or special registrar by telephone or in~~
1255 ~~person. Such notice shall consist of the name of the deceased, date and place of death,~~
1256 ~~and the name of the attending physician or of the medical examiner, as the case may~~
1257 ~~be, and, if the body is to be removed, the destination within the Commonwealth. Such~~
1258 ~~notification shall be made during the next available business hours of the registrar~~
1259 ~~following the time of death. After business hours, in independent cities and in designated~~
1260 ~~counties, such notification shall be made immediately on assumption of custody of the~~
1261 ~~deceased to the registrar's representative.~~
1262 1. Determining, upon arrival to take custody of the dead body, whether a physician,
1263 autonomous nurse practitioner, or other person authorized by § 32.1-263 of the Code of
1264 Virginia, or the local medical examiner, is to establish the intended registrant's cause of
1265 death;
1266 2. Obtaining the medical certification of the cause of death from the medical certifier;
1267 3. Obtaining the intended registrant's demographic information;
1268 4. Entering the intended registrant's demographic information on the form along with the
1269 informant's name, address, and relationship to the intended registrant;
1270 5. Filling out and signing to certify the facts related to the method and place of final
1271 disposition of the dead body or its removal from the Commonwealth; and
1272 6. Signing the form and printing or typing the name of the funeral home.
1273 B. If a death is from natural causes, the funeral service licensee shall obtain the medical
1274 certification of the cause of death from the physician or autonomous nurse practitioner who

1275 attended the intended registrant at the time of death or for the condition or illness that led to the
1276 intended registrant's death, or other person authorized to complete the medical certification of
1277 the cause of death, or the person in charge of an institution who may prepare the medical
1278 certification of the cause of death as outlined in 12VAC5-550-360, or a medical examiner.

1279 C. If a physician or autonomous nurse practitioner attended the intended registrant's death
1280 but did not fill out the medical certification of the cause of death, the funeral service licensee
1281 shall, immediately upon arrival to take custody of the dead body, contact the physician or other
1282 person authorized to prepare the medical certification of the cause of death to confirm that the
1283 physician or autonomous nurse practitioner attended the death and to find out whether the
1284 physician, autonomous nurse practitioner, or other person authorized to prepare the medical
1285 certification of the cause of death under 12VAC5-550-360 is responsible for the medical
1286 certification of the cause of death, or to refer the death to the medical examiner.

1287 D. If a medical examiner assumes jurisdiction in a death, or if a physician or autonomous
1288 nurse practitioner authorized by §32.1-263 of the Code of Virginia to complete the medical
1289 certification of the cause of death is deceased, incapacitated, no longer licensed to practice
1290 medicine, or is no longer practicing medicine and there was no physician or autonomous nurse
1291 practitioner who attended the intended registrant at the time of death, the funeral service
1292 licensee shall obtain the signed medical certification of the cause of death from the medical
1293 examiner.

1294 E. Except pursuant to 12VAC5-550-410, an acceptable form filed to establish a Certificate of
1295 Death shall be filed before the final disposal of the dead body or its removal from the
1296 Commonwealth, and within three days of the intended registrant's date of death.

1297 1. If a completed medical certification of the cause of death is not available when the
1298 funeral service licensee takes possession of a dead body, the funeral service licensee
1299 may not move the body from the place of death until authorized by the attending
1300 physician or autonomous nurse practitioner, or the Chief Medical Examiner, Assistant
1301 Chief Medical Examiner, or a medical examiner appointed pursuant to §§ 32.1-282 and
1302 32.1-263 of the Code of Virginia.

1303 2. The funeral service licensee may not remove a dead body from the city or county of
1304 death unless notice is provided to and approved by the city, county, or special registrar.
1305 The funeral service licensee may provide notice by telephone or in person during the
1306 next available business hours of the registrar's next available business hours following
1307 the time of death, or, in Commonwealth cities and counties, to the registrar's
1308 representative, immediately on assumption of custody of the dead body.

1309 F. Pursuant to § 32.1-263 of the Code of Virginia, a Certificate of Death form may be filed
1310 electronically using electronic media approved by the State Registrar or non-electronically with a
1311 registrar other than the registrar at the place of death, and a Certificate of Death (Medical
1312 Examiner's Certificate) form may be filed using electronic media approved by the State
1313 Registrar.

1314 **Statutory Authority**

1315 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

1316 **Historical Notes**

1317 Derived from VR355-29-100 § 10.5, eff. April 1, 1995; amended, Virginia Register Volume 19,
1318 Issue 26, eff. October 8, 2003.

1319 **12VAC5-550-400. Out-of-state transit permits.**

1320 A. ~~The body of any person whose death occurs~~ If a person dies in Virginia or whose a dead
1321 body shall be is found dead therein in the Commonwealth, the dead body shall may not be
1322 removed from the Commonwealth unless an out-of-state transit permit prepared on a an Out-of-
1323 State Transit Permit form prescribed by the State Registrar has been is issued by the city,
1324 county, or special registrar of the city or county jurisdiction where the death occurred or the
1325 dead body was found, or by a different registrar under the exceptions except as outlined in
1326 12VAC5-550-410.

1327 B. ~~No A registrar may not issue an out-of-state transit permit shall be issued until a proper~~
1328 certificate of death an acceptable Certificate of Death form or Certificate of Death (Medical
1329 Examiner's Certificate) form is filed, except as outlined in 12VAC5-550-410.

1330 C. ~~A certificate of death registrar shall be considered~~ consider a Certificate of Death form or
1331 a Certificate of Death (Medical Examiner's Certificate) form to be properly filed: acceptable for
1332 filing if the form adheres to the requirements established under 12VAC5-550-150, and all
1333 information and signatures required on the form are provided to the registrar.

1334 1. ~~When all items thereon have been answered in the manner prescribed by the State~~
1335 Registrar; and

1336 2. ~~When the certificate has been presented for filing with the city, county, or special~~
1337 registrar of the city or county where the death occurred or the body was found, or, in
1338 emergency cases, with the city or county registrar of the area to which removal was
1339 made within the Commonwealth.

1340 **Statutory Authority**

1341 § 32.1-273 of the Code of Virginia.

1342 **Historical Notes**

1343 Derived from VR355-29-100 § 10.6, eff. April 1, 1995.

1344 **12VAC5-550-410. Emergency cases: Filing filing of provisional death certificates**
1345 **elsewhere.**

1346 A. For purposes of this section and chapter, a "provisional death certificate" means a
1347 Certificate of Death form or a Certificate of Death (Medical Examiner's Certificate) form that is
1348 filed by a funeral director or funeral service licensee and identifies the intended registrant, but
1349 does not contain all information required to complete the form for acceptance. If the cause of
1350 death information is not completed, the medical certifier shall mark the form as "pending."

1351 1. Information required to file the provisional death certificate includes the (i) intended
1352 registrant's first and last names; (ii) intended registrant's gender; (iii) date and place of
1353 the intended registrant's death; (iv) method of disposition of the dead body; and (v)
1354 signature of the medical certifier.

1355 2. A provisional death certificate shall be limited in use for the purpose of obtaining out-
1356 of-state transit permits.

1357 A. ~~Under the conditions of § 32.1-266 of the Code of Virginia, the following situations are~~
1358 declared to be proper reasons for B. An emergency extensions extension of the time periods for
1359 filing frame to replace a completed provisional death certificate: with a completed Certificate of
1360 Death form or a Certificate of Death (Medical Examiner's Certificate) form may be permitted by
1361 a registrar if:

1362 1. A completed or pending medical certification of the intended registrant's cause of
1363 death is unavailable;:

1364 2. Personal data concerning the deceased the intended registrant is temporarily
1365 unavailable; or

1366 3. The dead body must be moved immediately out of the Commonwealth.

1367 ~~B. If one or more of the above situations exists and the conditions of subdivision 3 of~~
1368 ~~12VAC5-550-390 have been complied with by the funeral service licensee when the body is to~~
1369 ~~be moved, any authorized registrar, or registrar's representative, may issue an out-of-state~~
1370 ~~transit permit. Such permit shall be issued upon application by a funeral service licensee and~~
1371 ~~the presentation by the funeral service licensee, over his signature only, of a death certificate~~
1372 ~~form complete in as many known details as possible.~~

1373 C. A registrar or the registrar's representative may issue an out-of-state transit permit in the
1374 circumstances described in subsection B of this section if:

1375 1. The funeral service licensee has complied with the conditions of subsection E of
1376 12VAC5-550-390 when the dead body is to be moved;

1377 2. The funeral director, funeral service licensee, or the intended registrant's next of kin
1378 files an Out-of-State Transit Permit form with the registrar or registrar's representative; or

1379 3. A funeral director or funeral service licensee files a provisional death certificate that is
1380 signed by the funeral service licensee and is filled out with as many known details as
1381 possible, pursuant to §32.1-263 of the Code of Virginia.

1382 ~~G.D. The incomplete death certificate form originally furnished to the registrar as outlined in~~
1383 ~~subsection B of this section is to be placed by the funeral service licensee shall replace a~~
1384 ~~provisional death certificate with a completed death certificate Certificate of Death form or~~
1385 ~~Certificate of Death (Medical Examiner's Certificate) form as soon as the missing data become~~
1386 ~~known are available or the medical certification of the cause of death is obtained, or within 10~~
1387 ~~days, of the intended registrant's death, whichever occurs first.~~

1388 ~~D.E. Under emergency provisions listed in this section and the conditions of subdivision 4-e~~
1389 ~~subsection D of 12VAC12-550-390, 12VAC5-550-390 the death certificate a Certificate of Death~~
1390 ~~form may be filed electronically using electronic media approved by the State Registrar or non-~~
1391 ~~electronically with a registrar other than the registrar at the place of death, and a Certificate of~~
1392 ~~Death (Medical Examiner's Certificate) form may be filed using electronic media approved by~~
1393 ~~the State Registrar. When a registrar of an area other than the place of death receives a~~
1394 ~~completed death certificate, he shall not sign nor number the certificate, but shall make a~~
1395 ~~notation in the left hand margin indicating his name and whether or not an out-of-state permit~~
1396 ~~has been issued. The registrar receiving the death certificate shall immediately forward the~~
1397 ~~death certificate to the city or county registrar at the place of death.~~

1398 **Statutory Authority**

1399 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

1400 **Historical Notes**

1401 Derived from VR355-29-100 § 10.7, eff. April 1, 1995; amended, Virginia Register Volume 19,
1402 Issue 26, eff. October 8, 2003.

1403 **12VAC5-550-420. Forwarding "pending cause" death certificates.**

1404 ~~A death certificate received by a city or county registrar which contains a signed medical~~
1405 ~~certification of A. The State Registrar or medical certifier may add the cause of death, but the~~
1406 ~~cause is not complete by reason of a pending inquest, investigation, or autopsy should be sent~~
1407 ~~to the State Registrar on the regular reporting date with completed records. If the cause of death~~
1408 ~~is completed by the presentation of a second and complete certificate before the original~~
1409 ~~certificate is sent to the State Registrar, the original incomplete certificate should be marked~~
1410 ~~"VOID." The completed death certificate should be processed as a current certificate and should~~
1411 ~~be forwarded to the State Registrar. If the cause of death is completed by a properly signed~~
1412 ~~query form or other statement, the cause of death information may be added to the incomplete~~

1413 ~~death certificate by the State Registrar. a Certificate of Death form or Certificate of Death~~
1414 ~~(Medical Examiner's Certificate) form in a "pending" status.~~

1415 1. A medical examiner shall submit the information needed to complete the intended
1416 registrant's cause of death to the State Registrar using electronic media approved by the
1417 State Registrar. If the medical examiner cannot submit the information electronically, the
1418 medical examiner may submit a Medical Certifier Query Letter form, or a written
1419 statement that is signed by the medical examiner and includes the intended registrant's
1420 cause of death information, to the State Registrar subject to the conditions of
1421 subdivisions 2 and 3 of this subsection.

1422 2. The State Registrar may add the intended registrant's cause of death information
1423 upon receipt from a medical certifier of a Medical Certifier Query Letter form.

1424 3. If the medical certifier is unable to submit a Medical Certifier Query Letter form to the
1425 State Registrar to complete the intended registrant's cause of death information, the
1426 medical certifier may instead submit a written and signed statement to the State
1427 Registrar that includes the (i) intended registrant's full name, (ii) intended registrant's
1428 date and place of death; (iii) name of the medical certifier; (iv) signature of the medical
1429 certifier and date of signature; (v) certificate number, if known; and (vi) information
1430 needed to fill out the intended registrant's cause of death on the form.

1431 B. When filling out a Medical Certifier Query Letter form, or a written statement to complete
1432 cause of death information for a Certificate of Death, the medical certifier shall:

1433 1. Enter the (i) intended registrant's full name and date and place of death; (ii) medical
1434 certifier's name, signature, and date of signature; (iii) information pertaining to the
1435 intended registrant's cause of death; and (iv) certificate number, if known; and

1436 2. Only fill in the items of information necessary to complete the intended registrant's
1437 cause of death, which may include:

1438 a. The time of death, including if the time of death is actual, approximated, or if the
1439 time of death is determined based on when the dead body was found;

1440 b. The immediate cause of death;

1441 c. The underlying cause of death;

1442 d. Other significant findings contributing to the death but not resulting in an
1443 underlying cause of death;

1444 e. Confirming if the medical examiner was contacted to investigate the death;

1445 f. Confirming if an autopsy was performed on the intended registrant;

1446 g. Confirming if findings were available to complete the cause of death;

1447 h. Confirming if tobacco use contributed to the death;

1448 i. Confirming if the death was external and if the extent is a primary or contributing
1449 factor of the intended registrant's death;

1450 j. Confirming if the death was a military death, and, if a military death, confirming the
1451 manner of death as a natural death, death resulting from an accident, death resulting
1452 from a suicide, death resulting from a homicide, or if the cause of military death is
1453 undetermined or pending; or

1454 l. If the intended registrant is female, pregnancy information confirming if:

1455 (1) The intended registrant was or was not pregnant at the time of death, or was
1456 pregnant within the previous year;

1457 (2) The intended registrant was not pregnant at the time of death but was pregnant
1458 within forty-three days to one year before the date of death;

1459 (3) The intended registrant was not pregnant at the time of death but was pregnant
1460 within forty-two days of death;

1461 (4) It is unknown if the intended registrant was pregnant within the past year; or

1462 (5) The intended registrant's pregnancy information is non-applicable as the intended
1463 registrant's age at the time of death is zero to five years old, or seventy-five years old
1464 or older.

1465 **Statutory Authority**

1466 § 32.1-273 of the Code of Virginia.

1467 **Historical Notes**

1468 Derived from VR355-29-100 § 10.8, eff. April 1, 1995.

1469 **12VAC5-550-430. Disinterment permits.**

1470 ~~A. Unless so ordered by a court of competent jurisdiction, a body shall not be disinterred~~ No
1471 person may disinter a dead body for removal or transportation until an application for
1472 disinterment has been submitted to and approved by the city or county registrar or to the State
1473 Registrar, or until the person receives a court order authorizing disinterment of the dead body.

1474 ~~B. The~~ A funeral director, funeral service licensee, or next of kin shall apply for a
1475 disinterment permit with the city or county registrar at the place from which disinterment is to be
1476 made using the Permit for Disinterment, Transit, and Reinterment form or electronic media
1477 approved by the State Registrar. The county or city registrar at the place of disinterment shall
1478 issue three copies of a disinterment permit, in triplicate. One copy shall be retained by the ~~The~~
1479 ~~funeral service licensee to whom issued, one shall retain one copy, filed with the~~ The sexton or
1480 person in charge of the cemetery ~~in which of disinterment is to be made, and shall retain one~~
1481 copy. The sexton or person in charge of the cemetery of reinterment shall use one copy to be
1482 used during transportation of the dead body as authorization to transport the dead body from
1483 the place of disinterment to the place and filed with the sexton or person in charge of the
1484 cemetery of reinterment. The State Registrar may issue a letter of authorization in lieu instead of
1485 individual permits when numbers of bodies if multiple dead bodies are to be moved in one
1486 operation from the same place of disinterment to the same place of reinterment.

1487 ~~C. A disinterment permit shall not be required if a~~ dead body is to be disinterred and
1488 reinterred in the same cemetery; however, the sexton or other person in charge of the cemetery
1489 shall establish and maintain a factual record relative to the facts of disinterment and reinterment
1490 within the cemetery.

1491 ~~D. A~~ dead body kept in a receiving vault shall not be regarded as a disinterred body until 30
1492 days after expiration of 30 days. placement in the receiving vault.

1493 **Statutory Authority**

1494 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

1495 **Historical Notes**

1496 Derived from VR355-29-100 § 10.9, eff. April 1, 1995; amended, Virginia Register Volume 19,
1497 Issue 26, eff. October 8, 2003.

1498 **12VAC5-550-450. Evidence required for corrections or amendments .**

1499 A. For purposes of this section, a "correction affidavit" means a VS32 form, Commonwealth
1500 of Virginia - Affidavit for Correction of a Record.

1501 ~~Every application for a correction or amendment~~ B. A registrant of legal age, registrant's
1502 parent, or person with knowledge of a birth or death certificate shall be accompanied by
1503 appropriate the items to be amended or corrected who is requesting to amend an existing

1504 Certificate of Birth shall use the correction affidavit and submit the form along with documentary
1505 evidence as follows: pursuant to this section to the State Registrar.

1506 1. Except To amend a name listed on an existing Certificate of Birth, a person shall
1507 obtain and submit to the State Registrar a certified or attested copy of a court order
1508 changing the name, except as provided in subdivisions 2 and 3 of this section, name
1509 changes, other than or for minor corrections in the spelling involving the given names or
1510 surname of a registrant, or the given names or surnames of the registrant's parents or of
1511 a spouse as listed on a certificate, shall require that a certified or attested copy of a court
1512 order changing the name be obtained. the registrant's birth certificate.

1513 a. In cases where If the mother's married surname is listed on a registrant's existing
1514 Certificate of Birth instead of her maiden name, the State Registrar may correct the
1515 certificate a correction can be made administratively with a correction affidavit and a
1516 copy of her birth record. of the mother's birth certificate.

1517 b. In cases where If a registrant can prove that the given name shown on a birth
1518 certificate an existing Certificate of Birth was not used or known to the registrant, and
1519 this fact can be proven by the registrant, the State Registrar may amend the birth
1520 certificate can be amended administratively with primary evidence showing the
1521 registrant's name at in use since birth and a correction affidavit.

1522 2. Within one year of birth, The State Registrar may amend the given names listed on a
1523 birth certificate an existing Certificate of Birth within one year of may be changed by the
1524 date of birth upon receipt of a correction affidavit of: completed by:

1525 a. Both parents;

1526 b. The mother in the case of a child born out of wedlock; and no paternity is
1527 established;

1528 c. The father One parent in the case of the death or incapacity of the mother; other
1529 parent; or

1530 d. The mother in the case of the death or incapacity of the father; or

1531 e. The guardian or agency having legal custody of the registrant.

1532 3. In cases instances of hermaphroditism or pseudo-hermaphroditism, the State
1533 Registrar may amend the given names of a registrant may be changed on a birth
1534 certificate an existing Certificate of Birth. Before by affidavit of the State Registrar may
1535 amend the certificate if the registrant's parents or legal guardian as listed in subdivision 2
1536 of this section, or by affidavit of the registrant, if 18 eighteen years of age or older,;
1537 submits to the State Registrar (i) a signed correction affidavit requesting a correction to
1538 the registrant's sex as listed on the registrant's birth certificate due to hermaphroditism,
1539 pseudo-hermaphroditism, or ambiguous genitalia; and Additionally, (ii) a statement from
1540 signed by a physician must be submitted which certified certifying that the birth record of
1541 the registrant registrant's existing Certificate of Birth contains an incorrect designation of
1542 sex because of congenital hermaphroditism, pseudo-hermaphroditism, or ambiguous
1543 genitalia which has since been medically clarified.

1544 4. Except as otherwise provided in the Code of Virginia or this chapter, an applicant shall
1545 submit a court order to the State Registrar to change a registrant's name on an existing
1546 Certificate of Birth after one year from the date of birth, any change of name shall be
1547 made only by court order, and any second change of name within one year shall be
1548 made only by court order. or if the registrant's name has been previously changed on the
1549 certificate.

1550 5. Within seven years after the registrant's birth, and upon receipt of a correction affidavit
1551 prepared by the registrant's parents, legal guardian, or legal representative, the State

1552 Registrar may add given names may be added to a birth certificate an existing
1553 Certificate of Birth where such the information has been left blank, by use of an affidavit
1554 only prepared by the parent, guardian, or legal representative of the child.

1555 6. If the date of birth on ~~a birth certificate~~ an existing Certificate of Birth is to be changed
1556 more by more than one year, and one day, an applicant shall submit a certified copy of a
1557 court order changing the date of birth ~~shall be submitted. Evidence to be supplied to the~~
1558 ~~court in support of such change should include a federal census transcript from the~~
1559 ~~Bureau of the Census. to the State Registrar.~~

1560 7. If the date of birth on ~~a birth certificate~~ an existing Certificate of Birth is to be changed
1561 to one year and one day or less from the date of birth, an applicant shall submit a federal
1562 census transcript from the Bureau of the Census ~~shall be required to the State Registrar~~
1563 ~~as documentary evidence.~~

1564 8. If a federal census transcript cannot be obtained, the applicant shall submit the
1565 following documents to the State Registrar: a. an A correction affidavit shall be obtained
1566 which sets forth: that confirms the identity of the incorrect record, existing Certificate of
1567 Birth, the incorrect data as it is listed, on the certificate, the correct data as it should be
1568 listed, on the certificate, and the documentary evidence supporting the facts. accurate
1569 information; and in addition to the affidavit, a b. A document or certified or true copy of
1570 such a document must be obtained which was written established before the registrants'
1571 eighth birth date that confirms and will establish the identity of the certificate to be
1572 altered or corrected amended and will support supports the true and the registrant's
1573 correct facts. correct date of birth. Any item of a vital record which has been previously
1574 corrected may only be changed again by court order.

1575 9. ~~All~~ The State Registrar shall return the documents, except the affidavit, ~~shall be~~
1576 ~~returned to the applicant after review.~~

1577 C. Any item of a vital record which has been previously changed may only be changed
1578 again or amended by court order.

1579 D. The State Registrar may make minor corrections to a spouse's name as listed on a death
1580 certificate administratively. Before the correction may be made to the certificate, the applicant
1581 requesting the correction shall submit a correction affidavit and a copy of the spouse's birth
1582 certificate or marriage record reflecting the correct name to the State Registrar.

1583 E. A correction or amendment to information registered on a marriage certificate or a record
1584 of divorce or annulment may not be made by the State Registrar until a certified copy of the
1585 changes to be made is received from the court certifying the correct information.

1586 F. To amend an existing Certificate of Death pursuant to 12VAC5-550-440, an applicant
1587 shall submit a certified copy of a court order obtained pursuant to §32.1-269.1 of the Code of
1588 Virginia. or a correction affidavit and primary or secondary evidence testifying to the amended
1589 information to the State Registrar.

1590 G. As applicable to this section and chapter, "secondary evidence" shall be established for
1591 at least five years, except death certificate evidence, which may be established for less than five
1592 years.

1593 **Statutory Authority**

1594 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

1595 **Historical Notes**

1596 Derived from VR355-29-100 § 11.2, eff. April 1, 1995; amended, Virginia Register Volume 19,
1597 Issue 26, eff. October 8, 2003.

1598 **12VAC5-550-470. Individual requests.**

1599 ~~A. Upon request, the State Registrar or the city or county~~ A registrar or the Department of
1600 Motor Vehicles shall disclose data or issue certified copies of birth or death records upon
1601 request if or information when satisfied that the applicant therefor has a direct and tangible
1602 interest in the content of the record certificate to be issued and that the information contained
1603 therein is necessary for the determination or protection of personal or property rights. in the
1604 certificate. Applicants requesting a certified copy of a birth certificate shall follow the process
1605 outlined in 12VAC5-550-100. Applicants requesting a certified copy of a death certificate shall
1606 follow the process outlined in 12VAC5-550-110.

1607 B. The State Registrar may disclose vital record data or information upon request if the
1608 applicant has a direct and tangible interest in the content of the vital record and the information
1609 contained in the vital record.

1610 C. The State Registrar or a city or county registrar may issue a verification of a death record
1611 if the applicant has a direct and tangible interest in the content of the certificate to be issued and
1612 the information contained in the certificate. To request a death verification, an applicant shall fill
1613 out an Application for Certification of a Death Record form in its entirety, sign the form, and
1614 submit the form to the State Registrar or a city or county registrar.

1615 ~~B. A direct and tangible interest may be evidenced by requests from the~~ D. The registrant,
1616 members of his the registrant's immediate family, his the registrant's legal guardian, or, their
1617 respective legal representatives in the case of a birth records. certificate, a legal representative
1618 may request certified copies of a vital record by submitting evidence of a direct and tangible
1619 interest to a registrar or the Department of Motor Vehicles. Applicants requesting vital record
1620 data shall submit the request to a city or county registrar or the State Registrar. Such direct and
1621 tangible interest may be evidenced by requests from surviving relatives A surviving relative or
1622 their the surviving relative's legal representatives representative may also provide a direct and
1623 tangible interest in the case of death-records. certificates.

1624 C. For the purposes of securing information or obtaining certified copies of birth records, the
1625 term "legal representative" shall include a registrant's attorney; a person with power of attorney
1626 for affairs of registrant; an attending physician; or a federal, state or local governmental agency
1627 acting in behalf of the registrant or his family.

1628 D. For the purposes of obtaining information of certified copies of death certificates, the term
1629 "legal representative" shall include the registrant's funeral service licensee; attorney; person
1630 with power of attorney for the affairs of the registrant; insurance company insuring the registrant;
1631 a federal, state or local governmental agency acting in behalf of the registrant or his family; a
1632 court appointed guardian; or a court appointed administrator.

1633 E. A direct and tangible interest shall may not be evidenced by the biological parents of an
1634 adopted child; nor or by commercial firms, agencies, nonprofit or religious organizations
1635 requesting listings of names or addresses.

1636 **Statutory Authority**

1637 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

1638 **Historical Notes**

1639 Derived from VR355-29-100 § 12.1, eff. April 1, 1995; amended, Virginia Register Volume 19,
1640 Issue 26, eff. October 8, 2003.

1641 **12VAC5-550-480. Research requests.**

1642 ~~The State Registrar or the city or county registrar may permit~~ allow use of data from vital
1643 records for bona fide research purposes subject to reasonable conditions the State Registrar
1644 may impose to ensure that if the use of the data is limited to such research purposes.

1645 **Statutory Authority**

1646 § 32.1-273 of the Code of Virginia.

1647 **Historical Notes**

1648 Derived from VR355-29-100 § 12.2, eff. April 1, 1995.

1649 **12VAC5-550-490. Official requests.**

1650 The State Registrar or the city or county registrar may disclose data from vital records to
1651 federal, state, county, or municipal agencies of government which request ~~such~~ the data in the
1652 conduct of their official duties; except that vital records governed by §§ 32.1-261 and records
1653 governed by § 32.1-274 D and E of the Code of Virginia, may only be made available ~~only~~ by
1654 the State Registrar for official purposes to federal, state, county, or municipal agencies charged
1655 by law with the duty of detecting or prosecuting crime, preserving the internal security of the
1656 United States, or for the determination of citizenship.

1657 **Statutory Authority**

1658 § 32.1-273 of the Code of Virginia.

1659 **Historical Notes**

1660 Derived from VR355-29-100 § 12.3, eff. April 1, 1995.

1661 **12VAC5-550-500. Application for records.**

1662 The State Registrar or ~~the city or~~ a city or county registrar may require written applications
1663 for data; the identification of an applicant; or a sworn statement, when it shall seem necessary
1664 to establish an applicant's right to information from vital records.

1665 **Statutory Authority**

1666 § 32.1-273 of the Code of Virginia.

1667 **Historical Notes**

1668 Derived from VR355-29-100 § 12.4, eff. April 1, 1995.

1669 **12VAC5-550-510. Certified copies; how prepared.**

1670 A. ~~Under the provision of~~ The State Registrar and, where applicable, a city or county
1671 registrar, may prepare and issue certified copies of vital records pursuant to § 32.1-272 of the
1672 Code of Virginia and Part XII (12VAC5-550-470 et seq.) of this chapter, ~~certifications of vital~~
1673 ~~records may be prepared and issued by the State Registrar and, where applicable, by the city or~~
1674 ~~county registrar.~~

1675 B. The Department of Motor Vehicles may issue certified copies of vital records pursuant to
1676 §32.1-273 of the Code of Virginia.

1677 ~~B. Certifications~~ C. Certified copies of vital records may be made by photostat or other
1678 reproduction process, typewriter, or electronic print, ~~except that~~ but may exclude medical and
1679 health data on ~~the birth certificate shall not be so certified.~~ the Certificate of Birth.

1680 G. D. The statement to appear on ~~each certification~~ a certified copy of a vital record is to
1681 read as follows:

1682 "This is to certify that this is a true and correct reproduction or abstract of the official record
1683 filed with the.....Department of Health,....., Virginia.

1684 Date issued.....

1685 Registrar"

1686 The ~~registrar will~~ State Registrar shall enter the appropriate city or county name in the
1687 spaces provided, date and sign the ~~certification,~~ certified copy, and enter his official title.

1688 D. E. The seal of the ~~issuing office is to~~ Virginia Department of Health - Vital Statistics shall
1689 be impressed on the ~~certification.~~ certified copy of a vital record.

1690 ~~E. Short form certifications~~ F. The State Registrar may issue certified copies of birth records
1691 ~~certificates that make no reference to parentage, may be issued by the State Registrar.~~

1692 **Statutory Authority**

1693 §§ 32.1-12 and 32.1-250 of the Code of Virginia.

1694 **Historical Notes**

1695 Derived from VR355-29-100 § 13.1, eff. April 1, 1995; amended, Virginia Register Volume 19,
1696 Issue 26, eff. October 8, 2003.

1697 FORMS (12VAC5-550)

1698 ~~Certificate of Live Birth, VS1 (eff. 1/93).~~ [VS1, Commonwealth of Virginia - Certificate of Live](#)
1699 [Birth \(eff. 06/16\).](#)

1700 ~~Certificate of Death, VS2 (eff. 1/89).~~ [VS2, Commonwealth of Virginia - Certificate of Death](#)
1701 [\(eff. 06/16\).](#)

1702 ~~Certificate of Death (Medical Examiner's Certificate), VS2A (eff. 1/89).~~ [VS2A,](#)
1703 [Commonwealth of Virginia- Certificate of Death Medical Examiner's Certificate \(eff. 02/18\).](#)

1704 ~~Marriage Register, VS3 (eff. 1/90).~~ [VS3, Commonwealth of Virginia - Marriage Return](#)
1705 [\(eff.07/19\).](#)

1706 ~~Report of Divorce or Annulment, VS4 (eff. 1/90).~~ [VS4, Commonwealth of Virginia - Report of](#)
1707 [Divorce or Annulment \(eff. 07/20\).](#)

1708 ~~Report of Spontaneous Fetal Death, VS5 (eff. 1/93).~~ [VS5, Commonwealth of Virginia -](#)
1709 [Report of Spontaneous Fetal Death \(eff. 06/16\).](#)

1710 ~~Report of Induced Termination of Pregnancy, VS5A (eff. 1/90).~~ [VS5A, Commonwealth of](#)
1711 [Virginia - Report of Induced Termination of Pregnancy \(eff. 10/02\).](#)

1712 ~~Application for Certification of a Vital Record, VS6 (eff. 7/02).~~ [VS6, Commonwealth of](#)
1713 [Virginia - Application for Certification of a Vital Record \(eff. 06/16\).](#)

1714 [VS6B, Commonwealth of Virginia - Application for Certification of a Birth Record \(eff. 07/20\).](#)

1715 [VS6D, Commonwealth of Virginia - Application for Certification of a Death Record \(eff.](#)
1716 [02/20\).](#)

1717 [VS6FD, Commonwealth of Virginia - Application for Certification of a Birth Resulting in a](#)
1718 [Stillbirth \(eff.07/22\).](#)

1719 [VS6MD, Commonwealth of Virginia - Application for Certification of a Marriage and/or](#)
1720 [Divorce Record \(eff. 02/20\).](#)

1721 [DL 81, Born in Virginia - Virginia Birth Certificate Application \(eff.09/19\).](#)

1722 [DL 82, Marriage - Divorce - Death Certificate Virginia Vital Record Application \(eff. 08/19\).](#)

1723 ~~Out of State Transit Permit, VS10 (eff. 7/85).~~ [VS10, Commonwealth of Virginia - Out-of-](#)
1724 [State Transit Permit \(eff. 07/04\).](#)

1725 ~~Permit for Disinterment, Transit, and Reinterment, VS11 (eff. 7/85).~~ [VS11, Commonwealth](#)
1726 [of Virginia - Permit for Disinterment, Transit, and Reinterment \(eff. 07/04\).](#)

1727 ~~Delayed Certificate of Birth, VS12 (eff. 4/85).~~ [VS12, Commonwealth of Virginia - Delayed](#)
1728 [Certificate of Birth \(eff. 04/85\).](#)

1729 ~~Report of Adoption, VS21 (eff. 7/85).~~ [VS21, Commonwealth of Virginia - Report of Adoption](#)
1730 [\(eff. 08/23\).](#)

1731 ~~Acknowledgement of Paternity, VS22 (eff. 9/93).~~ [VS22, Acknowledgement of Paternity \(eff.](#)
1732 [07/04\).](#)

- 1733 VS23, Monthly Report of Vital Statistics (eff. 03/86).
- 1734 ~~Affidavit for Correction of a Record, VS32 (eff. 1/87).~~ [VS32, Commonwealth of Virginia -](#)
- 1735 [Affidavit for Correction of a Record \(eff. 09/05\).](#)
- 1736 ~~Hospital Monthly Vital Statistics Report, VS33 (eff. 7/89).~~
- 1737 ~~Funeral Director's Monthly Vital Statistics Report, VS33-A (eff. 3/90).~~
- 1738 ~~Court Order Establishing Record of Birth, VS40 (eff. 10/88).~~
- 1739 [VS42, Form for Changing Sex Designation \(eff. 07/20\).](#)
- 1740 [VS43, Commonwealth of Virginia - Birth Certificate Amendment Request Form \(eff. 07/21\).](#)
- 1741 VS55, Commonwealth of Virginia - Medical Certifier's Query Letter (eff. 03/89).

Regulations for Summer Camps

12VAC5-440

Proposed Amendments

Julie Henderson

Director

Office of Environmental Health Services



COMMONWEALTH of VIRGINIA

Karen Shelton, MD
State Health Commissioner

Department of Health
P O BOX 2448
RICHMOND, VA 23218

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

MEMORANDUM

DATE: April 10, 2024

TO: Virginia State Board of Health

FROM: Julie Henderson, Office of Environmental Health Services
Olivia McCormick, Division of Food and General Services

SUBJECT: Proposed Amendments – Regulations for Summer Camps (12VAC5-440)

Enclosed for your review are the proposed amendments to the Regulations for Summer Camps (12VAC5-440-10 et seq.)

The Board of Health promulgated the Regulations for Summer Camps in or before 1950 with no known amendments since the initial promulgation. The intent of this regulatory action is to amend the regulations to provide a comprehensive update of the Regulations for Summer Camps, including the restructuring and updating of regulatory content for health and safety, clarity, and ease of understanding.

VDH completed a periodic review of the Regulations for Summer Camps on March 29, 2021, and concluded that the regulations needed to be amended. VDH began this regulatory action by publishing a Notice of Intended Regulatory Action (NOIRA) on December 5, 2022; VDH received no public comments on Town Hall regarding the proposed intention. Following the end of the public comment period, a stakeholder group was formed that included summer camp owners, operators, consultants, representatives from national summer camp associations and related industry, and members of the regulatory community with subject matter expertise. VDH and the stakeholder workgroup collectively drafted the proposed amendments. The proposed amendments refine and provide clarity to existing requirements, amend out-of-date provisions, incorporate protective health and safety provisions, and reorganize sections to make them easier to understand and follow.

If the Board approves the proposed amendments, they will be submitted for Executive Branch Review and, upon approval by the Governor, published on the Virginia Regulatory Town Hall site, where they will be available for public comment for 60 days. The agency will then consider comments in the preparation of final amendments. The proposed amendments are necessary to update the Regulations for Summer Camps. As such, VDH recommends that the Board act pursuant to its authority provided in § 32.1-12 of the Code of Virginia and approve the proposed amendments to the summer camp regulations.



townhall.virginia.gov

Proposed Regulation Agency Background Document

Agency name	State Board of Health
Virginia Administrative Code (VAC) Chapter citation(s)	12 VAC5-440-10 <i>et seq.</i>
VAC Chapter title(s)	Regulations for Summer Camps
Action title	Amend and update the Regulations for Summer Camps
Date this document prepared	January 31, 2024

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), 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.

The current Regulations for Summer Camps (12VAC5-440 *et seq.*) contain minimal and vague requirements for camp location, water supplies, food handling, sewage and solid waste disposal, general sanitation, swimming facilities, and the reporting of contagious disease and outbreaks. This regulatory action is a comprehensive update of the Regulations for Summer Camps, including the restructuring and updating of regulatory content for health and safety, clarity, and ease of understanding.

The comprehensive update and amendment will include the addition of sections related to general administrative provisions (definitions, variances, and permitting), inspections and enforcement, and staffing policies that are absent from current regulation. Many of the changes refine and provide further clarity to existing regulations, including camp location, water supplies, food handling, sewage and solid waste disposal, general sanitation, swimming facilities, and the reporting of contagious disease and outbreaks. Significant changes include replacing the title "Summer Camp" with "Resident Camp", amending out-of-date provisions, incorporating health and safety provisions that have become industry

standards since the inception of the regulations over 70 years ago, and reorganizing sections to make them easier to understand and follow.

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.

"AED" means automated external defibrillator.

"American Camps Association" (ACA) means a national non-profit organization that provides a voluntary accreditation standard specific to camps.

"CPR" means cardiopulmonary resuscitation.

"Summer Camp," per § 35.1-1 (Definitions), means any building, tent, or vehicle, or group of buildings, tents, or vehicles, if operated as one place or establishment, or any other place or establishment, public or private, together with the land and waters adjacent thereto, that is operated or used in this Commonwealth for the entertainment, education, recreation, religious instruction or activities, physical education, or health of persons under 18 years of age who are not related to the operator of such place or establishment by blood or marriage within the third degree of consanguinity or affinity, if 12 or more such persons at any one time are accommodated, gratuitously or for compensation, overnight and during any portion of more than two consecutive days. Also referred to as "Overnight Summer Camp."

"Resident camp" means any building, tent, or vehicle, or group of buildings, tents, or vehicles, if operated as one place or establishment, or any other place or establishment, public or private, together with adjacent land and waters, that is operated or used for the entertainment, education, recreation, religious instruction or activities, physical education, or health of persons under 18 years of age who are not related to the operator of such place or establishment, if 12 or more such persons at any one time are accommodated, gratuitously or for compensation, overnight and during any portion of more than two consecutive days. This definition includes the historically used term "overnight summer camp." "Resident camp" does not include any of the following:

- (a) An overnight planned program of recreation or education for families;
- (b) An overnight planned program for credit at an accredited academic institution; or
- (c) A tournament, competition, visitation, recruitment, campus conference, or a sports team training camp that is provided overnight lodging in a Virginia Department of Health permitted facility, such as a hotel or campground.

"VDH" means the Virginia Department of Health.

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 the ORM procedures, "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."

This regulatory action derives from a 2021 periodic review of this chapter and a subsequent Notice of Intended Regulatory Action published on December 5, 2022.

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.

The promulgating agency is the State Board of Health.

Section 32.1-12 of the Code of Virginia states,

“The Board may make, adopt, promulgate, and enforce such regulations and provide for reasonable variances and exemptions therefrom as may be necessary to carry out the provisions of this title and other laws of the Commonwealth administered by it, the Commissioner or the Department.”

Section 35.1-11 of the Code of Virginia states,

“The Board shall make, adopt, promulgate, and enforce regulations necessary to carry out the provisions of this title and to protect the public health and safety. In promulgating regulations, the Board shall consider the accepted standards of health including the use of precautions to prevent the transmission of communicable diseases, hygiene, sanitation, safety, and physical plant management.”

Section 35.1-16 of the Code of Virginia states,

“The regulations of the Board governing summer camps shall include, but not be limited to: (i) an approved drinking water supply; (ii) an approved sewage disposal system; (iii) an approved solid waste disposal system; (iv) the adequate and sanitary preparation, handling, protection and preservation of food; (v) the proper maintenance of buildings, grounds, and equipment; (vi) vector and pest control; (vii) toilet, swimming, and bathing facilities, including shower facilities; (viii) a procedure for obtaining a license.”

Section 35.1-20 of the Code of Virginia requires an inspection to be performed before issuance of a permit.

Section 35.1-22 of the Code of Virginia mandates the annual inspection of summer camps and authorizes the Commissioner to revoke or suspend a summer camp’s permit if the camp is found not to be in compliance with the Code or Regulations.

Section 32.1-37 mandates the reporting of certain diseases and outbreaks by the person in charge of a summer camp.

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 is intended to solve.

- 1) The purpose of this action is to amend the Regulations for Summer Camps to update and clarify the requirements for summer camp design, operation, maintenance, safety, and staffing. The proposed amendments will provide the requirements necessary for overnight summer camps to protect health, safety, and welfare of campers by providing clear and consistent protective regulatory standards.

- 2) The Board of Health promulgated the Regulations for Summer Camps in or before 1950; there have been no known amendments since the initial promulgation. Since the 1950's there have been substantial changes to camp design, operation, and public health and safety standards. Over the past 70 years, the overnight summer camp industry has evolved, establishing national standards and voluntary certification from accreditation organizations, including the American Camps Association and Boy Scouts of America. Not every overnight summer camp in Virginia is accredited or part of a national organization. Inconsistency in camp operations throughout the Commonwealth and varying levels of participation in accreditation or adherence to national standards supports the need for statewide regulations that establish minimal health and safety provisions for overnight summer camp operations.

§ 35.1-16 of the Code of Virginia outlines the minimal content of the required regulations governing summer camps. The Regulations as written do not meet all the Code requirements, including provisions that clearly define and outline the requirements to meet and maintain:

- An approved drinking water supply,
- An approved sewage disposal system,
- Solid waste disposal provisions,
- Adequate and sanitary preparation, handling, protection, and preservation of food,
- Vector and pest control
- Toilet, swimming, and bathing facilities, including showers, or
- A procedure for obtaining a license.

- 3) The VDH Office of Environmental Health Services and a stakeholder workgroup of over 40 industry representatives, collectively drafted, edited, and recommended the proposed amendments to the Regulations for Summer Camps. As part of the agency's efforts to clarify and improve the readability and understanding of the Regulations, VDH also addressed the establishment of and consistent use of defined terms and the style and formatting of regulatory content. The goal of the amendment is to collectively establish up-to-date basic health and safety standards for overnight summer camps. In addition, the agency proposes to rename the title of the regulations and definition of a summer camp to "Resident Camp" to reflect the overnight component rather than a seasonal assumption, as some overnight camps operate beyond the summer season. Henceforth the regulations are referred to as the "Regulations for Resident Camps." Further, the effort seeks to amend and clarify the vague regulatory language and content that contributes to inconsistencies in interpretation and the enforcement of the regulation across the Commonwealth.

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.

The proposed amendments reorganize the way information is provided; add new sections to clarify existing provisions or incorporate new provisions; delete sections in whole to remove obsolete information

and duplication; revise references and/or citations; and correct sentence structure, grammar, spelling, and typographical errors. VDH reviewed and revised technical terms and word use to improve consistency throughout the Regulations for Resident Camps. Substantive changes include:

1. Adding definitions.
2. Adding new sections on enforcement requirements consistent with the Virginia Administrative Process Act and Title 35.1 of the Code of Virginia.
3. Adding a section on variances.
4. Adding a section on compliance with the Uniform Statewide Building Code and local requirements.
5. Adding sections on permitting, including plan review and inspections.
6. Adding sections on rental groups.
7. Adding sections on employee requirements, supervision, and staffing ratios.
8. Adding a section on camp register.
9. Adding a section on health care and safety, including medical provisions.
10. Revising and clarify communicable disease reporting.
11. Adding section on emergency response plan and provisions.
12. Revising and clarify camp location requirements.
13. Revising and clarify water supply requirements.
14. Revising and clarify sewage disposal requirements.
15. Revising and clarify storage, handling, and preparation of food.
16. Revising and clarify sanitary facility requirements.
17. Revising and clarify garbage and refuse disposal requirements.
18. Adding a section on chemical use and storage.
19. Revising and clarify requirements for camp structures and sleeping quarters.
20. Adding a section on specialized program activities.
21. Revising and clarify requirements for aquatic activities and swimming facilities, including boating and other watercraft activities.
22. Adding a section on animals.
23. Adding a section on transportation.
24. Adding a section for Documents Incorporated by Reference.

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.

1. Primary advantages to the public, including private citizens and businesses, include increased health and safety protections for campers and staff at resident camps. Increased protections will come from updated requirements for resident camps that align with current industry and public health and safety standards. Private citizens who send their children to camp will be able to reference modern and up-to-date regulations that outline basic health and safety standards that are easy to read and understand. Businesses will also be able to increase health and safety protections through updated standards that are well defined, easy to read and understand, consistently implemented across the state, and that align with current industry standards and expectations.

There are no primary disadvantages to the public, including private citizens. Potential primary disadvantages to businesses may include the need and additional cost to update resident camp services to meet the amended standards.

2. Primary advantages to the agency include regulations that outline processes and expectations that align with other agency programs, thus creating statewide consistency in regulating resident camps. The addition of definitions will improve understanding and application of terms during inspections and enforcement. The amendments will provide regulations that are easy to read and understand. The amendments remove vague, outdated, and unenforceable standards and recommendations. The updated regulations align with up-to-date public health standards for water supply, sewage disposal, and food handling, which will reduce inconsistencies in interpretation during inspection and enforcement of resident camps.

Primary disadvantages to the agency may include minor costs associated with potential increased inspections (see ORM form).

3. Other pertinent matters of interest to the regulated community, government officials, and the public include the fact that the Regulations have not been revised or amended in over 70 years. Failure to update state standards for the operations of resident camps would indicate that the agency and the Commonwealth supports the use of outdated regulations that do not meet the most basic and minimal health and safety provisions that are consistent with current industry standards.

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.

The agency is not aware of any federal requirements that apply to this regulatory action or program.

Agencies, Localities, and Other Entities Particularly Affected

Consistent with § 2.2-4007.04 of the Code of Virginia, identify any other state agencies, localities, or other entities particularly affected by the regulatory change. Other entities could include local partners such as tribal governments, school boards, community services boards, and similar regional organizations. "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

There are no other state agencies particularly affected by the regulatory change.

Localities Particularly Affected

There are no localities particularly affected by the regulatory change.

Other Entities Particularly Affected

There are no other entities particularly affected by the regulatory change.

Economic Impact

Consistent with § 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 the proposed change versus the status quo.

Impact on State Agencies

<p><i>For your agency:</i> projected costs, savings, fees, or revenues resulting from the regulatory change, including:</p> <ul style="list-style-type: none"> 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. 	<p>The projected cost for the agency is outlined in the ORM Economic Impact form on Table 1a, specifically related to the potential cost of an additional inspection.</p> <ul style="list-style-type: none"> a) The fund source would be General Funds specific to the local health district. b) The cost or expenditure would be on-going. c) The agency cannot ensure that costs can be absorbed within existing resources. However, costs to the agency are considered negligible overall, and may be successfully absorbed within existing health district resources (see ORM form). There are no anticipated revenue gains or losses associated with the change.
<p><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.</p>	<p>There are no projected costs, savings, fees, or revenues predicted for other state agencies related to or resulting from the regulatory change.</p>
<p><i>For all agencies:</i> Benefits the regulatory change is designed to produce.</p>	<p>For all agencies, the regulatory change will produce a benefit of statewide consistency in regulating resident camps through improved understanding and application of regulation. The updated regulations align with up-to-date public health and industry standards and improve public health and safety protections specific to children and resident camp staff.</p>

Impact on Localities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a or 2) on which it was reported. Information provided on that form need not be repeated here.

<p>Projected costs, savings, fees, or revenues resulting from the regulatory change.</p>	<p>This analysis has been reported on the ORM Economic Impact form on Table 2.</p>
<p>Benefits the regulatory change is designed to produce.</p>	<p>This analysis has been reported on the ORM Economic Impact form on Table 2.</p>

Impact on Other Entities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a, 3, or 4) on which it was reported. Information provided on that form need not be repeated here.

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.	This analysis has been reported on the ORM Economic Impact form on Tables 1a, 3, and 4.
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.	This analysis has been reported on the ORM Economic Impact form on Tables 1a, 3, and 4.
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.	This analysis has been reported on the ORM Economic Impact form on Tables 1a, 3, and 4.
Benefits the regulatory change is designed to produce.	This analysis has been reported on the ORM Economic Impact form on Tables 1a, 3, and 4.

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.

The no-action alternative to revising the Regulations for Resident Camps would allow resident camp permitting, design, operation, maintenance, and health requirements to continue to remain unclear, conflicting, and outdated. This no-action alternative would result in inconsistent interpretation and enforcement of resident camp standards. In addition, there would be no adequate provisions for lodging, sanitary facilities, vector and disease control, camper safety, or administrative processes. In addition, a no-action alternative would not align with the purpose and intent of the periodic review process required by Code of Virginia § 2.2-4017. Periodic review of regulations., and the Periodic Review of Existing Regulations process outlined in the August 2022 ORM Procedure Memo (Memo). The Memo that states that existing regulations shall be reviewed to “determine whether they should be continued without change or be amended or repealed, consistent with the stated objectives of applicable law, to minimize

the economic impact on small businesses.” Providing clear and up-to-date standards helps provide consistent oversight and management while reducing the risk of illness and injury at resident camps throughout the Commonwealth. For the reasons previously stated, the agency is proposing to update and clarify all sections of the Regulations for Resident Camps where needed, and to re-organize the overall content in a manner that is easy to follow, read, and understand.

The economic analysis for Costs and Benefits under the Status Quo (No change to the regulations) has been reported on the ORM Economic Impact form in Table 1b.

During the development of the proposed amendments, stakeholders voiced the idea of exempting resident camps that are accredited by the American Camps Association (ACA), a national non-profit organization that provides a voluntary accreditation standard specific to camps, from the regulations. Exempting ACA accredited camps from the regulations would, in a sense, establish performance standards for small businesses to replace design or operational standards required in the proposed regulation. This exemption would result in the agency issuing a permit to operate a resident camp based on the ACA accreditation. However, not all resident camps in Virginia are accredited through the ACA. Some camps are associated with different organizations, such as the Boy Scouts of America, and would not consider accreditation through the ACA. Other camps choose not to be accredited and still maintain sufficient operation and management of their camp. In addition, the ACA is made up of volunteers who undertake accreditation training through the ACA. It is these volunteers who travel across the state or country to inspect camps and provide approval for accreditation. The agency would have no influence or oversight over a national accreditation service that may or may not meet Virginia standards of health or safety or other regulatory requirements through other Virginia agencies or departments. This in turn could result in inconsistent permitting as some camps would be required to meet the regulations, while other camps would be permitted as ACA accredited without agency confirmation of meeting health and safety standards. For example, ACA accreditation does not fully address environmental health considerations important to the agency, including water supply considerations in alignment with the State of Virginia, or approved sewage handling or other wastewater disposal methods. Further, such inconsistent implementation of standards may result in improper management of a facility permitted by the agency and an inability for the agency to enforce efforts to protect health and safety of campers and camp staff.

The economic analysis for Costs and Benefits under Alternative Approach(es) has been reported on the ORM Economic Impact form in Table 1c.

Regulatory Flexibility Analysis

Consistent with § 2.2-4007.1 B 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.

The Board of Health is directed through the Code of Virginia § 35.1-11 to “make, adopt, promulgate, and enforce regulations ... and to protect the public health and safety. In promulgating regulations, the Board shall consider the accepted standards of health including the use of precautions to prevent the transmission of communicable diseases, hygiene, sanitation, safety, and physical plant management.” Further, § 35.1-16 identifies the content of the regulation to include, but not be limited to: (i) an approved drinking water supply; (ii) an approved sewage disposal system; (iii) an approved solid waste disposal system; (iv) the adequate and sanitary preparation, handling, protection and preservation of food; (v) the

proper maintenance of buildings, grounds, and equipment; (vi) vector and pest control; (vii) toilet, swimming, and bathing facilities, including shower facilities; (viii) a procedure for obtaining a license.”

If the Board considered establishing less stringent compliance requirements for resident camps, accepted standards of health would not be met. Current regulations do not meet acceptable standards of health specific to the transmission of communicable diseases, hygiene, sanitation, safety, and physical camp management, or the majority of regulatory requirements outlined in § 35.1-16, specifically the adequate and sanitary preparation, handling, protection and preservation of food; the proper maintenance of buildings, grounds, and equipment; vector and pest control; toilet, swimming, and bathing facilities, including shower facilities; or a procedure for obtaining a license. An example of concern are the existing sections that prescribe unsafe food temperature (12VAC5-440-40) and the allowance to serve unpasteurized milk (12VAC5-440-30). Such allowances directly conflict with the Food Regulations (12VAC5-421 et seq.) and the Regulations Governing Grade "A" Milk (2VAC5-490 et seq.) and may encourage the improper handling and service of food.

The agency worked with industry stakeholders and the ACA to establish the proposed amendments that best align with Virginia’s public health standards. In addition, any potential exemptions to the regulations can be pursued by a camp owner through the variance process that is now outlined in the proposed regulations.

Current regulations prescribe reporting requirements for contagious disease and outbreaks of disease (12VAC5-440-80). The requirement includes notice that shall be sent “*immediately* to the State Health Commissioner” for any “epidemic, outbreak of usual number of cases of any illness including diarrhea, gastroenteritis and food poisoning.” The proposed amendments clarify the term “immediately” to mean within 24 hours and expand the reporting requirements to the agency for communicable disease and death, injury, or illness. Reporting requirements to parents or guardians is also prescribed in the proposed amendments for the instance of medical emergencies. The agency considers the proposed reporting requirements as minimal and align with the baseline expectation of industry standards. The act of reducing the reporting requirements may be considered negligent when considering the health and safety of campers and camp staff.

The current regulations do not provide any schedule or deadline for any component of the regulation, other than the interpretable term of “immediately” when referring to contagious disease reporting (12VAC-440-80). This lack of prescribed schedules or deadlines has historically resulted in confusion and inconsistency when a camp applies for a permit, undergoes a review of any camp alteration or design changes, receives an inspection, or pursues a variance or other process. Camp operators have voiced concerns about inconsistency in permitting and inspections that creates an environment of confusion and irregularity. Regulations that do not specify how and when actions should occur do not help the regulated industry or the agency. The proposed regulations provide minimal and simplified schedules for applications, inspections, administrative processes, and reporting.

**Periodic Review and
Small Business Impact Review Report of Findings**

If you are using this form to report the result of a periodic review/small business impact review that is being conducted as part of this regulatory action, and was announced during the NOIRA stage, indicate whether the regulatory change meets the criteria set out in EO 19 and the ORM procedures, e.g., is necessary for the protection of public health, safety, and welfare; minimizes the economic impact on small businesses consistent with the stated objectives of applicable law; and is clearly written and easily understandable. In addition, as required by § 2.2-4007.1 E and F of the Code of Virginia, discuss the agency’s consideration of: (1) the continued need for the regulation; (2) the nature of complaints or comments received concerning the regulation; (3) the complexity of the regulation; (4) the extent to which the regulation overlaps, duplicates, or conflicts with federal or state law or regulation; and (5) the length of time since the regulation has been evaluated or the degree to which technology, economic

conditions, or other factors have changed in the area affected by the regulation. Also, discuss why the agency's decision, consistent with applicable law, will minimize the economic impact of regulations on small businesses.

This Proposed Regulation is not being used to announce a periodic review or a small business impact review.

Public Comment

Summarize all comments received during the public comment period following the publication of the previous stage, and provide the agency's response. Include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency. If no comment was received, enter a specific statement to that effect.

During the Notice of Intended Regulatory Action public comment period that ended January 4, 2023, no public comments were received.

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.

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, (ii) any alternative approaches, (iii) the potential impacts of the regulation, and (iv) the agency's regulatory flexibility analysis stated in that section of 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, email or fax to Briana Bill, 109 Governor Street, 5th Floor, Richmond, VA 23219, briana.bill@vdh.virginia.gov, or fax (804) 864-7475. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will be held following the publication of this stage, and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (<https://townhall.virginia.gov>) and on the Commonwealth Calendar website (<https://commonwealthcalendar.virginia.gov/>). Both oral and written comments may be submitted at that time.

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 the existing VAC Chapter(s) and the proposed regulation. If the 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
12VAC5-440-10	12VAC5-440-270	<p>Camp location. Provides that camps shall be located free of drainage that may pollute water supplies or the campground, that camps shall be free of stagnant pools, manure piles, garbage heaps, or other vector breeding places, and shall be located away from highways.</p>	<p>Intent - Repeal existing section 12VAC5-440-10 and replace with new section titled "Resident camp location."</p> <p>Rationale – Clarifies the vague location language of "pollution," "impossible," "close proximity," and "adequate provision" to include clearer standards that require a camp's physical facilities be located on well-drained sites not subject to frequent or sustained flooding or ponding, be graded to prevent water accumulation and hazards, and to comply with local zoning ordinances. Prohibits the placement of a camp within 200 feet of natural and man-made hazards such as mine pits, shafts, and quarries. Prohibits the location of camps in or around landfills, or other areas that may impact health and safety of campers and camp staff. Provides that the camp operator will limit and restrict camper access to natural hazards within the camp, where possible, and provide signage identifying the hazards and any applicable safety information or advisories.</p> <p>Impact - Improved understanding and application of the regulation. Provides for improved protection of campers and camp staff in relation to camp facility location. Location requirements may require restructuring of camp operations or the application of a variance for existing camps.</p>
12VAC5-440-20	12VAC-440-280	<p>Water supply. Requires that an adequate supply of drinking water of an approved sanitary quality is provided, that the source of water and its storage and distribution is protected from surface drainage and other pollution, and that the use of</p>	<p>Intent - Repeal existing section 12VAC5-440-20 and replace with new section titled "Water supply."</p> <p>Rationale – Clarifies the vague language of "sanitary quality" by prescribing that a camp's water source be a permitted waterworks or an approved private well. Prescribes lead</p>

		<p>common drinking cups shall be prohibited.</p>	<p>testing requirements for all water supplies. Prescribes total coliforms and nitrate-nitrogen testing for private wells. Requires water be provided and protected from contamination. Outlines provisions for ice and water distribution, and the management of water containers or treatment of water during field outings. Requires unapproved wells or springs be inaccessible to campers and that warning signs are posted with a sign that states, in effect, "WARNING – DO NOT DRINK." Provides provisions for water connections at campsites.</p> <p>Impact - Improved understanding and application of the regulation. Provides for improved protection of campers and camp staff in relation to camp water supplies and distribution. Lead testing provisions will require additional testing for all water supplies, as will coliform and nitrate-nitrogen testing for private wells. Water connection locations, if present, may require review by the camp owner and the local health department.</p>
12VAC5-440-30		<p>Milk. Provides that all milk served at the camp shall be graded, and refrigerated at or below a temperature of 50°F until used.</p>	<p>Intent – Repeal section.</p> <p>Rationale – Section is unnecessary. Milk is considered a food and will be regulated under the new chapter section 12VAC5-440-300 titled "Storage, handling, and preparation of food."</p> <p>Impact – Removes the allowance to serve unpasteurized milk, thus removing conflicting requirements outlined in other state regulations. Provides for improved protection of campers and camp staff in relation to milk consumption.</p>
12VAC5-440-40	12VAC5-440-300	<p>Storage, handling and preparation of food. Provides that all perishable foods or drinks shall be refrigerated at 50°F or below and that refrigerators shall maintain a temperature at or below a temperature of 50°F; requires hand and utensil washing facilities with adequate heath and detergent; requires bactericidal treatment and washing of utensils.</p>	<p>Intent – Repeal section and replace with new section titled "Storage, handling, and preparation of food."</p> <p>Rationale – Removes incorrect and dangerous provisions to refrigerate perishable foods or drinks at or below a temperature of 50°F and to maintain refrigerators at a temperature of 50°F or below. Removes and replaces the vague language of "adequate" and "convenient" in relation to food handling, and "bactericidal treatment," "approved detergent," and "approved solution of proper strength," by requiring the preparation and service of food and the</p>

			<p>equipment used at resident camps to comply with and be permitted through the Virginia Food Regulations (12VAC5-421 et seq), as appropriate. Outlines that if food for campers and staff is not prepared by the camp, that food be obtained from a permitted food establishment or other approved provider.</p> <p>Impact – Improved understanding and application of the regulation. Provides for improved protection of campers and camp staff in relation to camp food services.</p>
12VAC5-440-50	12VAC5-440-290	<p>Excreta disposal. Provides that every camp shall have adequate and approved toilet facilities provided in a manner that is inaccessible to flies and that does not endanger drinking water. Requires toilets to be provided for both sexes, be plainly marked, and kept clean, in good repair, well lighted, and ventilated.</p>	<p>Intent – Repeal section and replace with new section titled “Sewage disposal.”</p> <p>Rationale – Clarifies the vague language of “...of a type which provides for the disposal of human wastes or excrements in such a manner that they shall not ... endanger a source of drinking water” and “conform to the standards of the State Health Department” by requiring that sewage and liquid waste be disposed of in accordance with the Sewage Handling and Disposal Regulations (12VAC5-610 et seq.) or other applicable Virginia sewage regulations. Outlines provisions for sewer connections for camping vehicles, if provided.</p> <p>Impact – Improved understanding and application of the regulation. Provides for improved protection of campers and camp staff in relation to sewage handling and disposal. If camping vehicles are used in a camp, the sewer connections may require review by the camp owner and the local health department.</p>
12VAC5-440-50	12VAC5-440-310	<p>Excreta disposal. Provides that every camp shall have adequate and approved toilet facilities provided in a manner that is inaccessible to flies and that does not endanger drinking water. Requires toilets to be provided for both sexes, be plainly marked, and kept clean, in good repair, well lighted, and ventilated.</p>	<p>Intent – Repeal section and replace with new section titled “Sanitary facilities.”</p> <p>Rationale – Clarifies the vague language of “adequate toilet facilities conveniently located” and “well lighted” by requiring all bathing facilities be in accordance with the applicable building code, are provided within 500 feet of all overnight lodging accommodations and be provided with lighting that meets at least 10-foot candles 30 inches from the floor. Requires non-absorbent and easily cleanable surfaces and equipment, self-</p>

			<p>closing doors, and screening. Outlines that a minimum of one toilet and one handwash sink be provided for every 10 campers and staff, provides requirements for equipment and supplies, and gender specific or gender-neutral distribution of facilities. Allows for the use of privies. Requires the presence of handwashing facilities and supplies. Prescribes that a minimum of one shower be provided for every 20 campers and staff with the exception of overnight excursions of four nights or less. Requires that all facilities and equipment be maintained clean and in good repair.</p> <p>Impact – Improved understanding and application of the regulation. Provides for improved protection of and provisions for campers and camp staff in relation to sanitary facilities. If sanitary facilities do not meet the requirements, facility specifications may require review by the camp owner and the local health department. Minor renovations may be necessary. Extreme variations in sanitary facility location and/or design for existing camps may require substantial renovation or the owner may consider an application for a variance.</p>
<p>12VAC5-440-60</p>	<p>12VAC5-440-320</p>	<p>General sanitation. Provides that all waste be properly disposed of, and garbage be kept in suitable receptacles and disposed of in a sanitary manner. Requires structures, furniture, and equipment be kept tidy, clean, and in a sanitary condition. Requires screens or equivalent in permanent kitchens and dining rooms to prevent fly access.</p>	<p>Intent – Repeal section and replace with new section titled “Garbage and refuse disposal.”</p> <p>Rationale – Clarifies section requirements by focusing on garbage and refuse disposal and removes provisions specific to general cleanliness of facility buildings and equipment and screening of kitchens and dining rooms. Requires the storage, collection, and disposal of solid waste be conducted in a manner to avoid pest harborage, accidents, and the creation of health and fire hazards. Requires all waste containers be easily accessible and emptied at a frequency to avoid overflow. Requires solid waste to be stored in durable and easily cleanable containers, to maintain containers in a clean condition and in good repair, and to provide containers sufficient in number and size to accommodate camp waste.</p>

			<p>Impact – Improved understanding and application of the regulation. Provides for improved protection of and provisions for campers and camp staff in relation to solid waste handling, disposal, and management.</p>
12VAC5-440-70	12VAC5-440-360	<p>Swimming facilities. Requires reasonable precautions be taken to prevent pollution of swimming water by human excreta from sources in the vicinity of the camp. States that if a swimming pool is made of concrete or other impervious material, that arrangements be made to change the water at intervals.</p>	<p>Intent – Repeal section and add new section titled “Aquatic activities.”</p> <p>Rationale – Replaces content with the requirement to have all swimming and watercraft activities under the supervision of a lifeguard. Requires that aquatic equipment be maintained in good repair. Outlines the lifeguard and attendant to camper ratio, including one lifeguard provided for every 25 campers and one attendant provided for every 10 campers. Requires the permit holder maintain a lifeguard and attendant staffing plan that identifies recreational water areas, designated areas of use for program activities, location of potential hazards, equipment location, emergency response information, hours of operation, and staffing locations. Provides that the camp’s aquatic rules and restrictions be posted in aquatic program activity areas. Requires that camps that use natural or untreated waters provide signage identifying hazards associated with natural waters, including physical hazards and potential waterborne illness prevention and education. Prohibits swimming in stormwater ponds.</p> <p>Impact - Improved understanding and application of the regulation. Provides for improved protection of campers and camp staff in relation to aquatic activities, including swimming, boating, or other watercraft or water-based activities through safety and supervision requirements. Lifeguard and attendant ratio requirements and hazard avoidance may require restructuring of camp operations and increased or additional signage and staffing.</p>
12VAC5-440-70	12VAC5-440-370	<p>Swimming facilities. Requires reasonable precautions be taken to prevent pollution of swimming water by human excreta from sources in the vicinity of the camp. States that if a swimming pool is</p>	<p>Intent – Repeal section and add new section titled “Swimming facilities.”</p> <p>Rationale – Removes vague language of “all reasonable precautions to prevent pollution” and “arrangements should be made to change the water at intervals”</p>

		<p>made of concrete or other impervious material, that arrangements be made to change the water at intervals.</p>	<p>when referring to swimming pools. Requires that any swimming pool at a resident camp, if provided, shall be subject to the applicable building code, Regulations Governing Tourist Establishment Swimming Pools and Other Public Pools (12VAC5-460 et seq.), and the Swimming Pool Regulations Governing the Posting of Water Quality Test Results (12VAC5-462 et seq.). Requires the provision of safety equipment be maintained and within the immediate vicinity, or no less than 30 feet, of the natural or untreated swimming area, including an equipped and maintained first-aid kit; a reaching pole or shepherd's crook; a ring buoy, rescue tube, or throw bag; and a backboard equipped with head immobilizer and sufficient straps. Prescribes restrictions for night swimming.</p> <p>Impact - Improved understanding and application of the regulation. Provides for improved protection of campers and camp staff in relation to swimming pools and other natural or untreated water activities, including swimming, boating, or other water-based activities through safety equipment requirements and compliance with public pool regulations. Safety equipment requirements may require restructuring of camp operations and increased or additional safety equipment.</p>
<p>12VAC5-440-80</p>	<p>12VAC5-440-250</p>	<p>Report of contagious diseases and outbreaks of disease. Provides that the camp director shall immediately notify the State Health Commissioner of any contagious, infectious, or communicable disease in any camper or employee, or any epidemic or outbreak of usual number of cases of any illness including diarrhea, gastroenteritis, and food poisoning.</p>	<p>Intent – Repeal existing section 12VAC5-440-80 and replace with new section titled “Communicable disease reporting.”</p> <p>Rationale – Clarifies the vague language of “notice shall be sent immediately” and better outlines provisions for reporting within 24 hours to the local health department the presence or suspected presence of an outbreak as required by the Regulations for Disease Reporting and Control (12VAC5-90-90.D), as well as acute environmental exposures, including chemical poisoning. Requires camp staff to report to a supervisor health information related to communicable</p>

			<p>disease and outlines isolation and exclusion provisions for campers and camp staff to reduce disease transmission.</p> <p>Impact – Improved understanding and application of the regulation. Provides for improved protection of campers and camp staff in relation to communicable disease. Isolation and exclusion requirements may require restructuring of camp operations.</p>
12VAC5-440-90		<p>Recommendations. Outlines recommendations to be observed, including gentle slopes and sand or porous soil as preferable campsites, avoidance of areas infested with ticks or snakes, and the service of only pasteurized milk as a beverage and to serve it in the container it was originally bottled.</p>	<p>Intent – Repeal section.</p> <p>Rationale – Section is unnecessary and inappropriate as recommendations cannot be regulated or enforced.</p> <p>Impact – None.</p>
	12VAC5-440-100	<p>None</p>	<p>Intent – Add new section 100 titled “Definitions.” Add new definitions: Adult, Administrative Process Act, Applicable building code, Aquatic activity, Attendant, Bed, Boat, Camp health supervisor, Camp staff, Camper, Campsite, Camping unit, Commissioner, Communicable disease, CPR, Department, Health care provider, Lifeguard, Minor, Operator, Outbreak, Pest, Permanent structure, Physical facilities, Planned program, Potable water, Private well, Rental group, Resident camp, Sanitary facility, Semi-permanent structure; Sewage, Specialized program activity, Tent, Waterworks.</p> <p>Rationale – Definitions for terms and acronyms will enhance reader understanding and provide consistency throughout the regulation. The rationale for the exclusions to the definition of “resident camp” are to prevent possible confusion on who/when a permit is or isn't required, clarifying the current practice in a way that makes it easier for those organizations to understand that the legal definition (and permit requirement) doesn't apply to them.</p>

			Impact – Improved understanding and application of the regulation.
	12VAC5-440-110	None	Intent – Reserved section. Rationale – Held for any applicable future use. Impact – None.
	12VAC5-440-120	None	Intent – Add new section 120 titled “Enforcement not limited.” Rationale – The regulation section will identify the authority to enforce the chapter and references the Code of Virginia applicable to penalties. Impact – Improved understanding and application of the regulation.
	12VAC5-440-130	None	Intent – Add new section 130 titled “Variances.” Rationale – The regulation section outlines the ability and process to request a variance to the chapter. Impact – Improved understanding and application of the regulation. Provides camp owners a clear pathway to requesting a variance.
	12VAC5-440-140	None	Intent – Add new section 140 titled “Compliance with the Uniform Statewide Building Code and local requirements.” Rationale – The regulation section provides the requirement for camps to comply with building and fire code, and other local codes. Impact – Improved understanding and application of the regulation. Provides an enforcement pathway to promote health and safety protections that can be achieved through building, fire, and local codes.
	12VAC5-440-150	None	Intent – Add new section titled “Plan review.” Rationale – Requires preliminary review of camp plans to ensure adequate sanitation and that the design and proposed operation of the camp will meet the provisions of the chapter. Outlines when a plan review is not required.

			<p>Impact – Camp owners must submit a plan review prior to new construction or construction related to additions or renovations prior to opening a camp. A plan review will require an approval or denial from the local health department. Construction must occur within two years of approval and must be done in accordance with the approved plans.</p>
	12VAC5-440-160	None	<p>Intent – Add new section titled “Permit to operate.”</p> <p>Rationale – Requires a camp owner to apply for a permit to operate a resident camp at least 30 days prior to opening; requires a separate permit for each camp; provides that a camp cannot operate without a permit and that a permit will be issued to the camp owner if the camp complies with the chapter; requires permits to be posted; and provides that permits shall expire annually.</p> <p>Impact – Improved understanding and application of the regulation. Provides a permitting pathway as required by §35.1-16 of the Code of Virginia. Local health departments currently process applications and associated fees as outlined in the state budget, and already issue permits to operate resident camps throughout the Commonwealth.</p>
	12VAC5-440-170	None	<p>Intent – Add new section titled “Rental groups.”</p> <p>Rationale – The section requires a group operating as a resident camp that rents a location or facility that is not owned or primarily and consistently operated by the rental group to ensure the camp and/or facility is permitted.</p> <p>Impact – Includes a requirement for overnight camps that are often hosted at a campus or campus-like facility, such as a college or university, to comply with the chapter and acquire a permit to operate a resident camp.</p>
	12VAC5-440-180	None	<p>Intent – Add new section titled “Inspection.”</p> <p>Rationale – Provides that all camps will be inspected before permitting and/or once during the permit period and that an inspection report be provided.</p>

			<p>Impact - Improved understanding and application of the regulation. Provides the requirement that camps be inspected by local health departments on a regular frequency.</p>
	12VAC5-440-190	None	<p>Intent – Add new section titled “Performance-based and risk-based inspections.”</p> <p>Rationale – Provides the allowance for local health departments to increase the frequency of inspections based on risk and/or compliance history.</p> <p>Impact - Improved understanding and application of the regulation. Provides a pathway to better protect the health and safety of campers through a potential increase in inspections based upon an individual camp’s operations and compliance history.</p>
	12VAC5-440-200	None	<p>Intent – Add new section titled “Enforcement, notices, informal conferences.”</p> <p>Rationale – Outlines the ability and process for the commissioner to revoke or suspend a permit or otherwise enforce the chapter; provides a permit holder the process to challenge such actions.</p> <p>Impact - Improved understanding and application of the regulation. Provides clarity to the suspension and revocation process and allowances, as well as opportunities for appeal.</p>
	12VAC5-440-210	None	<p>Intent – Add new section titled “Employee requirements.”</p> <p>Rationale – Requires a camp to have and enforce a written policy for hiring staff, including background checks and the review of the national sex offender public registry; restricts the ability to hire persons who have specific types of arrests or convictions; outlines the frequency to conduct background and sex offender checks.</p> <p>Impact – Provides a standard that aims to protect child health, safety, and welfare from potential predators.</p>
	12VAC5-440-220	None	<p>Intent – Add new section titled “Supervision.”</p>

			<p>Rationale – Prescribes camper to staff ratios and outlines supervisory roles for specialized and non-specialized program activities.</p> <p>Impact – Provides a standard that aims to protect child health, safety, and welfare by prescribing supervision requirements to better protect children while at camp.</p>
	12VAC-440-230	None	<p>Intent – Add new section titled “Resident camp register.”</p> <p>Rationale – Requires that a camp maintain a registry for each camper that includes camper information, parental or guardian contacts, and attendance dates.</p> <p>Impact - Provides a minimal standard that aims to protect child health, safety, and welfare as it relates to recording campers present at camp and basic information on each camper.</p>
	12VAC5-440-240	None	<p>Intent – Add new section titled “Health care and safety.”</p> <p>Rationale – Requires each camp to have a camp health supervisor who supervises health care at the camp, including medications, first aid, and emergency medical care, and who is certified in basic first aid and life support. Requires a camp maintain a medical history record for campers and staff; have provisions and a plan for emergency response; and have signed permission from a parent or guardian for the camp to provide routine health care. Outlines requirements related to the handling, storage, and administration of medication. Requires the provision and identification of first aid equipment and that a staff member be certified in First Aid CPR/AED appropriate to the age of children at camp. Requires the camp report to the local health department incidents or accidents that result in death, injury, or illness. Requires the training of employees on health and safety topics.</p> <p>Impact - Provides a minimal standard that aims to protect child health, safety, and welfare as it relates to medical</p>

			<p>services for children while at camp. Camp owners may need to provide or increase CPR/AED and health and safety training opportunities for staff.</p>
	12VAC5-440-260	None	<p>Intent – Add new section titled “Emergency response plan and provisions.”</p> <p>Rationale – Requires a phone capable of contacting 911 or emergency dispatch be accessible at all times. Requires a written plan for response to emergencies, including evacuation, lost or missing persons, weather and natural disasters, fire, power outages, water supply loss, hazardous materials, wildlife, unauthorized persons, injury, and communicable disease.</p> <p>Impact – Provides a minimal requirement for emergency planning and response at a camp that increases protections for camper and staff health and safety. Camp owners may have to develop new or increased emergency response plans.</p>
	12VAC5-440-330	None	<p>Intent – Add new section titled “Chemical use and storage.”</p> <p>Rationale – Requires a camp to use chemicals and hazardous materials or substances for their intended purposes and according to manufacturer instructions. Requires chemicals and hazardous materials to be stored in containers appropriate for use, easily identifiable and labeled, and in a separate and secure area accessible only to appropriate staff.</p> <p>Impact - Provides a minimal requirement for chemical and hazardous material handling that increases protections for camper and staff health and safety. Camp owners may have to develop new or different storage areas for various chemicals and hazardous materials, if applicable to the camp.</p>
	12VAC5-440-340	None	<p>Intent – Add new section titled “Requirements for camp structures and sleeping quarters.”</p> <p>Rationale – Requires all permanent and semi-permanent camp structures be in accordance with the applicable building code and fire code, provide ventilation,</p>

			<p>be maintained clean and in good repair, and provide unobstructed exits in the event of fire or other emergencies. Requires tents be of flame-retardant materials or maintain minimum setback distances from open flames, including campfires. Requires outer tent openings to be screened and maintained in good repair. Requires permanent and semi-permanent sleeping quarters meet occupancy limits, as applicable, or provide a minimum of 30 square feet of floor space for each camper, provide a minimum of 2 feet separation between beds, and not less than 27 inches of separation between a top of the lower mattress and the bottom of the upper bunk or ceiling in all permanent and semi-permanent structures used for sleeping. Temporary structures used as sleeping quarters, including tents, shall provide ventilation and protection from the elements and be used per manufacturer’s instruction, including occupancy. Requires that all bedding and furniture, if provided, be clean and in good repair, that mattress covers are impervious to moisture, and that bedding is changed and cleaned between campers, when soiled, or at least weekly. Requires bunk beds, if provided, not exceed two bunks and be equipped with guardrails attached to the upper bunk and meet manufacturer specifications.</p> <p>Impact - Provides minimal requirements for camp structures and sleeping quarters that increases protections for camper health and safety. Camp owners may have to modify sleeping areas to meet distance requirements or other design or structural components that may impact the number of campers in sleeping areas.</p>
	12VAC5-440-350	None	<p>Intent – Add new section titled “Specialized program activities.”</p> <p>Rationale – Requires specialized program activity equipment and structures be maintained in good repair and as designed by manufacturer’s specifications, as applicable. Requires inspection prior to use by trained staff and documentation of inspections to be maintained. Outlines that specialized program equipment be securely stored</p>

			<p>or restricted when not in use. Requires protective equipment, including helmets designed and approved for the specific activity use when appropriate, and safety provisions be made available and required for campers engaged in specialized program activities and equipment. Requires playground equipment be installed according to manufacturer's instruction and maintained in good repair.</p> <p>Impact – Provides minimal requirements for specialized program activities and related equipment that increases protections for camper health and safety. Camp owners may have to review and modify specialized program activities and equipment to meet requirements or other use, design, or structural components.</p>
	12VAC5-440-380	None.	<p>Intent – Add new section titled “Boating or other watercraft activities.”</p> <p>Rationale – Requires that every boat or watercraft be provided at least one U.S. Coast Guard approved personal floatation device for each person on board. Requires that at least one boat or watercraft involved in aquatic activities beyond the designated swimming area be designated as a rescue boat and be provided with a rescue pole or a throw rescue device attached to a minimum of 25 feet of ¼ inch rope.</p> <p>Impact – Provides minimal requirements for boating and watercraft activities and related equipment that increases protections for camper health and safety. Camp owners may have to review the presence of personal floatation devices, rescue equipment, and review staffing provisions for boating activities.</p>
	12VAC5-440-390	None.	<p>Intent – Add new section titled “Animals.”</p> <p>Rationale – Prohibits stray dogs, cats, fowl, or other stray domestic animals from running at large within the limits of any resident camp. Requires that all animals owned or under the supervision of an occupant of any camp be currently vaccinated against rabies in compliance with Virginia law. Requires all camp</p>

			<p>animals be licensed in compliance with local requirements, and that all vaccination and licensure documentation be maintained at the camp facility. Requires that horse and livestock prescription medication be secured away from camper access and locked when not in use and that livestock areas be maintained free from excessive accumulation of manure.</p> <p>Impact - Provides minimal requirements for animal vaccination and supervision. Camp owners may have to review animal vaccination requirements and records, and animal related operations.</p>
	<p>12VAC5-440-400</p>	<p>None.</p>	<p>Intent – Add new section titled “Transportation.”</p> <p>Rationale – Requires that all vehicles be insured as required by § 46.2-472 of the Code of Virginia, as applicable, meet the safety standards set by the Department of Motor Vehicles, be kept in satisfactory condition to assure the safety of children, and operated in a safe and legal manner. Requires that at least one camp staff or the driver always remain in the vehicle when campers are present within the vehicle and to verify that children have been removed from the vehicle at the conclusion of any trip. Requires vehicles be equipped with a first aid kit, fire extinguisher, maps, and other appropriate emergency response equipment, including a communication device. Requires that when traveling beyond camp boundaries, camper emergency contact information, any applicable life-saving medications, and camp contact information be carried in the vehicle. Requires that operators and passengers use safety belts and child restraints in accordance with § 46.2 Motor Vehicles of the Code of Virginia and Article 13 (§ 46.2-1095 et seq.) of Chapter 10 of Title 46.2 of the Code of Virginia, and any other applicable law and manufacturer’s guidelines. Requires that all staff receive instructions in transportation safety precautions, including the use of developmentally appropriate safety restraints, camp or</p>

			<p>camper specific emergency medical response procedures, the location of emergency facilities and driving directions, and child supervision during transport.</p> <p>Impact - Provides minimal requirements for transportation vehicles, equipment, and supervision that increases protections for camper health and safety. Camp owners may have to review transportation plans, equipment, and staffing for transportation related to camp activities.</p>
	<p>DIBR</p>	<p>None</p>	<p>Intent – Provide Documents Incorporated by Reference (DIBR): EPA’s 3Ts for Reducing Lead in Drinking Water.</p> <p>Rationale – The EPA document related to lead water sampling requirements may be easily accessed and referenced.</p> <p>Impact – Providing the document in English and Spanish will provide consistency in understanding of regulatory requirements and consistency in lead water sampling process.</p>

Office of Regulatory Management
Economic Review Form

Agency name	Virginia Department of Health
Virginia Administrative Code (VAC) Chapter citation(s)	12 VAC 5-440 <i>et seq.</i>
VAC Chapter title(s)	Regulations for Summer Camps
Action title	Amend the Regulations for Summer Camps
Date this document prepared	3/19/2024
Regulatory Stage (including Issuance of Guidance Documents)	Proposed

Cost Benefit Analysis

Complete Tables 1a and 1b for all regulatory actions. You do not need to complete Table 1c if the regulatory action is required by state statute or federal statute or regulation and leaves no discretion in its implementation.

Table 1a should provide analysis for the regulatory approach you are taking. Table 1b should provide analysis for the approach of leaving the current regulations intact (i.e., no further change is implemented). Table 1c should provide analysis for at least one alternative approach. You should not limit yourself to one alternative, however, and can add additional charts as needed.

Report both direct and indirect costs and benefits that can be monetized in Boxes 1 and 2. Report direct and indirect costs and benefits that cannot be monetized in Box 4. See the ORM Regulatory Economic Analysis Manual for additional guidance.

Table 1a: Costs and Benefits of the Proposed Changes (Primary Option)

(1) Direct & Indirect Costs & Benefits (Monetized)	<p style="text-align: center;"><u>Cost estimation per topic or change</u></p> <p><u>Definitions and Administrative.</u></p> <p>The current Regulations for Summer Camps (herein referred to as “Regulations;” and rename “summer camp” as “resident camp”) do not have any definitions or administrative regulatory sections. The definitions and administrative regulatory sections are new sections within the proposed amendment. The proposed administrative regulatory sections include 12VAC5-440-100 Definitions., 12VAC5-440-120 Enforcement not limited., 12VAC5-440-130 Variances., and 12VAC5-440-140 Compliance with the Uniform Statewide Building Code and local requirements.</p>
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There are no monetizable direct costs associated with the proposed sections.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Plan Review and Permits.

The current Regulations do not have any sections related to the requirement to submit plans to construct or renovate a resident camp or the review of such plans, nor do the current Regulations provide sections related to a permit to operate a resident camp. Section 35.1-16 (Regulations governing summer camps) of the Code of Virginia outlines that “the regulations of the Board governing resident camps shall include, but not be limited to: ... (viii) a procedure for obtaining a license.” The plan review and permit sections are new sections within the proposed amendment added to meet the Code requirement and to outline the plan review and permitting processes for camp owners. The proposed regulatory sections include 12VAC5-440-150 Plan review, and 12VAC5-440-160 Permit to operate.

The monetizable direct costs to have plans prepared as required by the plan review section is indeterminable as the type of design, level of design, or other influences are unknown. It is not anticipated that the proposed sections will incur additional cost as these requirements are already part of the agency and industry process for obtaining a resident camp plan review and permit as required by the 2023 Budget Bill (HB6001) and prior budgets. The process and plan specifications for constructing or remodeling a resident camp are also required through other permit processes such as building and zoning permits, sewage construction permits, water supply requirements, and other applicable processes that require permits or approval. Costs also may include the cost of printing plans or specifications for the submittal of a plan review to the local health department (if plans or specifications are not submitted electronically), and/or the cost of printing a permit to post in the office or on the premises of a camp. The average cost to print a 24x36” piece of paper (estimated average size for plan review printed submittal) is \$4.20. The average cost to print an 8.5x11” piece of paper (to post a permit on premises) is \$0.20. The one-time cost to submit plans may total \$4.20. The annual cost to post a permit on camp premises may total \$0.20 for a **total cost of \$4.40**.

There are no monetizable direct benefits or indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Rental Groups.

The current Regulations do not address rental groups, or groups operating as a resident camp at facilities that are not owned or primarily and consistently operated by the rental group. The proposed regulatory section, 12VAC5-440-170 Rental groups, is a new section that requires a rental group to either ensure that the rented facility holds a valid and current resident camp permit or obtain a resident camp permit as a lessee.

There are no direct costs associated with the proposed section.

There are no monetizable direct benefits associated with this change.

Monetizable indirect costs associated with this change are undeterminable. Rental groups may encounter no change, additional requirements that impose cost, or the need to relocate if the rental facility does not or cannot meet the regulatory requirements. A potential cost cannot be estimated as the occurrence or extent of non-compliance is unknown. A rental group may elect to relocate to another rental facility to reduce cost or require the rental facility to update the facility to meet regulatory requirements.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Inspection and Enforcement.

The current Regulations do not address inspection requirements, frequencies, and types, or enforcement provisions in the event of non-compliance or response to a public health threat. The inspection and enforcement sections are new sections within the proposed amendment. The proposed regulatory sections include 12VAC5-440-180 Inspection, 12VAC5-440-190 Performance-based and risk-based inspections, and 12VAC5-440-200 Enforcement, notices, informal conferences.

The direct monetizable costs associated with the proposed Inspection section (12VAC5-440-180) may impact the agency with the requirement to conduct a pre-opening inspection (prior to annual permitting) in addition to an inspection conducted at least once per permit period during normal operating hours. This new requirement may result in one additional inspection at an estimated cost to the agency of \$74.31 per inspection (staff cost estimator & LHD survey*). There were 118 permitted overnight summer camps in Virginia in 2023. **This additional inspection requirement may directly cost the agency up to \$8,768.58 per year.** However, this amount conservatively assumes all facilities

will require a pre-opening and a routine inspection. This will not be the case as many if not most facilities will not require a pre-opening inspection. *Estimated average EHS salary at \$51,156/year (fringe benefits not included in estimated salary).

There are no additional monetizable costs anticipated with 12VAC5-440-190 Performance-based and risk-based inspections., and 12VAC5-440-200 Enforcement, notices, informal conferences, as the content proposed is in line with current regulatory practices throughout the agency's regulatory programs.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of being held to consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Employee requirements.

The current Regulations do not address employee requirements related to criminal history or background checks for staff.

The potential direct monetizable costs associated with the proposed section 12VAC5-440-210 Employee requirements, may include:

1. The cost for obtaining a Criminal History Records Check or National Criminal Background Check.
 - a. Year-round staff shall have a background check performed at least every three years; and
 - b. New or returning seasonal staff shall have a background check performed every year.
2. The cost for legal counsel or human resources professional review and signature on the camp's hiring policy.
3. The cost to review and compare resident camp staff applications to the national sex offender public registry of the U.S. Department of Justice and other relevant public records.

Criminal History Records Check or National Criminal Background Check: According to the Virginia State Police, a Virginia Criminal History Record Check has a fee of \$15.00 per search. A combination Criminal History / Sex Offender Registry has a fee of \$20.00 per search. A Sex Offender search has a fee of \$15.00 per search. If a resident camp is a Non-Profit Organization, the

fees are reduced (Combination Criminal History/Sex Offender Registry-\$16.00; Complete Sex Offender-\$8.00). Obtaining fingerprints may incur a cost up to approximately \$20 at a local sheriff's office. According to the Federal Bureau of Investigations (FBI), a National criminal history that lists information derived "from fingerprint submissions kept by the FBI and related to arrests" will incur a cost of \$18 per person.

Assuming the highest cost imposed on this requirement using Virginia resources (Virginia State Police), a resident camp may incur a cost of \$40.00 per staff member. This estimate is based upon the cost for a combination Criminal History / Sex Offender Registry with a fee of \$20.00 per search and a potential cost of up to \$20 to acquire fingerprints. The total cost to a resident camp cannot be estimated as each camp will employ a different number of staff members. In addition, it is unknown how many staff will be year-round (requiring a background check performed at least every three years) or new or returning seasonal staff (requiring a background check performed every year).

Legal or HR council/review: It is anticipated that resident camp owners will have either existing legal counsel or a human resources staff member to review, sign, and date the resident camp staff hiring provisions and policy, therefore reducing or eliminating the overhead costs of obtaining new representation. It is estimated that approximately three to five hours will be required to review and sign the hiring policy at least once every three years. The anticipated rate to review and sign the hiring policy may include a legal fee up to \$265 per hour for a maximum of five hours (if on-staff human resources personnel are not available to review under normal staffing), **for an estimated maximum cost of \$1,325 every three years.** This cost can be estimated at approximately \$441.67 per year.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Comparison of applicants to National Sex Offender list: The Dru Sjodin National Sex Offender Public Website is free to use, and camps will incur no additional cost for the requirement to compare resident camp staff applications to the national sex offender list.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Supervision.

The current Regulations do not address supervisory requirements for how many camp staff members must directly supervise campers. The proposed section 12VAC5-440-220. Supervision, may lead to an increase in camp staff. Resident camp operators will need to ensure that the minimum staff to camper ratio is met as outlined in Table 1. The Table requires a range of staffing provisions, including one staff member to every five campers (5 years and younger) to one staff member to every 10 campers (15-18 years of age). The potential total number of additional camp staff cannot be estimated as each camp operates differently and has different totals of campers at various ages within camp at any given time.

A survey presented to the camp workgroup indicates that camps host a range of 8 to 450 campers per session or group. The survey also revealed that camps currently provide a staff to camper ratio ranging from one staff member to every 4 to 10 campers, depending on age, and an average staff to camper ratio of one camp staff member to 6 campers. Using this average and a potential increase of up to 1 additional camp staff member per group, it is possible **a resident camp may incur an additional direct cost up to \$16/hour or up to \$635/week for each additional staff member.**

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Resident camp register.

The current Regulations do not require a camp register or method of recording camper information. The proposed section 12VAC5-440-230 Resident camp register, includes a requirement to maintain a camp register that records camper information, including camper name, address, guardian and emergency contact information, and dates of attendance. Resident camp operators will need to ensure that a register is maintained. The register can be written or electronic.

There are no monetizable direct costs associated with this change. This process is typical to normal resident camp operations.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Health care and safety.

The current Regulations do not require any health care or safety provisions for campers and camp staff. The proposed section 12VAC5-440-240 Health care and safety, includes requirements for a camp health supervisor to supervise routine and emergency health care at a resident camp through consultation with a physician, make written arrangements for medical care of campers, and maintain records regarding camper and minor camp staff medical history and care. The section also requires a health care provider or emergency room be available for medical emergencies through appropriate transportation, and that parental or guardian signed permission be obtained for routine health care treatment, including the administration of medication. The section outlines the requirements for administration of prescription and nonprescription medication, the storage and handling of medication, and notification of medication reaction or error. The section requires the provision and location of first aid supplies and equipment and requires at least one person on site have First Aid CPR certification appropriate to the age of the children. The section also requires that all incidents requiring medical treatment or accidents resulting in death, injury, or illness be reported to the local health department within 24 hours.

The agency does not anticipate substantial direct monetary costs related to the proposed requirements specific to camp health supervision and record keeping. A survey presented to the camp workgroup indicates that most camps already employ or have a camp health supervisor or health team. The survey also indicates that most camps already work with a physician for medical services or emergency health plans. The creation and maintenance of camper and staff medical records is also likely to be part of normal resident camp operations and any alterations or modifications to record keeping will be minimal in burden and cost. The requirement to have either a physician or emergency room available for medical emergencies is typical of any business and is usually available through a variety of means, such as city or county emergency response services, or an on call or on-site medical provider. Such provisions will be at the discretion of the camp owner but will ensure a process and service for emergency response. It is anticipated that most resident camps already require and obtain parent or guardian signatures for the permission of the camp staff to administer medication. The process and maintenance of the signature records is expected to be minimal in cost and will vary depending on the size and services of the camp.

The agency anticipates that most resident camps already handle and store medication according to prescription or manufacturer instructions. The section

requires that medication requiring refrigeration shall be kept in a locked or secure location that prevents access by children. If not already provided, a secured refrigeration unit or locked storage box may be necessary to meet the provision.

The proposed section requires first aid supplies and equipment be located within the resident camp in an area designated by the camp health supervisor or as otherwise prescribed by the chapter. **The average cost of a first aid kit is approximately \$22.75.** The number of kits, specific type of kit, and contents of a kit will be specific to the camp operations and attendance and at the discretion of the camp health supervisor unless otherwise prescribed. The proposed section 12VAC5-440-370 outlines additional swimming facility first aid and equipment provisions and the cost associated with those requirements is addressed in that section.

The section requires that within one year of the effective date of the chapter that at least one person holding a current First Aid CPR certificate appropriate to the age of children be on-site 24 hours a day while camp is in session. **The estimated maximum cost of online and in-person First Aid CPR training is approximately \$117.00** (includes adult and pediatric first aid, CPR, and AED for maximum estimated need).

The section requires that the camp health supervisor shall notify the parent or guardian of a camper in the event of a medication error or reaction. Such notification could be in the form of a phone call, text message, or email without incurring any additional cost beyond that of normal operating conditions. The section also requires that all incidents that require medical treatment or accidents resulting in death, injury, or illness, with some exceptions, be reported to the local health department within 24 hours. This reporting could be in the form of phone call, text message, email, or fax and would not incur additional cost beyond that of normal operating conditions.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Communicable disease reporting.

The current regulations require the reporting of contagious diseases and outbreaks of disease (12VAC5-440-80). The proposed section 12VAC5-440-250 Communicable disease reporting, clarifies the term “immediately” and provides reference to the Regulations for Disease Reporting and Control (12VAC5-90) for specific disease reporting relevant to resident camps. The

section requires that occurrences or suspected occurrences of communicable disease be reported to the local health department within 24 hours. This reporting could be in the form of phone call, text message, email, or fax and would not incur additional cost beyond that of normal operating conditions. The section further requires staff to report illness to the camp health supervisor and that the camp provide isolation in the event of persons suspected of having a communicable disease until otherwise transported off camp premises.

There are no monetizable direct costs associated with this change.

There are no monetizable direct benefits associated with this change.

Monetizable indirect costs associated with this change may include the camp owner or camp health supervisor reviewing and reconfiguring a camp to accommodate isolation, as needed and applicable. Due to the variability of this potential need, an indirect cost cannot be estimated.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Emergency response plan and provisions.

The current Regulations do not require an emergency response plan or provisions for camp operations or incidents at camp. The proposed section 12VAC5-440-260 Emergency response plan and provisions, includes requirements for a resident camp to have an accessible telephone capable of connecting with 911 and an emergency transportation policy. The agency anticipates that most resident camps already have a phone system or process in place for notifying emergency services, requesting emergency transportation, or a vehicle or method for providing transportation to a hospital or clinic when needed, and therefore no additional cost would be incurred from this requirement. The section further requires that a resident camp have a written plan for actions to be taken in response to a variety of potential emergencies or incidents including evacuation, transportation, and relocation; lost or missing persons; weather; fire; power outages; water supply outages or when water supply fails to meet testing requirements; hazardous materials exposure; encounters with wildlife; intrusion or unauthorized access; injury; and communicable disease and foodborne illness outbreak. The development of plans relevant to the resident camp location, operations, and other variables may take time and would result in potential billable time specific to the camp owner or operator.

The monetizable direct costs associated with this change cannot be estimated due an unknown variability of the amount of time and billable cost to each resident camp owner or operator.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Resident camp location.

The current regulations prescribe camp location requirements (12VAC5-440-10). The proposed section 12VAC5-440-270 Resident camp location, clarifies the requirement for resident camps to be located on well drained sites not subject to flooding or ponding. It is expected that local zoning restrictions would prohibit the location of camps within mapped floodplains unless otherwise allowed by local zoning laws. The proposed section further restricts resident camps from being within 200 feet of natural and man-made hazards or in areas subject to contamination or the collection of drainage. While the content and language of the proposed section differs from the existing section, the provisions are similar in intent and therefore, there are no monetizable direct costs associated with this change.

There are no monetizable direct benefits associated with this change.

Potential monetizable indirect costs associated with this change could include an existing camp needing to alter the use or location of specific recreational or structural area to avoid existing site conditions that are prohibited. The cost of such an occurrence cannot be estimated due to unknown circumstances at each resident camp. Other potential indirect costs associated with the change could include the process of requesting a variance. For the resident camp owner or operator, this indirect cost could involve the time and effort required to research and submit a variance request. For the agency, the indirect costs could involve time and effort required to process a variance request.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Water supply.

The current regulations prescribe water supply requirements (12VAC5-440-20). The proposed section 12VAC5-440-280 Water supply, clarifies the requirements of an approved water supply to include the permitting or approval of the water supply, and expands water supply requirements specific to water testing requirements, water provision and access to campers and staff, water source protection, prohibitions, the use and cleaning of reusable containers,

water treatment during field outings, ice, access restrictions for unapproved wells and springs, and water connections to camping vehicles.

Waterworks or private well: The proposed requirement for a resident camp to use an approved water supply, either through a permitted waterworks or an approved private well is consistent with current program standards and requirements. There are no monetizable direct or indirect costs or benefits associated with this change.

Lead testing: The proposed requirement for a resident camp to test for lead prior to issuance of the initial permit and every five years thereafter will incur a direct cost to the camp owner. A water sample is required at all drinking water locations, including kitchen sink faucets, bathroom sink faucets, and drinking water fountains, as available. Where numerous drinking water faucets are provided, such as in bathrooms or in a bathhouse, a representative sample may be collected from one sink rather than each individual sink within the bathroom or bathhouse, thus reducing the cost burden for sampling. Resident camp drinking water locations will vary with each camp based upon size and structure. **The estimated cost per lead sample is approximately \$57.**

There are no monetizable direct benefits associated with this change.

The monetizable indirect costs associated with this change may include a lead treatment plan in the event water samples report detections of lead above the action level. The cost of a lead treatment plan is undeterminable due to the variable size and nature of resident camps throughout Virginia and the undetermined possibility that a water supply would test above the lead action level.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Total coliform and nitrate-nitrogen testing: The proposed requirement for a resident camp to test for total coliforms and nitrate-nitrogen prior to permit issuance and at least annually thereafter will incur an annual direct monetary cost. One sample per year per constituent will be required and will incur an estimated cost of approximately \$52 for one coliform sample and approximately \$56 for one nitrate-nitrogen sample, for an **estimated total of \$108 each year.**

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Sample result requirements: The proposed requirement for a resident camp to maintain a water supply that meets the total coliform and nitrate-nitrogen standards is not expected to incur a monetizable direct cost.

There are no monetizable direct benefits associated with this change.

Potential monetizable indirect costs associated with this change may include treatment of the water supply, resampling, and other efforts to comply with the sample standards. The extent and cost of such occurrences and efforts cannot be estimated as the potential of occurrence and extent of remediation is unknown and cannot be predicted.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Use of laboratory certified by Department of General Services, Division of Consolidated Laboratory Services: The proposed requirement for a resident camp to ensure all water samples be collected, preserved, shipped per laboratory instructions, and analyzed by a laboratory certified by the Division of Consolidated Laboratory Services is not expected to incur any monetizable direct costs.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Discontinuing use of unsatisfactory water supply: The proposed requirement for a resident camp to discontinue use of the public or private water when the water from the system does not meet the requirements of this chapter is not expected to incur monetizable direct costs. Indirect costs could be incurred. See discussion of monetizable indirect costs.

There are no monetizable direct benefits associated with this change.

Monetizable indirect costs associated with this change may be incurred by a camp owner. The situation and outcome resulting from a water supply not meeting the requirements of the proposed chapter cannot be predicted but could include the potential for a temporary suspension of camp activities or services and the costs associated with loss of income from suspended camp services.

Other potential indirect costs may include the camp owner making provisions for an alternative water supply until the water supply meets the applicable standards and the costs associated with water supply remediation. The extent and cost of such occurrences and efforts cannot be estimated as the potential of occurrence and extent of services or remediation is unknown and cannot be predicted and would likely not outweigh the benefit of protecting children and camp staff from an unsafe water supply.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Water provisions and protections: The proposed requirements for a resident camp to provide water at easily accessible locations, protect areas surrounding water supplies, and providing water to campers and staff via approved drinking water fountains, approved cups, or personal water containers is not expected to incur monetizable direct costs as it is expected that most resident camps already protect water supplies and provide water to campers and staff through a variety of means. The proposed requirements for a camp owner to ensure that approved water containers are cleaned and sanitized daily is not expected to incur monetizable direct costs as it is expected that most resident camps already employ cleaning and sanitizing of water containers.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Water treatment for field outings: The proposed requirements for a resident camp to provide purified drinking water during field outings when approved drinking water cannot be transported may incur a monetizable direct cost for the filter and chemical disinfection used to purify water. A filter meeting the micron size per NSF 53 or 58 may incur an estimated average cost of \$127.45, while the chemical treatment product may incur an estimated average estimated cost of \$17.17 **for a total cost of \$144.62**. Ultraviolet (UV) treatment may be used as an alternate to chemical treatment. UV treatment devices may incur an estimated average cost of \$104.98 and may be used as a preference instead of chemical treatment.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Using water treatment devices according to manufacturer instructions: The proposed requirements for a resident camp to maintain and use devices for water treatment according to manufacturer instructions and to maintain the devices in good condition is not expected to incur any monetizable direct costs other than regular maintenance in accordance with manufacturer instructions.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Ice from approved source: The proposed requirements for a resident camp to provide ice from an approved source and handle it in a manner to prevent contamination, if ice is provided, is not expected to incur any monetizable direct costs other than regular use and handling.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Unapproved wells or springs/signage: The proposed requirement for a resident camp to make unapproved wells or springs inaccessible for human consumption and to provide signage stating, in effect, “WARNING – DO NOT DRINK” and an infographic sign presented in a manner to be interpreted by small children may incur a monetizable direct cost for signage. A “Warning” sign may incur an estimated average cost of approximately \$46.08, while an infographic illustrating a warning to not drink the water may incur an estimated average cost of \$19.28 for a **total estimated cost of \$65.36.**

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Water connections for camping vehicles: The proposed requirements for a resident camp to install water connections that will not be damaged by camping vehicles, in pits or above the ground surface, or horizontally separated from sewer connections, are not expected to incur monetary direct costs unless the water connections were not installed to the applicable code at the time of construction. If modification to the water connection is required, the potential cost is anticipated to be reflective of normal operation and maintenance costs for properly maintaining water connections at a camp. Any potential cost of such occurrences and efforts cannot be estimated as the potential of occurrence and extent of remediation is unknown and cannot be predicted.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Sewage disposal.

The current regulations prescribe excreta disposal requirements (12VAC5-440-50), otherwise referred to in the current regulation as “human wastes or excrements.” The proposed section, 12VAC5-440-290 Sewage disposal, clarifies the requirement that every resident camp be provided with an approved sewage disposal system in accordance with the Sewage Handling and Disposal Regulations (12VAC5-610). The proposed section also outlines requirements for individual sewer connections for camping vehicles, if provided. The proposed section requirements are not expected to incur monetary direct costs unless the individual sewer connections were not installed to the applicable code at the time of construction. If modification to the sewer connection is required, the potential cost is anticipated to be reflective of normal operation and maintenance costs for properly maintaining sewer connections at a camp. Any potential cost of such occurrences and efforts cannot be estimated as the potential of occurrence and extent of remediation cannot be predicted.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Storage, handling, and preparation of food.

The current regulations prescribe requirements for the storage, handling, and preparation of food (12VAC5-440-40). The proposed section 12VAC5-440-300

Storage, handling, and preparation of food, updates the requirements to conform with the Virginia Food Regulations (12VAC5-421) unless otherwise exempt pursuant to § 35.1-25 of the Code of Virginia. A survey presented to the camp workgroup indicates that all surveyed resident camps already offer full food services that require and hold a food permit from the local health department. Therefore, there are no monetizable direct costs associated with this change.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Sanitary facilities.

The current regulations prescribe general requirements for toilet facilities under section 12VAC5-440-50. Excreta disposal. The section provides general requirements for the presence of adequate toilets that are conveniently located, maintained clean and in good repair, and provided with lighting and ventilation. The proposed section 12VAC5-440-310 Sanitary facilities, updates the requirement for toilet and bathing facilities to comply with applicable building code. Facilities shall be provided within 500 feet of all overnight lodging, unless otherwise specified by the applicable building code. The proposed section also requires that sanitary facilities be provided with artificial lighting with at least 10-foot candles at a distance of 30 inches from the floor. Further, the section requires sanitary facilities meet a prescribed ratio of toilets, handwashing, and shower facilities, be maintained clean and in good repair, and not be used for storage while camp is in operation. The section requires provisions for handwashing in facilities having flush toilets and at all bathing facilities. The section also allows the use of portable handwashing sinks when privies are used, or in the absence of portable handwashing sinks, hand sanitizer shall be provided and accessible in all privies.

The 500-foot distance and prescribed ratio requirements may incur a cost for compliance if existing camps do not already provide sufficient toilet facilities within 500 feet. Privies, including portable toilets, are allowed. In the event a resident camp must alter or add sanitary facility provisions, the use of portable toilets is an option that may incur the least amount of construction cost. While the use of portable toilets versus permanent facilities is at the discretion of the camp owner, the potential monetizable direct cost for the proposed section is estimated using the lowest cost option, portable toilets. The average cost to purchase portable toilet is: \$811.47 per toilet. The average cost to service a portable toilet is approximately \$416.66 per visit. Due to the variability of pumping requirements, it may be cost effective for a camp to rent portable

toilets that include a routine service for pumping, cleaning, and restocking supplies (toilet paper, hand sanitizer). The cost of a monthly rental will vary depending on location, number of toilets provided, and frequency of service. **An estimated average cost of a monthly rental for a portable toilet with service can range from \$100-500 with an average cost of \$300 per month.**

The requirement to provide artificial lighting to sanitary facilities, including privies, may incur a monetizable direct cost if lighting is not already provided. While the action of installing electrical connections to a sanitary facility is at the discretion of the camp operator and the applicable building code, adequate solar lighting is a low-cost alternative to meet the requirement. The potential monetizable direct cost for the proposed section is estimated using solar lighting. **The estimated average cost of a solar lighting unit is approximately \$33.32 per unit.**

If a camp owner elects to use privies and use portable handwashing sinks, the monetizable direct cost imposed by a portable handwashing sink would be voluntary as the provision of hand sanitizer is also an option. Considering the options available to the camp owner, the monetizable direct cost related to hand sanitation may range from \$26.38 to \$1,240.29. **The estimated average cost for hand sanitizer and a dispenser is approximately \$26.38.**

The estimated average cost to purchase a portable handwashing sink is approximately \$1,240.29. (Monetary value of portable hand washing sinks was gathered from online research (Poly John, MOBI, Monsam, Cambro, and Regency) and industry representative outreach (Crown Verity, Satellite). Much like portable toilet provisions, portable handwashing sinks, or a serviced supply of hand sanitizer may be rented at a weekly or monthly rate separate from or included with the portable toilet services, as applicable. Prices vary.

If a camp owner elects to install permanent sanitary facilities, the cost associated with that action cannot be estimated as the potential of occurrence and extent of construction is unknown and cannot be predicted.

Garbage and refuse disposal.

The current regulations address general sanitation (12VAC-440-60) including the storage and disposal for garbage and trash. The proposed section 12VAC5-440-320 Garbage and refuse disposal, updates and outlines provisions for the storage, collection, and disposal of solid waste typical of resident camp operations. There are no monetizable direct costs associated with this change.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Chemical use and storage.

The current Regulations do not require any chemical use and storage provisions for resident camp operations. The proposed section 12VAC5-440-330 Chemical use and storage, includes requirements for a resident camp to use chemicals for their intended uses according to manufacturer's instructions and to store chemicals in a separate and secure area accessible to appropriate staff in containers appropriate for use, easily identifiable, and labeled. There are no anticipated monetizable direct costs associated with this change.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Requirements for resident camp structures and sleeping quarters.

The current Regulations provide minimal requirements for camp structures and sleeping quarters. Section 12VAC-440-60. General sanitation, provides that "all rooms, huts, shacks, tents and other buildings and all furniture and equipment therein shall be kept tidy, clean and in a sanitary condition." The proposed section 12VAC-440-340 Requirements for resident camp structures and sleeping quarters, provides that all camp structures be in accordance with the applicable building and fire code, have adequate ventilation, and be kept clean and in good repair. The proposed section also provides that outer openings be effectively screened or protected to prevent insect and vermin entry. The section further provides sleeping occupancy limits where not otherwise specified by building code and outlines separation distances for sleeping quarters. Bedding requirements are listed within the proposed section, including keeping bedding clean and in good repair, providing mattress covers that are impervious to moisture, where applicable, and that guardrails are provided and attached to top bunks as specified by manufacturer instructions. The agency does not anticipate that the proposed requirements will incur any additional monetizable direct cost beyond the cost of regular operation and maintenance of camp structures and sleeping quarters.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Specialized program activities.

The current Regulations do not require health and safety requirements for specialized program activities. The proposed section 12VAC5-440-350 Specialized program activities, requires all specialized program activity equipment and related apparatus be maintained in good repair and installed and maintained as designed by the manufacturer specifications. The proposed section requires equipment and related apparatus be inspected prior to use by the permit holder or designee and that inspections are documented. Further, the proposed section requires that specialized program equipment be securely stored or restricted when not in use. Additionally, the proposed section requires that protective equipment, including helmets, and other safety provisions be made available and required for campers engaged in specialized activities. The agency does not anticipate that the proposed requirements will incur any additional monetizable direct cost beyond the cost of regular operation and maintenance of specialized program activity equipment.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Aquatic activities.

The current Regulations provide vague and outdated requirements for swimming facilities (12VAC5-440-70) including preventing pollution of swimming water by human excreta. Proposed section 12VAC-440-360. Aquatic activities, provides that all swimming, small watercraft, and boating activities shall be under the supervision of a person holding a current lifeguard certification. The proposed section also provides a lifeguard ratio of one lifeguard for every 25 campers and one attendant for every 10 campers engaged in aquatic activities. The section requires the permit holder to develop and maintain a lifeguard and staffing plan that identifies water recreation areas, hazards associated with the areas, operational hours, staffing locations, and first aid and emergency response information. The proposed section also requires that camper access to natural hazards be restricted where possible, that aquatic activity equipment be maintained in good repair, and that rules and restrictions be posted in a conspicuous location. Further, the proposed section requires signage at aquatic access points that identify potential hazards, provide illness

prevention education related to the hazard, and restricts swimming in stormwater ponds.

A survey presented to the camp workgroup indicates that all many resident camps already employ or require lifeguards for aquatic activities at a ratio similar to the proposed section requirement. If a resident camp does not already employ and require staff with lifeguard certification, the estimated cost for lifeguard certification is approximately \$289. Estimating upward of two camp staff requiring lifeguard certification, **the potential monetizable direct costs associated with this change is estimated at \$578.**

The development of plans relevant to resident camp aquatic staff may take time and would result in a potential billable time specific to the camp owner or operator. The monetizable direct costs associated with this change cannot be estimated due an unknown variability of the amount of time and billable cost to each resident camp owner or operator.

Signage for potential hazards, restrictions, and education may incur the cost of a sign or multiple signs depending on the site conditions and potential hazards. While the extent of signage due to the presence of hazards cannot be determined, a camp may incur a direct cost for providing approximately two signs related to natural hazards. The estimated average cost of a custom-made sign illustrating or otherwise notifying the public of hazards is approximately \$45.25. **Estimating a camp will need two signs provides a potential estimated monetizable direct cost of \$90.51.**

There are no monetizable direct benefits associated with this change.

If a resident camp did not already employ sufficient lifeguards to meet the requirement and chose to compensate or reimburse the two camp staff requiring certification, as estimated above, **monetizable indirect costs associated with this change are estimated at \$768** (This estimate includes the staff time for two staff at an estimated \$16/hour for three eight-hour days of class: \$16 per hour x 24 hours = \$384 x 2 staff = \$768).

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Swimming facilities.

The current Regulations provide vague and outdated requirements for swimming facilities (12VAC5-440-70), including preventing pollution of swimming water by human excreta and changing pool water at intervals. Proposed section 12VAC-440-370. Swimming facilities, provides that all swimming pools comply with the applicable building code and the applicable Board of Health regulations for public swimming pools. The proposed section

also requires that, when not otherwise prescribed by State the Board of Health, safety equipment be maintained within 30 feet of the natural or man-made swimming area, including an equipped and maintained first-aid kit; a reaching pole or shepherd's crook; a ring buoy, rescue tube, or throw bag; and a backboard equipped with head immobilizer and sufficient straps. In addition, the proposed section restricts night swimming in natural swimming areas and in man-made swimming areas unless underwater lighting is provided in accordance with the applicable building code. The estimated monetizable direct costs associated with this proposed section includes the potential cost for a camp owner to provide required safety equipment.

The estimated average cost of a first aid kit is approximately \$22.75. The number of kits, specific type of kit, and contents of a kit will be specific to the camp and at the discretion of the camp health supervisor unless otherwise prescribed. The estimated average cost of a reaching pole or shepherd's crook is \$153.20. The estimated average cost of a ring buoy, rescue tube, or throw bag is \$48.92. The estimated average cost of a backboard equipped with head immobilizer and sufficient straps is approximately \$343.26. If a resident camp does not already provide the proposed required aquatic safety equipment, the resident camp may incur a monetizable direct cost. **The estimated total cost of safety equipment is approximately \$568.13.**

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Boating or other watercraft activities.

The current Regulations do not provide requirements for boating or other watercraft activities. Proposed section 12VAC-440-380. Boating or other watercraft activities, provides that every boat be provided with at least one U.S. Coast Guard approved personal floatation device for each person on board or that each person wear one aboard, and that at least one boat involved in aquatic activities be provided with a rescue pole or a throw rescue device attached to a minimum of 25 feet of 1/4-inch rope.

The estimated average cost of a U.S. Coast Guard approved personal floatation device is \$31.73. The estimated average cost of a throw rescue device is \$48.92. If a resident camp provides boating or other watercraft activities and does not already provide the required aquatic safety equipment, the resident camp owner may incur a monetizable direct cost. **The estimated cost of boating or watercraft safety equipment is approximately \$80.65.**

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Animals.

The current Regulations do not require health and safety requirements related to animals housed or located on resident camp property. The proposed section 12VAC5-440-390 Animals, restricts stray domestic animals from running at large within the limits of any resident camp. In addition, the proposed section requires that all camp animals be licensed and vaccinated in compliance with state and local requirements and that licensure and vaccination documentation be maintained at the resident camp facility. Further, the proposed section requires all horse and livestock prescription medication be secured in an area away from camper access and locked when not in use, as well as requiring that livestock areas be maintained free from the excessive accumulation of manure. The agency does not anticipate that the proposed requirements will incur any additional monetizable direct cost beyond the cost of regular management and maintenance of animals at a resident camp.

There are no monetizable direct benefits associated with this change.

There are no monetizable indirect costs associated with this change.

Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.

Transportation.

The current Regulations do not require health and safety requirements related to transportation. The proposed section 12VAC5-440-400 Transportation, requires all vehicles used for resident camp activities or excursions be insured, kept clean and in good condition, and operated in a safe and legal manner. The proposed section also requires supervision of campers while in the vehicle, the presence of a first aid equipment, a communication device, and emergency information in all vehicles. The proposed section further requires that safety restraints be used properly in accordance with the law and manufacturer's instructions and that staff receive training in the use of safety restraints. The agency does not anticipate that the proposed requirements will incur any additional monetizable direct cost beyond the cost of regular operation and maintenance of vehicles at a resident camp.

	<p>There are no monetizable direct benefits associated with this change.</p> <p>There are no monetizable indirect costs associated with this change.</p> <p>Monetizable indirect benefits associated with this change may include the benefit of consistent and up-to-date health and safety standards and the impact of such standards on the operation and management of a resident camp.</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) \$13,732.70	(b) 0
(3) Net Monetized Benefit	-\$13,732.70	
(4) Other Costs & Benefits (Non-Monetized)	<p><u>Other Non-Monetized Benefits per proposed change:</u></p> <p><u>Overall</u></p> <p>Providing comprehensive, consistent, and up-to-date standards will provide the industry and the public with improved and comprehensive health and safety protections at resident camps.</p> <p><u>Definitions and Administrative.</u></p> <p>Sections for definitions and administrative content will provide improved understanding and application of the regulations. Definitions for terms and acronyms will enhance reader understanding and provide consistency throughout the regulation. Administrative content provides the agency and industry an understanding of the authority of enforcement, and pathways to compliance and the process to request a variance.</p> <p><u>Plan Review and Permits.</u></p> <p>Sections for plan review and permitting will provide improved understanding and consistent application of the regulations. The plan review provisions ensure adequate sanitation, water, and camp design meeting the proposed provisions of the chapter and better protect the health and safety of campers and camp staff.</p> <p><u>Rental Groups.</u></p> <p>The requirement that rental groups meet the proposed chapter extends protections to other locations that operate as a resident camp, such as a college</p>	

or university campus. This requirement further ensures the protection of health and safety of campers and camp staff.

Inspection and Enforcement.

Sections specific to inspection and enforcement provide an improved understanding and application of the regulation; the requirement that camps be inspected by district or local health departments on a regular frequency; a pathway to better protect the health and safety of campers through a potential increase in inspections based upon an individual camp's operations; and clarity to the suspension and revocation process and allowances, as well as opportunities for appeal.

Employee requirements.

Requiring resident camp employees to meet criminal history requirements aims to protect child health, safety, and welfare from potential predators.

Supervision.

Prescribing minimal camper to staff ratios aims to protect child health, safety, and welfare by prescribing supervision requirements to better protect children while at camp.

Resident camp register.

Requiring a register that records camper information aims to protect child health, safety, and welfare related to recording campers present at camp and basic information on each camper.

Health care and safety.

This section provides a minimal standard that aims to protect child health, safety, and welfare as it relates to medical services for children while at camp.

Communicable disease reporting.

This section outlines provisions for communicable disease reporting to the district or local health department and improves the understanding and application of the regulation. The proposed requirements provide for improved protection of campers and camp staff in relation to communicable disease.

Emergency response plan and provisions.

Providing a minimal requirement for emergency planning and response at a camp increases protections for camper and staff health and safety.

Resident camp location.

The proposed section improves understanding and application of the regulation and provides for improved protection of campers and camp staff in relation to camp facility location.

Water supply.

The proposed section improves understanding and application of the regulation and provides for improved protection of campers and camp staff in relation to camp water supplies and distribution. Testing a water supply is the best way to ensure that a drinking water supply is safe from harmful chemicals and bacteria. Testing for bacteria provides protection against acute gastrointestinal illness, while testing for nitrates can prevent health problems such as methemoglobinemia, commonly known as “blue baby syndrome.” Testing for lead is a preventative measure to further protect the health of children. Children who drink water with unsafe lead levels can have delays in physical and mental development. Lead can affect any water supply through the plumbing system; the only way to know if lead is present is to test the water. The Environmental Protection Agency (EPA) developed a program to assist schools and childcare facilities in determining the presence of lead in water supplies as a means to reduce potential lead exposure to children. The proposed Regulation requires resident camps to sample water for lead per Modules 4 and 5 of the EPA manual: 3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities. The manual provides reference for water sampling locations and methods specific to lead.

Sewage disposal.

The proposed section improves the understanding and application of the regulation and improves protection of campers and camp staff in relation to sewage handling and disposal.

Storage, handling, and preparation of food.

The proposed section improves protection of campers and camp staff in relation to camp food services and the potential for foodborne illness or outbreak.

Sanitary facilities

The proposed section improves understanding and application of the regulation and improves protection of and provisions for campers and camp staff in relation to sanitary facilities.

Garbage and refuse disposal.

The proposed section provides improved protection of and provisions for campers and camp staff in relation to solid waste handling, disposal, and management.

Chemical use and storage.

The proposed section provides a minimal requirement for chemical and hazardous material handling that increases protections for camper and staff health and safety.

Requirements for resident camp structures and sleeping quarters.

The proposed section provides minimal requirements for camp structures and sleeping quarters that increases protections for camper health and safety.

Specialized program activities.

The proposed section provides minimal requirements for specialized program activities and related equipment that increases protections for camper health and safety.

Aquatic activities.

The proposed section provides for improved protection of campers and camp staff in relation to aquatic activities, including swimming, boating, or other watercraft or water-based activities, through safety and supervision requirements.

Swimming facilities.

The proposed section provides for improved protection of campers and camp staff in relation to swimming pools and other natural water activities, including swimming, boating, or other water-based activities through safety equipment requirements and compliance with public pool regulations.

Animals.

The proposed section provides minimal requirements for animals at resident camps to be supervised and meet vaccination requirements to protect the health and safety of campers, staff, and animals.

Transportation.

The proposed section provides minimal requirements for transportation vehicles, equipment, and supervision that increases protections for camper health and safety.

(5)
Information
Sources

The VDH Office of Environmental Health Services and a stakeholder workgroup of over 40 industry representatives collectively drafted, edited, and recommended the proposed amendments to the Regulations for Summer Camps. VDH has received very positive feedback from the American Camp Association (ACA) regarding VDH's stakeholder engagement during this process and our economic impact review. ACA and others have stated that they do not typically see this level of engagement from other states when dealing in overnight summer camp regulatory revisions.

The stakeholder workgroup included the following:

Local Health District	Name	Comments
Pittsylvania-Danville	Wesley Marshall	
New River	Gary Coggins	Commenter
Lenowisco	Nathaniel Rasnake	Commenter
Allegheny	Lorie Spotswood	
Western Tidewater	Dianne Lehnerd	

Camp	Name	Comments
Camp Rock Enon	Bill Joyce	Commenter
W.E. Skelton 4-H Educational Center	Rayna Wheeler	Commenter
SWVA 4-H Center	Sandra Fisher	
Chanco on the James	Gareth Kalfas	Commenter
Blue Ridge Discovery Center	Lisa Benish	Commenter
Easter Seals UPC North Carolina & Virginia, Inc.	Whitney Civitts	
Camp Carysbrook	Colleen Hagan Egl	
NC Youth Camp Association	Sandi Boyer	
Northern Virginia Camps & Conference Co.	Adam Davis	
Watermarks Camp Inc.	Josh Critzer, Director	
Camp Alta Mons	Ronda Wimmer, Dennis Kennedy	
Camp Holiday Trails	LaRoche, Tina	Commenter
Camp Cheerio	Michaux Crocker, Jim Hussey	Commenter
Triple C Camp	Libby Rothenberg	Commenter
Wild and Free Farm Village	Arment, Ben	
Gospel light Christian Camp	Brian Vanderford	
4-H	Katie Tennant	
Camp Pocahontas	Thomas, Nathan	

Camp Mont Shenandoah	Ann Warner	Commenter
BSA, Blue Ridge	Bethany Brownfield	
Nature Camp	Phillip Coulling	Commenter
Camp Friendship	Ackenbom, Alina	Commenter
Covenant Mountain Mission	Cindy Laws	
Williamsburg Christian Retreat Center	Bob Briscoe	Commenter
RBA Camp Alkulana	Beth Wright	
Indian Cave Youth Camp	Rickie Garner, Ryan Robertson	
Camp Maxwelton - Camp Lachlan	McLaughlin, Jr., Lee & Nancy	Commenter
Pipsico Scout Reservation	John Scheib	Commenter

Organization	Name	Industry Type	Comments
American Camp Association	Vincent Irving	Accreditation	Supporter
IIAV	Joe Hudgins, Bob Bradshaw	Insurance	Commenter
Armstrong Unlimited	Maile Armstrong	Camp Consultant	Commenter

Agency	Name	Office	Comments
VDH	Marcia Degan	OEHS	Wastewater SME
VDH	Scott Vogel	OEHS	Private Wells SME
VDH	Lisa Wooten	OFHS	Injury and Prevention SME
	Sarah Wilson		Transportation
DCHD	Jeff Brown	Office of State Building Code	Building Code SME
VDH	Brad Porter, Brandy Darby, et al.	OEPI	Communicable Disease SME
VDH	Kyndra Jackson	OCOM	Health Care SME
VDH	Julia Murphy	OEPI	Animal vaccination SME
VDH	Margaret Smigo	OEHS	Natural Waters SME
VDH	Whitney Wright	OEHS	General Review
VDH	Kristin Clay	OEHS	Legal SME
VDH	Robert Edelman, JaneNunn	ODW	Public Water SME
VDH	Amy Hayes	OEHS	Lead / Toxicology SME

Some eastern states have recently revised summer camp regulations, however, revisions are minimal and appear to be part of a routine review process:

- Ohio updated their [code](#) in 2022 and do so every 5 years.
- Kentucky updated their [Youth Camp regulations](#) with no obvious changes.
- North Carolina is in the final processes of completing their Resident Camp Regulations and expect them to effective in May 2024. This is noteworthy as NC had previously repealed their campground regulations as "unnecessary," but the state seems to value keeping and updating their resident camp regulations.

2023 Budget Bill (HB6001):

(<https://budget.lis.virginia.gov/get/budget/4784/HB6001/>)

The average cost to print an 24x36” piece of paper is \$4.20:

(<https://www.staples.com/services/printing/engineering-blueprints/>).

The average cost to print an 8.5x11”piece of paper is \$0.20:

(<https://www.staples.com/services/printing/copies-documents-printing/simple-prints>).

Virginia State Police: (<https://vsp.virginia.gov/services/criminal-background/>), fees and processes (<https://vsp.virginia.gov/wp-content/uploads/2021/12/SP-167-Instructions.pdf>).

Estimated cost for fingerprints (various locations): (

<https://www.albemarle.org/government/police/services/fingerprinting>;

<https://www.townoffairfax.org/fingerprints/>;

<https://www.pwcva.gov/department/sheriffs-office/fingerprinting>;

http://www.smythcounty.org/Sheriff/sheriff_%20administrative.htm;

<https://www.roanokecountyva.gov/89/Sheriffs-Office>).

Federal Bureau of Investigations (FBI) National criminal history or “rap sheet” information and cost: (<https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/identity-history-summary-checks>).

The Dru Sjodin National Sex Offender Public Website:

(<https://www.nsopw.gov/>).

Estimated legal fees to review and sign the hiring policy:

(<https://www.contractscounsel.com/b/average-cost-of-a-lawyer>).

Estimated resident camp staff pay rate:

(<https://www.ziprecruiter.com/Salaries/Overnight-Summer-Camp-Counselor-Salary-per-Week>)

The average cost of a first aid: (<https://www.ussafetykits.com/first-aid-kits/all-purpose-first-aid-kits/summer-camp-first-aid-kits/>).

Cost of online and in-person First Aid CPR training:
(<https://www.redcross.org/take-a-class/first-aid?latitude=37.5407246&longitude=-77.4360481&searchtype=class&zip=richmond%2C%20va>).

Estimated cost per lead sample: (<https://biotechlabwatertesting.com/faqs-resources/>, <https://www.epa.gov/ground-water-and-drinking-water/basic-information-about-lead-drinking-water>).

Estimated cost of one coliform sample (<https://biotechlabwatertesting.com/faqs-resources/>, <https://www.oakwoodlab.com/>, <https://www.blueridgeanalytical.com/bacteria>).

Estimated cost of nitrate-nitrogen sample:
(<https://biotechlabwatertesting.com/faqs-resources/>, <https://www.oakwoodlab.com/>, <https://wtlmd.com/wastewater-testing-pricing-maryland-md-va-dc-de.php>).

Filter meeting the micron size per NSF 53 or 58:
(<https://lifefirst.com/products/lifefirst-flex-multi-use-water-filter-with-gravity-bag>, <https://www.rei.com/product/215873/grayl-ultrapress-ti-water-filter-and-purifier-bottle?color=COYOTE%20BROWN>).

Chemical water treatment products:
(<https://www.rei.com/product/866996/aquamira-water-treatment-1-oz?color=NONE>, https://www.amazon.com/Travel-Chlorine-Dioxide-Water-Purification/dp/B0CHXKY8RN/ref=sr_1_5?crd=35GH9T37YRD33&keyword=s=Chlorine+dioxide+for+water+treatment&qid=1701979542&s=industrial&prefix=chlorine+dioxide+for+water+treatment%2Cindustrial%2C111&sr=1-5, https://www.amazon.com/Potable-Aqua-Chlorine-Dioxide-Purification/dp/B0023FDQ2O?ref=ast_sto_dp&th=1).

Estimated cost of UV water treatment devices:
<https://www.rei.com/product/847549/katadyn-steripen-ultra-uv-water-purifier>, https://www.amazon.com/gp/product/B07L52FLJV/ref=ox_sc_act_title_1?smid=AP3VA1GJZM3EQ&psc=1, <https://www.backcountry.com/steripen-steripen-classic-3-handheld-water-purifier>.

Estimated cost of “Warning” sign: (<https://www.smartsign.com/fos/warning-signs/warning-custom-warning-text-sign/sku-k-3696>, <https://www.mysafetysign.com/safety-signs/custom-warning/saf-sku-s-3058>,

<https://www.amazon.com/Custom-Warning-Sign-Personalized-Aluminum/dp/B076JPKZD7?th=1>).

Estimated cost of infographic illustrating a warning to not drink the water: (<https://www.mysafetysign.com/no-drinking-iso-prohibition-sign/sku-is-1101>, <https://www.smartsign.com/fos/not-drinking-water-iso-prohibition-sign/sku-is-1052>, <https://www.compliancesigns.com/pd/do-not-drink-water-symbol-label-label-prohib-54-c-drinking-water>).

Drinking water tests: (<https://www.vdh.virginia.gov/environmental-health/onsite-sewage-water-services-updated/organizations/private-well-water-information/guidance-on-testing-your-private-well-water/>)

Lead in drinking water: (<https://www.vdh.virginia.gov/drinking-water/drinking-water-and-lead/>); EPA manual: 3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities: <https://www.epa.gov/system/files/documents/2021-07/epa-3ts-guidance-document-english.pdf>).

The average cost to purchase portable toilet: (https://www.webstaurantstore.com/polyjohn-pjn3-1001-blue-portable-restroom-with-translucent-top/621PJ31001.html?utm_source=google&utm_medium=cpc&utm_campaign=GoogleShopping&gclid=EAIaIQobChMI_5XTn4-AgwMVg0VyCh1NYwRNEAQYASABEgKIwPD_BwE, https://www.totalrestroom.com/products/satellite-axxis-portable-restroom-axxis1?variant=40359772389530¤cy=USD&utm_medium=product_syn_c&utm_source=google&utm_content=sag_organic&utm_campaign=sag_organic&gad_source=1&gclid=EAIaIQobChMI_5XTn4-AgwMVg0VyCh1NYwRNEAQYAiABEgI18_D_BwE, https://www.globalindustrial.com/p/global-ii-portable-restroom-70-gallon-tank-44-w-x-48-d-x-88-h-sand?infoParam.campaignId=T9F&gad_source=1&gclid=EAIaIQobChMI_5XTn4-AgwMVg0VyCh1NYwRNEAQYBSABEgJfm_D_BwE)

The average cost to service a portable toilet: (https://djseptic.com/Schedule_and_Pricing.html, <https://www.clarkecounty.gov/residents/septic-pump-out>, <https://www.angi.com/articles/how-much-does-septic-tank-pumping-cost.htm>)

Estimated average cost of a monthly rental for a portable toilet with service: (<https://www.fixr.com/costs/portable-toilets#:~:text=The%20average%20cost%20to%20rent,%24100%20to%20%24500%20per%20month>, <https://www.johntogo.com/blog/seasonal-long-term-porta-potty-rental/>, <https://rent.portapotty.pro/virginia/portable-toilet-rental-wytheville->

[va/?gclid=EAIaIQobChMIiNO735OAgwMVxGRHAR0IAw5XEAMYASAAEgJuaPD_BwE](https://www.amazon.com/dp/B0BZPG4H6L?ref_=posts&th=1))

The estimated average cost of a solar lighting unit:

(https://www.amazon.com/dp/B0BZPG4H6L?ref_=posts&th=1,
https://www.amazon.com/gp/product/B0BFWVPMF3/ref=ox_sc_act_title_1?s_mid=A7F3QFM911851&psc=1,
https://www.amazon.com/gp/product/B0BYVFZ5F6/ref=ox_sc_act_title_1?smid=ATV7A28X8CZOA&th=1)

The estimated average cost for hand sanitizer and a dispenser:

(<https://www.uline.com/Product/Detail/H-2288/Hand-Sanitizers/Purell-Hand-Sanitizer-Push-Button-Dispenser>,
https://www.amazon.com/gp/product/B002VHMY2C/ref=ox_sc_act_title_1?s_mid=A327Q7A6AXAF73&psc=1,
https://www.amazon.com/gp/product/B004F7LDFK/ref=ox_sc_act_title_1?smid=A2AUGB6PX1UPPG&psc=1).

The estimated average cost to purchase a portable handwashing sink is was determined from online research (Poly John, MOBI, Monsam, Cambro, and Regency) and industry representative outreach (Crown Verity, Satellite) per documentation available at

https://townhall.virginia.gov/L/GetFile.cfm?File=58\6160\9888\ORM_EconomicImpact_VDH_9888_v1.pdf).

Estimated cost for lifeguard certification: (<https://www.redcross.org/take-a-class/lifeguarding?latitude=37.5407246&longitude=-77.4360481&searchtype=class&zip=richmond%2C%20va>).

Average cost of a custom-made sign: (<https://www.smartsign.com/best-selling-custom-text-sign/sku-s-3078-all>, <https://www.signs.com/plastic-signs/>,
<https://www.customsigns.com/18-x-12-vinyl-aluminum-sign>)

Average cost of a first aid kit: (<https://www.ussafetykits.com/first-aid-kits/all-purpose-first-aid-kits/summer-camp-first-aid-kits/>).

Average cost of a reaching pole or shepherd's crook: (https://www.marine-rescue.com/telescoping-reaching-pole-6-12.html?gclid=EAIaIQobChMIXLKmy9CAgwMVmUNHAR2AXwxFEAQYBSABEgJ5zPD_BwE, <https://www.poolweb.com/products/16-foot-rescue-pole-two-8-foot-poles-connected-with-two-brass-bolts-and-locknuts?variant=34910846386314>, https://tcpglobal.com/products/usp-lf-018?currency=USD&stkn=ea543c203691&gad_source=1&gclid=EAIaIQobChMIXLKmy9CAgwMVmUNHAR2AXwxFEAQYDSABEgJM8fD_BwE,
<https://www.poolweb.com/products/life-hook-with-16-foot-rescue-pole-and->

[bolt-set-two-8-foot-poles-connected-with-brass-bolts?variant=34910846451850\)](https://www.amazon.com/gp/product/B09W9BKWDK/ref=ox_sc_act_title_1?smid=A27WUJ438R6AJZ&psc=1)

Average cost of a ring buoy, rescue tube, or throw bag:

(https://www.amazon.com/gp/product/B09W9BKWDK/ref=ox_sc_act_title_1?smid=A27WUJ438R6AJZ&psc=1, <https://www.thefirestore.com/Kemp-USA-Coast-Guard-Approved-Ring-Buoy?quantity=1&product-color=1510&product-size=1827>, https://cpr-savers.com/Coast-Guard-Approved-Ring-Buoy_p_3967.html, <https://www.webstaurantstore.com/kemp-usa-40-red-rescue-tube-with-plastic-clips-and-guard-logo-10202red/89610202RED.html>, https://www.amazon.com/gp/product/B01M0YCY12/ref=ox_sc_act_title_1?smid=A1MK3EL1DZNNOE&psc=1, https://cpr-savers.com/KEMP-40-Rescue-Tube-with-Plastic-Clips_p_3962.html, https://www.amazon.com/gp/product/B0BFV7KTRL/ref=ox_sc_act_title_1?smid=AR802LIE7JG02&psc=1, <https://www.webstaurantstore.com/kemp-usa-throw-bag-with-100-of-3-8-thick-yellow-rope-and-bengal-safety-whistle-10-228-100/89610228100.html>, https://www.amazon.com/gp/product/B09W181H65/ref=ox_sc_act_title_1?smid=A11IWFUTIL441G&psc=1)

Average cost of a backboard equipped with head immobilizer and sufficient straps: (<https://www.globalindustrial.com/p/aquatic-eg-plastic-spineboard-with-head-blocks-and-straps>, <https://www.poolweb.com/products/spineboard-with-straps-and-head-immobilizer-orange-combo?variant=34911053578378>, <https://thelifeguardstore.com/cj-plastic-rescue-6-backboard.html>)

Average cost of a U.S. Coast Guard approved personal floatation device: (<https://www.globalindustrial.com/p/offshore-life-vest-uscg-type-i-collared-orange-adult-universal-dx320rtj>, <https://www.globalindustrial.com/p/life-jacket-child-20-001-child>, <https://www.westmarine.com/west-marine-type-ii-near-shore-buoyant-life-jackets-kids-P0112474.html>)

Average cost of a throw rescue device:

(https://www.amazon.com/gp/product/B09W9BKWDK/ref=ox_sc_act_title_1?smid=A27WUJ438R6AJZ&psc=1, <https://www.thefirestore.com/Kemp-USA-Coast-Guard-Approved-Ring-Buoy?quantity=1&product-color=1510&product-size=1827>, https://cpr-savers.com/Coast-Guard-Approved-Ring-Buoy_p_3967.html, <https://www.webstaurantstore.com/kemp-usa-40-red-rescue-tube-with-plastic-clips-and-guard-logo-10202red/89610202RED.html>, https://www.amazon.com/gp/product/B01M0YCY12/ref=ox_sc_act_title_1?smid=A1MK3EL1DZNNOE&psc=1, https://cpr-savers.com/KEMP-40-Rescue-Tube-with-Plastic-Clips_p_3962.html, https://www.amazon.com/gp/product/B0BFV7KTRL/ref=ox_sc_act_title_1?smid=AR802LIE7JG02&psc=1, <https://www.webstaurantstore.com/kemp-usa-throw-bag-with-100-of-3-8-thick-yellow-rope-and-bengal-safety-whistle-10-228-100/89610228100.html>,

https://www.amazon.com/gp/product/B09W181H65/ref=ox_sc_act_title_1?smid=A11IWFUTIL441G&psc=1

Table 1b: Costs and Benefits under the Status Quo (No change to the regulation)

<p>(1) Direct & Indirect Costs & Benefits (Monetized)</p>	<p>There are no monetizable direct, or indirect costs associated with maintaining the status quo (no change to the regulation).</p> <p>The potential monetizable indirect benefit to maintaining the status quo (no change to the regulation) may include the agency’s cost saving on the additional inspection described in Table 1a. Maintaining the status quo could reduce the potential of an additional inspection at an estimated cost to the agency of \$74.31 per inspection (staff cost estimator & LHD survey*). There were 118 permitted overnight summer camps in Virginia in 2023. The additional inspection requirement would potentially cost the agency \$8,768.58 per year. However, this amount assumes all facilities will require a pre-opening and a routine inspection. This will not always be the case as many if not most facilities will not require a pre-opening inspection. *Estimated average EHS salary at \$51,156/year (fringe benefits not included in estimated salary).</p> <p>Another potential monetizable indirect benefit to maintaining the status quo may include the absence of lead testing requirements. Most resident camps are serviced by a public water supply or are regulated by the Office of Drinking Water (ODW), which requires regular water sampling and testing of nitrate and bacteriological samples. Lead is not part of the routine monitoring required by ODW and therefore may incur an estimated cost of approximately \$57 per lead sample. Camp drinking water locations will vary with each camp based upon size and structure. This potential cost savings may not outweigh the benefit of a preventative measure to protect the health of children. The only way to know if lead is present in a water system is to test the water. The EPA developed a program to assist schools and childcare facilities in determining the presence of lead in water supplies as a means to reduce potential lead exposure to children. The agency considers that if those protections are recommended for childcare facilities that it is appropriate that those same protections be extended to resident camps.</p> <p>There are no monetizable direct benefits to maintaining the status quo (no change to the regulation). Setting and meeting high standards for the health and safety of children and minor staff in resident camps is beneficial. Standards also support the accountability that parents’ expect when sending their children to a camp. It is anticipated that many or most resident camps already meet the provisions outlined in Table 1a, including background checks, water sampling (with the exception of lead testing), water treatment for field outings, sanitary facilities (including</p>
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	lighting and hand hygiene equipment and supplies), lifeguards and attendants, and safety equipment. Thus, it is expected that the formalization of the proposed requirements will not result in significant additional operational aspects, and the associated costs, beyond those already in place at Virginia’s resident camps. The diverse operation and design of resident camps prevents the estimation of the new costs that would be faced by an average or typical camp from the proposed requirements, such as supervision, health care and safety requirements (including first aid and CPR certification), and signage. However, the <i>new</i> costs for any one camp are expected to be far lower than the full costs of compliance with the proposed requirements.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) \$0	(b) \$8,768.58
(3) Net Monetized Benefit	\$8,768.58	
(4) Other Costs & Benefits (Non-Monetized)	<p>The no-action alternative to revising the Regulations would allow resident camp permitting, design, operation, maintenance, and health requirements to continue to remain unclear, conflicting, unaddressed, and/or outdated. This no-action alternative would result in non-monetized costs of inconsistent interpretation and enforcement of resident camps. In addition, there would be inadequate provisions for lodging, sanitary facilities, vector and disease control, camper safety, or administrative processes. Providing clear and up-to-date standards will help provide consistent oversight and management of camps while reducing the risk of illness and injury at resident camps throughout the Commonwealth. For the reasons previously stated, the agency is proposing to update and clarify all sections of the Regulations for Resident Camps, and to re-organize the overall content in a manner that is easy to follow, read, and understand. These proposed regulations pose to benefit camps, campers, and campers’ parents for the reasons stated in box (1) of this table. Implementation of state-wide regulations ensures that all camps are meeting evidence-based standards, avoids a patchwork camp-by-camp approach that results in varying quality and outcomes, and assures Virginia’s parents that no matter which camp they choose, they will know that a state permit means the camp meets those standards.</p> <p>Further, a no-action alternative would not align with the purpose and intent of the periodic review process required by Code of Virginia § 2.2-4017. Periodic review of regulations, and the Periodic Review of Existing Regulations process outlined in the August 2022 ORM Procedure Memo (Memo). The Memo that states that existing regulations shall be reviewed to “determine whether they should be continued without change or be amended or repealed, consistent with the stated</p>	

	objectives of applicable law, to minimize the economic impact on small businesses.” The periodic review of the Regulations resulted in a recommendation to amend the Regulations as current Regulations did not appear to be consistent with the stated objectives of the Code of Virginia § 35.1-16. Regulations governing summer camps. Specifically, the current regulations do not include a permit/licensure procedure, which § 35.1-16 mandates.
(5) Information Sources	ORM Procedures Manual: https://townhall.virginia.gov/ORM-Procedures-Memo-v2.pdf

Table 1c: Costs and Benefits under Alternative Approach(es)

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>During the development of the proposed amendments, stakeholders voiced the idea of exempting resident camps that are accredited by the American Camps Association (ACA), a national non-profit organization that provides a voluntary accreditation standard for camps. Exempting ACA accredited camps from regulation would, in a sense, establish performance standards for small businesses to replace design or operational standards required in the proposed regulation. This exemption would result in the agency issuing a permit to operate a resident camp based simply on the ACA accreditation. However, not all resident camps in Virginia are accredited through the ACA. Some camps are associated with different organizations, such as the Boy Scouts of America, and would not consider accreditation through the ACA. Other camps choose not to be accredited and still maintain sufficient operation and management of their camp.</p> <p>The monetizable direct costs associated with the alternative approach would include ACA Accreditation costs. The ACA reports that accredited-camp rates are based on the camp's operating budget and begin at \$808.</p> <p>There are no monetizable direct benefits associated with the alternative approach.</p> <p>There are no monetizable indirect benefits associated with the alternative approach.</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) \$808.00	(b)
(3) Net Monetized Benefit	-\$808.00	

(4) Other Costs & Benefits (Non-Monetized)	Other costs associated with the alternative approach includes the variability of ACA accreditation. The agency would have no influence or oversight over a national accreditation service that may or may not meet Virginia standards of health or safety or other regulatory requirements through other agencies or departments. This in turn could result in inconsistent permitting as some camps would be required to meet the regulations, while other camps would be permitted as ACA accredited without agency confirmation of meeting health and safety standards. Further, such inconsistent implementation of standards may result in improper management of a facility permitted by the agency and an inability for the agency to enforce efforts to protect health and safety of campers and camp staff.
(5) Information Sources	ACA Accreditation and volunteer cost: https://www.acacamps.org/membership/benefits ACA volunteers: https://www.acacamps.org/accreditation/accreditation-volunteers ; https://www.acacamps.org/accreditation/volunteers/become-visitor

Impact on Local Partners

Use this chart to describe impacts on local partners. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 2: Impact on Local Partners

(1) Direct & Indirect Costs & Benefits (Monetized)	Local partners or associations such as the American Camp Association or similar entities may be affected by this action in regard to notification and support to their constituents. Local and tribal governments, school divisions or other authorities are likely not affected by this action, unless they implement a local ordinance or other code specific to resident camps, or if they operate a resident camp. There are no monetizable direct or indirect costs or benefits to local partners.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) 0	(b) 0
(3) Other Costs & Benefits (Non-Monetized)	Potential indirect benefits to local partners associated with the proposed amendment may include improved public health and safety protections for resident camps. The modernization of regulations could improve business and public perception of the agency and the Commonwealth’s resident camps through the provision of a consistently implemented regulation that increases public health protections for children.	

(4) Assistance	
(5) Information Sources	

Impacts on Families

Use this chart to describe impacts on families. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 3: Impact on Families

(1) Direct & Indirect Costs & Benefits (Monetized)	There are no monetizable direct or indirect costs or benefits for families related to this proposed change.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) 0	(b) 0
(3) Other Costs & Benefits (Non-Monetized)	Other benefits to families related to this change include increased protections of health and safety for children who attend a resident camp. Parents who send their children to camp will be able to reference modern and up-to-date regulations that are easy to read and understand and that align with industry standards for resident camps.	
(4) Information Sources		

Impacts on Small Businesses

Use this chart to describe impacts on small businesses. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 4: Impact on Small Businesses

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>Many resident camps are small businesses. As a result, the potential monetizable direct costs and benefits for small businesses related to the proposed change are outlined in Table 1a.</p> <p>Small businesses engaged in summer camp adjunct services may incur monetizable indirect benefits in service fees as they may provide support or supplies to a resident in an effort to ensure camps are in compliance</p>
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	with the regulation. The monetizable benefit is undetermined due to variability in service and need.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) Table 1a	(b) Undetermined
(3) Other Costs & Benefits (Non-Monetized)	Reference Table 1a. Businesses will be able to increase health and safety protections through updated standards that are well defined, easy to read and understand, consistently implemented across the state, and that align with current industry standards and expectations.	
(4) Alternatives		
(5) Information Sources	Reference Table 1a	

Changes to Number of Regulatory Requirements

Table 5: Regulatory Reduction

For each individual action, please fill out the appropriate chart to reflect any change in regulatory requirements, costs, regulatory stringency, or the overall length of any guidance documents.

Change in Regulatory Requirements

VAC Section(s) Involved*	Authority of Change	Initial Count	Additions	Subtractions	Total Net Change in Requirements
12VAC5-440-10 (repeal)	(M/A):	0			0
	(D/A):	0			0
	(M/R):	1		-1	-1
	(D/R):	2		-2	-2
12VAC5-440-20 (repeal)	(M/A):	0			0
	(D/A):	0			0
	(M/R):	1		-1	-1
	(D/R):	4		-4	-4
12VAC5-440-30 (repeal)	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0			0

	(D/R):	2		-2	-2
12VAC5-440-40 (repeal)	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0			0
	(D/R):	16		-16	-16
12VAC5-440-50 (repeal)	(M/A):	0			0
	(D/A):	0			0
	(M/R):	1		-1	-1
	(D/R):	10		-10	-10
12VAC5-440-60 (repeal)	(M/A):	0			0
	(D/A):	0			0
	(M/R):	3		-3	-3
	(D/R):	5		-5	-5
12VAC5-440-70 (repeal)	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0			0
	(D/R):	2		-2	-2
12VAC5-440-80 (repeal)	(M/A):	0			0
	(D/A):	0			0
	(M/R):	1		-1	-1
	(D/R):	1		-1	-1
12VAC5-440-90 (repeal)	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0			0
	(D/R):	0			0
12VAC5-440-100 (all new starting with 100)	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0			0
	(D/R):	0			0
12VAC5-440-120	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0			0

	(D/R):	0			0
12VAC5-440-130	(M/A):	0			0
	(D/A):	0	12		+12
	(M/R):	0			0
	(D/R):	0	9		+9
12VAC5-440-140	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0			+3
	(D/R):	0			0
12VAC5-440-150	(M/A):	0			0
	(D/A):	0	5		+5
	(M/R):	0			0
	(D/R):	0	11		+11
12VAC5-440-160	(M/A):	0	4		+4
	(D/A):	0			0
	(M/R):	0	8		+8
	(D/R):	0	2		+2
12VAC5-440-170	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0	2		+2
	(D/R):	0			0
12VAC5-440-180	(M/A):	0	4		+4
	(D/A):	0	6		+6
	(M/R):	0			0
	(D/R):	0	1		+1
12VAC5-440-190	(M/A):	0	1		+1
	(D/A):	0	1		+1
	(M/R):	0			0
	(D/R):	0	1		+1
12VAC5-440-200	(M/A):	0	7		+7
	(D/A):	0	2		+2
	(M/R):	0	2		+2

	(D/R):	0	5		+5
12VAC5-440-210	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0			0
	(D/R):	0	12		+12
12VAC5-440-220	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0			0
	(D/R):	0	5		+5
12VAC5-440-230	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0			0
	(D/R):	0	8		+8
12VAC5-440-240	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0			0
	(D/R):	0	48		+48
12VAC5-440-250	(M/A):	0	1		+1
	(D/A):	0			0
	(M/R):	0	2		+2
	(D/R):	0	4		+4
12VAC5-440-260	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0			0
	(D/R):	0	14		+14
12VAC5-440-270	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0	1		+1
	(D/R):	0	6		+6
12VAC5-440-280	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0	8		+8

	(D/R):	0	23 (plus 32 from DIBR)		+55
12VAC5-440- 290	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0	3		+3
	(D/R):	0	11		+11
12VAC5-440- 300	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0	1		+1
	(D/R):	0	1		+1
12VAC5-440- 310	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0	4		+4
	(D/R):	0	23		+23
12VAC5-440- 320	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0	2		+2
	(D/R):	0	5		+5
12VAC5-440- 330	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0			0
	(D/R):	0	5		+5
12VAC5-440- 340	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0	7		+7
	(D/R):	0	20		+20
12VAC5-440- 350	(M/A):	0			0
	(D/A):	0	1		+1
	(M/R):	0			0
	(D/R):	0	15		+15
12VAC5-440- 360	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0			0

	(D/R):	0	20		+20
12VAC5-440-370	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0	2		+2
	(D/R):	0	6		+6
12VAC5-440-380	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0			0
	(D/R):	0	3		+3
12VAC5-440-390	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0	2		+2
	(D/R):	0	6		+6
12VAC5-440-400	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0	4		+4
	(D/R):	0	21		+21
DIBRS *(specified here but counted in section 280)	(M/A):	0			0
	(D/A):	0			0
	(M/R):	0			0
	(D/R):	0	32*		0*
Grand Total of Changes in Requirements:	(M/A):	+17			
	(D/A):	+27			
	(M/R):	+44			
	(D/R):	+275			

Cost Reductions or Increases (if applicable)

VAC Section(s) Involved*	Description of Regulatory Requirement	Initial Cost	New Cost	Overall Cost Savings/Increases
12VAC5-440 et seq.	Repeal of sections 10-90; addition of sections 100-400	\$0	As outlined in Table 1a: \$13,754.69	Overall cost increase of \$13,754.69

Other Decreases or Increases in Regulatory Stringency (if applicable)

VAC Section(s) Involved*	Description of Regulatory Change	Overview of How It Reduces or Increases Regulatory Burden
12VAC5-440 et seq.	Repeal of sections 10-90; addition of sections 100-400	<p>§ 35.1-16 of the Code of Virginia outlines the minimal content of the required regulations governing summer camps. The Regulations as written do not meet all the Code requirements, including provisions that clearly define and outline the requirements to meet and maintain:</p> <ul style="list-style-type: none"> • An approved drinking water supply, • An approved sewage disposal system, • Solid waste disposal provisions, • Adequate and sanitary preparation, handling, protection, and preservation of food, • Vector and pest control • Toilet, swimming, and bathing facilities, including showers, or • A procedure for obtaining a license. <p>The amendment will include the addition of sections related to general administrative provisions (definitions, variances, and permitting), inspections and enforcement, and staffing policies that are absent from current regulation. Many of the changes refine and provide further clarity to existing regulations, including camp location, water supplies, food handling, sewage and</p>

		<p>solid waste disposal, general sanitation, swimming facilities, and the reporting of contagious disease and outbreaks.</p> <p>Significant changes include replacing the title “Summer Camp” with “Resident Camp”, amending out-of-date provisions, incorporating health and safety provisions that have become part of industry standards since the inception of the regulations over 70 years ago, and reorganizing sections to make them easier to understand and follow.</p> <p>Reference Table 1 of TH-02 for summary of individual section change intent, rationale, and impacts.</p>

1 **Project 7010 - Proposed**

2 **Department of Health**

3 **Amend Regulations as a Result of Periodic Review**

4 **Chapter 440**

5 **Regulations for Summer Resident Camps**

6 **~~12VAC5-440-10. Camp location. (Repealed.)~~**

7 ~~A. Camps shall be located so that free drainage is provided in a direction to make any chance~~
8 ~~of pollution of its water supply from the camp itself or outside sources impossible.~~

9 ~~B. The immediate vicinity of the camp must be free of stagnant pools, manure piles, garbage~~
10 ~~heaps and other mosquito and fly breeding places.~~

11 ~~C. Close proximity of camps to main or frequently traveled highways is to be avoided unless~~
12 ~~adequate provision for the safety of the campers is provided.~~

13 **~~12VAC5-440-20. Water supply. (Repealed.)~~**

14 ~~A. An adequate supply of drinking water of an approved sanitary quality shall be provided.~~

15 ~~B. The source of water supply, its storage and distribution shall be protected from surface~~
16 ~~drainage and other means of pollution.~~

17 ~~C. The use of common drinking cups shall be prohibited.~~

18 **~~12VAC5-440-30. Milk. (Repealed.)~~**

19 ~~All milk served at the camp shall be graded, and refrigerated at or below a temperature of~~
20 ~~50°F until used.~~

21 **~~12VAC5-440-40. Storage, handling and preparation of food. (Repealed.)~~**

22 ~~A. All perishable foods or drinks shall be refrigerated at or below a temperature of 50°F except~~
23 ~~when being prepared or served. Refrigerators shall be adequate in size, maintain a temperature~~
24 ~~at or below 50°F and be kept clean and sanitary.~~

25 ~~B. Prepared foods and foods served in the raw state shall be so stored as to be protected~~
26 ~~from dust, flies, vermin and other methods of contamination.~~

27 ~~C. Adequate and convenient handwashing facilities, including warm water, soap and~~
28 ~~individual towels shall be provided for all persons engaged in handling, preparing and serving~~
29 ~~food.~~

30 ~~D. Adequate facilities shall be provided and maintained for the washing, rinsing and~~
31 ~~bactericidal treatment of all eating and drinking utensils, each to be a separate and distinct~~
32 ~~operation.~~

33 ~~Adequate facilities for heating water for cleaning must be provided. An approved detergent~~
34 ~~must be used.~~

35 ~~One of the following methods of bactericidal treatment must be used. After washing and~~
36 ~~rinsing utensils must be submerged in hot water at 170°F or more, for at least two minutes; or~~
37 ~~submerged in an approved solution of proper strength for at least two minutes.~~

38 ~~E. All utensils used in the preparation, cooking or serving of food or drink shall be thoroughly~~
39 ~~cleaned after each use and stored so as to be kept clean and free from dust, dirt, insects and~~
40 ~~other contaminating agents.~~

41 **12VAC5-440-50. Excreta disposal. (Repealed.)**

42 A. ~~Every camp shall be provided with adequate toilet facilities conveniently located and of a~~
43 ~~type which provides for the disposal of human wastes or excrements in such a manner that they~~
44 ~~shall not be accessible to flies or endanger a source of drinking water. Toilet facilities must~~
45 ~~conform to the standards of the State Health Department.~~

46 B. ~~Those camps admitting individuals of both sexes shall provide separate toilets and they~~
47 ~~shall be plainly marked.~~

48 C. ~~Toilets shall be kept in a clean condition, in good repair and well lighted and ventilated.~~

49 **12VAC5-440-60. General sanitation. (Repealed.)**

50 A. ~~All waste shall be properly disposed of and all garbage and trash shall be kept in suitable~~
51 ~~receptacles in such a manner as not to become a nuisance, and be disposed of in a sanitary~~
52 ~~manner.~~

53 B. ~~All rooms, huts, shacks, tents and other buildings and all furniture and equipment therein~~
54 ~~shall be kept tidy, clean and in a sanitary condition.~~

55 C. ~~Screening shall be provided for all permanent kitchens and dining rooms or some other~~
56 ~~equally efficient means of preventing flies access to those rooms.~~

57 **12VAC5-440-70. Swimming facilities. (Repealed.)**

58 ~~All reasonable precautions must be taken to prevent pollution of swimming water by human~~
59 ~~excreta from sources in the vicinity of the camp. If a swimming pool is made of concrete or other~~
60 ~~impervious material, arrangements should be made to change the water at intervals.~~

61 **12VAC5-440-80. Report of contagious diseases and outbreaks of disease. (Repealed.)**

62 ~~Notice shall be sent immediately to the State Health Commissioner by the camp director of~~
63 ~~the occurrence of any contagious, infectious or communicable disease in any camper or~~
64 ~~employee of the camp or any epidemic, outbreak of usual number of cases of any illness including~~
65 ~~diarrhea, gastroenteritis and food poisoning.~~

66 **12VAC5-440-90. Recommendations. (Repealed.)**

67 ~~In addition to the foregoing requirements, the State Department of Health advises that insofar~~
68 ~~as is practicable the following recommendations be observed:~~

- 69 ~~1. High or gently sloping grounds with sandy or porous soil as preferable campsites;~~
- 70 ~~2. Areas known to be heavily infested with ticks or containing unusual numbers of snakes~~
71 ~~should be avoided as campsites; and~~
- 72 ~~3. If available, only pasteurized milk should be served as a beverage and it should be~~
73 ~~served in the container in which it was originally bottled at the dairy or plant.~~

74 **12VAC5-440-100. Definitions.**

75 ~~The following words and terms when used in this chapter shall have the following meanings~~
76 ~~unless the context clearly indicates otherwise:~~

77 ~~"Adult" means a person 18 years of age or older.~~

78 ~~"Administrative Process Act" or "APA" means Chapter 40 (§ 2.2-4000 et seq.) of Title 2.2 of~~
79 ~~the Code of Virginia.~~

80 ~~"Applicable building code" means the local or statewide building code and referenced~~
81 ~~standards in effect at the time the building or portion thereof was constructed, altered, renovated,~~
82 ~~or underwent a change of occupancy. "Applicable building code" includes the Virginia Uniform~~
83 ~~Statewide Building Code (13VAC5-63).~~

84 ~~"Aquatic activity" means a recreational or instructional activity occurring in or on a natural or~~
85 ~~man-made body of water. "Aquatic activity" does not include fishing from a dock or shore or~~
86 ~~engaging in contact with water depths less than 12 inches.~~

87 "Attendant" means a person assigned to control campers in a safe and orderly manner.

88 "Bed" means a piece of furniture for sleep or rest, typically a framework with a mattress and
89 coverings, including a cot or bunk. "Bed" includes (i) a sleeping pad; (ii) an air mattress; or (iii) a
90 mat placed on the floor for an individual camper in a permanent or temporary sleeping quarter.

91 "Boat" means any vessel or other watercraft, whether moved by oars, paddles, sails, or other
92 power mechanism, inboard or outboard, or any other vessel or structure floating on water in the
93 Commonwealth, whether or not capable of self-locomotion, including cruisers, cabin cruisers,
94 runabouts, houseboats and barges.

95 "Camp health supervisor" means an adult responsible for supervising routine and emergency
96 health care at the resident camp.

97 "Camp staff" means paid or unpaid personnel involved with resident camp operations.

98 "Camper" means a minor child who receives care and supervision at the resident camp.

99 "Campsite" means any plot of ground within a resident camp used or intended for the
100 exclusive occupation by a camping unit.

101 "Camping unit" means tents, tent trailers, travel trailers, camping trailers, pick-up campers,
102 motor homes, yurts, cabins, or any other device or vehicular-type structure as may be developed,
103 marketed, and used by the camping trade for use as temporary living quarters or shelter during
104 periods of recreation, vacation, leisure time, or travel.

105 "Commissioner" means the State Health Commissioner or the State Health Commissioner's
106 designee or designated agent.

107 "Communicable disease" means a disease caused by a microorganism such as a bacterium,
108 virus, fungus, or parasite that can be transmitted from person to person via an infected body fluid
109 or respiratory spray, with or without an intermediary agent such as a louse or mosquito or
110 environmental object such as a table surface.

111 "CPR" means cardiopulmonary resuscitation.

112 "Department" means the Virginia Department of Health.

113 "Health care provider" means a licensed physician, a licensed physician assistant practicing
114 pursuant to a valid practice agreement, or a licensed nurse practitioner practicing autonomously
115 or pursuant to a valid practice agreement.

116 "Lifeguard" means an individual who has successfully completed a lifeguard training course
117 offered by a training agency that provides certification in lifeguarding, first aid, CPR, and
118 automated external defibrillator (AED) use that is appropriate for the aquatic venue and holds a
119 current certificate for such training.

120 "Minor" means a person less than 18 years of age.

121 "Operator" means the owner or lessee of a resident camp or the person employed or
122 contracted by the owner or lessee who is responsible for the management and general
123 administrative operation of the resident camp.

124 "Outbreak" shall have the same meaning as defined in 12VAC5-90-10.

125 "Pest" means an animal or insect that is a nuisance and may transmit disease to the general
126 public. Pest includes (i) cockroaches, (ii) bed bugs, (iii) flies, (iv) mosquitoes, (v) bats, (vi) rodents,
127 and (vii) ticks.

128 "Permanent structure" means a structure fixed to the ground by any type of foundation, slab,
129 pier, permanent pole, or other means allowed by applicable building code.

130 "Physical facilities" means all buildings, grounds, equipment, and infrastructure directly
131 associated with a resident camp and camp activities.

132 "Planned program" means an experience that provides an activity undertaken for the purpose
133 of exercise, relaxation, or pleasure, or any activity that imparts knowledge or skill in a group setting
134 typically occurring in the outdoors under the supervision of resident camp staff.

135 "Potable water", also known as pure water, means water fit for human consumption that is (i)
136 sanitary and normally free of minerals, organic substances, and toxic agents in excess of
137 reasonable amounts and (ii) adequate in quantity and quality for the minimum health requirements
138 of the persons served.

139 "Private well" shall have the same meaning as defined in 12VAC5-630-10.

140 "Rental group" means a camp, group, or program operating as a resident camp that has a
141 written agreement to rent or use another permitted resident camp's facilities or rent or use an
142 existing facility that is not a permitted camp, such as a college university or other campus facility.

143 "Resident camp" means any building, tent, or vehicle or group of buildings, tents, or vehicles
144 if operated as one place or establishment, or any other place or establishment, public or private,
145 together with adjacent land and waters, that is operated or used for the entertainment, education,
146 recreation, religious instruction or activities, physical education, or health of minors who are not
147 related to the operator of such place or establishment by blood or marriage within the third degree
148 of consanguinity or affinity, if 12 or more such persons at any one time are accommodated,
149 gratuitously or for compensation, overnight and during any portion of more than two consecutive
150 days. This definition includes the historically used term overnight "summer camp." "Resident
151 camp" does not include any of the following:

- 152 1. An overnight planned program of recreation or education for families;
- 153 2. An overnight planned program for credit at an accredited academic institution; or
- 154 3. A tournament, competition, visitation, recruitment, campus conference, or a sports team
155 training camp that is provided overnight lodging in a facility permitted by the department,
156 such as a hotel or campground.

157 "Sanitary facility" means a bath house, bathrooms, privies, changing rooms, hand sinks,
158 portable toilets, showers, toilets, or any portion or grouping thereof.

159 "Semi-permanent structure" means any structure that is not designed to be solely temporary
160 in nature and which cannot be deconstructed within a reasonable time and carried from the
161 property by a single person, including yurts and event tents.

162 "Sewage" shall have the same meaning as defined in 12VAC5-610-120.

163 "Specialized program activity" means an activity that requires a special technical skill,
164 equipment, or safety regulation, including fire building for outdoor cooking, kilns, and campfires;
165 foraging for edible plants; ice fishing; pyrotechnics; horseback riding; challenge courses; air
166 pillows; zip lines; archery; motorized vehicles; power tools; model rocketry; and use of firearms.

167 "Tent" means a collapsible shelter that is sustained or stretched over a supporting framework
168 of poles, ropes, and pegs. A "tent" is neither a permanent structure nor a semi-permanent
169 structure.

170 "Waterworks" shall have the same meaning as defined in 12VAC5-590-10.

171 **12VAC5-440-110. [Reserved].**

172 **12VAC5-440-120. Enforcement not limited.**

173 A. The department may enforce this chapter through any means lawfully available pursuant
174 to Title 35.1 of the Code of Virginia, and nothing in this chapter shall be construed as preventing
175 the department from making efforts to obtain compliance through warning, conference, or other
176 appropriate enforcement means.

177 B. A person who violates a provision of this chapter may be subject to penalties pursuant to §
178 35.1-7 of the Code of Virginia.

179 **12VAC5-440-130. Variances.**

180 A. The commissioner may waive, in whole or in part, one or more of the regulations in this
181 chapter if, in the commissioner's discretion, (i) the hardship, which may be economic, imposed by
182 the regulation outweighs the benefits that may be received by the public and (ii) granting the
183 variance would not subject the public to health risks or adverse environmental impact.

184 B. A permit holder or applicant who seeks a variance shall submit a written request to the local
185 health department in which the resident camp is located. The request shall include:

- 186 1. A citation to the regulation from which a variance is requested;
187 2. The nature and duration of the variance requested, including the specific hardship
188 imposed by the regulation;
189 3. Evidence that establishes that granting the variance would not subject the public to
190 health risks or adverse environmental impact;
191 4. Suggested conditions that might be imposed on the granting of the variance that would
192 limit the adverse impact on the public health and environment; and
193 5. Other information believed pertinent by the applicant.

194 C. The permit holder or applicant shall provide other information as the local health
195 department or commissioner may require to evaluate the variance request.

196 D. The department shall notify the resident camp owner or operator of the decision to grant or
197 deny a variance request within 90 calendar days of receipt of a request containing all information
198 required pursuant to subsection B of this section.

199 E. If the commissioner grants a variance request, the notice required by subsection D of this
200 section shall include:

- 201 1. A citation to the regulation from which the variance is granted;
202 2. The duration of the variance; and
203 3. The conditions, if any, imposed on the granting of the variance.

204 F. If the commissioner denies the variance request, the notice required by subsection D of
205 this section shall include the reasons for denial and shall provide an opportunity for an informal
206 fact-finding conference pursuant to § 2.2-4019 of the Code of Virginia.

207 G. The commissioner may revoke a variance if (i) circumstances relevant to the variance
208 change; (ii) additional information becomes known that alters the basis for the original decision;
209 (iii) the resident camp fails to meet any conditions imposed by the granting of the variance; (iv)
210 the variance subjects the public to health risks or adverse environmental impact; or (v) the permit
211 for which the variance was granted expires or is suspended or revoked.

212 H. A variance granted to an operator may not be transferable.

213 I. The operator shall post the variance conspicuously in the office of the resident camp or on
214 the premises if no office is available.

215 J. If a variance is denied, expires, or is revoked, the operator shall ensure that the resident
216 camp complies with the regulation.

217 **12VAC5-440-140. Compliance with the Uniform Statewide Building Code and local**
218 **requirements.**

219 A resident camp shall comply with the applicable building code, the applicable Virginia
220 Statewide Fire Prevention Code (13VAC5-51), and other applicable local laws and ordinances.

221 **12VAC5-440-150. Plan review.**

222 A. To ensure the provision of adequate sanitation and general design of facilities and
223 recreation areas at a resident camp, a person planning construction, addition, or renovation to
224 any resident camp shall, at least 90 days prior to the initiation of any such activity, submit to the

225 local health department in the locality in which the proposed project is located, a Resident Camp
226 Plan Review form, and complete and legible plans or documentation. The plans or documentation
227 shall include:

228 1. The name and address of the permit holder or person applying to be the permit holder
229 and a designation of whether that person is the owner, lessee, or the intended operator of
230 the resident camp;

231 2. The location, boundaries, and dimensions of the proposed project and existing resident
232 camp;

233 3. The proposed or existing method and location of the sewage disposal system, copies
234 of permits to construct or operate the systems, or the proposed or existing connection to
235 central sewage facilities. If a central sewage facility or third party is providing sewage
236 service, a letter of intent from the utility to accept the waste shall be provided;

237 4. The proposed or existing sources and location of the potable water supply;

238 5. The number, location, and dimensions of all shelters, campsites, buildings, structures,
239 recreation areas, and other resident camp related venues;

240 6. The number, description, and location of all proposed or existing sanitary facilities; and

241 7. Other pertinent information as the department may deem necessary.

242 B. Minor facility repairs, construction, addition, or renovations shall not require plan review if
243 they do not require permitting pursuant to the applicable building code or if they do not change
244 the primary use, capacity, or occupancy of a building or structure.

245 C. If the department determines, upon review, that the proposed plans, if executed, will meet
246 the requirements of this chapter and other applicable laws and regulations designed to protect
247 the public health, the department shall issue written approval to the applicant.

248 D If the department determines that the proposed plans will not meet the requirements of this
249 chapter and other applicable laws and regulations designed to protect the public health, the
250 department shall deny the plans and shall notify the applicant in writing of any deficiency in the
251 plans that constitute the basis for denial. The applicant shall be notified of the opportunity for
252 administrative process pursuant to the APA.

253 E. No person may begin construction, renovation, or addition to a resident camp until written
254 approval has been granted by the department.

255 F. If construction, renovation, or addition is not started within two years from the date of
256 approval, the approval of the plans shall expire and the applicant must re-submit the plans for
257 approval.

258 G. All construction, renovation, or additions shall be done in accordance with and limited to
259 work covered by the plans and recorded changes that have been approved by the department.

260 **12VAC5-440-160. Permit to operate.**

261 A. No person may, directly or indirectly, conduct, control, manage, operate, or maintain a
262 resident camp within the Commonwealth without a valid permit to operate a resident camp from
263 the department.

264 B. A separate permit to operate is required for each resident camp.

265 C. An authorized representative of a resident camp shall submit a Resident Camp Application
266 form for a permit to operate a resident camp to the local health department at least 30 calendar
267 days before the camp is to be opened. The application shall include:

268 1. The resident camp's physical address;

269 2. The name and contact information for the owner of the resident camp and of the lessee,
270 if applicable;

- 271 3. The operator's name and, if the operator is not the owner or lessee, the operator's
272 contact information;
273 4. The anticipated dates of operation the resident camp;
274 5. The number of campers expected to attend;
275 6. The age of campers;
276 7. A description of the lodging provided;
277 8. A description of the water supply, sewage disposal, and sanitary facilities;
278 9. A list and description of all specialized program activities and aquatic activities offered;
279 10. The animals present at the camp, if any, and associated activities; and
280 11. The owner or lessee's signature and the date of signature.

281 D. The applicant for a permit shall submit additional information regarding the resident camp
282 to the department upon request.

283 E. If the department finds that the resident camp complies with this chapter, the department
284 shall issue a permit to the resident camp owner or lessee.

285 F. If, after receipt of an application to operate a resident camp, the department finds the camp
286 does not comply with this chapter, the department shall notify the applicant in writing (i) citing the
287 items that constitute the reasons for denial and (ii) providing the applicant with the opportunity for
288 administrative process pursuant to the APA.

289 G. The operator shall post the permit conspicuously in the office of the resident camp or on
290 the premises if no office is available.

291 H. A permit shall expire 12 months from the date of issuance. A permit may not be assignable
292 or transferable.

293 **12VAC5-440-170. Rental groups.**

294 A. A rental group operating as a resident camp at a facility that is not owned or primarily and
295 consistently operated by the rental group shall either (i) ensure that the facility holds a valid and
296 current resident camp permit or (ii) obtain a resident camp permit as a lessee.

297 B. The lessee shall ensure the rented camp facility is constructed, operated, and maintained
298 in compliance with the requirements as set forth in this chapter.

299 **12VAC5-440-180. Inspection.**

300 A. The department, pursuant to §§ 35.1-20 and 35.1-22 of the Code of Virginia, shall conduct
301 inspections as necessary to determine satisfactory compliance with this chapter. The department
302 shall inspect a resident camp:

303 1. Before permit issuance for a permitted resident camp that:

304 a. Has not been permitted in the preceding year;

305 b. Has undergone modifications in the water delivery, sewage conveyance, or sewage
306 disposal systems;

307 c. Has modified their sanitary facilities; or

308 d. Has made changes to structural facilities that prompted a plan review since the
309 issuance of the last annual permit.

310 2. At least once per permit period during normal operating hours; and

311 3. As needed in response to a complaint or other inquiries or requests that may impact
312 public health and safety.

313 B. Upon completion of an inspection, the department shall provide a signed inspection report
314 to the camp operator that includes descriptions of observed alleged violations and citations to the

315 alleged regulatory violations. The inspection report shall establish time frames for compliance with
316 this chapter and provide an opportunity for administrative process pursuant to the APA.

317 **12VAC5-440-190. Performance-based and risk-based inspections.**

318 Pursuant to § 35.1-22 of the Code of Virginia, the department may increase the frequency of
319 inspections based upon an assessment of a resident camp's history of compliance with this
320 chapter and the facility's potential as a contributor of illness or physical injury by evaluating:

321 1. Past performance for numerous or repeat violations of this chapter within the previous
322 three years;

323 2. The hazards associated with physical safety, facility maintenance, program activities,
324 or functioning equipment; and

325 3. The number and age of people served and whether the population served is a highly
326 susceptible population. "Highly susceptible population" means persons who are more
327 likely than other people in the general population to experience illness or disease because
328 they are immunocompromised or preschool age children.

329 **12VAC5-440-200. Enforcement, notices, informal conferences.**

330 A. The department may, after providing a notice of intent to revoke a permit, and after
331 providing an opportunity for an informal conference in accordance with § 2.2-4019 of the Code of
332 Virginia, revoke a permit for repeat or continuing violations of this chapter. A person to whom a
333 notice of revocation is directed shall immediately comply with the notice. The department shall
334 revoke the permit if the permit holder fails to appear at or makes no effort to reschedule the
335 informal conference.

336 B. Upon revocation, the former permit holder shall be given an opportunity for appeal of the
337 revocation pursuant to the APA.

338 C. A person whose permit has been revoked may apply for a new permit by following the
339 procedures outlined in 12VAC5-440-160.

340 D. The department may suspend a permit to operate a resident camp if, in the department's
341 discretion, continued operation constitutes a substantial and imminent threat to public health.
342 Upon receipt of a notice that the permit is suspended, the permit holder shall cease operations
343 immediately.

344 E. If a permit is suspended, the department shall provide written notification to the permit
345 holder of the suspension and of the opportunity for an informal conference pursuant to § 2.2-4019
346 of the Code of Virginia.

347 F. A request for an informal conference shall be in writing and shall be filed with the local
348 health department by the holder of a suspended permit. The department shall afford the holder of
349 a suspended permit an opportunity for an informal conference within seven business days of
350 receipt of a request for the informal conference.

351 G. The department may end the suspension at any time if the reason for the suspension no
352 longer exists.

353 H. A permit holder affected by a determination issued in connection with the enforcement of
354 this chapter may challenge such determination pursuant to the APA.

355 **12VAC5-440-210. Employee requirements.**

356 A. A resident camp shall maintain and enforce a written policy that outlines staff hiring
357 provisions that include a Criminal History Records Check or National Criminal Background Check
358 for employees or volunteers, as appropriate, through the Central Criminal Records Exchange.
359 The policy shall be reviewed, signed, and dated by legal counsel or a human resources
360 professional every three years. The operator shall maintain the policy at the resident camp facility
361 and shall make the policy available to the local health department upon request.

362 B. The policy maintained pursuant to subsection A of this section shall require that all new
363 and existing camp staff have a background check performed pursuant to the following schedule:

- 364 1. Year-round staff: every three years; and
- 365 2. New or returning seasonal staff: every year.

366 C. Before hiring resident camp staff, the operator shall review and compare resident camp
367 staff applications to the national sex offender public registry of the U.S. Department of Justice and
368 other relevant public record information. A resident camp shall prohibit the hiring or acceptance
369 of volunteers, or otherwise allow on premises, anyone registered as a sex offender.

- 370 D. A resident camp shall not employ or allow volunteer selection of any person who has:
- 371 1. A conviction or pending criminal charges of a violent crime against a person or animal;
 - 372 2. A conviction or pending criminal charges of any crime involving a child as the victim; or
 - 373 3. A conviction or pending criminal charges of possession or facilitation of child
374 pornography.

375 E. Within one year of (insert the effective date of this regulation), the operator shall ensure
376 that all new and existing camp staff have had a background check performed pursuant to the
377 schedule in subsection B of this section.

378 **12VAC5-440-220. Supervision.**

379 A. During resident camp operation, on-duty resident camp staff shall actively attend and
380 supervise campers throughout camp facilities and during activities. The resident camp staff to
381 camper ratio shall be maintained, at a minimum, as outlined in Table 1. For the purposes of
382 determining staff to camper ratio, any staff not actively attending campers, including kitchen,
383 maintenance, or administrative staff, are not included.

<u>Camper Age</u>	<u>Max number of campers per single camp staff member</u>
<u>5 years and younger</u>	<u>5</u>
<u>6-8 years</u>	<u>6</u>
<u>9-14 years</u>	<u>8</u>
<u>15-18 years</u>	<u>10</u>

384 B. A specialized program activity shall be led and directly supervised by an adult trained in
385 the activity, operation, use, process, or other procedure or method applicable to the specialized
386 activity. Minor resident camp staff that assist with a specialized program activity shall be trained
387 and instructed by a trained adult before assisting and shall be supervised during all specialized
388 activities.

389 C. A non-specialized program activity may be directly led by a minor resident camp staff
390 member or camper provided the minor camp staff member or camper is approved by camp
391 management to lead campers in that activity. "Non-specialized program activity" means a general
392 camp activity that does not require a special technical skill, equipment, or safety regulation other
393 than those that generally apply throughout camp, including singing, nature studies, religious
394 instruction, and arts and crafts.

395 **12VAC5-440-230. Resident camp register.**

396 The camp operator shall maintain a written resident camp register starting at the beginning of
397 the resident camp season or each calendar year that records each camper's (i) name; (ii) home
398 address; (iii) telephone number; (iv) email address; (v) parent, legal guardian, or other emergency
399 contact; and (vi) camp attendance dates. The resident camp register shall be maintained at the
400 camp facility for a minimum of three years and be available upon request by the local health
401 department.

402 **12VAC5-440-240. Health care and safety.**

403 A. The operator shall designate a person as the camp health supervisor who is responsible
404 for supervising routine and emergency health care at the resident camp. The camp health
405 supervisor's responsibilities shall include health care related corrective or preventive measures,
406 as applicable and as directed by a staff or consulting health care provider, that impact the health,
407 safety, and well-being of the resident camp staff and camp occupants. The camp health
408 supervisor shall hold current certification in basic first aid and basic life support.

409 B. Before operation and at least annually thereafter, the camp health supervisor shall make
410 written arrangements for medical care of campers and camp staff by a staff health care provider,
411 consulting health care provider, or the consulting health care provider's practice.

412 C. The operator shall maintain health records for each person attending a resident camp. The
413 records shall include:

- 414 1. The name, date of birth, and address;
- 415 2. The name, address, and telephone number of a minor's parents or legal guardians;
- 416 3. The medical history, including immunization history, and dates of hospital admission
417 and discharge, if applicable;
- 418 4. Any physical, developmental, or behavioral conditions or limitations;
- 419 5. Any allergy information;
- 420 6. Any medications used or prescribed;

421 D. The camp health supervisor shall, if medication is administered or treatment provided to a
422 camper or minor camp staff member, include the following information in the records maintained
423 pursuant to subsection C of this section:

- 424 1. The camper to whom medication is administered or treatment provided;
- 425 2. The amount and type of medication administered to the camper;
- 426 3. The day and time the medication was administered to the camper;
- 427 4. The staff member administering the medication;
- 428 5. Any adverse reaction; and
- 429 6. Any medication administration error.

430 E. A health care provider or emergency room shall be available or on call for medical
431 emergencies. Transportation shall be available for any emergency either through an onsite
432 vehicle designated for emergency transport or requested through 911 emergency medical
433 transportation.

434 F. The operator shall obtain signed permission by a camper's parent or legal guardian for
435 resident camp staff to provide routine health care treatment, including the administration of
436 medication. The operator shall maintain health care permission records at the camp facility for a
437 minimum of three years and shall make the records available to the local health department upon
438 request.

439 G. Prescription and non-prescription medication shall only be given to a camper according to
440 prescription instructions, manufacturer's instructions, or any standing orders, if applicable, and
441 with written authorization from the camper's parent or legal guardian.

442 1. Medication may only be administered by an adult camp staff member whom the camp
443 health supervisor approved to administer medication, except for the administration of life-
444 saving medications including epinephrine auto-injectors, inhalers, insulin, antiseizure
445 medications, or another medication or device used in the event of life-threatening
446 situations.

447 2. A camper or camp staff member may carry life-saving medication to ensure the
448 medication is always accessible and available as needed. The operator shall obtain and
449 maintain written consent from a camper's or minor camp staff member's parent or legal
450 guardian to carry the life-saving medication.

451 3. Camp staff may only administer prescription medication that was dispensed from a
452 pharmacy and maintained in the original, labeled container and may administer
453 prescription medication only to the person identified on the prescription label in
454 accordance with the prescriber's instructions pertaining to dosage, frequency, and manner
455 of administration.

456 H. If needed, the camp health supervisor shall ensure that medication is refrigerated. If
457 medication is stored in a refrigerator also used for food, the medication shall be stored together
458 in a container or in a clearly defined area away from food.

459 I. With the exception of prescriptions designated by a written health care provider's order,
460 including medication or a device used in the event of life-threatening situations, or refrigerated
461 medication and staff's personal medication, the camp health supervisor shall keep medication in
462 a locked place using a secure locking method that prevents access by children. If a key is used,
463 the camp health supervisor shall ensure the key is not accessible to campers.

464 J. The camp health supervisor, after administering an emergency or remedial action, shall
465 notify the parents or guardians of an adverse reaction to medication administered or a medication
466 error pursuant to the authorization outlined in subsections F and G of this section.

467 K. First aid supplies and equipment shall be located and identified within the resident camp in
468 an area designated by the camp health supervisor or as otherwise prescribed in this chapter.

469 L. Within one year of (insert the effective date of this regulation), an operator shall ensure that
470 a person holding a current First Aid CPR certificate, as appropriate for the age of the children, is
471 on site 24 hours a day while the resident camp is in session.

472 M. A resident camp shall provide all resident camp staff annual training on health and safety
473 topics including bloodborne pathogens, communicable disease prevention, infection prevention
474 strategies, medication administration, and management of medical emergencies. The operator
475 shall maintain records of the completion of annual staff health and safety training, including
476 training topics, materials, and employee identification, at the resident camp facility for a minimum
477 of three years and shall make the records available to the local health department upon request.

478 N. The operator or camp health supervisor shall report an incident that requires medical
479 treatment or an accident resulting in death, injury, or illness where emergency medical services
480 are required, other than minor injuries that require only first aid treatment and that do not involve
481 regular or non-emergency medical treatment as provided by a health care provider, to the local
482 health department within 24 hours.

483 O. Within one year of (insert effective date of this regulation), the resident camp shall provide
484 all camp staff with training complying with subsection M of this section.

485 **12VAC5-440-250. Communicable disease.**

486 A. The camp operator or camp health supervisor shall report, within 24 hours to the local
487 health department, the following:

488 1. The presence or suspected presence within the resident camp of persons, including
489 campers, camp staff, or other camp personnel who have common symptoms
490 suggesting an outbreak, pursuant to 12VAC5-90-90 D;

491 2. Any disease listed in 12VAC5-90-80, including conditions that most commonly
492 cause outbreaks in group settings, such as influenza, gastrointestinal illnesses that
493 cause vomiting or diarrhea, and rash illnesses, such as chickenpox or scabies; and

494 3. Acute environmental exposures, including chlorine or carbon monoxide poisoning
495 or pesticide intoxication.

496 B. The camp operator shall require camp staff to report to the camp health supervisor, at the
497 time of volunteer or paid employment or within 24 hours if already employed or volunteering, any
498 communicable disease diagnosis or exposure under the criteria listed in subsection A of this
499 section.

500 C. The camp operator or camp health supervisor shall ensure that campers and resident camp
501 staff that exhibit communicable disease symptoms or are confirmed to have a communicable
502 disease are isolated and excluded from camp activities until released to a parent or guardian,
503 released home, or released to a medical provider.

504 D. A resident camp shall have facilities for isolation of persons suspected of having a
505 communicable disease.

506 E. Nothing in this chapter shall be construed to prevent the commissioner from imposing
507 additional requirements to protect against public health threats or hazards related to staff or
508 camper health if the commissioner determines that the additional requirements are necessary to
509 protect public health.

510 **12VAC5-440-260. Emergency response plan and provisions.**

511 A. A telephone capable of connecting with 911 or emergency dispatch services, including fire
512 and medical services, shall be accessible at all times during resident camp operations.
513 Emergency contact information and telephone numbers shall be posted at the resident camp
514 office or common area.

515 B. A resident camp shall have a written emergency transportation policy that provides for the
516 use of 911 for emergency medical transportation or an onsite designated vehicle that is available
517 at all times to transport a camper or staff member requiring urgent medical services to a hospital
518 or clinic if the resident camp cannot provide the needed services.

519 C. A resident camp shall have a written plan for actions to be taken in response to:

520 1. Emergency response, evacuation, transportation, and relocation;

521 2. Lost or missing persons;

522 3. Severe weather, natural disasters, and sheltering in place;

523 4. Fire;

524 5. Power outages;

525 6. Water supply outages or when water supply fails to meet testing requirements;

526 7. Hazardous materials exposure, as applicable to resident camp operations;

527 8. Encounters with wildlife;

528 9. Intrusion or unauthorized access, including active shooters;

529 10. Injury, including potential injury resulting from equipment use or a specialized program
530 activity, or environment; and

531 11. A communicable disease or foodborne illness outbreak, including reporting and
532 notification to the health department and an infection control plan outlining isolating facility
533 management, cleaning, and disinfection.

534 **12VAC5-440-270. Resident camp location.**

535 A. The resident camp's physical facilities shall be located on a well-drained site not subject to
536 frequent and sustained flooding or ponding. The premises shall be properly graded to prevent the
537 accumulation of storm or other waters that may create a hazard to the resident camp's physical
538 facilities or to the health and safety of the campers or camp staff. A resident camp with recreational
539 or another designated area within mapped flood plains and shore land areas shall comply with
540 local zoning ordinances.

541 B. No resident camp facilities may be located within 200 feet of natural or man-made hazards
542 such as mine pits, shafts, and quarries. A resident camp may not be located on ground that is in
543 or on a landfill, abandoned landfill, or area that could otherwise impact the health and safety of
544 campers and camp staff.

545 C. No resident camp's physical facilities may be located in an area that receives drainage or
546 deposition from a source of contamination, such as garbage or animal waste.

547 D. The operator shall ensure that campers have limited access to natural hazards present
548 within the camp, such as cliffs or drop-offs, currents or rip tides, or submerged objects. Camper
549 access to natural hazards shall be restricted where possible. The operator shall provide signage
550 that identifies the hazard and shall provide any applicable advisories and safety information
551 related to the hazard.

552 **12VAC5-440-280. Water supply.**

553 A. An adequate supply of safe, sanitary, potable water under pressure shall be provided. An
554 approved water supply shall either be a permitted and approved private well or a permitted
555 waterworks. Waterworks shall be maintained and operated in compliance with the Waterworks
556 Regulations (12VAC5-590). Private wells shall be constructed, maintained, and operated in
557 compliance with the standards of the Private Well Regulations (12VAC5-630).

558 B. Before the issuance of the initial permit to operate the resident camp and then every five
559 years from the date of the initial sampling, the camp operator shall sample the water for lead.
560 Water shall be sampled at all drinking water locations, including kitchen sink faucets, bathroom
561 sink faucets, and drinking water fountains. Where numerous drinking water faucets are provided,
562 including in bathrooms or in a bathhouse, a representative sample may be collected from one
563 sink rather than each individual sink within the bathroom or bathhouse. The water samples shall
564 be tested in accordance with Modules 4 and 5 of the Environmental Protection Agency's (EPA)
565 October 2018 manual, "3Ts for Reducing Lead in Drinking Water in Schools and Child Care
566 Facilities." An operator with a water supply reporting detections of lead above the EPA's lead
567 action level of 15µg/L shall implement a treatment plan to mitigate the risk of lead to campers and
568 camp staff. The operator shall maintain records of annual maintenance and compliance with the
569 treatment plan for the facility's water supply system at the resident camp facility for a minimum of
570 three years and shall make the records available to the local health department upon request.

571 C. A resident camp operator using private wells for potable water shall sample and test for
572 total coliform and nitrate-nitrogen (NO₃⁻-N) before permit issuance and at least annually thereafter.
573 The operator shall make the initial or annual water sample report available for review by the local
574 health department before permit issuance.

575 D. Private well water shall be satisfactory for the total coliform standards identified in 12VAC5-
576 630-370 and shall not have more than 10 mg/L nitrate-nitrogen (NO₃⁻-N).

577 E. A water sample shall be collected, preserved, and shipped per laboratory instruction. A
578 water sample shall be analyzed by a laboratory certified by the Department of General Services,
579 Division of Consolidated Laboratory Services.

580 F. The operator shall discontinue use of a public or private water system used to supply
581 potable water to the resident camp if the water from the system does not meet the requirements
582 of this chapter and the applicable waterworks (12VAC5-590) or private well regulations (12VAC5-
583 630).

584 G. The source of water supply, its storage, and distribution system shall be protected from
585 surface drainage and other means of pollution.

586 H. The area surrounding a pump or hydrant used for a water supply shall be maintained in a
587 properly drained and sanitary condition to prevent the accumulation of standing water or the
588 creation of muddy conditions.

589 I. Water shall be provided to campers and staff by:

590 1. Drinking fountains in accordance with the applicable building code;

591 2. Individual disposable drinking cups;

592 3. Reusable drinking cups or containers that are washed, rinsed, and sanitized in
593 accordance with the Food Regulations (12VAC5-421); or

594 4. Personal water containers.

595 J. A portable bulk water tank or communal watering station may not be allowed unless the
596 tank, station, and dispensing methods are reviewed and approved by the department. This does
597 not include a portable cooler equal to or less than five gallons, or a personal water container, such
598 as a water bottle.

599 K. A reusable personal water container provided by the resident camp or an approved portable
600 cooler shall be cleaned and sanitized daily or when returning from overnight excursions or other
601 off-camp travel trips during which full cleaning and sanitizing were not possible.

602 L. If it is not practical to transport drinking water sourced from an approved waterworks or
603 private well during field outings including backpacking, back country excursions, river trips, or
604 other overnight outings or educational sessions, drinking water treatment through purification
605 methods shall be provided. Water shall be visibly clear and free from debris, foam, blue-green
606 algae, scum, trash, and organic matter. Water shall be treated using one or more of the following
607 methods:

608 1. Brought to a rolling boil for a minimum of one minute, or three minutes for elevations
609 above 6,500 feet; or

610 2. Filtered using a filter with a pore size not greater than one micron meeting NSF Standard
611 53 or 58 and disinfected with a chemical product labeled for the treatment of drinking water
612 or ultraviolet light in accordance with manufacturer instructions.

613 M. The camp operator shall maintain and use devices for water treatment according to
614 manufacturer instructions and shall maintain the devices in good condition.

615 N. If ice is provided, the ice shall be provided from an approved source and shall be handled
616 and stored in a manner to prevent contamination.

617 O. A spring or unapproved well, as established by section A of this section, within the facility
618 grounds shall be eliminated or made inaccessible for human consumption. A water outlet with
619 sources not approved for human consumption under the terms identified in this chapter shall be
620 identified with signage stating, in effect, "WARNING - DO NOT DRINK" and an infographic sign
621 shall be presented in a manner that can be accurately interpreted by campers and staff of any
622 age or reading ability.

623 P. The connection for potable water piped to individual campsites, if provided, shall be
624 installed so that it will not be damaged by the parking of camping vehicles.

625 Q. If installed above the ground, the water connection riser shall terminate at least four inches
626 above the ground surface. If installed in a pit, the riser shall terminate at least 12 inches above
627 the floor of the pit, and the pit shall be drained to prevent it from containing standing water. The
628 drain for the pit may not be connected to a sanitary sewerage system.

629 R. If a water connection and a sewer connection are provided at a campsite, the two
630 connections shall be separated by a minimum horizontal distance of 10 feet. A resident camp that
631 has been issued a permit before (insert the effective date of this regulation) shall be exempt from
632 the 10 feet requirement and shall maintain the minimum horizontal distance between water and
633 sewer connections approved at the time of permitting and construction. If a resident camp that is
634 exempt pursuant to this subsection conducts construction or renovation activity impacting water
635 and sewer connections, except normal maintenance work, the 10 feet requirement shall apply to
636 all campsites where work is conducted.

637 **12VAC5-440-290. Sewage disposal.**

638 A. Every resident camp shall have and maintain an approved method of collecting, conveying,
639 and disposing of all sewage and liquid wastes pursuant to the Sewage Handling and Disposal
640 Regulations (12VAC5-610) or other applicable Virginia sewage regulations.

641 B. A method or system of collecting and disposing of sewage and liquid wastes, whether
642 temporary or permanent, shall be subject to the approval of the commissioner or shall be in
643 accordance with an approved permit for the sewage collection and disposal.

644 C. Pursuant to the Sewage Handling and Disposal Regulations (12VAC5-610), it shall be
645 unlawful to discharge sewage, sink wastewater, shower wastewater, greywater, or other
646 putrescible wastes in such a manner as to enter the ground surface, subsurface, or a body of
647 water, except following a treatment device or process approved prior to construction by the
648 commissioner or in accordance with an approved permit for the activity.

649 D. An individual sewer connection for a camping vehicle, if provided, shall be installed
650 pursuant to the following provisions:

651 1. The individual sewer line shall be at least four inches in diameter, shall be trapped below
652 the frost line, and shall be laid at depths sufficient to provide adequate protection against
653 physical injury.

654 2. The sewer inlet shall (i) consist of a four-inch riser extending, at a minimum, four inches
655 above the surface of the surrounding ground to accommodate a hose connection from the
656 camping vehicle, or (ii) be designed to divert surface drainage away from the riser. The
657 riser shall be imbedded firmly in the ground and be protected against heaving and shifting.

658 3. The sewer riser shall be equipped with a standard ferrule and close nipple provided with
659 a tight cap or expanding sewer plug. When the sewer riser is not in use, it shall be capped
660 or plugged.

661 4. The sewer hose between the camping vehicle and the sewer riser shall be watertight
662 and shall be of flexible, non-collapsible, corrosion and weather resistant material of
663 suitable diameter to fit the camping vehicle drain. The sewer hose's lower end shall be
664 secured into the open sewer riser with a gasket of rubber or other suitable material. All
665 joints shall be effected to prevent the leakage of sewage or odor and prevent the entrance
666 of rodents or insects.

667 **12VAC5-440-300. Storage, handling, and preparation of food.**

668 The preparation and service of food at resident camp dining halls, commissary operations,
669 concession stands, and outdoor food service operations shall comply with and be permitted
670 through the Food Regulations (12VAC5-421) unless otherwise exempt pursuant to § 35.1-25 of

671 the Code of Virginia. If food for campers and staff is not provided by the camp, food shall be
672 obtained from a food establishment holding a valid permit from the department or other approved
673 provider, as determined by the local health department.

674 **12VAC5-440-310. Sanitary facilities.**

675 A. The construction and accessibility of toilets, toilet rooms, toilet buildings, and bathing
676 facilities shall be in accordance with the applicable building code.

677 B. Every resident camp shall provide adequate sanitary facilities located within 500 feet of all
678 overnight lodging units, tents, or other sleeping accommodations, or as specified by the applicable
679 building code.

680 C. Sanitary facilities shall be provided with non-absorbent and easily cleanable surfaces and
681 equipment, artificial lighting with at least 10-foot candles at a distance of 30 inches from the floor,
682 exterior self-closing doors, and be effectively screened. Flooring shall be nonabsorbent and easily
683 cleanable.

684 D. A resident camp shall provide a minimum of one toilet and one handwash facility for every
685 10 campers and staff or fraction thereof. Urinals may be substituted for up to one-half of the
686 required number of toilets for males. Each toilet facility shall be provided with a closed lid waste
687 receptacle and an adequate supply of toilet paper in each stall.

688 E. If two or more toilet facilities are provided, the required number of toilets shall be distributed
689 proportionally by gender. The operator may use gender neutral toilets if the total number of
690 required toilets is the same or higher than specified in this section. A gender neutral toilet facility
691 shall be designed for single occupancy.

692 F. A privy of a type approved by 12VAC5-610-980 may be substituted for a toilet if provided
693 according to the schedule in subsection D of 12VAC5-440-310. If present, a privy shall be
694 maintained in good repair, pumped as needed, and kept clean and sanitary at all times.

695 G. Handwashing sinks shall be provided in facilities having flush toilets and at all bathing
696 facilities. Handwashing sinks shall be provided with an adequate supply of soap and with single
697 use toweling or a hand drying device, not to include communal or reusable hand towels, in
698 locations that are accessible to all campers, staff, and visitors.

699 H. Portable handwashing sinks may be provided if privies are used. Portable handwashing
700 sinks shall be provided with an adequate supply of soap and with single use toweling in locations
701 that are accessible to all campers, staff, and visitors, and shall be serviced at least daily during
702 operations. In the absence of handwashing sinks, hand sanitizer shall be provided and accessible
703 in all privies.

704 I. A minimum of one shower shall be provided for every 20 campers and staff, or fraction
705 thereof. Shower area floors shall be provided with an anti-slip surface or matting. A shower shall
706 not be required for or during overnight excursions of four nights or less or if a full session of a
707 resident camp is four nights or less.

708 J. All service buildings and toilets, urinals, lavatories, showers, and other appurtenances
709 located therein shall be maintained in a state of good repair and shall be kept in a clean and
710 sanitary condition at all times. No toilet or shower room may be used for miscellaneous storage
711 during operation of the resident camp.

712 **12VAC5-440-320. Garbage and refuse disposal.**

713 A. The storage, collection, and disposal of solid waste shall be conducted in a manner to avoid
714 the creation of health hazards, fire hazards, rodent harborages, insect breeding areas, and
715 accidents. A solid waste container shall be easily accessible and emptied at a frequency to avoid
716 overflow or other nuisances.

717 B. Solid waste stored within the resident camp shall be stored in durable, rust resistant,
718 watertight, non-absorbent, and easily cleanable containers with tight fitting covers. A container
719 and cover shall be maintained in a clean condition and in good repair. The resident camp shall
720 provide containers in sufficient number and size to accommodate all solid waste generated
721 between collections.

722 **12VAC5-440-330. Chemical use and storage.**

723 A. A chemical, flammable material, or other hazardous substance may only be used for the
724 intended purpose and according to the manufacturer's instructions stated on the container label.

725 B. The operator shall ensure that chemicals and other hazardous substances are stored in a
726 separate and secure area accessible only to appropriate staff, and in containers that are
727 appropriate for use, easily identifiable and labeled.

728 **12VAC5-440-340. Requirements for resident camp structures and sleeping quarters.**

729 A. A permanent and semi-permanent resident camp structure, building, and portions thereof
730 shall be designed and constructed in accordance with the applicable building code. A tent is not
731 considered a permanent or semi-permanent structure and shall be used in accordance with the
732 manufacturer's design and instructions.

733 B. Floors, walls, ceilings, and attached or freestanding appurtenances, fixtures, and
734 equipment in all permanent, semi-permanent, and tent structures shall be kept clean and in good
735 repair.

736 C. A structure shall be maintained in accordance with the applicable State Fire Protection
737 Code (13VAC5-52) to provide easy, unobstructed exit in case of fire or another emergency. For
738 a permanent or semi-permanent structure, a diagram reflecting the exit locations and exit
739 pathways shall be posted in a location visible to campers of any height.

740 D. A tent made of flame-retardant material, in accordance with National Fire Protection
741 Association Standards, shall maintain a minimum distance of 15 feet from any open flame,
742 including campfires. A tent not made of flame-retardant material shall maintain a minimum
743 distance of 50 feet from any open flame, including campfires. An open flame is prohibited within
744 a tent used for sleeping quarters.

745 E. All temporary, semipermanent, or permanent structures used as sleeping quarters shall
746 have all outer openings effectively screened or protected to prevent the entry of insects and other
747 pests or vermin and maintained in good repair.

748 F. Sleeping quarters shall meet occupancy limitations pursuant to the applicable building
749 code, or otherwise provide a minimum of 30 square feet of floor space for each camper in a
750 permanent or semi-permanent structure used for sleeping purposes. The capacity for campers in
751 a tent shall not exceed the manufacturer's specification for maximum occupancy, as applicable.

752 G. A permanent or semi-permanent structure used as sleeping quarters shall provide
753 adequate ventilation as prescribed by the applicable building code and shall meet the following
754 provisions:

755 1. Sleeping quarters shall be designed to provide a minimum of two feet separation
756 between beds, cots, or sleeping bags on all sides.

757 2. If bunk beds are used, there may not be less than 27 inches of separation between the
758 top of the lower mattress and the bottom of the upper bed or between the top of the upper
759 bed and the ceiling.

760 H. A temporary structure used as sleeping quarters, such as a tent, shall provide ventilation
761 and protection from the elements, and be otherwise used as prescribed by manufacturer
762 instructions or design.

763 I. An article of bedding or furniture, if provided or present, shall be kept clean, free of insects,
764 pests, and rodents, and in good repair. Bedding shall be changed between campers, when soiled,
765 and at least weekly.

766 J. A bed shall have a mattress, or mattress cover, if used, that is impervious to moisture and
767 easily cleanable.

768 K. If bunk beds are provided, they may not exceed two bunks in height and shall be equipped
769 with guardrails attached to the upper bunks to prevent campers from accidentally rolling out of
770 bed. A guardrail shall meet the manufacturer's requirements.

771 **12VAC5-440-350. Specialized program activities.**

772 A. Specialized program equipment, devices, structures, frames, or constructed or assembled
773 apparatuses shall be maintained in good repair and as designed by manufacturer's specifications,
774 as applicable.

775 B. Except for campfires, all specialized program equipment, devices, structures, frames, or
776 constructed or assembled apparatuses shall be inspected before use, unless specifically
777 exempted by the local health department. Documentation of the inspection shall include the name
778 of the person or company conducting the inspection, the date, certification information as
779 applicable, a list of the equipment and structures inspected, conditions noted, and any
780 maintenance or restriction requirements. The operator shall maintain inspection documentation
781 at the resident camp for a minimum of three years and make the documentation available to the
782 local health department upon request.

783 C. Specialized program equipment shall be securely stored or restricted when not in use or
784 under direct supervision by a trained adult. Storage and restriction may include fences, barriers,
785 or other access prevention strategies.

786 D. The operator shall require and make available necessary safety provisions and the
787 applicable protective equipment, including helmets, designed and approved for the specific
788 activity use for campers engaged in specialized program activities or using specialized program
789 equipment.

790 E. Playground equipment shall be installed according to manufacturer's instructions and shall
791 be maintained in good repair.

792 **12VAC5-440-360. Aquatic activities.**

793 A. A person holding a current lifeguard certification shall supervise a swimming, small
794 watercraft, or boating activity. One lifeguard shall be provided for every 25 campers, or fraction
795 thereof, engaged in aquatic activities. In addition to the lifeguard, one attendant shall be provided
796 for every 10 campers, or fraction thereof, engaged in aquatic activities.

797 B. A dock, ladder, raft, diving board, boat, life jacket, paddle and any other water recreational
798 equipment, appurtenance, or provision shall be maintained in good repair and in a manner that
799 will not harm a camper or staff or otherwise impede a person's ability for self-rescue or other
800 personal protection.

801 C. The camp operator shall develop and maintain on-site a lifeguard and attendant staffing
802 plan. The plan shall identify (i) recreational water areas, including man-made and natural waters
803 used by campers; (ii) designated areas of use for program activities; (iii) location of potential
804 hazards; (iv) artificial lighting type, when provided; (v) first aid equipment location; (vi) emergency
805 response information; (vii) hours of operation; and (viii) staffing locations.

806 D. The camp operator shall conspicuously post the resident camp's swimming rules and
807 restrictions and boating or other aquatic activity rules in aquatic activity areas.

808 E. A resident camp that provides an aquatic activity in natural or untreated waters on camp
809 property, including oceans, bays, lakes, ponds, rivers, streams, or other untreated waterways,

810 shall provide signage at access points that identifies and alerts users of potential hazards. If a
811 hazard is known or reported to be present within the waterway at the resident camp, the camp
812 operator shall post applicable advisories and safety information related to the hazard. Potential
813 hazards of waterways may include the following:

- 814 1. Physical hazards, including rip currents, undertow current, rocks, trees, or other
815 submerged obstacles, that may result in entrapment, snag, or injury;
- 816 2. Biological hazards, including bacteria, parasites, or viruses;
- 817 3. Chemical hazards, including pollutants or releases from discharges to the waterway; or
- 818 4. Other hazards identified by the camp operator or other local, state, or federal agency.

819 F. Swimming shall be prohibited in a stormwater pond, otherwise referred to as a basin or wet
820 pond. A resident camp that has a stormwater pond accessible by campers and camp staff shall
821 post signage that prohibits swimming.

822 **12VAC5-440-370. Swimming facilities.**

823 A. The construction, modification, maintenance, operation, and use of a swimming pool at a
824 resident camp, if provided, shall be subject to the applicable building code, and the applicable
825 regulations of the State Board of Health, including the Regulations Governing Tourist
826 Establishment Swimming Pools and Other Public Pools (12VAC5-460) and the Swimming Pool
827 Regulations Governing the Posting of Water Quality Test Results (12VAC5-462).

828 B. If not otherwise prescribed by State the Board of Health, safety equipment shall be
829 maintained within the immediate vicinity, or no less than 30 feet, of the natural or man-made
830 swimming area, including:

- 831 1. An equipped and maintained first-aid kit;
- 832 2. A reaching pole or shepherd's crook;
- 833 3. A ring buoy, rescue tube, or throw bag; and
- 834 4. A backboard equipped with head immobilizer and sufficient straps.

835 C. Night swimming or swimming that occurs one half hour before sunset to one half hour after
836 sunrise shall be prohibited in natural or untreated swimming areas. Night swimming shall be
837 prohibited in a swimming pool unless light levels are provided in accordance with the applicable
838 building code.

839 **12VAC5-440-380. Boating or other watercraft activities.**

840 A. The operator shall ensure that:

- 841 1. Every boat or other watercraft is provided with at least one U.S. Coast Guard approved
842 personal floatation device that is readily accessible, available, and appropriately sized for
843 each person on board; or
- 844 2. Each person within the boat or other watercraft wears an appropriately sized, U.S. Coast
845 Guard approved personal floatation device.

846 B. The operator shall designate at least one boat or other watercraft involved in aquatic
847 activities that is not in a designated swimming area as a rescue boat and shall provide the boat
848 or watercraft with a rescue pole or a throw rescue device attached to a rope of at least ¼-inch in
849 diameter and at least 25 feet in length.

850 **12VAC5-440-390. Animals.**

851 A. No stray dog, cat, fowl, or other stray domestic animal may be permitted to run at large
852 within the limits of a resident camp's premises.

853 B. All animals shall be licensed and vaccinated pursuant to applicable state and local
854 requirements. The operator shall maintain the licensure and vaccination documentation at the

855 resident camp facility for a minimum of three years and shall make the documentation available
856 to the local health department upon request.

857 C. Horse and livestock prescription medication shall be secured in an area away from camper
858 access and locked when not in use.

859 D. A livestock area shall be maintained free from the excessive accumulation of manure.

860 **12VAC5-440-400. Transportation.**

861 A. A vehicle used to transport campers shall be insured with at least the minimum limits
862 pursuant to § 46.2-472 of the Code of Virginia, as applicable, meet the safety standards set by
863 the Department of Motor Vehicles as indicated by a valid and current state inspection sticker, be
864 kept clean and in good condition to assure the safety of children, and be operated in a safe and
865 legal manner.

866 B. A vehicle shall be equipped with a first aid kit, fire extinguisher, maps, and other appropriate
867 emergency response equipment. At least one resident camp staff member shall have a
868 functioning communication device for emergency communication and shall carry life-saving
869 medication, instructions, and written parental or legal guardian permission, as applicable.

870 C. At least one resident camp staff member with a valid driver's license shall remain in the
871 vehicle when campers are present in the vehicle. Resident camp staff or an attendant shall verify
872 that all children have been removed from the vehicle at the conclusion of any trip.

873 D. When traveling beyond resident camp boundaries, the names of the campers, parent or
874 guardian contact information, and resident camp contact information shall be carried in the
875 vehicle.

876 E. The drivers and passengers shall use safety belts and child restraints in accordance with
877 Article 13 (§ 46.2-1095 et seq.) of Chapter 10 of Title 46.2 of the Code of Virginia, and any other
878 applicable law and manufacturer's guidelines.

879 F. The drivers, resident camp staff, chaperones, and attendants shall receive instructions in
880 transportation safety precautions, including:

881 1. The use of developmentally appropriate safety restraints in accordance with state and
882 federal child restraint laws and regulations and recognized best practices;

883 2. Resident camp or camper specific emergency medical response procedures;

884 3. The appropriate use of first aid and emergency response medication and equipment;

885 4. The location of emergency facilities and driving directions; and

886 5. Child supervision during transport.

887 G. The operator shall document the receipt of transportation instructions to drivers, resident
888 camp staff, chaperones, and attendants, shall maintain the documentation at the resident camp
889 facility for a minimum of three years, and shall make the documentation available to the local
890 health department upon request.

891

892 **FORMS (12VAC5-440)**

893 [Resident Camp Application, TER-RC-1 \(eff. 3/2024\)](#)

894 [Resident Camp Plan Review, TER-RC-2 \(eff. 3/2024\)](#)

895 **Documents Incorporated by Reference (12VAC5-440)**

896 [3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities \(English\),](#)
897 [Environmental Protection Agency \(EPA\) Office of Ground Water and Drinking Water, Revised](#)

898 [Manual EPA 815-B-18-007, October 2018, https://www.epa.gov/ground-water-and-drinking-](https://www.epa.gov/ground-water-and-drinking-water/3ts-reducing-lead-drinking-water)
899 [water/3ts-reducing-lead-drinking-water.](https://www.epa.gov/ground-water-and-drinking-water/3ts-reducing-lead-drinking-water)
900 [3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities \(Spanish\),](https://www.epa.gov/ground-water-and-drinking-water/3ts-reducing-lead-drinking-water)
901 [Environmental Protection Agency \(EPA\) Office of Ground Water and Drinking Water, Revised](https://www.epa.gov/ground-water-and-drinking-water/3ts-reducing-lead-drinking-water)
902 [Manual EPA 815-B-18-007, October 2018, https://www.epa.gov/ground-water-and-drinking-](https://www.epa.gov/ground-water-and-drinking-water/3ts-reducing-lead-drinking-water)
903 [water/3ts-reducing-lead-drinking-water.](https://www.epa.gov/ground-water-and-drinking-water/3ts-reducing-lead-drinking-water)

Rainwater Harvesting System Regulations

12VAC5-635

Final Regulations

Julie Henderson

Director

Office of Environmental Health Services



COMMONWEALTH of VIRGINIA

Karen Shelton, MD
State Health Commissioner

Department of Health
P O BOX 2448
RICHMOND, VA 23218

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

MEMORANDUM

DATE: April 10, 2024

TO: Virginia State Board of Health

FROM: Julie Henderson, Director, Office of Environmental Health Services

SUBJECT: Final Rainwater Harvesting Regulations, 12VAC5-635

The Rainwater Harvesting System Regulations (Regulations) are new regulations to promote the use of rainwater as means to reduce fresh water consumption, ease demands on public treatment works and water supply systems, and promote conservation. Chapter 817 of the 2018 Acts of Assembly (HB 192) amended § 32.1-248.2 of the Code of Virginia (Code) to require the Board of Health (Board) to adopt regulations regarding the use of rainwater. Regulations regarding use of rainwater are required to (i) describe the conditions under which rainwater may appropriately be used and for what purposes; and (ii) provide standards for the use of rainwater harvesting systems, including systems that collect rainwater for use by commercial enterprises but do not provide water for human consumption, as defined in § 32.1-167.

Water used for human consumption in Virginia is currently provided from permitted waterworks and from private wells; both programs are regulated by VDH. However, a demand for another source of water supply exists where public source and groundwater availability is limited. For example, groundwater limitations may occur as (i) a result of natural scarcity or contamination, or (ii) in coastal areas under threat of inundation or salt water intrusion. In addition, rainwater harvesting is an emerging technology with early adopters having interest in natural resource protection. The Uniform Statewide Building Code relies upon VDH to provide water quality standards, including treatment standards for non-potable applications. The final Regulations will allow VDH to provide certification to building officials that rainwater harvesting systems applicable to both potable and non-potable use are protective of public health.

Upon approval by the Board of Health, the final regulations will be submitted for executive branch review and, upon approval by the Governor, will be published in the Virginia Register of Regulations. Upon publication, a 30-day final adoption period will begin, after which the regulations will become effective.



townhall.virginia.gov

Final Regulation Agency Background Document

Agency name	Virginia Department of Health
Virginia Administrative Code (VAC) Chapter citation(s)	12 VAC5-635
VAC Chapter title(s)	Rainwater Harvesting System Regulations
Action title	Final Regulations
Date this document prepared	February 20, 2024

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), 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.

The Rainwater Harvesting System Regulations (Regulations) are new regulations to provide standards for the use of rainwater harvesting systems, including systems that collect rainwater for human consumption. The Regulations will promote the use of rainwater as means to reduce fresh water consumption, ease demands on public treatment works and water supply systems, and promote conservation.

To develop the regulations, the Virginia Department of Health (VDH) assembled a group of stakeholders for the purpose of incorporating a variety of viewpoints. The stakeholder group included:

Name	Representing
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Anthony Creech	VDH Office of Environmental Health Services (OEHS)
Aaron Moses	VDH Office of Drinking Water (ODW)
Angela King	Virginia Coastal Policy Center
Benjamin Sojka	Rainwater Management Solutions (Industry)
Evan Branosky	Home Builders Association of Virginia
David Sample	Virginia Tech
Lance Gregory	VDH OEHS
Jay Ford	Chesapeake Bay Foundation
Jay Otto	Otto Sales (Industry)
Jeffrey Brown	Virginia Department of Housing and Community Development (DCHD)
Kathy DeBusk Gee	Longwood University
Michael Redifer	City of Newport News Code Compliance
Michelle Ashworth	Virginia Municipal Stormwater Association
Nelson Daniel	VDH ODW
Robert Cooper	Virginia Department of Environmental Quality (DEQ)
Robert Edelman	VDH ODW
Seana Ankers	Mission H2O (Legal)
Skip Harper	DHCD
Trip Perrin	Lindl Corporation (Industry)
Tyrone Jarvis	Go Green Auto Care (Industry)
Valerie Rourke	DEQ

In addition, the Virginia Association of Counties, the Virginia Municipal League, and the Virginia Association of Realtors were invited to provide representatives to the stakeholders.

To develop the Regulations, the stakeholders reviewed national and international rainwater harvesting standards and rainwater harvesting system (and other water reuse) regulations in other states and jurisdictions including the cities of San Francisco and Seattle. This effort allowed the stakeholders to collaborate to develop regulations that are consistent in scope and requirements with similar regulations throughout the country. Based on this effort, VDH considers the Regulations to meet an appropriate and reliable level of public health protection which is not overly burdensome to the regulated community.

The Regulations are Virginia’s second set of regulations addressing private water supply, with the first being the Private Well Regulations (12VAC5-630). The Private Well Regulations address only the location and construction of wells (pursuant to § 32.1-176.4. of the Code of Virginia). Post well construction activities, including water quality and well maintenance, are at the discretion of the well owner. In comparison, the rainwater harvesting system regulations address water quality and system operation and maintenance. VDH attributes this distinction to (i) the known reliability of groundwater quality in the Commonwealth, and (ii) the necessity to filter and disinfect harvested rainwater in order to ensure it meets the required quality dependent its intended use.

The Regulations establish the relationship with the statutes and regulations applicable to other agencies and seeks to avoid duplication of regulatory oversight for both non-potable uses of harvested rainwater and potable use for users below the threshold qualifying as a waterworks. The Regulations also establish administrative processes for permitting, inspecting, and issuing construction and operation permits for intended potable rainwater harvesting systems, along with appropriate exemptions from the regulations (e.g. rain barrels are exempt).

To ensure systems installed pursuant to the Regulations are protective of human health, and that the Regulations are not unduly burdensome, rainwater harvesting systems are divided into four end tier uses. The highest end tier use – potable water – requires the greatest level of treatment and oversight. The specified end use will determine the minimum design, construction, and ongoing operation and maintenance standards for each system. VDH will require permits to construct and operate a rainwater harvesting system for potable use. Non-potable systems will be documented in a registry but will not be subject to permitting by VDH.

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.

ARCSA	American Rainwater Catchment Systems Association
DHCD	Department of Housing and Community Development
DPOR	Department of Professional and Occupational Regulation
EPA	United States Environmental Protection Agency
GMP	Guidance Memorandum and Policies
ICC	International Codes Council
LRT	Log Reduction Target
OEHS	Office of Environmental Health Services
VAHWQP	Virginia Household Water Quality Program
VDH	Virginia Department of Health
USBC	Virginia Uniform Statewide Building Code

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.

Mandate and Impetus

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding the mandate for this regulatory change, and any other impetus that specifically prompted its initiation. If there are no changes to previously reported information, include a specific statement to that effect.

Chapter 817 of the 2018 Acts of Assembly (HB 192) amended § 32.1-248.2 of the Code of Virginia (Code) to require the Board of Health (Board) to adopt regulations regarding the use of gray water and rainwater. The Virginia Department of Health (VDH) intends to address regulation of gray water in a pending revision of the Sewage Handling and Disposal Regulations (12VAC5-610). Regulations regarding use of rainwater are required to (i) describe the conditions under which rainwater may appropriately be used and for what purposes; and (ii) provide standards for the use of rainwater harvesting systems, including systems that collect rainwater for use by commercial enterprises but do not provide water for human consumption, as defined in § 32.1-167.

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.

Section 32.1-12 of the Code permits the Board to make, adopt, promulgate, and provide for reasonable variances and exemptions therefrom as may be necessary to carry out the provisions of Title 32.1 of the Code. Section 32.1-248.2 of the Code requires the Board to adopt regulations regarding the use of rainwater and rainwater harvesting systems, including the conditions under which rainwater may be appropriately used and for what purpose.

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 is intended to solve.

Rainwater has been harvested and used for centuries in the Commonwealth in the absence of guidance or regulation addressing the protection of human health. In recent years, the harvesting and use of rainwater for non-potable purposes has occurred under VDH's March 31, 2011, Virginia Rainwater Harvesting & Use Guidelines (GMP-2011-01), and in accordance with the requirements of the Uniform Statewide Building Code (USBC), and the International Plumbing Code. VDH's current Rainwater Harvesting & Use Guidelines recommend against the use of harvested rainwater for potable use given the lack of a robust regulatory program to ensure the safety of harvested rainwater for potable use. The goal of this regulation is to provide a mechanism for VDH to approve rainwater harvesting systems as protective of public health.

Over the past decade, rainwater harvesting systems have become more common across North America. Officials responsible for inspecting these systems have voiced their need for more detailed design parameters to ensure safe implementation of these systems to protect public health. New information and research have improved understanding of risks to public health associated with rainwater harvesting, which is addressed in the final Regulations. Examples of

recent advancements in considerations for public health impacts include the development of standards for use of harvested rainwater developed by the American Rainwater Catchment Systems Association (ARCSA) and the International Code Council (ICC).

Water used for human consumption in Virginia is currently provided from permitted waterworks and from private wells; both programs are regulated by VDH. However, a demand for another source of water supply exists where public source and groundwater availability is limited. For example, groundwater limitations may occur as (i) a result of natural scarcity or contamination, or (ii) in coastal areas under threat of inundation or saltwater intrusion. In addition, rainwater harvesting is an emerging technology with early adopters having interest in natural resource protection. The USBC relies upon VDH to provide water quality standards, including treatment standards for non-potable applications. The Regulations will allow VDH to provide assurance to building officials that rainwater harvesting systems applicable to both potable and non-potable use are protective of public health.

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.

The following substantive provisions are being considered for inclusion in the Regulations:

- Definitions as necessary for consistency with the Code of Virginia, other regulations and code documents related to rainwater harvesting and water reuse, storm water, the USBC, and current industry standards;
- Reference to administrative processes to reflect current law and to provide consistency with other VDH regulations;
- Identification of reasonable exemptions from the Regulations (e.g., rain barrels, waterworks);
- Criteria to acknowledge nationally recognized standards and certifications – including but not limited to, the American Society of Plumbing Engineers, National Sanitation Foundation, ARCSA, ICC, and American Society of Sanitary Engineering – for approval of rainwater harvesting components and certification of persons involved in the design, installation, inspection, repair, and maintenance of rainwater harvesting systems;
- Standards for rainwater harvesting performance objectives;
- Requirement that rainwater system components meet national lead-free standards;
- Standards for rainwater harvesting collection parameters;
- Standards for drought response;
- Standards for rainwater harvesting conveyance system requirements;
- Standards for rainwater pre-filtration;
- Standards for harvested rainwater storage;
- Pump and filtration parameters;
- Disinfection and other treatment parameters;
- Water quality parameters for systems used for human consumption;
- Inspection, operation, and maintenance requirements for rainwater harvesting systems;
- Cross connection prevention and backflow prevention standards;

- System permit requirements; and
- Alternate compliance pathways for rainwater to be used in both for human consumption and not for human consumption applications.

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.

Primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions

Advantages include provision of an additional source of water supply for beneficial use to all persons in the Commonwealth. The Regulations will also provide clarity to designers and builders regarding water quality standards applicable to rainwater harvesting systems as described in the USBC. It is possible that some, but not all, members of the public may consider the need, or necessary requirements, to obtain a permit for a rainwater harvesting system intended for potable use to be a disadvantage. VDH has not identified other disadvantages to the public in the Regulations.

Primary advantages and disadvantages to the agency or Commonwealth

The Regulations will assist the Commonwealth by enhanced protection of public health and the environment and provide an additional avenue to address current disparities throughout the Commonwealth by providing an additional source of water to persons of limited access. Disadvantages are that the Regulation and the Code do not provide VDH with authority to recover any cost for implementation of this new regulatory program.

Other pertinent matters to the regulated community, government officials, and the public

The Regulations provide opportunity to the regulated community, government officials, and the public to investigate and develop novel means to preserve and protect existing water supplies and other natural resources throughout the Commonwealth.

Requirements More Restrictive than Federal

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding any requirement of the regulatory change which is more restrictive than applicable federal requirements. If there are no changes to previously reported information, include a specific statement to that effect.

The federal government does not regulate the harvesting of rainwater for reuse. However, the EPA Office of Research and Development has developed log-reduction targets applicable to the treatment of various forms of reuse water, including rainwater. This program does not carry the force of federal regulation but is nonetheless recognized nationally as an appropriate reference

standard. EPA does not intend to develop a federal regulatory program with respect to reuse water and intends instead that the log-reduction targets serve as reference standards for states to use. Because Virginia will base water quality standards in the Regulations on these standards, which are not federally enforceable, the use of these log-reduction targets will be more restrictive than federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding any other state agencies, localities, or other entities that are particularly affected by the regulatory change. If there are no changes to previously reported information, include a specific statement to that effect.

Other State Agencies Particularly Affected

Virginia Department of Environmental Quality
 Virginia Department of Housing and Community Development
 Virginia Department of Professional and Occupational Regulation

Localities Particularly Affected

VDH does not anticipate any locality to be particularly affected.

Other Entities Particularly Affected

VDH anticipates that the Regulation will affect realtors; builders; homeowners; the plumbing, electrical, and engineering trades/professions; and manufacturers and sellers of materials and equipment subject to use in the design and installation of rainwater harvesting systems.

Public Comment

Summarize all comments received during the public comment period following the publication of the previous stage, and provide the agency’s response. Include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency. If no comment was received, enter a specific statement to that effect.

Draft Regulations were published in the Virginia Register on October 9, 2023. A number of comments were received during the advertised 60 day public comment period.

Commenter	Comment	Agency response
Jody Frymire IDEXX Water	IDEXX commends the Virginia Department of Health (Department) on the provisions under consideration for the Rainwater Harvesting System Regulation (12VAC5-635). At this time, IDEXX would like to request the Department to consider the following comment.	In developing the regulations, VDH and the stakeholder panel relied on national and international standards organizations including ARCSA, EPA, and ICC. The log reduction targets (LRTs) adopted for use in the regulations measure the effectiveness of the decontamination process in reducing the concentration of contaminants. In general <i>n</i> -log reduction means the concentration of remaining contaminants is only 10 ^{-<i>n</i>} times that of

<p>We support the inclusion of adding water quality parameters that address pathogenic bacteria, such as total coliform and <i>Escherichia coli</i> (<i>E. coli</i>), in rainwater harvesting systems intended for drinking water. As rainwater systems become an alternative source for drinking water, it is vital to ensure that these systems meet strict water quality standards, especially when they can be a source of potential risk associated with pathogenic bacteria. However, in addition to such bacteria parameters, rain harvesting systems not intended as a source for human consumption should also include public health safeguards to pathogenic bacteria. Mitigation efforts aimed at <i>Legionella pneumophila</i>, an aerosolized waterborne pathogen that causes Legionnaires' Disease, should also be considered for non-potable rainwater harvesting systems. We recommend reducing the public risk of Legionnaires' disease by recommending the routine monitoring for <i>L. pneumophila</i>. <i>Legionella</i> occurs naturally in water under certain conditions and has been identified as occurring within rainwater harvesting and recycled water systems [1-2]. <i>Legionella pneumophila</i> is the bacteria linked to most clinical cases of Legionnaires' disease reported from US disease outbreaks 2009-2012 [3]. People become ill from Legionnaires' Disease when <i>Legionella pneumophila</i> is aerosolized from the water and inhaled or aspirated from areas such as: shower heads, irrigation mists, cooling tower aerosols, hot tubs, air-conditioning units. The bacteria can then infect the macrophages within a person's lungs, producing a severe pneumonia [4-7]. Provisions on treatment options for <i>L. pneumophila</i>, in premise plumbing systems and recycled water have been researched and identified for effectiveness of <i>Legionella</i> control [2,8]. With <i>Legionella</i> being found in water sources that are both natural and man-made, if these water sources</p>	<p>the water prior to decontamination. LRTs represent a risk-based approach that is scientifically defensible and focus on reduction of virus, protozoa, and bacteria. The recommended standard for pathogen removal and/or inactivation is a treatment process in which unit processes are collectively credited to meet the selected LRTs. The LRTs identified in the regulations are based on infection-based benchmarks recognized in the EPA's 2017 guidance. Since the regulations were drafted, the US EPA Office of Research and Development drafted an updated set of LRTs based on the World Health Organization's disability-adjusted life years (DALYs) measure of overall disease burden. The 2022 EPA DALYs for roof runoff water recognize 3.5 LRT for indoor non-potable use. The regulations require 6 LRT for potable use. The primary exposure pathway for <i>L. pneumophila</i> is inhalation from an aerosolized source (e.g., from a showerhead). VDH agrees with the commenter that <i>L. pneumophila</i> is a significant pathogen, especially via the aerosolized exposure pathway. The LRTs adopted into the regulation address this pathogen along with the other viruses, protozoa, and bacteria considered in the LRT determination process. For this reason, VDH has not singled out <i>L. pneumophila</i> out for testing or other reason in the regulations. Nothing in the regulation prevents a system designer or installer from utilizing a higher LRT in response to the risk of any pathogen, including <i>Legionella</i>.</p>
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	<p>contain other organisms and/or biofilms that could help the bacteria’s survival, <i>L. pneumophila</i> can be found in drinking water, even after water supplies have been centrally treated [8-10]. Additionally, monitoring residual disinfectants is not an effective way to monitor the pathogenic risk of <i>L. pneumophila</i> [11,12], in a recent study on drinking water distribution systems, <i>L. pneumophila</i> was detected in a distribution water sample containing 0.72 mg/L free chlorine [11]. The current proposed regulation includes mitigating exposure to certain pathogens; however, a more protective regulation would include testing and mitigation efforts for <i>L. pneumophila</i> in rainwater harvesting systems. IDEXX encourages and hopes the Department will consider these comments for strengthening the Rainwater Harvesting Systems Regulations and to better protect the public against the potential exposure to <i>Legionella</i> from harvested rainwater.</p>	
<p>Lynn Broaddus Broadview Collaborative</p>	<p>Statutory Authority: typo needs correcting. Where it refers to “Sections 32.1-12 and 32.248.2” this should be amended to read “32.1-12 and 32.1-248.2.”</p>	<p>This is corrected in the final regulations.</p>
<p>Lynn Broaddus Broadview Collaborative</p>	<p>In general, I encourage the Commonwealth to consider cost of implementation as currently drafted. The complexity of the building and design review, ongoing testing, etc. is considerable and out-of-proportion with the expectations of private wells. I fear that if implemented as written the regulations will be overly burdensome for VDH staff and homeowners alike without a proportional increase in public health. History tells us that when people are faced with what they perceive as unreasonable regulations they will simply skirt the law (e.g. Prohibition), which defeats most of the purpose of the effort to codify RHW.</p>	<p>With respect to comparison to the private well program, VDH has found that the capital costs for design and installation between wells and rainwater harvesting systems are comparable. Depending on well depth, a private well may in fact exceed the cost of a rainwater harvesting system. There is a distinction with respect to water quality testing. VDH does not have authority under the Code of Virginia to require ongoing water quality testing of private wells. The Virginia Household Water Quality Program (VAHWQP) has assisted well owners with water quality testing since the 1990s and publishes annual reports of findings. VAHWQP has consistently found that – among other exceedances – approximately 50% of private wells tested fail bacteriological tests annually and approximately 10% of private wells exceed lead standards annually. This represents a public health risk. VDH does not therefore agree that the requirement for ongoing testing of rainwater harvesting system performance is without</p>

		<p>proportional increase in public health protection. Further, the permitted use of harvested rainwater will be a new program and a reasonable level of caution is warranted. The Commonwealth of Virginia requires periodic review of regulations every four years, so there is a built-in mechanism to revise the regulations should actual performance indicate that less stringent standards can be considered.</p>
<p>Lynn Broaddus Broadview Collaborative</p>	<p>12VAC5-635-20. I support the exclusion / grandfathering of previously installed RWH systems. However, it is not clear to me how the exclusion is verified. Does the owner need to apply for the exclusion to have it properly recognized? Is this equally true for auxiliary systems? Are they excluded from other aspects of the regulations (e.g. testing, notification when modifications are made)?</p>	<p>The owner of an existing rainwater harvesting system will not need to apply for the exclusion. This includes auxiliary systems. Existing systems are excluded from other aspects of the regulations. Changes to existing systems will be subject to the regulations at such time as the changes are made.</p>
<p>Lynn Broaddus Broadview Collaborative</p>	<p>12VAC5-635-80 Permits - general. The terms "install, alter, or rehabilitate" are not defined. Does this include routine maintenance? Does this include making modest changes, like adding a water-level indicator? Perhaps the regulation needs to be amended to add "Routine inspection and maintenance, including cleaning, UV bulb or filter replacement, pipe or tank repair, etc. does not require permission from or notification to the commissioner."</p>	<p>This question is addressed in the definition of Maintenance in 12VAC5-635-10.</p>
<p>Lynn Broaddus Broadview Collaborative</p>	<p>12VAC5-635-100. It strikes me that the requirements are overly burdensome, adding costs with very little added health benefit. I think this comes from the Commonwealth's discomfort with the technology, and it is creating a burden greater than what is expected for connecting to well water or municipal water. It would be good to run these requirements past an architect who has worked with homeowners building with RWH systems to get a sense of how much of a burden this would be. David Day, an architect based in Charlottesville VA, has designed a number of homes that incorporated RWH systems and may be a good person to solicit input from.</p>	<p>Construction permits are required only for potable water (End Use Tier 4) systems. The materials required for submission under 12VAC5-635-100 are for the most part likely to be manufacturer's literature.</p>
<p>Lynn Broaddus Broadview Collaborative</p>	<p>12VAC5-635-150. The requirement for a permanent easement seems extreme, especially because most buildings have a limited lifespan.</p>	<p>The purpose of a permanent easement is to protect both landowners, particularly if one of the parcels transfers to new owners.</p>

Lynn Broaddus Broadview Collaborative	12VAC5-635-160 Land Records. This requirement also seems overly burdensome. There is no similar requirement for private wells, yet they are likely to be much more subject to bacterial and viral contamination.	The purpose is to provide a mechanism to inform the purchaser of a property served by a rainwater harvesting system of the permit requirements for operation and maintenance of the system, including water quality testing. This is not an issue for structures provided with water from private wells.
Lynn Broaddus Broadview Collaborative	12VAC5-635-240 - Design and Installation. The requirement that the system be designed to withstand freezing temperatures should be waived for seasonally used systems.	A seasonal waiver would subject a system to potential failure should the seasonally used system not be properly safeguarded during cold weather months.
Lynn Broaddus Broadview Collaborative	12VAC5-635-290 - Performance requirements, 6B. The requirement that the system be capable of providing 150 gallons per bedroom-day is excessive. According to a 2016 study by the Water Research Foundation, the median U.S. household water use was 125 gallons per household-day. It doesn't state how many bedrooms that represents, but even a conservative estimate of two bedrooms would suggest that a design standard of 60-gallons per bedroom-day is more in keeping with need, especially considering that domestic water use has been steadily decreasing since the 1980s.	VDH agrees with the premise of this comment. The draft regulations identify 150 gallon per bedroom per day to be consistent with other VDH regulations. VDH agrees that this usage rate, which dates to the mid-20 th century, is not consistent with improvements in plumbing fixtures and other factors pertaining to current residential water use. Even so, it is important to note that regulatory design standards address a system's capability to handle short term peak demand rather than simply meet median rates. It is also important to note that rainwater harvesting system components may be susceptible to damage if allowed to run out of water. Section 290 of the regulations is revised in the final regulations to account for current water use trends.
Lynn Broaddus Broadview Collaborative	12VAC5-635-320. Testing every 180 days for a typical house or cottage is excessive, especially given that there are no testing requirements for private wells after initial commissioning. I suggest an alternative that allows for the elimination of testing) after the first 18 months of successful operation.	As noted in the response to previous comments, the lack of testing requirements for private wells following initial commissioning comes with a demonstrated risk to public health. Notwithstanding, the idea of a reduction or elimination of testing of rainwater harvesting systems after the confirmation of successful operation has merit and can be considered during periodic review of the regulations after they are promulgated.

Detail of Changes Made Since the Previous Stage

List all changes made to the text since the previous stage was published in the Virginia Register of Regulations and the rationale for the changes. 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. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. * Put an asterisk next to any substantive changes.

Current chapter-section number	New chapter-section number, if applicable	New requirement from previous stage	Updated new requirement since previous stage	Change, intent, rationale, and likely impact of updated requirements
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<p>10, 20, 70,100, 110, 120, 140, 160, 170, 180, 240, 290, 350, 360, 370</p>			<p>Various minor grammatical and punctuation changes that do not alter the meaning or intent of the previous stage of the regulations.</p>	<p>CHANGE: To improve the grammar and correct punctuation within the Regulations. INTENT: To clarify and simplify the text of the Regulations. RATIONALE: To improve readability and avoid confusion within the Regulations. LIKELY IMPACT: Will provide clarity to the regulated community.</p>
<p>10 200 210</p>		<p>Added definitions for “backflow,” “cross-connection,” and “variance.”</p> <p>The definition for “backflow” was deleted from Section 210, and the definition of cross connection was deleted from Section 200</p>		<p>CHANGE: Moved the definition for backflow and cross connection from within the text of the Regulations to the definition section and added a definition for variance. INTENT: To conform with the style guide for regulatory documents; when a term is used multiple times the term should be defined within the definition section. RATIONALE: The purpose of definitions are to provide clarity regarding the terms used multiple times during the chapter. LIKELY IMPACT: Will provide clarity to the regulated community.</p>
<p>90 D*</p>		<p>D. An owner may install and operate a rainwater harvesting systems intended for Tier 1, 2, or 3 end use without a permit. The owner of a Tier 1, 2, or 3 end use rainwater harvesting system shall file a registration form with the department within 30 days of the following:</p> <p>1. Installing a rainwater harvesting system;</p>	<p>Eliminate D.2, which requires owner to file a registration form with VDH indicating a change of ownership. Current D.3 (“permanently closing a rainwater harvesting system”) becomes D.2 and D.3 is eliminated.</p> <p>Revised former D.3 (now D.2) to clarify the intended meaning of permanently closing a rainwater harvesting system.</p>	<p>CHANGE: Elimination of requirement for owners to notify VDH of a change of ownership for a Tier 1, 2 or 3 end use rainwater harvesting system. INTENT: To reduce the regulatory burden on owners purchasing homes with existing Tier 1, 2, or 3 end use rainwater harvesting systems. RATIONALE: The purpose of registration is to provide the Commonwealth with knowledge of the number and location of systems state-wide. The name of the owner is not relevant to</p>

		<p>2. Change of ownership of a rainwater harvesting system; or</p> <p>3. Permanently closing a rainwater harvesting system.</p>		<p>the number and location of systems installed; therefore, it is not necessary to track change in ownership of rainwater harvesting systems. LIKELY IMPACT: Will simplify real estate transactions for properties served by a Tier 1, 2, or 3 end use rainwater harvesting system, and avoid future owners from unknowingly violating the Regulations if the change of ownership were not submitted.</p>
<p>100 E</p>		<p>E. An application shall be deemed complete upon receipt by the local health department of a signed and dated application on the approved application form.</p>	<p>Modify E to state “An application shall be deemed complete upon receipt by the local health department of a signed and dated application, <u>together with the appropriate fee,</u>”</p>	<p>CHANGE: Addition of language clarifying that an application is complete once the appropriate application and fee are collected.</p> <p>INTENT: To ensure that the regulated community is aware that a fee – if applicable – is also a component of a complete application.</p> <p>RATIONALE: VDH has identified the new rainwater harvesting regulatory program will establish a new cost on the agency without any new funding. There is currently no fee to apply for a rainwater harvesting system. If VDH is provided the authority in the future to charge a fee for such applications, the proposed revision allows for recognition of that fee prior to an application being deemed complete.</p> <p>LIKELY IMPACT: Will provide clarity that an application is not complete until the appropriate fee is collected. Currently there is no fee.</p>

180*			<p>Updates the variance process and requirements.</p>	<p>CHANGE: Clarifies that the commissioner doesn't propose denial of a variance before denying the variance. Removes the requirement to physically attach the variance to the permit.</p> <p>INTENT: To clarify and simplify the text. To eliminate an unnecessary burden from the proposed regulations.</p> <p>RATIONALE: Simpler text is more readable. Permit management is likely largely performed digitally, so the physical requirement isn't necessary.</p> <p>LIKELY IMPACT: The regulations will be clearer and permit holders won't need to print out and attach variances and permits.</p>
190 E*		<p>E. Within 10 days of receipt of a notice of denial of an application or suspension of a permit, the owner may request an informal conference in accordance with § 2.2-4019 of the Code of Virginia. The owner must file the request for an informal conference in writing with the local health department within the locality that the rainwater harvesting system is located. If a request for an informal conference is not filed within 10 working days, the denial or suspension is sustained.</p>	<p>Modify E to state "Within 10 <u>working</u> days of receipt of a notice of denial of an application or suspension of a permit, the owner may request an informal conference in accordance with § 2.2-4019 of the Code of Virginia. The owner must file the request for an informal conference in writing with the local health department within the locality that the rainwater harvesting system is located. If a request for an informal conference is not filed within 10 working days, the denial or suspension is sustained.</p>	<p>CHANGE: Clarifies the references to "days" in this section indicate "working days" as opposed to calendar days.</p> <p>INTENT: To clarify that owners have 10 working days after receipt of a denial to request an informal hearing. Remove requirement to attach a plan of correction to the permit.</p> <p>RATIONALE: To clarify that "days" means "working days" (i.e. Monday to Friday) and not calendar days. Permit management is likely largely performed digitally, so the physical requirement isn't necessary.</p> <p>LIKELY IMPACT: Will afford owners more time to submit their request for</p>

			Removes requirement that a plan of correction be attached to the operation permit.	informal hearings. Plans of correction will be maintained but not physically attached to the permit.
290*		Requires design standard of 150 gallons per bedroom per day for residential Tier 4 end use rainwater harvesting system.	Provides for a design standard of 100 gallons per day per bedroom for residential Tier 4 end use rainwater harvesting systems when an existing private well or public water supply is the designated continuity of water supply.	<p>CHANGE: This modification provides for the sizing of rainwater harvesting systems consistent with current knowledge of residential water use rates, while maintaining continuity of water supply to assure that systems do not run dry. This addresses one of the comments submitted by Broadview Collaborative.</p> <p>INTENT: To provide flexibility to designers in recognition of the use of water saving devices and similar plumbing improvements</p> <p>RATIONALE: A review of information from sources including American Water Works Association supported reducing the estimated volume of water used per bedroom from 150 gallons per day to 100 gallons per day.</p> <p>LIKELY IMPACT: Will provide more design options to the regulated community and reduce cost of equipment – such as storage tanks - based on lower total design volumes for systems.</p>
310 B 5*		Included a testing requirement for protozoan cysts and cryptosporidium	Eliminates the requirement for testing for protozoan cysts and cryptosporidium	<p>CHANGE: Removes the testing requirement for protozoan cysts and cryptosporidium.</p> <p>INTENT: To ensure consistent between the Rainwater Harvesting Regulations and the Safe Drinking Water Act, which identifies the Treatment</p>

				<p>Technology in place of a maximum contaminant limit.</p> <p>RATIONALE: Consistency with nationally used water quality protection practices.</p> <p>LIKELY IMPACT: Will simplify implementation of the Regulations by maintaining consistency with existing drinking water regulations used by the regulated community.</p>
310 C*		<p>Included requirement for testing of all Safe Drinking Water Act (SDWA) primary and secondary drinking water standards prior to issuance of operating permit for rainwater harvesting system.</p>	<p>Reduces the requirement for SDWA based water quality testing to inorganic primary drinking water standards.</p>	<p>CHANGE: Reduces testing requirements to inorganic primary US EPA drinking water standards which are: antimony, arsenic, asbestos, barium, beryllium, cadmium, chromium, copper, cyanide, fluoride, lead, mercury, nitrate, nitrite, selenium, and thallium.</p> <p>INTENT: To eliminate required testing for potential contaminants not anticipated to be found in harvested rainwater.</p> <p>RATIONALE: Eliminate unnecessary cost and burden to the regulated community to test for constituent not likely to be found in harvested rainwater and focus on constituents likely to be found or that would have significant public health effects.</p> <p>LIKELY IMPACT: This will reduce the cost of complying with the Regulations and simplify the process for necessary sample collection.</p>
FORMS		<p>Included an Inspection Report form for Tier 4 Rainwater Harvesting Systems.</p>	<p>Deleted the Inspection Report form.</p>	<p>Intent: Remove an unnecessary form</p> <p>Rationale: Inspection reports will be submitted to</p>

				<p>VDH via an online portal to improve timeliness, reduce paper waste, and minimize the burden of report submission.</p> <p>Likely Impact: System inspectors will not need to print and mail or deliver paper reports to VDH. Online portal will be more user-friendly.</p>
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Detail of All Changes Proposed in this Regulatory Action

List all changes proposed in this action and the rationale for the changes. 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. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. * Put an asterisk next to any substantive changes.

Current chapter-section number	New chapter-section number, if applicable	Current requirements in VAC	Change, intent, rationale, and likely impact of updated requirements
Part 1 General Framework of Regulations			
N/A	635-10. Definitions	Definitions for: Agent, ANSI, ASSE, Backflow Board, Cistern, Commissioner, Contaminant, Conveyance system, Debris excluder, Department, Disinfection, Distribution System, End use, End use tier, Filtration, First flush, harvested rainwater, Human consumption, Installer, Local health department, log reduction, log reduction target, maintenance, non-potable water, NSF, Operation and maintenance manual, Operator, Owner, Point of use, Potable water, Precipitation, Rainwater harvesting system, Screen, Secondary Water Supply, Service Connection, Stormwater, Treatment, Treatment system, USBC, Water storage unit, and Waterworks.	<p>INTENT: The intent of the definitions is to ensure clarity.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires regulations for the harvesting of rainwater include standards for the use of rainwater harvesting systems. The definitions will provide consistency with federal guidelines, the USBC, other VDH regulations, and industry terminology.</p> <p>LIKELY IMPACT: The likely impact of the definitions is reduced confusion for the regulated community regarding terms used in the chapter.</p>
N/A	635-20. Applicability of Regulation	Adds circumstances in which certain rainwater systems or	<p>INTENT: The intent of the section is to clarify that the regulations do not apply to existing rainwater</p>

		equipment may be exempt from this chapter.	<p>harvesting systems unless they are altered or rehabilitated, and to identify exclusions from the regulations.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires regulations for the harvesting of rainwater include standards for the use of rainwater harvesting systems. Further, § 32.1-12 grants authority to the Board for the provision of reasonable exemptions from regulations.</p> <p>LIKELY IMPACT: The likely impact of the section is reduced confusion for the regulated community about which rainwater harvesting systems are regulated pursuant to 12VAC5-635.</p>
N/A	635-30. Relationship to Virginia Sewage Handling and Disposal Regulations.	Clarifies that this section supersedes 12VAC5-610-1170	<p>INTENT: The intent of the section is to clarify that the regulations supersede 12VAC5-610-1170, which addresses cisterns.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires regulations for the harvesting of rainwater; whereas Code of Virginia § 32.1-164 does not.</p> <p>LIKELY IMPACT: The likely impact of the section is (i) that VDH intends to repeal 12VAC5-610-1170 during the next revision of the Sewage Handling and Disposal Regulations, and (ii) until that occurs, this section will reduce confusion for the regulated community about the use of cisterns</p>
N/A	635-40. Relationship to the State Water Control Board.	Clarifies that this chapter addresses the standards for the collection and use of that portion of storm water not regulated pursuant to DEQ's storm water regulations.	<p>INTENT: The intent of the section is to clarify that this chapter addresses the standards for the collection and use of that portion of storm water not regulated pursuant to DEQ's storm water regulations.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 62.1-44.15 and § 402 of the federal Clean Water Act address the regulation of most forms of storm water</p> <p>LIKELY IMPACT: The likely impact of the section is reduced confusion for the regulated community and personnel of VDH and DEQ about</p>

			storm water and rainwater related regulations.
N/A	635-50. Relationship to the Uniform Statewide Building Code	Clarifies that the chapter is independent of and in addition to the requirements of the USBC, and to present the requirements for the furnishing rainwater harvesting system construction permits and operation permits to local building officials when harvested rainwater will supply potable water systems.	INTENT: The intent of the section is to clarify that the chapter is independent of and in addition to the requirements of the USBC, and to present the requirements for the furnishing rainwater harvesting system construction permits and operation permits to local building officials when harvested rainwater will supply potable water systems. RATIONALE: The rationale of the section is that Code of Virginia § 36-98 addresses construction standards. LIKELY IMPACT: The likely impact of the section is reduced confusion for the regulated community about the relationship between VDH permitting authority and the USBC.
N/A	635-60. Right of entry and inspections.	Allows for the inspection pursuant to this chapter by the commissioner or designee	INTENT: The intent of the section is to express VDH right of inspection. RATIONALE: The rationale of the section is that Code of Virginia § 32.1-25 provides the commissioner the right to enter at any reasonable time onto any property to inspect, investigate, evaluate, conduct tests, or collect samples for testing as he reasonably deems necessary in order to determine compliance with laws or regulations or conditions in a permit, license, or certificate. LIKELY IMPACT: The likely impact of the section is reduced confusion for the regulated community about rights of entry and inspection.
Part II Procedural Regulations			
N/A	635-70. End use tiers for rainwater harvesting systems.	Provides for the identification of four End Use tiers to classify the way rainwater harvesting systems are regulated.	INTENT: The intent of the section is to identify four End Use tiers classifying the way rainwater harvesting systems are regulated. These are: Tier 1. Low exposure end use: Non-potable water use where humans will rarely come into contact with the treated rainwater due to the nature of the installation that limits direct or indirect contact under normal operation. Examples include trap primers, restricted access spray irrigation, surface and subsurface irrigation, and ice rinks. In this context, restricted access spray

			<p>irrigation means spray irrigation in fenced or remote locations where human visitation is controlled or prevented;</p> <p>Tier 2. Medium exposure end use: Non-potable water use where human contact with treated rainwater is indirect or limited. Examples include toilet and urinal flushing, clothes washing, HVAC evaporative cooling, and rooftop thermal cooling;</p> <p>Tier 3. High exposure end use: Non-potable water use where human contact with treated rainwater is direct. Examples include hose bibs, pressure washing, fire fighting or protection and fire suppression, decorative fountains, vehicle washing, and non-restricted spray irrigation; and</p> <p>Tier 4. Potable water end use: intended for human consumption.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to promote the use of rainwater, consider recognizing rainwater as an independent source of fresh water available for use by the residents of the Commonwealth, and adopt regulations which shall provide standards for the use of rainwater harvesting systems.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community about the end use of harvested rainwater.</p>
N/A	635-80. Reserved.	Section Reserved	N/A
N/A	635-90. Permits for rainwater harvesting systems; general.	Includes general permitting and registration requirements for rainwater harvesting systems.	<p>INTENT: The intent of the section is to inform the regulated community about registration and permitting requirements for rainwater harvesting systems. Permits are required for Tier 4 end use. Registration is required for Tier 1, 2, or 3 end use.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1 grants authority to the Board to make, adopt, promulgate, and enforce regulations.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion</p>

			for the regulated community regarding permitting and registration of rainwater harvesting systems.
N/A	635-100. Application procedures for a construction permit for a rainwater harvesting system for Tier 4 end use.	Provides procedures for Tier 4 end use permit applications	INTENT: The intent of the section is to instruct owners of Tier 4 end use rainwater harvesting systems about the requirements to apply for a construction permit. RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems. LIKELY IMPACT: The likely impact of the section is to reduce confusion among the regulated community regarding application procedures for construction permits.
N/A	635-110. Issuance of a construction permit.	Provides for conditions required for approval of a Tier 4 end use rainwater harvesting systems construction permit.	INTENT: The intent of the section is to inform the regulated community the conditions under which the commissioner will issue a construction permit for a Tier 4 end use rainwater harvesting system. RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems. LIKELY IMPACT: The likely impact of the section is to provide clarity about the permitting process.
N/A	635-120. Denial of a construction permit.	Provides for conditions in which a construction permit for a Tier 4 end use rainwater harvesting system may be denied.	INTENT: The intent of the section is to inform the regulated community the conditions under which the commissioner will deny a construction permit for a Tier 4 end use rainwater harvesting system. RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems. LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community about denial of a construction permit.
N/A	635-130. Revision of approved plans.	Provides for conditions under which changes may be made to a Tier 4 end use rainwater harvesting system without prior approval. Authorizes the	INTENT: The intent of the section is to outline the conditions under which a designer, with the consent of the owner, may make design changes following issuance of a

		commissioner to suspend or revoke a construction permit under certain circumstances.	valid construction permit for a Tier 4 end use rainwater harvesting system without prior approval of the department. Further, the section states that the commissioner may suspend or revoke a construction permit if a design change does not comply with the chapter. RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems. LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community about design changes.
N/A	635-140. Installation inspection and correction.	Describes the responsibilities of the installer and designer of a Tier 4 end use rainwater harvesting system to submit statements that certify the work performed, including procedures related to correction of deficiencies, and actions that the department will take if deficiencies are not corrected.	INTENT: The intent of the section is to describe the responsibilities of the installer and designer of a Tier 4 end use rainwater harvesting system to submit statements that certify the work performed, including procedures related to correction of deficiencies, and actions that the department will take if deficiencies are not corrected. RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems. LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding documentation of work performed.
N/A	635-150. Requirement for an easement.	Provides for necessary actions in the event that a rainwater harvesting system for Tier 4 end use, or part thereof, is proposed to be installed on a property other than the owners.	INTENT: The intent of the section is to describe necessary actions in the event that a rainwater harvesting system for Tier 4 end use, or part thereof, is proposed to be installed on a property other than the owners. RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems. LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding the conditions when an

			easement is required and the procedures to follow.
N/A	635-160. Land records.	Requires that certain records and documentation related to water quality be included in land records of a circuit court.	<p>INTENT: The intent of the section is to require recordation and documentation of an instrument describing annual water quality testing and system maintenance requirements of a rainwater harvesting system for Tier 4 end use in the land records of circuit court, and that the instrument be transferred with the title to the property upon sale or other transfer.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community about necessary land records.</p>
N/A	635-170. Issuance of operation permit.	Provides for conditions under which an operational permit for a Tier 4 end use rainwater harvesting system may be obtained.	<p>INTENT: The intent of the section is to inform the regulated community the conditions under which the Commissioner will issue an operation permit for a Tier 4 end use rainwater harvesting system.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community about the permitting process.</p>
N/A	635-180. Variances.	Provides for processes by which an owner may request and the Commissioner may approve or deny variances for a Tier 4 end use rainwater harvesting system.	<p>INTENT: The intent of the section is to establish the process for the owner of a rainwater harvesting system for Tier 4 end use to request a variance, the Commissioner's ability to approve or deny the request for a variance, and disposition of an approved variance under certain conditions.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1 grants authority to the Board to provide for reasonable variances to regulations.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion</p>

			for the regulated community about variances.
N/A	635-190. Enforcements, notices, informal conferences, appeals.	Establishes conditions under which the commissioner may suspend or revoke a permit for a Tier 4 end-use rainwater harvesting system, and the owner’s responsibilities and rights in response to the suspension or revocation of a permit	<p>INTENT: The intent of the section is to establish conditions under which the Commissioner may suspend or revoke a permit for a Tier 4 end use rainwater harvesting system, and the owner’s responsibilities and rights in response to the suspension or revocation of a permit.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 2.2-4000 et seq. supplements present and future basis laws conferring authority on agencies with to make regulations or decide cases as well as to standardize court review thereof.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding enforcement, notices, informal conferences, and appeals.</p>
Part III Design and Installation			
N/A	635-200. Cross connection abatement.	Provides standards to ensure compliance with the Unified Statewide Building Code with regard to cross-connection abatement equipment and methods.	<p>INTENT: The intent of the section is to provide standards for rainwater harvesting systems intended to ensure that cross-connection abatement equipment and methods conform to the Unified Statewide Building Code.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems and § 36-98 directs and empowers the Board of Housing and Community Development to adopt and promulgate a statewide building code.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding cross connection control and abatement.</p>
N/A	635-210. Backflow prevention.	Provides standards to ensure compliance with the Unified Statewide Building Code with regard to backflow prevention.	<p>INTENT: The intent of the section is to provide standards for rainwater harvesting systems intended to ensure that backflow prevention equipment and methods conform to the Unified Statewide Building Code.</p>

			<p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems and § 36-98 directs and empowers the Board of Housing and Community Development to adopt and promulgate a statewide building code.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding backflow prevention.</p>
N/A	635-220. Water storage unit location.	Provides standards to ensure compliance with the Unified Statewide Building Code with regard to the location of a water storage unit.	<p>INTENT: The intent of the section is to provide standards for the construction and location of rainwater harvesting systems to establish separation distance from potential sources of risk and to ensure that equipment and methods of water storage conform to the Unified Statewide Building Code.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems and § 36-98 directs and empowers the Board of Housing and Community Development to adopt and promulgate a statewide building code.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding water storage unit construction and location.</p>
N/A	635-230. Materials and equipment.	Provides standards to ensure compliance with the Unified Statewide Building Code with regard to the materials and equipment used to construct rainwater harvesting systems.	<p>INTENT: The intent of the section is to provide standards for materials and equipment used to construct rainwater harvesting systems and to ensure that materials, equipment, and methods conform to the Unified Statewide Building Code.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems and § 36-98 directs and empowers the Board of Housing and Community</p>

			<p>Development to adopt and promulgate a statewide building code.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding materials and equipment used in rainwater harvesting systems.</p>
N/A	635-240. Design and installation.	Provides standards to ensure compliance with the Unified Statewide Building Code with regard to design and installation of a rainwater harvesting system.	<p>INTENT: The intent of the section is to provide standards for the design and installation of rainwater harvesting systems intended to ensure conformance to the Unified Statewide Building Code.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems and § 36-98 directs and empowers the Board of Housing and Community Development to adopt and promulgate a statewide building code.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding the design and installation of rainwater harvesting systems.</p>
N/A	635-250. Filtration.	Provides standards to ensure compliance with the Unified Statewide Building Code with regard to materials and equipment used for filtration of a rainwater harvesting system.	<p>INTENT: The intent of the section is to provide standards for materials and equipment used for filtration as part of rainwater harvesting systems and to ensure conformance to the Unified Statewide Building Code.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems and § 36-98 directs and empowers the Board of Housing and Community Development to adopt and promulgate a statewide building code.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding filtration materials and equipment used in rainwater harvesting systems.</p>

N/A	635-260. Disinfection.	Provides standards to ensure compliance with the Unified Statewide Building Code with regard to materials and equipment used for disinfection as part of a rainwater harvesting system.	<p>INTENT: The intent of the section is to provide standards for materials and equipment used for disinfection as part of rainwater harvesting systems and to ensure conformance to the Unified Statewide Building Code.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems and § 36-98 directs and empowers the Board of Housing and Community Development to adopt and promulgate a statewide building code.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding disinfection materials and equipment used in rainwater harvesting systems.</p>
N/A	635-270. General Certification.	Provides standards for the labeling of materials and equipment used as part of rainwater harvesting systems and certification standards for designers, installers, and inspectors of rainwater harvesting systems.	<p>INTENT: The intent of the section is to provide standards for the labeling of materials and equipment used as part of rainwater harvesting systems and certification standards for designers, installers, and inspectors of rainwater harvesting systems.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding general certification of materials, equipment, designers, installers, and inspectors.</p>
N/A	635-280. Temporary removal from service.	Provides standards for temporary removal from service of rainwater harvesting systems when structures are not occupied.	<p>INTENT: The intent of the section is to provide standards for temporary removal from service of rainwater harvesting systems when structures are not occupied.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems.</p>

			<p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding temporary removal form service of rainwater harvesting systems.</p>
Part IV Performance Requirements			
N/A	635-290. Performance requirements; general.	Provides applicable performance requirements for rainwater harvesting systems.	<p>INTENT: The intent of the section is to identify overall performance requirements applicable to rainwater harvesting systems.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding performance requirements rainwater harvesting systems.</p>
N/A	635-300. Continuity of water supply.	Provides requirements for the continuity of water supply for rainwater harvesting systems.	<p>INTENT: The intent of the section is to provide performance requirements for the continuity of water supply such that rainwater harvesting systems are not compromised by lack of sufficient precipitation.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding continuity of water supply requirements.</p>
N/A	635-310. Water quality standards.	Provides standards for water quality rainwater harvesting systems, based on both the Safe Drinking Water Act (potable systems) and end use Tier.	<p>INTENT: The intent of the section is to provide standards for water quality rainwater harvesting systems, based on both the Safe Drinking Water Act (potable systems) and end use Tier.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion</p>

			for the regulated community regarding water quality standards for rainwater harvesting systems.
Part V Operation and Maintenance Requirements			
N/A	635-320. Operator requirements; frequency of inspection.	Provides for the required frequency with which rainwater harvesting systems must be inspected.	INTENT: The intent of the section is to identify the frequency of inspection of rainwater harvesting systems. RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems. LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding the frequency of inspection of rainwater harvesting systems.
N/A	635-330. Operation and maintenance; operator's responsibility.	Identifies the responsibilities for operators of rainwater harvesting systems.	INTENT: The intent of the section is to identify the responsibilities for operators of rainwater harvesting systems. RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems. LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding the responsibilities of operators of rainwater harvesting systems.
N/A	635-340. Operation and maintenance; owner's responsibilities.	Identifies the responsibilities for owners of rainwater harvesting systems.	INTENT: The intent of the section is to identify the responsibilities for owners of rainwater harvesting systems. RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems. LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding the responsibilities of owners of rainwater harvesting systems.
N/A	635-350. Operation and	Provide for the minimum necessary contents of operations and maintenance	INTENT: The intent of the section is to identify the minimum necessary contents of operation and

	maintenance manual.	manuals for rainwater harvesting systems.	<p>maintenance manuals for rainwater harvesting systems.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding the information to be included in operation and maintenance manuals for rainwater harvesting systems.</p>
N/A	635-360. Inspection requirements.	Provides minimum inspection requirements for rainwater harvesting systems.	<p>INTENT: The intent of the section is to identify the inspection requirements for rainwater harvesting systems.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding what is to be covered during inspections of rainwater harvesting systems.</p>
N/A	635-370. Inspection reports	Provides information required to be documented following an inspection of a rainwater harvesting system.	<p>INTENT: The intent of the section is to identify the information to be documented following inspection of rainwater harvesting systems.</p> <p>RATIONALE: The rationale of the section is that Code of Virginia § 32.1-248.2 requires the board to adopt regulations which shall provide standards for the use of rainwater harvesting systems.</p> <p>LIKELY IMPACT: The likely impact of the section is to reduce confusion for the regulated community regarding reporting requirements associated with inspection of rainwater harvesting systems.</p>

Office of Regulatory Management
Economic Review Form

Agency name	Virginia Department of Health
Virginia Administrative Code (VAC) Chapter citation(s)	12 VAC 5-635
VAC Chapter title(s)	Rainwater Harvesting Regulations
Action title	New Regulations (no previous version)
Date this document prepared	03/01/2024
Regulatory Stage (including Issuance of Guidance Documents)	Final

Cost Benefit Analysis

Complete Tables 1a and 1b for all regulatory actions. You do not need to complete Table 1c if the regulatory action is required by state statute or federal statute or regulation and leaves no discretion in its implementation.

Table 1a should provide analysis for the regulatory approach you are taking. Table 1b should provide analysis for the approach of leaving the current regulations intact (i.e., no further change is implemented). Table 1c should provide analysis for at least one alternative approach. You should not limit yourself to one alternative, however, and can add additional charts as needed.

Report both direct and indirect costs and benefits that can be monetized in Boxes 1 and 2. Report direct and indirect costs and benefits that cannot be monetized in Box 4. See the ORM Regulatory Economic Analysis Manual for additional guidance.

Table 1a: Costs and Benefits of the Proposed Changes (Primary Option)

<p>(1) Direct & Indirect Costs & Benefits (Monetized)</p>	<p>Direct Costs: These are new regulations. With respect to the use of harvested rainwater for non-potable purposes, VDH does not anticipate changes to the direct cost for system owners, designers, equipment manufacturers, or installers who operate under existing rainwater harvesting guidance. Prior to this regulation, VDH did not encourage use of harvested rainwater for potable water supply. The regulation allows property owners the option of the use of harvested rainwater for private potable water systems. VDH anticipates that the direct cost (design, installation, permitting and regulatory fees) will be comparable to that of private wells.</p> <p>To develop the Regulations, the stakeholders reviewed national and international rainwater harvesting standards and rainwater harvesting system (and other water reuse) regulations in other states and jurisdictions including the cities of San Francisco and Seattle. This effort allowed the stakeholders to collaborate to develop regulations that are consistent in scope and requirements with similar regulations throughout the country. Based on this effort, VDH considers the Regulations to meet an appropriate and reliable level of public health protection which is not overly burdensome to the regulated community.</p> <p>The Regulations are Virginia’s second set of regulations addressing private water supply, with the first being the Private Well Regulations (12VAC5-630). The Private Well Regulations address only the location and construction of wells (pursuant to § 32.1-176.4. of the Code of Virginia). Post well construction activities, including water quality and well maintenance, are at the discretion of the well owner. In comparison, the rainwater harvesting system regulations address water quality and system operation and maintenance. VDH attributes this distinction to (i) the known reliability of groundwater quality in the Commonwealth, and (ii) the necessity to filter and disinfect harvested rainwater in order to ensure it meets the required quality dependent its intended use. Other direct costs: (see TH-02 for additional detail)</p> <p>Update EHD database (\$68,000 to modify; \$54,000 annually thereafter to maintain.) Create Online Registration (\$34,000 to create; \$24,000 annually thereafter to maintain.) Staff resource in support of database modification and registry creation (\$134,000 annually) Training and Outreach Program (\$200,000) Staff resources at Local Health Departments (\$300 to \$1500 per permit application).</p> <p>Indirect Costs: VDH does not anticipate indirect costs for users of non-potable use rainwater harvesting systems. A potential indirect cost for users of rainwater harvesting systems for potable use is provision of a secondary water supply in</p>
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	<p>the event of drought when the secondary water supply is hauled water (generally \$110 to \$150 per 1000 gallons.)</p> <p>Direct Benefits: VDH anticipates a public health benefit to the Commonwealth by means of clarity of water quality standards for all forms of harvested rainwater use; protection of water resources by means of reduction in use of existing groundwater and surface water supply; and allowance of a form of private water supply in locations where no other form of water supply is available due to geologic or anthropogenic factors. Because these are new regulations, there is no existing baseline from which monetized value can be estimated.</p> <p>Indirect Benefits: VDH anticipates indirect benefits to homebuilders, realtors, and manufacturers/purveyors of rainwater harvesting system components as the result of the allowance of a previously unavailable private water supply. Because these are new regulations, there is no existing baseline from which monetized value can be estimated.</p>													
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits												
	<p>(a) \$302,000 for program start up (database, registry, training & outreach)</p> <p>(b) \$212,000 annually thereafter for O&M</p>	(b) Intangible benefit												
(3) Net Monetized Benefit	\$514,000													
(4) Other Costs & Benefits (Non-Monetized)	<p>VDH anticipates a public health benefit to the Commonwealth by means of clarity of water quality standards for all forms of harvested rainwater use; protection of water resources by means of reduction in use of existing groundwater and surface water supply; and allowance of a form of private water supply in locations where no other form of water supply is available due to geologic or anthropogenic factors.</p>													
(5) Information Sources	<p>HS Govtech (database provider); Rainwater Management Solutions; VDH OEHS Division of Data Management and Process Improvement</p> <p>Stakeholder group assembled to draft the Regulations</p> <table border="1" data-bbox="391 1623 1333 1875"> <thead> <tr> <th data-bbox="391 1623 678 1665"><u>Name</u></th> <th data-bbox="678 1623 1333 1665"><u>Representing</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="391 1665 678 1707"><u>Anthony Creech</u></td> <td data-bbox="678 1665 1333 1707"><u>VDH Office of Environmental Health Services (OEHS)</u></td> </tr> <tr> <td data-bbox="391 1707 678 1749"><u>Aaron Moses</u></td> <td data-bbox="678 1707 1333 1749"><u>VDH Office of Drinking Water (ODW)</u></td> </tr> <tr> <td data-bbox="391 1749 678 1791"><u>Angela King</u></td> <td data-bbox="678 1749 1333 1791"><u>Virginia Coastal Policy Center</u></td> </tr> <tr> <td data-bbox="391 1791 678 1833"><u>Benjamin Sojka</u></td> <td data-bbox="678 1791 1333 1833"><u>Rainwater Management Solutions (Industry)</u></td> </tr> <tr> <td data-bbox="391 1833 678 1875"><u>Evan Branosky</u></td> <td data-bbox="678 1833 1333 1875"><u>Home Builders Association of Virginia</u></td> </tr> </tbody> </table>		<u>Name</u>	<u>Representing</u>	<u>Anthony Creech</u>	<u>VDH Office of Environmental Health Services (OEHS)</u>	<u>Aaron Moses</u>	<u>VDH Office of Drinking Water (ODW)</u>	<u>Angela King</u>	<u>Virginia Coastal Policy Center</u>	<u>Benjamin Sojka</u>	<u>Rainwater Management Solutions (Industry)</u>	<u>Evan Branosky</u>	<u>Home Builders Association of Virginia</u>
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<u>David Sample</u>	<u>Virginia Tech</u>
<u>Lance Gregory</u>	<u>VDH OEHS</u>
<u>Jay Ford</u>	<u>Chesapeake Bay Foundation</u>
<u>Jay Otto</u>	<u>Otto Sales (Industry)</u>
<u>Jeffrey Brown</u>	<u>Virginia Department of Housing and Community Development (DCHD)</u>
<u>Kathy DeBusk Gee</u>	<u>Longwood University</u>
<u>Michael Redifer</u>	<u>City of Newport News Code Compliance</u>
<u>Michelle Ashworth</u>	<u>Virginia Municipal Stormwater Association</u>
<u>Nelson Daniel</u>	<u>VDH ODW</u>
<u>Robert Cooper</u>	<u>Virginia Department of Environmental Quality (DEQ)</u>
<u>Robert Edelman</u>	<u>VDH ODW</u>
<u>Seana Ankers</u>	<u>Mission H2O (Legal)</u>
<u>Skip Harper</u>	<u>DHCD</u>
<u>Trip Perrin</u>	<u>Lindl Corporation (Industry)</u>
<u>Tyrone Jarvis</u>	<u>Go Green Auto Care (Industry)</u>
<u>Valerie Rourke</u>	<u>DEQ</u>

Table 1b: Costs and Benefits under the Status Quo (No change to the regulation)

(1) Direct & Indirect Costs & Benefits (Monetized)	This will be the first version of 12VAC5-635 – there is no existing version for comparison. It is not feasible to consider the costs and benefits under the status quo of no regulation, because this regulation is mandated by the Code of Virginia.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a)	(b)
(3) Net Monetized Benefit		
(4) Other Costs & Benefits (Non-Monetized)		
(5) Information Sources		

Table 1c: Costs and Benefits under Alternative Approach(es)

(1) Direct & Indirect Costs & Benefits (Monetized)	Alternative Approach-Requiring VDH Permit for Non-potable use rainwater harvesting systems. The stakeholder workgroup assembled to draft the regulations considered permitting for all rainwater harvesting systems, as opposed to permitting only for
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	<p>potable use rainwater harvesting systems. This option was rejected by the workgroup.</p> <p>Direct Costs: Would likely increase the price of goods and services currently applicable to non-potable rainwater harvesting systems, which currently do not require construction permits. Further, would place significant burden on local health department personnel, who currently do not have expertise to conduct engineering review of complex non-potable rainwater harvesting system plans for large facilities such as schools and office buildings.</p> <p>Indirect Costs: Could possibly make marketplace less competitive as smaller businesses may be less able to adjust to increased VDH requirements.</p> <p>Direct Benefits: No obvious benefits. The current practice in Virginia regulating non-potable rainwater harvesting system design and construction per the Uniform Statewide Building Code has been proven successful. We note that the water quality standards in the proposed regulations will provide clarity to the regulated community, without a significant impact on design and construction cost.</p> <p>Indirect Benefits: None obvious.</p>
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(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) Insufficient baseline to determine	(b) Insufficient baseline to determine
(3) Net Monetized Benefit	Insufficient baseline to determine	
(4) Other Costs & Benefits (Non-Monetized)	The stakeholder group assembled to draft the proposed regulations agreed that permitting of rainwater harvesting systems for non-potable use would place an unnecessary burden on the regulated community with no advantage over the status quo.	
(5) Information Sources	Stakeholder group analysis	

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>The stakeholder workgroup assembled to draft the regulations considered not requiring a permitting program for rainwater harvesting systems for potable water supply. This option was rejected by the workgroup.</p>
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	<p>Direct Costs: Would lower the cost of implementing harvested rainwater as a private potable water source.</p> <p>Indirect Costs: The indirect cost would be an adverse public health risk for system users, for which VDH would have no mechanism of response, correction, or enforcement. The risk of adverse health outcome includes illness and death of system users.</p> <p>Direct Benefits: No obvious benefits</p> <p>Indirect Benefits: No obvious benefits</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) Insufficient baseline to determine	(b) Insufficient baseline to determine
(3) Net Monetized Benefit	Insufficient baseline to determine	
(4) Other Costs & Benefits (Non-Monetized)	<p>The stakeholder group assembled to draft the proposed regulations agreed that not permitting rainwater harvesting systems for potable use would represent unnecessary risk to public health. The group concurred that potable use systems, especially those incorporating filtration and disinfection, merit a permit system so that the Commonwealth can mitigate conditions that might lead to severe illness and potential mortality.</p>	
(5) Information Sources	Stakeholder group analysis	

Impact on Local Partners

Use this chart to describe impacts on local partners. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 2: Impact on Local Partners

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>Direct Costs: There are no anticipated economic costs or savings to localities from the development of these Regulations. As rainwater harvesting becomes common, the regulated community may petition local governments to eliminate mandatory connection to public water supplies or reduce fees for public water for users who rely primarily on harvested rainwater. However, the economic impact of this potential action is unknown currently. There is also some potential for economic benefit to localities based on a possible increase in the ability for taxable</p>
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	<p>property to be developed. However, the amount of economic benefit is difficult to predict until the regulations are in effect.</p> <p>Indirect Costs: In many localities, connection to public water supply and associated monthly fee is mandatory by ordinance. Over time, localities may face pressure to offer relief from mandatory connection – or fees – for properties served by a potable use rainwater harvesting system.</p> <p>Direct Benefits: Lowered demand on municipal water supply systems.</p> <p>Indirect Benefits: The Regulations are designed to improve public health by establishing water quality standards for all uses of harvested rainwater. This will benefit locality owned properties such as schools which incorporate rainwater harvesting systems for non-potable uses such as toilet/urinal flushing and irrigation.</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) Insufficient baseline to determine	(b) Insufficient baseline to determine
(3) Other Costs & Benefits (Non-Monetized)	Insufficient baseline to determine	
(4) Assistance	VDH does not anticipate significant funding challenges to localities. However, VDH intends to provide assistance to all people in the Commonwealth via a training and outreach program to introduce the new regulations.	
(5) Information Sources	Stakeholder group analysis.	

Impacts on Families

Use this chart to describe impacts on families. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 3: Impact on Families

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>Direct Costs: The regulations provide an avenue for a private potable water source, especially in situations where no other private source, or public water supply, is available. The cost for system installation is comparable to that of a private well.</p> <p>Indirect Costs: There may be occasional need to haul water to replenish cisterns during drought conditions.</p>
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	<p>Direct Benefits: May increase the market value of property where no other water source is available.</p> <p>Indirect Benefits: Rainwater harvesting represents a “green” process.</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) Insufficient baseline to determine	(b) Insufficient baseline to determine
(3) Other Costs & Benefits (Non-Monetized)	Insufficient baseline to determine	
(4) Information Sources	Stakeholder group analysis	

Impacts on Small Businesses

Use this chart to describe impacts on small businesses. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 4: Impact on Small Businesses

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>Direct Costs: Design professionals, installers, and inspectors must undertake training for certification under ASSE Rainwater Catchment System Standards. (Can be done online).</p> <p>Indirect Costs: VDH anticipates the regulations can provide a distinct avenue for water supply for both non-potable and potable use to individuals and businesses. The regulations are based on current industry standards and are not anticipated to increase construction costs beyond those applicable today. The regulations will provide a new market sector for small businesses including builders, tradespersons (e.g., plumbers, electricians), and realtors.</p> <p>Direct Benefits: New business sector</p> <p>Indirect Benefits: No obvious benefits</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) Stakeholder group analysis	(b) Stakeholder group analysis

(3) Other Costs & Benefits (Non-Monetized)	The Regulations will provide an additional source of water supply to the people of Virginia. Further, the Regulations are designed to improve public health by establishing water quality standards for all uses of harvested rainwater.
(4) Alternatives	Section 32.1-248.2 of the Code requires the Board to adopt regulations regarding the use of rainwater and provide standards for the use of rainwater harvesting systems, including systems that collect rainwater for use by commercial enterprises but do not provide water for human consumption, as defined in § 32.1-167. As an alternative, the stakeholder group assembly by VDH considered the adaptation of VDH's Virginia Rainwater Harvesting & Use Guidelines from guidance to Regulations. The group concluded that although a straightforward adaptation of the existing guidelines would comply with § 32.1-248.2 of the Code, it would not fully address the goals implied in the statute. In addition, it would not represent an avenue to address the demand for potable water supply where no other water source is feasible. Further, it would not be consistent with mandates elsewhere in the Code relative to resource protection and management (for example, groundwater management areas). This proposed action includes potential benefits for small businesses, primarily, but not limited to, manufacturers and sellers of rainwater harvesting systems and system components, plumbers, electricians, and water quality laboratories, as it will clarify requirements for system design, installation, operation and maintenance and water quality standards.
(5) Information Sources	Stakeholder group analysis.

Changes to Number of Regulatory Requirements

Table 5: Regulatory Reduction

For each individual action, please fill out the appropriate chart to reflect any change in regulatory requirements, costs, regulatory stringency, or the overall length of any guidance documents.

Change in Regulatory Requirements

VAC Section(s) Involved*	Authority of Change	Initial Count	Additions	Subtractions	Total Net Change in Requirements
635-10	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	0		0
	(D/R):	0	0		0
635-20	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	0		0
	(D/R):	0	0		0
635-30	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	0		0
	(D/R):	0	0		0
635-40	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	0		0
	(D/R):	0	0		0
635-50	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	0		0
	(D/R):	0	2		+2
635-60	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	1		+1
	(D/R):	0	0		0
635-70	(M/A):	0	0		0
	(D/A):	0	0		0

	(M/R):	0	0		0
	(D/R):	0	0		0
635-90	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	0		0
	(D/R):	0	8		+8
635-100	(M/A):	0	0		0
	(D/A):	0	1		+1
	(M/R):	0	0		0
	(D/R):	0	8		+8
635-110	(M/A):	0	0		0
	(D/A):	0	1		+1
	(M/R):	0	0		0
	(D/R):	0	1		+1
635-120	(M/A):	0	0		0
	(D/A):	0	4		+4
	(M/R):	0	0		0
	(D/R):	0	0		0
635-130	(M/A):	0	0		0
	(D/A):	0	1		+1
	(M/R):	0	0		0
	(D/R):	0	4		+4
635-140	(M/A):	0	0		0
	(D/A):	0	1		+1
	(M/R):	0	0		0
	(D/R):	0	14		+14
635-150	(M/A):	0	0		0
	(D/A):	0	1		+1
	(M/R):	0	0		0
	(D/R):	0	1		+1
635-160	(M/A):	0	0		0
	(D/A):	0	0		0

	(M/R):	0	0		0
	(D/R):	0	2		+2
635-170	(M/A):	0	0		0
	(D/A):	0	1		+1
	(M/R):	0	0		0
	(D/R):	0	2		+2
635-180	(M/A):	0	0		0
	(D/A):	0	12		+12
	(M/R):	0	0		0
	(D/R):	0	7		+7
635-190	(M/A):	0	0		0
	(D/A):	0	6		+6
	(M/R):	0	0		0
	(D/R):	0	18		+18
635-200	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	1		+1
	(D/R):	0	1		+1
635-210	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	1		+1
	(D/R):	0	3		+3
635-220	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	3		+3
	(D/R):	0	26		+26
635-230	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	2		+2
	(D/R):	0	31		+31
635-240	(M/A):	0	0		0
	(D/A):	0	0		0

	(M/R):	0	6		+6
	(D/R):	0	41		+41
635-250	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	0		0
	(D/R):	0	7		+7
635-260	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	1		+1
	(D/R):	0	4		+4
635-270	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	0		0
	(D/R):	0	8		+8
635-280	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	0		0
	(D/R):	0	4		+4
635-290	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	1		+1
	(D/R):	0	8		+8
635-300	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	0		0
	(D/R):	0	10		+10
635-310	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	2		+2
	(D/R):	0	23		+23
635-320	(M/A):	0	0		0
	(D/A):	0	0		0

	(M/R):	0	0		0
	(D/R):	0	11		+11
635-330	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	0		0
	(D/R):	0	10		+10
635-340	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	0		0
	(D/R):	0	10		+10
635-350	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	0		0
	(D/R):	0	33		+33
635-360	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	0		0
	(D/R):	0	5		+5
635-370	(M/A):	0	0		0
	(D/A):	0	0		0
	(M/R):	0	0		0
	(D/R):	0	6		+6
				Grand Total of Changes in Requirements:	(M/A): 0
					(D/A): +6
					(M/R): +18
					(D/R): +308

Key:

Please use the following coding if change is mandatory or discretionary and whether it affects externally regulated parties or only the agency itself:

(M/A): Mandatory requirements mandated by federal and/or state statute affecting the agency itself

(D/A): Discretionary requirements affecting agency itself

(M/R): Mandatory requirements mandated by federal and/or state statute affecting external parties, including other agencies

(D/R): Discretionary requirements affecting external parties, including other agencies

Other Decreases or Increases in Regulatory Stringency (if applicable)

VAC Section(s) Involved	Description of Regulatory Change	Overview of How It Reduces or Increases Regulatory Burden
Entire chapter	New regulatory program – allowance of potable use of harvested rainwater.	<p>The initial costs of a private well are \$10k-\$30k, depending on conditions and location. For a cistern with hauled water, initial costs are similar to private well, plus \$10k-\$15k annually for water. For a new rainwater harvesting system, initial costs are approximately \$15k.</p> <p>We are currently unable to estimate how many individuals across the Commonwealth will install a rainwater harvesting system for potable use, and how many of those individuals have already installed a separate water system.</p> <p>For a family choosing between a new well or cistern vs a new rainwater system, initial costs could be similar, but potentially up to \$10k-\$15k cheaper. Relative to the ongoing water costs of a cistern, a rainwater system would pay for itself in under two years.</p>
Entire chapter	New regulatory oversight of non-potable harvested rainwater, including registration requirements.	The industry currently contends with a patchwork of governance; no statewide water quality standards, outdated and incomplete agency guidance, manufacturer’s varying performance standards, the USCB, and third-party guidance from trade associations and similar groups. This is difficult for

		<p>industry to navigate and results in unreliable compliance across jurisdictions. Of most concern is the lack of consistent water quality standards based on the intended use of harvested rainwater.</p> <p>VDH anticipates that the regulations will benefit the regulated community by standardizing design and installation criteria, resulting in a 10 to 20% increase in efficiency, with no anticipated increases in the cost of compliance.</p>
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2 Department of Health

3 Rainwater Harvesting Regulations

4 Chapter 635

5 Rainwater Harvesting System Regulations

6 Part I

7 General Framework

8 **12VAC5-635-10. Definitions.**

9 The following words, terms, and abbreviations, when used in this chapter, shall have the
10 following meanings unless the context clearly indicates otherwise:

11 "Agent" means a legally authorized representative of the owner.

12 "ANSI" means the American National Standards Institute.

13 "ASSE" means the American Society of Sanitary Engineering.

14 ["~~Board~~" means the ~~State Board of Health~~.]

15 ["Backflow" means (i) the flow of water, other liquids, mixtures, or substances into the
16 distribution system of a pure water system from one or more sources than it's intended source; or
17 (ii) the reversal of the normal direction of flow.]

18 "Cistern" means a water storage tank connected to a plumbing system or irrigation system.

19 "Commissioner" means the State Health Commissioner or the commissioner's designee.

20 "Contaminant" means an objectionable or hazardous physical, chemical, biological, or
21 radiological substance or matter in water.

22 "Conveyance system" or "roof drainage system" means the portion of a rainwater harvesting
23 system that directs collected rainwater to the point of untreated rainwater storage, including
24 gutters, downspouts, roof drains, and connectors.

25 ["Cross connection" means any physical connection or arrangement between two otherwise
26 separate piping systems whereby there exists the possibility for flow from one system to the other,
27 with the direction of flow depending on the pressure differential between the two systems.]

28 "Debris excluder" means a screen or other device installed in the gutter or downspout system
29 to prevent the accumulation of leaves, needles, or other debris in the rainwater harvesting system.

30 "Department" means the Virginia Department of Health.

31 "Designer" means a person who is employed or contracted by an owner to design a rainwater
32 harvesting system and holds certification as a designer pursuant to 12VAC5-635-270 C. Owners
33 may be certified to become designers.

34 "Disinfection" means a process that inactivates or destroys pathogenic organisms in water by
35 use of a disinfectant. A disinfectant is any chemical and physical agent, including chlorine,
36 chlorine dioxide, chloramines, ozone, and ultraviolet light, added to water in any part of the
37 treatment or distribution process for the purpose of killing or inactivating pathogenic organisms.

38 "Distribution system" means piping and other components carrying water from a rainwater
39 harvesting system to the point of use.

40 "End use" means the use of water from a rainwater harvesting system.

41 "End use tier" means a categorization applied to a rainwater harvesting system based on
42 potable or nonpotable water quality; end use; and potential for human contact, including ingestion,
43 inhalation, and skin contact.

44 "Filtration" means a process for removing particulate matter from water by passage through
45 porous media.

46 "First flush" means a method for the removal of sediment and debris from the collection
47 surface by diverting initial rainfall from entry into the storage unit.

48 "Harvested rainwater" means water from precipitation, including snowmelt, that falls on an
49 elevated roof not subject to pedestrian access and is directed through gutters and downspouts to
50 a storage tank prior to contact with the ground.

51 "Human consumption" means drinking, food preparation, dishwashing, bathing, showering,
52 hand washing, teeth brushing, and maintaining oral hygiene.

53 "Installer" means the service provider responsible for installation of a rainwater harvesting
54 system in accordance with the construction permit.

55 "Local health department" means the department established in each city and county in
56 accordance with § 32.1-30 of the Code of Virginia.

57 "Log reduction" means the removal of organisms expressed on a logarithmic scale. For
58 example, a 99.9% is a 3-log removal; whereas a 99.99% is a 4-log removal.

59 "Log reduction target" means a level of log removal assigned to an end use tier.

60 "Maintenance" means performing adjustments to equipment and controls and in-kind
61 replacement of normal wear and tear parts such as light bulbs, fuses, filters, pumps, motors,
62 conveyance subsystem components, or other like components. Maintenance includes pumping
63 the tanks or cleaning the system components, including tanks, on a periodic basis. Maintenance
64 shall not include replacement of water storage units or work requiring a construction permit and
65 an installer.

66 "Nonpotable water" means water not classified as pure water.

67 "NSF" means NSF International, formerly known as the National Sanitation Foundation. NSF
68 collaborates with ANSI and Canadian authorities on drinking water standards development.
69 "NSF/ANSI/CAN" is the abbreviation for that collaboration.

70 "Operation and maintenance manual" means the set of materials and documentation
71 maintained by an owner containing the instructions and information required by 12VAC5-635-350.

72 "Operator" means a person employed or contracted by an owner to operate and maintain a
73 rainwater harvesting system and holding certification as a designer, installer, or inspector as
74 described in 12VAC5-635-270 C. Owners may be certified to become operators.

75 "Owner" means any person, individual, corporation, partnership, association, cooperative,
76 limited liability company, trust, joint venture, government, political subdivision, or any other legal
77 or commercial entity and any successor, representative, agent, or instrumentality thereof, who
78 owns, leases, or proposes to own or lease a rainwater harvesting system.

79 "Point of use" means a point in a domestic water system nearest to a water-consuming
80 plumbing fixture where water is used.

81 "Potable water" or "pure water" means water fit for human consumption that (i) is sanitary and
82 normally free of minerals, organic substances, and toxic agents in excess of reasonable amounts;
83 (ii) is adequate in quantity and quality for the minimum health requirements of the persons served;
84 and (iii) conforms to potable water standards defined in the Virginia Uniform Statewide Building
85 Code.

86 "Precipitation" means water that has precipitated from the atmosphere, including rain, snow,
87 sleet, hail, mist, fog, and dew.

88 "Rainwater harvesting system" means a water system for collecting, storing, potentially
89 treating, and distributing rainwater for an end use.

90 "Screen" means a filtration device constructed of corrosion-resistant wire or other approved
91 mesh, having openings in determined sizes.

92 "Secondary water supply" means an alternate source of water that serves a rainwater
93 harvesting system for the purpose of continuity of water supply.

94 "Service connection" means the point of delivery of water from a rainwater harvesting system
95 to the distribution system of a user. In the case of a building having multiple independent tenants,
96 each independent tenant is considered a service connection for the purpose of this chapter,
97 regardless of distribution system configuration. In general, a service connection is a single
98 residential unit or commercial space.

99 "Stormwater" means precipitation that is discharged across the land surface or through
100 conveyances to one or more waterways and that may include stormwater runoff, snow melt runoff,
101 and surface runoff and drainage.

102 "Treatment" means the use of physical, biological, or chemical means to make water suitable
103 for the intended use.

104 "Treatment system" or "water treatment system" means the equipment and components used
105 to achieve treatment of rainwater, most commonly filtration and disinfection.

106 "USBC" means the Virginia Uniform Statewide Building Code (§ 36-97 et seq. of the Code of
107 Virginia).

108 ["Variance" means a conditional waiver of a specific regulation which is granted to a specific
109 owner relating to a specific situation or facility and may be for a specified time period.]

110 "Water storage unit" means a cistern or tank used as the central storage component of the
111 rainwater harvesting system prior to treatment.

112 "Waterworks" means a system that serves piped water for human consumption to at least 15
113 service connections or 25 or more individuals for at least 60 days out of the year.

114 "Written operational record" means the official record of the maintenance and operations of a
115 rainwater harvesting system that contains the items required [pursuant to in] 12VAC5-635-330
116 C.

117 **Statutory Authority**

118 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

119 **12VAC5-635-20. Applicability of regulation.**

120 A. This chapter does not apply to rainwater harvesting systems installed, altered, or
121 rehabilitated prior to (insert the effective date of this chapter) unless the rainwater harvesting
122 system is altered or rehabilitated after (insert the effective date of this chapter).

123 B. The following are excluded from the requirements of this chapter.

124 1. Rain barrels (individual containers of up to 100 gallon capacity used to collect and
125 temporarily store rainwater solely for Tier 1 end use);

126 2. Rainwater harvesting systems that serve as a source for a waterworks as regulated by
127 [12VAC5-590; the Waterworks Regulations (12VAC5-590);]

128 3. Rainwater harvesting systems for Tier 1, 2, or 3 end use conducted for an agricultural
129 operation as defined by § 3.2-300 of the Code of Virginia; and

130 4. Stormwater reclamation and reuse systems authorized by the Department of
131 Environmental Quality in accordance with regulations adopted pursuant to § 62.1-
132 44.15:28 of the Code of Virginia, including stormwater reclamation and reuse systems that
133 may reclaim combined stormwater and harvested rainwater.

134 **Statutory Authority**

135 § 32.1-12 and 32.1-248.2 of the Code of Virginia.

136 **12VAC5-635-30. Relationship to Virginia Sewage Handling and Disposal Regulations.**

137 This chapter supersedes 12VAC5-610-1170 of the Virginia Sewage Handling and Disposal
138 Regulations, which addresses cisterns, in cases where a cistern is used solely as a component
139 of a rainwater harvesting system subject to the requirements of this chapter.

140 **Statutory Authority**

141 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

142 **12VAC5-635-40. Relationship to the State Water Control Board.**

143 This chapter addresses the standards for the collection and use of that portion of stormwater
144 not regulated in accordance with 9VAC25-31, 9VAC25-32, 9VAC25-151, 9VAC25-840, 9VAC25-
145 870, 9VAC25-880, and 9VAC25-890.

146 **Statutory Authority**

147 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

148 **12VAC5-635-50. Relationship to the Uniform Statewide Building Code.**

149 A. This chapter is independent of and in addition to the requirements of the USBC in
150 accordance with § 36-98 of the Code of Virginia.

151 B. All persons required to obtain a rainwater harvesting system installation permit for a system
152 for Tier 4 end use shall furnish a copy of the installation permit to the local building official when
153 making application for a building permit.

154 C. The applicant for a rainwater harvesting system for Tier 4 end use shall furnish the local
155 building official with a copy of the operating permit demonstrating the potable water supply has
156 been inspected, sampled, and approved by the local health department.

157 **Statutory Authority**

158 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

159 **12VAC5-635-60. Right of entry and inspections.**

160 In accordance with § 32.1-25 of the Code of Virginia, the commissioner or a designee shall
161 have the right to enter any property to ensure compliance with this chapter.

162 **Statutory Authority**

163 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

164 Part II

165 Procedural Requirements

166 **12VAC5-635-70. End use tiers for rainwater harvesting systems.**

167 The end use tier categorization of harvested rainwater is based on water quality, intended end
168 uses, and associated potential for human contact through ingestion, inhalation, and skin contact.
169 The examples of common-use applications are not intended to represent all possible applications.
170 Where end use applications are not listed, or are subject to interpretation, the application shall be
171 categorized based on the highest numbered applicable end use tier description. The end use tiers
172 are as follows:

173 1. Tier 1. Low exposure end use: Nonpotable water use where humans will rarely come
174 into contact with the treated rainwater due to the nature of the installation that limits direct
175 or indirect contact under normal operation. Examples include trap primers, restricted
176 access spray irrigation, surface and subsurface irrigation, and ice rinks. In this context,

177 restricted access spray irrigation means spray irrigation in fenced or remote locations
178 where human visitation is controlled or prevented.

179 2. Tier 2. Medium exposure end use: Nonpotable water use where human contact with
180 treated rainwater is indirect or limited. Examples include toilet and urinal flushing, clothes
181 washing, [HVAC Heating Ventilation and Air Conditioning system] evaporative cooling,
182 and rooftop thermal cooling.

183 3. Tier 3. High exposure end use: Nonpotable water use where human contact with treated
184 rainwater is direct. Examples include hose bibs, pressure washing, firefighting or
185 protection and fire suppression, decorative fountains, vehicle washing, and nonrestricted
186 spray irrigation.

187 4. Tier 4. Potable water end use: Intended for human consumption.

188 **Statutory Authority**

189 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

190 **12VAC5-635-80. Reserved.**

191 **Statutory Authority**

192 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

193 **12VAC5-635-90. Permits for rainwater harvesting systems; general.**

194 A. No person may install, alter, or rehabilitate or allow the installation, alteration, or
195 rehabilitation of a rainwater harvesting system intended for Tier 4 end use without a written
196 construction permit from the commissioner.

197 B. ~~[The commissioner may impose conditions on the issuance of a permit and no rainwater~~
198 ~~harvesting system intended for Tier 4 end use may be installed or modified in violation of those~~
199 ~~conditions.~~

200 C.] Unless suspended or revoked pursuant to 12VAC5-635-190, [permits a construction
201 permit] for a [Tier 4] rainwater harvesting system [intended for Tier 4 end use] shall be valid
202 for a period of 36 months from the date of issuance.

203 [~~D. C.] An owner may install and operate a rainwater harvesting systems intended for Tier~~
204 1, 2, or 3 end use without a permit. The owner of a Tier 1, 2, or 3 end use rainwater harvesting
205 system shall file a registration form with the department within 30 days of the following:

206 1. Installing a rainwater harvesting system;

207 2. [Change The permanent discontinuation] of [ownership use] of a rainwater
208 harvesting system [; or such that harvested rainwater is not used for any purpose.]

209 [3. Permanently closing a rainwater harvesting system.]

210 **Statutory Authority**

211 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

212 **12VAC5-635-100. Application procedures for a construction permit for a rainwater**
213 **harvesting system for Tier 4 end use.**

214 A. The owner of a proposed rainwater harvesting system shall sign and submit a written permit
215 application to the local health department for the locality where the proposed rainwater harvesting
216 system would be located [~~on an application form provided by the local health department,~~] that
217 contains the following information:

218 1. The [property] owner's name, address, and telephone number;

219 2. The applicant's name, address, and telephone number (if different from the property
220 owner's);

221 3. A statement signed by the owner or agent granting the department access to the site to
222 conduct a sanitary survey if underground water storage is proposed and to inspect the
223 rainwater harvesting system after it is installed; and

224 4. Plans for the proposed rainwater harvesting system, including specifications, design
225 criteria, manufacturer's literature, a proposed schematic, a general layout of any
226 underground water storage, ~~formal~~ additional written] plans for multiple service
227 connection systems, the operation and maintenance manual required pursuant to
228 12VAC5-635-350, and other supporting information or data the [~~local~~
229 health] department [~~or commissioner~~] may request.

230 C. If underground storage of harvested rainwater is proposed, a general layout shall be
231 provided [~~and shall include~~ that includes] topography, elevations, contour lines, existing or
232 proposed streets [~~and all~~ , and identifies the following conditions located within 100 feet
233 horizontally of the proposed water storage units:] potential sources of contamination, bodies of
234 water, ditches, buildings, springs, above ground cisterns, and wells.

235 D. If the proposed rainwater harvesting system will provide Tier-4 end use water to multiple
236 service connections, the applicant shall include a [~~formal~~] plan as follows:

237 1. The plan shall have a cover sheet with suitable title showing the name of the owner,
238 date the plan was prepared, and the name of the licensed individual by or under whom
239 the plans were prepared. The cover sheet and each subsequent page shall bear the same
240 general title and each shall be numbered. Appropriate subtitles shall be included on
241 individual sheets.

242 2. The plan shall be [~~clear and legible and~~] prepared to a scale that will permit necessary
243 information to be [~~plainly~~] shown [~~clearly and legibly.~~]

244 3. The plan shall consist of plan views, elevations, sections, and supplementary views that
245 together with the specifications and general layouts provide the working information for
246 the contract and construction of the proposed rainwater harvesting system, including
247 dimensions and relative elevations of structures, the location and outline form of
248 equipment, the location and size of piping, water levels, ground elevations, and erosion
249 control abatement facilities.

250 4. The plan shall include the technical specifications for the construction of the rainwater
251 harvesting system and all appurtenances. The specifications shall include all construction
252 information not shown on the drawings, which is necessary to inform the [~~builder~~
253 installer] in detail of the design requirements as to the quality of material workmanship
254 and fabrication of the project; the type, size, strength, operating characteristics, and rating
255 of equipment and materials used in the construction and operation of the rainwater
256 harvesting system; allowable infiltration, machinery, valves, piping, and jointing of pipe,
257 electrical apparatus, wiring, and meters; operating tools and construction materials;
258 miscellaneous appurtenances; chemicals when used; and instructions for testing
259 materials and equipment as necessary to meet design standards and operating test for
260 the complete works and component units.

261 E. An application shall be deemed complete upon receipt by the local health department of a
262 signed and dated application [~~on the approved application form~~ , together with the appropriate
263 fee.]

264 **Statutory Authority**

265 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

266 **12VAC5-635-110. Issuance of a construction permit.**

267 The commissioner shall issue construction permit to the owner no later than 60 days after
268 receipt of a complete application [and fee] if:

- 269 1. [According to the information on the application form, the The] proposed rainwater
270 harvesting system is compliant with this chapter and other applicable laws, ordinances,
271 and regulations; and
272 2. The owner has obtained the easements pursuant to this chapter and [attached
273 provided] the documentation of the easement [te with] the application.

274 **Statutory Authority**

275 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

276 **12VAC5-635-120. Denial of a construction permit.**

277 If the commissioner determines that the proposed rainwater harvesting system [is
278 inadequate,] does not comply with this chapter [;] or that the installation and operation of the
279 system would create an actual or potential health hazard or nuisance, the commissioner shall
280 deny the construction permit application and notify the owner in writing no later than 60 days after
281 receipt of the complete application with the basis for the denial. The notification shall also state
282 that the owner has the right to appeal the denial in accordance with 12VAC5-635-190.

283 **Statutory Authority**

284 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

285 **12VAC5-635-130. Revision of approved plans.**

286 A. The rainwater harvesting system designer with the consent of the owner may make certain
287 design changes to a proposed rainwater harvesting system for which a valid construction permit
288 has been issued without prior approval from the department if:

- 289 1. The design change does not change the design flow, the proposed filtration means and
290 standard, the proposed disinfection means and standard, or the log reduction targets;
291 2. The changed design for the rainwater harvesting system complies with applicable
292 statutes, codes, and regulations;
293 3. The designer provides the department with complete documentation, including a list of
294 changes and revised specifications, calculations, and drawings as part of a revised design
295 package; and
296 4. The designer and owner ensure that design changes are communicated to the installer
297 of the rainwater harvesting system.

298 B. The commissioner may suspend or revoke a construction permit if a design change made
299 to the proposed rainwater harvesting system does not comply with this chapter. If the
300 commissioner revokes the construction permit, the owner must submit a new application before
301 continuing with the installation of the rainwater harvesting system.

302 C. The commissioner shall review changes made to the rainwater harvesting system before
303 issuing an operation permit pursuant to 12VAC5-635-170.

304 **Statutory Authority**

305 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

306 **12VAC5-635-140. Installation inspection and correction.**

307 A. Upon completion of the installation, alteration, or rehabilitation of a [Tier 4] rainwater
308 harvesting system [intended for Tier 4 end-use] :

- 309 1. The owner or agent shall submit to the local health department a statement signed by
310 the installer certifying that the rainwater harvesting system was installed, altered, or
311 rehabilitated in accordance with the construction permit and that the rainwater harvesting
312 system complies with applicable state and local regulations, ordinances, and laws;

313 2. The designer shall thoroughly inspect the system installation to determine whether the
314 installation was completed [substantially] in accordance with the approved evaluation
315 and design, including any revisions made pursuant to 12VAC5-635-130; and

316 3. The designer shall submit to the local health department a signed inspection report
317 stating that the installation was completed [substantially] in accordance with the approved
318 evaluation and design revised only in accordance with the provisions of 12VAC5-635-130.

319 B. If the designer observes deficiencies during the inspection, the designer shall note the
320 deficiencies in the [designer's] inspection report and include [with the report] a plan of
321 correction that includes the specific corrective actions that will be taken to bring the rainwater
322 harvesting system into compliance with this chapter, the date on which the corrective actions [are
323 to will] be completed, and the date [on which] the designer will perform a follow-up inspection
324 of the corrected rainwater harvesting system.

325 C. After the follow-up inspection, the designer shall submit a signed inspection report to the
326 local health department [stating affirming] whether the corrective actions have been taken and
327 whether the rainwater harvesting system is [at that time] installed in compliance with the
328 approved evaluation and design.

329 [D. If the owner does not ensure completion of the corrective actions or the rainwater
330 harvesting system is otherwise not able to operate in compliance with this chapter, the
331 commissioner shall not issue an operation permit and may suspend or revoke the construction
332 permit pursuant to 12VAC5-635-190.]

333 **Statutory Authority**

334 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

335 **12VAC5-635-150. Requirement for an easement.**

336 A. If a rainwater harvesting system or a portion of the rainwater harvesting system is proposed
337 to be installed on property other than the owner's, the owner must obtain an easement in
338 perpetuity of sufficient area to permit access to install, maintain, and operate the rainwater
339 harvesting system components from the appropriate property owner and record the easement
340 with the clerk of the circuit court before issuance of a construction permit.

341 B. The owner shall submit legal documentation of recordation of the easement or a signed
342 statement that the easement will be recorded within 45 days to the appropriate local health
343 department with the application for a construction permit.

344 C. If the owner does not obtain, properly record, and submit documentation of the easement,
345 the owner may not install or operate the rainwater harvesting system on the property for which
346 the easement was denied.

347 **Statutory Authority**

348 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

349 **12VAC5-635-160. Land records.**

350 A. Before the commissioner may issue an operation permit for a [Tier 4] rainwater harvesting
351 system [for Tier 4 end use], the owner must:

352 1. Record an instrument describing applicable annual water quality testing and
353 maintenance requirements for each component of the rainwater harvesting system in the
354 land records of the circuit court having jurisdiction over the site of the rainwater harvesting
355 system; and

356 2. Submit to the local health department legal documentation indicating that the instrument
357 has been duly recorded in the land records.

358 B. The instrument recorded pursuant to this section shall be transferred with the title to the
359 property upon the sale or other transfer of the property in which the rainwater harvesting system
360 is located.

361 **Statutory Authority**

362 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

363 **12VAC5-635-170. Issuance of operation permit.**

364 A. No [Tier 4] rainwater harvesting system [intended for Tier 4 end use] may be operated,
365 except for the purposes of testing the system, until the commissioner has issued an operation
366 permit to the owner.

367 B. If the owner has complied with the requirements of 12VAC5-635-140, 12VAC5-635-160,
368 and this section, the commissioner shall issue to the owner a [Tier 4 end use] permit to operate
369 the rainwater harvesting system [intended for Tier 4 end use] .

370 C. The issuance of an operation permit does not denote or imply a warranty or guarantee by
371 the department that the rainwater harvesting system will function for any specified period of time.
372 The owner shall maintain, repair, or replace a rainwater harvesting system that ceases to operate
373 as defined in the operation permit and operation and maintenance manual.

374 **Statutory Authority**

375 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

376 **12VAC5-635-180. Variances.**

377 A. In accordance with § 32.1-12 of the Code of Virginia and this chapter, the commissioner
378 may grant a variance to a requirement of this chapter. A variance is a conditional waiver of a
379 specific requirement that is granted to a specific owner relating to a specific situation or facility
380 and may be for a specified time period.

381 B. The commissioner may grant a variance if an investigation reveals that, in the opinion of
382 the commissioner, a hardship imposed by a requirement within this chapter, including economic,
383 outweighs the benefits that may be received by the public and that granting the a variance does
384 not subject the public to unreasonable health risks or environmental pollution.

385 C. The owner shall submit a signed, written application for a variance to the appropriate local
386 health department. The application shall include:

- 387 1. A citation to the section to which a variance is requested;
- 388 2. The nature and duration of the variance requested;
- 389 3. Any relevant analytical results including results of relevant tests conducted pursuant to
390 the requirements of this chapter;
- 391 4. The specific hardship created by the requirement to which a variance is requested;
- 392 5. Statements or evidence that establishes that the public health or welfare and the
393 environment would not be adversely affected if the variance were granted;
- 394 6. Suggested conditions that might be imposed on the granting of a variance that would
395 limit the detrimental impact on the public health and welfare;
- 396 7. Other information believed pertinent by the applicant; and
- 397 8. Other information the local health department or commissioner may require.

398 D. In the evaluation of a variance application, the commissioner shall consider:

- 399 1. The effect that the variance would have on the construction, location, or operation of
400 the rainwater harvesting system;
- 401 2. The cost and other economic considerations imposed by the requirement to which the
402 variance is sought;

403 3. The effect that such a variance would have on protection of the public health or welfare
404 and the environment;

405 4. Relevant analytical results including results of relevant tests conducted pursuant to the
406 requirements of this chapter; and

407 5. Information or materials on the application for a variance submitted per this section.

408 E. The commissioner shall not recognize as a hardship the cost to correct an error created by
409 a design change initiated by the owner or designer for which approval by the department was
410 required pursuant to 12VAC5-635-130 but was not obtained.

411 F. [The commissioner may deny any applicant for a variance by sending a written denial
412 notice to the applicant that states the reasons for the rejection.] If the commissioner [proposes
413 to deny a variance request submitted pursuant to this section, the commissioner shall notify the
414 owner of the proposed denial within 60 calendar days of receipt of the variance request and
415 provide denies the variance, the owner shall be provided with] an opportunity for an informal fact-
416 finding [conference proceeding] as provided in § 2.2-4019 of the Code of Virginia. [Following
417 this opportunity for an informal fact-finding conference the commissioner may deny an application
418 for a variance by sending a written denial notice to the owner that states the reasons for the denial.
419]

420 G. If the commissioner proposes to grant a variance request submitted pursuant to this
421 section, the commissioner shall notify the owner in writing of the decision within 60 calendar days
422 of receipt of the variance request. The notice shall identify the requirement to which the variance
423 is granted, the rainwater harvesting system covered, the period of time for which the variance will
424 be effective, and the conditions imposed pursuant to issuing the variance.

425 H. [The owner shall attach a physical copy of the variance to the permit.

426 I.] Unless otherwise stated in the terms or conditions of the variance, the variance shall be
427 transferred with the permit if the owner of a rainwater harvesting system sells or otherwise
428 transfers ownership of the rainwater harvesting system to a new owner.

429 [~~I.] If a permit is revoked or suspended, variances attached to it shall also be revoked or~~
430 suspended.

431 **Statutory Authority**

432 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

433 **12VAC5-635-190. Enforcements, notices, informal conferences, appeals.**

434 A. Rainwater harvesting systems shall be installed, operated, and maintained in compliance
435 with the requirements as set forth in this chapter. The commissioner may enforce this chapter
436 through the means lawfully available pursuant to Title 32.1 of the Code of Virginia, and nothing in
437 this chapter shall be construed as preventing the commissioner from making efforts to obtain
438 compliance through warning, conference, or other appropriate enforcement means.

439 B. The commissioner may deny a permit application or suspend or revoke a permit issued
440 pursuant to this chapter if:

441 1. The permit holder fails to comply with this chapter, applicable law, or a condition
442 imposed on the permit; or

443 2. The commissioner is made aware that:

444 a. The facts upon which the approval of a construction permit was based were
445 knowingly and willfully misrepresented; or

446 b. The installation or operation of the proposed rainwater harvesting system could
447 create a substantial or imminent public health or environmental hazard.

448 C. The commissioner shall notify the owner of a notice of suspension in writing via certified
449 mail or via hand delivery. Immediately upon receipt of a notice of suspension, the owner shall
450 cease operation of the rainwater harvesting system.

451 D. The owner of a permitted rainwater harvesting system shall ensure the continuity of water
452 supply to persons who use the rainwater harvesting system's treated water for human
453 consumption. If the owner demonstrates to the satisfaction of the commissioner that ceasing the
454 operation of a permitted rainwater harvesting system would endanger the health of the persons
455 who use the rainwater harvesting system's finished water, the commissioner may issue a variance
456 to the requirement to cease operation pursuant to 12VAC5-635-180.

457 E. Within 10 [working] days of receipt of a notice of denial of an application or suspension of
458 a permit, the owner may request an informal conference in accordance with § 2.2-4019 of the
459 Code of Virginia. The owner must file the request for an informal conference in writing with the
460 local health department within the locality that the rainwater harvesting system is located. If a
461 request for an informal conference is not filed within 10 working days, the denial or suspension is
462 sustained.

463 F. Within 10 [working] days of receipt of a notice of denial, suspension, or intent to revoke,
464 the owner shall submit to the appropriate local health department a plan of correction that
465 includes:

466 1. The specific corrective actions that will be taken to address the reasons for denial,
467 suspension, or revocation and bring the rainwater harvesting system into compliance with
468 this chapter and other applicable requirements;

469 2. The date on which the corrective actions are expected to be completed; and

470 3. If the rainwater harvesting system is in operation, an application for a construction
471 permit for alteration, repair, or rehabilitation of the rainwater harvesting system pursuant
472 to 12VAC5-635-100.

473 G. Within 10 [working] days of the receipt of the plan of correction, the department shall:

474 1. Notify the owner in writing if any item is determined to be unacceptable; and

475 2. Act on an application for a construction permit to perform repairs pursuant to this
476 section.

477 H. If the owner does not submit a plan of correction or request an informal conference within
478 10 working days, the department shall notify the owner in writing that the application for a permit
479 is denied or that the permit is deemed suspended or revoked.

480 I. The department shall arrange for an informal conference to be held within seven working
481 days of receipt of a request for an informal conference pursuant to this section.

482 J. The commissioner may end a suspension and reinstate a permit at any time if the conditions
483 under which the permit was suspended have changed or no longer exist.

484 K. The owner must reapply for a permit in order to continue installing or operating a rainwater
485 harvesting system for which the permit has been revoked.

486 [~~L. A plan of correction implemented pursuant to this section shall be attached to the operation~~
487 ~~permit for the rainwater harvesting system.]~~

488 **Statutory Authority**

489 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

490

Part III

491

Design and Installation

492

12VAC5-635-200. Cross connection abatement.

493

[A. "Cross connection" means a physical connection or arrangement between two otherwise separate piping systems whereby there exists the possibility for flow from one system to the other, with the direction of flow depending on the pressure differential between the two systems.

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B.] No rainwater harvesting system may be installed, operated, or allowed on any premises where cross connection to a waterworks or a private well exists, unless the cross connections are abated or controlled by means including cross connection control and backflow prevention in accordance with the USBC. Where cross connection to a waterworks exists, the cross connection shall be abated or controlled to the satisfaction of the waterworks.

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Statutory Authority

§§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

503

12VAC5-635-210. Backflow prevention.

504

A. ["Backflow" means (i) the flow of water, other liquids, mixtures, or substances into the distribution system of a pure water system from one or more sources other than its intended source; or (ii) the reversal of the normal direction of flow.

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B.] A rainwater harvesting system shall be designed, installed, and maintained to prevent contamination of secondary water supplies by backflow. Backflow prevention shall be achieved by one or more of the following:

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1. Backflow elimination methods, including air gap separation or physical disconnection;

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2. Backflow prevention assemblies, including the reduced pressure principle, double check valve, and pressure vacuum breaker assemblies; or

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3. If backflow prevention is not generally required to withstand continuous pressure over 12 hours or to control high hazards, a backflow prevention device, including atmospheric type vacuum breakers and dual check valve devices.

514

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516

[B. C.] Backflow prevention assemblies and backflow prevention devices shall be suitable to the application and shall conform to the USBC.

517

Statutory Authority

§§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

519

12VAC5-635-220. Water storage unit location.

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A. An underground water storage unit for a rainwater harvesting system shall be sited with appropriate consideration given to distance from potential contamination sources, vulnerability to known or suspected natural risks (e.g., flooding and sink holes), potential for interference with utilities, and safety.

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B. If the rainwater harvesting system will include an underground installation of a water storage unit, the designer shall conduct a sanitary survey, including investigation of obvious sources of toxic or dangerous substances within 200 feet of the water storage unit. Sources of contamination may include items listed in Table 1. The minimum separation distance between an underground water storage unit and sources of contamination shall comply with the minimum distances shown in Table 1.

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<p><u>TABLE 1</u></p> <p><u>Separation distance between underground water storage unit and potential source of contamination</u></p>
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<u>Potential Source of Contamination</u>	<u>Separation Distance (feet)</u>
<u>Active or permitted septic tank, holding tank, pump tank, aerobic unit, house sewer line, sewer line, sewer main, sewerage system</u>	<u>50</u>
<u>Active or permitted drainfield, including reserve drainfield</u>	<u>50</u>
<u>Permanently abandoned onsite sewage disposal system</u>	<u>35</u>
<u>Petroleum storage tank, drum, tote, or other container (underground)</u>	<u>100</u>
<u>Petroleum storage tank, drum, tote, or other container (aboveground)</u>	<u>50</u>

531 C. An aboveground water storage unit shall be installed on a sturdy and level foundation or
532 platform with adequate drainage capable of bearing the weight of the unit at capacity. If multiple
533 storage units are connected, compliant fittings must be used and installed in a manner that
534 provides adequate flexibility to allow for unit settlement or movement.

535 D. A water storage unit and associated pipes and pipe fittings and appurtenances to be
536 installed in locations subject to direct sunlight shall be constructed of materials stable under
537 ultraviolet light exposure anticipated over the life of the system.

538 E. A water storage unit shall be supported and restrained to prevent lateral movement.
539 Support and restraint devices may not be placed in a manner that will obstruct access for cleaning
540 and maintenance.

541 F. A water storage unit subject to a shallow water table shall be ballasted or otherwise secured
542 to prevent floatation or lateral movement. The unit shall be designed to withstand structural
543 stresses of hydrostatic pressure and buoyancy. If partially buried, design shall include provision
544 to withstand the weight of backfill.

545 G. A water storage unit subject to vehicular traffic shall be installed in accordance with
546 manufacturer's installation instructions and the USBC.

547 H. A water storage unit shall have at least one access opening to allow inspection and
548 cleaning of the unit interior. The access opening shall be located to facilitate pumping and
549 servicing of inlets and outlets. The access opening shall be locked or otherwise secured to prevent
550 unauthorized access and shall be located at a finished grade such that surface water ponding
551 does not occur under annual precipitation extreme conditions.

552 I. A water storage unit shall be fitted with an overflow discharge system with the following
553 requirements:

- 554 1. Overflow is not less than the capacity of the inlets;
- 555 2. Unit overflow pipes are protected from insects and vermin;
- 556 3. Piping associated with unit overflow discharge water away from the unit and in
557 accordance with the USBC;
- 558 4. Discharge of unit overflow is directed to prevent hazardous conditions;
- 559 5. No shutoff valves are incorporated into discharge piping;
- 560 6. Cleanouts are provided on overflow piping in accordance with the USBC;
- 561 7. If connected to storm drainage systems, the storm drainage systems have a means to
562 prevent backflow; and
- 563 8. Overflows are not directed to onsite sewage systems or sanitary sewers.

564 J. A water storage unit shall be fitted with a vent pipe having a minimum 38.1 mm diameter
565 protected with 1.5 mm mesh to prevent the entry of vermin and particulates.

566 **Statutory Authority**

567 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

568 **12VAC5-635-230. Materials and equipment.**

569 A. Materials and equipment used in rainwater harvesting systems shall be labeled to
570 demonstrate compliance with applicable NSF 61 and NSF P151 standards, as appropriate.

571 B. Collection surfaces shall comply with the following requirements:

572 1. Collection roofing are composed of non-toxic materials;

573 2. Paint used on surfaces used for collection of rainwater for potable purposes is labeled
574 to be certified to NSF/ANSI/CAN Standard 61-2020 or P151 and applied per the
575 manufacturer's installation instructions;

576 3. Lead-based, chromium-based, or zinc-based paints are not used;

577 4. Galvanized metal is not used;

578 5. Flat roof products are labeled as meeting NSF Protocol P151;

579 6. Equipment and appliances mounted on collection surfaces have a means of preventing
580 the introduction of contaminants into the rainwater harvesting system;

581 7. Equipment and appliances containing toxic fluids or other potentially harmful
582 substances are not installed on collection surfaces or in locations where a release of
583 contained substances will flow by gravity to collection surfaces; and

584 8. Materials used for collection surfaces conform to end use tier criteria pursuant to Table
585 2.

<u>Roofing Material (including flashing)</u>	<u>Acceptable for End Use Tier</u>
<u>Asbestos cement</u>	<u>Not acceptable for any end use</u>
<u>Asphalt</u>	<u>1, 2, 3, 4</u>
<u>Asphalt felt and bituminous and tar membranes</u>	<u>1, 2, 3</u>
<u>Ceramic</u>	<u>1, 2, 3, 4</u>
<u>Clay</u>	<u>1, 2, 3, 4</u>
<u>Concrete</u>	<u>1, 2, 3, 4</u>
<u>Copper</u>	<u>1, 2, 3</u>
<u>Fiberglass</u>	<u>1, 2, 3, 4</u>
<u>Glass</u>	<u>1, 2, 3, 4</u>

<u>Polyethylene membrane</u>	<u>1, 2, 3, 4</u>
<u>Polymer and acrylic</u>	<u>1, 2, 3</u>
<u>Rubber/Butyl/EPDM membrane</u>	<u>1, 2, 3</u>
<u>Steel, coated</u>	<u>1, 2, 3, 4</u>
<u>Steel, stainless</u>	<u>1, 2, 3, 4</u>
<u>Tin</u>	<u>1, 2, 3, 4</u>
<u>Wood, untreated</u>	<u>1, 2, 3</u>
<u>Wood, treated</u>	<u>1, 2, 3</u>
<u>PVC</u>	<u>1, 2, 3, 4</u>
<u>TPO</u>	<u>1, 2, 3</u>
<u>Public pedestrian accessible roofs</u>	<u>1, 2, 3</u>
<u>Vegetated roofs</u>	<u>1, 2, 3</u>
<u>Pedestrian and parking surfaces (rooftop)</u>	<u>1, 2, 3</u>

586 C. The conveyance system shall be protected to prevent the entrance of vermin. Inlets, debris
587 excluders, filters, first-flush diverters, cleanouts, and conveyance system components requiring
588 service shall be accessible. To convey captured rainwater, rainwater harvesting systems shall
589 use drainage piping suitable for use with plumbing drainage or pressure systems. Conveyance
590 system materials shall be labeled to demonstrate compliance with NSF/ANSI/CAN Standard 61-
591 2020.

592 D. A cistern or water storage unit, liners, coatings, pipes, pipe fittings, and appurtenances
593 shall be labeled to demonstrate compliance with the applicable requirements of NSF
594 61/ANSI/CAN Standard 61-2020 and NSF 372. The water storage unit shall be manufactured
595 from previously unused materials, and no cistern or storage unit previously used to store anything
596 other than water may be incorporated into a rainwater harvesting system. The water storage unit
597 may be installed either above or below grade and provided a means for emptying and cleaning.
598 If gravity drainage is not possible, a provision for pumping water from the unit shall be provided.

599 E. Water contained in an aboveground water storage unit shall be protected from direct
600 sunlight through the use of opaque, ultraviolet-resistant materials or a sun barrier.

601 F. An underground water storage unit shall be installed in compliance with U.S. Occupational
602 Safety and Health Administration Standard 1926 Subpart P and shall be provided with manhole
603 risers a minimum of six inches above surrounding grade.

604 G. Pump and pump components shall be capable of delivering a minimum of 15 pounds per
605 square inch in gauge residual pressure at the highest and most remote outlet served. Maximum
606 pressure should not exceed 80 pounds per square inch in gauge.

607 H. Water piping, fittings, and related system components shall be appropriate for use in
608 accordance with the USBC. Where plastic piping is exposed to sunlight, it shall be protected by a
609 factory applied protective coating or painted with compatible latex paint.

610 **Statutory Authority**

611 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

612 **12VAC5-635-240. Design and installation.**

613 A. The rainwater harvesting system shall be designed, installed, operated, and maintained to
614 prevent contamination of water supplies and distribution piping.

615 B. Rainwater harvesting system components shall be protected from external contamination
616 and entry by insects and vermin.

617 C. The rainwater harvesting system shall be sited and designed to produce and store water
618 under local site conditions that include:

619 1. Excessive heat;

620 2. Freezing;

621 3. Flooding; and

622 4. Sunlight exposure.

623 D. The owner shall control access to rainwater harvesting system components to minimize
624 unauthorized access.

625 E. Gutters, downspouts, and conveyance systems leading to the water storage unit shall be
626 fitted with a screen or debris excluder to prevent the accumulation of leaves, needles, or other
627 debris into the water storage tank or cistern.

628 F. Vegetation above roofs and gutters shall be removed to reduce organic matter falling on
629 and decomposing in rainwater collection surfaces and conveyances, and to reduce or remove
630 locations for animals to introduce contaminants.

631 G Rainwater shall pass through a prefiltration system prior to entering the water storage unit
632 or cistern. Appropriate prefiltration devices include a gutter screen, inline filters, and vortex filters
633 to reduce organic matter, debris, and particulates from entering and accumulating in the bottom
634 of the unit or cistern. Prefiltration devices without a self-cleaning design shall incorporate a
635 corrosion resistant debris screen having openings no larger than 0.15 cm.

636 H. A first flush device shall be used to remove accumulated debris from the collection surface
637 before rainwater is introduced to the water storage unit. First flush diverters shall:

638 1. Be placed after prefiltration;

639 2. Operate automatically and not rely on mechanically operated valves or devices;

640 3. Discharge diverted rainwater in a manner consistent with local stormwater runoff
641 requirements so as not to cause damage to a property or erosion; and

642 4. Be readily accessible for maintenance.

643 I. Inlets and outlets on the water storage unit shall be installed and supported in accordance
644 with the manufacturer's instructions. Water storage units, including units used in series, shall each
645 be fitted as follows:

646 1. Rainwater inlets to a water storage unit shall be arranged to minimize turbulent flow by
647 means of a calming device such as a return bend elbow pointed upward at least 10 cm
648 above the bottom of the tank.

649 2. Outlets shall be positioned, and floating collared offtakes shall be used below the top
650 water level in the unit to draw water from the cleanest strata of the unit.

651 3. Overflow outlets or flap valves shall be protected with a screen having openings no
652 greater than 1.5 mm to prevent entrance of insects or vermin into the unit.

653 4. The vent shall be minimum 38.1 mm diameter and be protected with mesh having
654 openings no greater than 1.5 mm to prevent entrance of vermin and particulates.

655 5. Rainwater outlets and pump suction shall be located at least 100 mm above the bottom
656 of the unit. If a floating pump is used, it shall draw water from below the water surface.

657 6. Pipe penetrations through unit walls shall be watertight and shall comply with the USBC.
658 Pipe penetrations shall not prevent access to the unit for inspection or cleaning.

659 J. A rainwater harvesting system shall be equipped with filtration systems conforming to the
660 standards specified in 12VAC5-635-250 and 12VAC5-635-340 and shall:

661 1. Be installed in accordance with the USBC;

662 2. Be accessible for inspection and maintenance;

663 3. Provide indication when servicing or replacement is due; and

664 4. Incorporate shutoff valves immediately upstream and downstream to allow for isolation
665 during maintenance.

666 K. A rainwater harvesting system shall be equipped with disinfection systems that:

667 1. Conform with the standards specified in 12VAC5-635-260 and 12VAC5-635-340; and

668 2. Are designed and installed in accordance with the manufacturer's instructions and the
669 USBC.

670 L. A rainwater harvesting system for Tier 3 and Tier 4 end use shall be equipped with a fail-
671 safe system for disinfection systems, with alerts and alarms as follows:

672 1. Alerts shall be provided for critical control points identified in the operation and
673 maintenance manual to indicate when the rainwater harvesting system is operating
674 outside design parameters but not causing a hazard to health or safety or damage to
675 system components.

676 2. Alerts shall have a visible output and may have an audible output.

677 3. Alarms shall be provided for critical control points identified in the operation and
678 maintenance manual to indicate when the rainwater harvesting system is operating
679 outside the design parameters and potentially causing a hazard to health or safety or
680 damage to system components.

681 4. Alarms shall have visible and audible outputs.

682 5. A remote alarm of an alert system using electronic communication shall be used to
683 notify the operator that the system has failed or that failure is imminent.

684 M. Separation shall be maintained between potable and nonpotable distribution systems by
685 means of color coded and labeled piping and cross connection control in accordance with the
686 USBC.

687 N. Controls for rainwater harvesting systems supplying water for fire sprinkler systems or
688 standpipes shall comply with the Virginia Statewide Fire Prevention Code Act (§ 27-94 et seq. of
689 the Code of Virginia).

690 O. If a rainwater harvesting system is [~~applied to~~ installed in] any building, facility, or
691 residence, it shall be so indicated as follows:

692 1. Fixtures not specifically treated for potable water use shall be labeled for nonpotable
693 use in accordance with the USBC.

694 2. Fixtures not subject to the USBC and not specifically treated for potable water use shall
695 be prominently labeled "CAUTION: NONPOTABLE WATER – DO NOT DRINK" and
696 "ATENCIÓN: AGUA NO-POTABLE – NO BEBER." Labels shall be indelibly printed on a
697 tag or sign constructed of a corrosion resistant, waterproof material permanently mounted
698 in a visible location. The letters of the labels and markings shall be at least 0.5 inches in
699 height and shall be of a color that contrasts with the background on which they are printed.

700 In addition to the required words, a pictograph consistent with the following shall appear
701 in the tag or sign:



702
703 **Statutory Authority**

704 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

705 **12VAC5-635-250. Filtration.**

706 A. The owner shall ensure that harvested rainwater for Tier 2, Tier 3, and Tier 4 end uses is
707 filtered.

708 B. Filtration is not required for Tier 2 end use water used outdoors.

709 C. If ultraviolet disinfection is used, particulate filtration systems shall be located downstream
710 of the water storage tank and upstream of the ultraviolet system.

711 D. If ozone or chemical based disinfection is used, particulate filtration systems shall be
712 installed downstream of the disinfection equipment. Filtration shall be installed as required for the
713 disinfection system and in accordance with manufacturer's installation requirements.

714 E. Filters shall be sized to extend service time and shall be labeled to demonstrate compliance
715 with NSF 42 for the reduction of taste or odor or shall be labeled to demonstrate compliance with
716 NSF 53 for organic and cyst removal based on the end use tier.

717 **Statutory Authority**

718 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

719 **12VAC5-635-260. Disinfection.**

720 A. The owner shall ensure that harvested rainwater intended for Tier 2, 3, or 4 end use is
721 disinfected and that water meeting the quality standards in 12VAC5-635-310 is delivered to the
722 point of use.

723 B. The owner shall ensure that disinfection systems are designed and installed in accordance
724 with the manufacturer's instructions and the USBC.

725 C. If a rainwater harvesting system requires a disinfection system pursuant to this section, the
726 owner shall use one of the following acceptable methods:

727 1. An ultraviolet (UV) disinfection system that (i) treats water for distribution downstream
728 of the water storage unit and upstream of the point of use; (ii) is sized based on the
729 required dose, taking into consideration the design flow and minimum UV transmittance

730 required to achieve the end use tier standard; and (iii) for Tier 4 end use, is labeled to be
731 certified to Class A of NSF 55;

732 2. An ozone disinfection system that maintains adequate contact time based on end use
733 tier and off-gasses to a safe environment; or

734 3. A chemical system that:

735 a. Has means to measure and control the disinfection and oxidation levels to achieve
736 the performance requirements in 12VAC5-635-310;

737 b. Uses chemical feed pumps that are controlled to prevent operation unless there is
738 flow through the system;

739 c. Is labeled to be certified to provide the required log reductions for protozoa and
740 bacteria pursuant to NSF 53 or is labeled to be certified to provide the required log
741 reductions for protozoa and bacteria pursuant NSF/ANSI 419-2018;

742 d. Uses chemicals that are labeled to demonstrate compliance with NSF/ANSI/CAN
743 Standard 60-2020 if water is provided for Tier 4 end use; and

744 e. Maintains a chlorine residual of at least 0.5 mg/L and control disinfection byproducts
745 if untreated harvested rainwater is stored at temperatures higher than 77°F and
746 chlorine disinfection is used.

747 D. A rainwater harvesting system for end use in a single-family home shall only use ultraviolet
748 or ozone disinfection methods.

749 E. The department may approve other disinfection methods on a case-by-case basis.

750 **Statutory Authority**

751 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

752 **12VAC5-635-270. General certification.**

753 A. Premanufactured treatment systems and equipment and materials used to assemble
754 treatment systems that are not premanufactured shall be labeled to demonstrate that the systems,
755 equipment, and materials comply with NSF standards, as follows:

756 1. NSF/ANSI 53-2020 for point-of-entry or point-of-use filtration systems;

757 2. NSF/ANSI 55-2020 for ultraviolet disinfection systems;

758 3. NSF/ANSI/CAN 60-2020 for water treatment chemicals;

759 4. NSF/ANSI/CAN 61-2020 for protective barrier materials, joining and sealing materials,
760 mechanical devices, plumbing devices, pipes, hoses, pipe fittings, process media, and
761 nonmetallic potable water materials; and

762 5. NSF/ANSI 350-2020 and NSF/ANSI/CAN 350.1-2017 for material, design, construction,
763 and performance requirements for reuse water.

764 B. Harvested rainwater is not reuse water. However, NSF/ANSI 350-2020 and
765 NSF/ANSI/CAN 350.1-2017 establish baseline standards suitable for equipment and materials
766 used in the design, installation, and operation of rainwater harvesting systems.

767 C. A person providing design, installation, or inspection of rainwater harvesting systems shall
768 be certified by the American Society of Sanitary Engineering (ASSE) as follows:

769 1. Rainwater Harvesting System Designers shall maintain ASSE 21120 Rainwater
770 Catchment Systems Designer certification.

771 2. Rainwater Harvesting System Installers shall maintain ASSE 21110 Rainwater
772 Catchment Systems Installer certification.

773 3. Rainwater Harvesting System Inspectors shall maintain ASSE 21130 Rainwater and
774 Stormwater Catchment Systems Inspector certification.

775 **Statutory Authority**

776 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

777 **12VAC5-635-280. Temporary removal from service.**

778 If a rainwater harvesting system is seasonally or temporarily removed from service, the owner
779 or operator shall:

- 780 1. Lock out or disable piping connected to a waterworks;
781 2. Secure water storage units from unauthorized access;
782 3. Divert inlet piping as necessary; and
783 4. Disconnect electrical power.

784 **Statutory Authority**

785 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

786 Part VI

787 Performance Requirements

788 **12VAC5-635-290. Performance requirements; general.**

789 A. The owner shall ensure that a rainwater harvesting system operates in compliance with the
790 following performance requirements:

- 791 1. For a rainwater harvesting system designed to supply water for Tier 2, 3, or 4 end use,
792 the owner or operator shall conduct treatment using a combination of filtration and
793 disinfection technologies to the minimum standards described in 12VAC5-635-310.
794 2. If a rainwater harvesting system provides water for multiple end uses and treatment is
795 not separated by end use, the highest treatment standard shall apply for all uses.
796 3. If a rainwater harvesting system provides water for multiple end uses and treatment is
797 separated by end use, connection to distribution for each end use shall comply with the
798 USBC.

799 [~~4. B. The designer of [water treatment systems a rainwater harvesting system] shall~~
800 consider the [following factors:

- 801 1. The] anticipated harvested rainwater characteristics and flow, including consideration
802 of extremes of precipitation patterns. Excess precipitation not captured for storage shall
803 be discharged as runoff. Insufficient precipitation that does not allow a rainwater
804 harvesting system permitted for Tier 2, 3, or 4 end use to maintain sufficient storage shall
805 be managed as described in 12VAC5-635-300.

806 [~~5. The designer of a rainwater harvesting system shall allow for the~~ 2. The] prevention
807 of potentially harmful precipitation, such as that which could incorporate particulates from
808 fires, from being captured and contained in the system.

809 [~~6. The designer of a rainwater harvesting system shall incorporate~~ 3. The selection and
810 sizing] components of sufficient structural integrity to minimize the potential of physical
811 harm to humans and animals.

812 [~~B. The designer shall size~~ 4. The sizing of] the system in recognition of both the available
813 collection area and number of users of the harvested rainwater. [A The designer of a Tier
814 4] rainwater harvesting system [~~designed to supply water for Tier 3 end use for a~~
815 residence] shall [~~be capable of providing 150 gallons per bedroom per day. If Tier 4 end~~
816 use will not include residential use, the designer shall provide calculations supporting the
817 anticipated demand. size the system pursuant to the following criteria:

- 818 a. A demand of 100 gallons per bedroom per day for residential systems using either
819 a private well or public water for continuity of water supply pursuant to 12VAC5-635
820 300 C.
- 821 b. A demand of 150 gallons per bedroom per day for residential systems using hauled
822 water for continuity of water supply pursuant to 12VAC5-635 300 C.
- 823 c. For non-residential systems, the designer shall provide calculations supporting the
824 anticipated demand.]

825 **Statutory Authority**

826 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

827 **12VAC5-635-300. Continuity of water supply.**

828 A. "Continuity of water supply" means that a continuous supply of water can be provided to a
829 distribution system supplied by a rainwater harvesting system in the event of insufficient
830 precipitation or other circumstances affecting the supply of harvested rainwater.

831 B. If a rainwater harvesting system serves as a secondary supply for a distribution system and
832 the primary supply is a waterworks, the rainwater harvesting system shall be an auxiliary water
833 system pursuant to the requirements of the USBC and 12VAC5-590.

834 C. If a rainwater harvesting system serves as a primary supply for a distribution system for a
835 Tier 2, 3, or 4 end use, the owner shall provide a secondary water supply by a waterworks, a
836 Class III private well, or commercially hauled water meeting pure water standards.

837 D. The owner shall supply a secondary water supply from a waterworks or private well by a
838 means to refill the water storage unit or a bypass that provides water directly to the distribution
839 system.

840 E. The owner may only use commercially hauled water to refill a water storage unit prior to
841 filtration and treatment.

842 F. When water from a secondary water supply is added to a water storage unit, the owner
843 shall ensure that the water is introduced through a reverse pressure principle backflow device or
844 an air gap pursuant to the USBC.

845 **Statutory Authority**

846 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

847 **12VAC5-635-310. Water quality standards.**

848 A. The owner shall perform initial water quality testing before the use of water from the
849 rainwater harvesting system and subsequent water quality sampling and testing consistent with
850 the schedule in 12VAC5-635-320 and in accordance with the operation and maintenance manual
851 requirements of this chapter.

852 B. The owner shall:

853 1. Flush the system at least once with treated harvested rainwater before water quality
854 testing and discharge the flush water as wastewater;

855 2. Collect samples for water quality testing from a point-of-use outlet intended for regular
856 use, such as a kitchen sink;

857 3. Collect first draw samples of one liter for lead testing;

858 4. Ensure that water quality samples are analyzed by a laboratory certified by the Division
859 of Consolidated Laboratory Services for drinking water samples; and

860 5. Ensure that the water is tested in accordance with the minimum performance criteria in
861 Tables 3 and 4 and, at minimum, for total coliform or E. coli present, total nitrate and nitrite
862 content, [~~protozoan cysts, cryptosporidium,~~] pH, and lead content.

TABLE 3
Minimum Performance Requirements

<u>End Use Tier</u>	<u>Application</u>			<u>Log Reduction Target</u>			
	<u>Category</u>	<u>Potential for Human Contact</u>	<u>Example Use</u>	<u>Viruses</u>	<u>Bacteria</u>	<u>Protozoa</u>	<u>pH</u>
<u>1</u>	<u>Nonpotable</u>	<u>Low</u>	<u>Trap primers</u> <u>Spray irrigation (restricted access)</u> <u>Surface and subsurface irrigation</u> <u>Ice rinks</u>	<u>0*</u>	<u>0</u>	<u>0</u>	<u>na</u>
<u>2</u>	<u>Nonpotable</u>	<u>Medium</u>	<u>Toilet and urinal flushing</u> <u>Clothes washing</u> <u>HVAC evaporative cooling</u> <u>Rooftop thermal cooling</u>	<u>0*</u>	<u>2 log</u>	<u>2 log</u>	<u>na</u>
<u>3</u>	<u>Nonpotable</u>	<u>High</u>	<u>Hose bibs</u> <u>Pressure washing</u> <u>Decorative fountains</u> <u>Vehicle washing</u> <u>Spray irrigation (nonrestricted access)</u> <u>Firefighting or protection and fire suppression</u>	<u>0*</u>	<u>3 log</u>	<u>3 log</u>	<u>na</u>
<u>4</u>	<u>Potable</u>	<u>High</u>	<u>Human consumption</u>	<u>0*</u>	<u>6 log</u>	<u>6 log</u>	<u>7-10.5</u>

* It is unlikely that human infectious viruses are present in harvested rainwater. However, if underground water storage tanks are used where there is a potential for sewage contamination or surface water infiltration, a 4-log reduction for viruses shall be required.

TABLE 4
Requirements for Tier 4 Potable Water

<u>Design Standards</u>	
<u>Filtration</u>	<u>5 µm</u>
<u>Disinfection</u>	<u>40 mi/cm² and labeled certified to Class A of NSF/ANSI 55</u>

<u>Water Quality Parameters</u>	
<u>Turbidity</u>	<u><0.3 NTU</u>
<u>Lead</u>	<u><15 µg/L</u>
<u>Nitrates</u>	<u><10 µg/L</u>

864 C. Before the commissioner issues an operation permit for a rainwater harvesting system
865 intended for Tier 4 use, the owner must document that the treated harvested rainwater has been
866 tested and meets primary [~~and secondary~~] U.S. Environmental Protection Agency drinking
867 water standards [(inorganic); the tests listed in 12VAC5-6 35-310 B 5; and the tests listed in Table
868 4] . If a primary drinking water standard [or design standard] is exceeded, the owner may
869 provide additional treatment to address the exceedance and shall resample the treated harvest
870 rainwater to ensure compliance with [~~the primary drinking water standard~~ this subsection. Testing
871 for inorganic primary drinking water standards shall not be required for subsequent monitoring
872 unless specified in the operation and maintenance manual prepared pursuant to 12VAC5-635-
873 350.]

874 D. The owner shall conduct water quality sampling and monitoring in accordance with the
875 procedures approved under 40 CFR Part 136 or alternative methods approved by the department,
876 unless other procedures have been specified in this chapter.

877 E. The designer shall identify the rainwater harvesting system's water quality sampling points,
878 which shall be downstream of the treatment steps and upstream of the point of use. If total residual
879 chlorine is used to measure compliance in a system using chlorine disinfection, the sampling point
880 must be downstream of the chlorine contact tank. If ultraviolet (UV) disinfection is used, the owner
881 may not use water samples collected upstream of UV disinfection units for dosage adjustment for
882 the purposes of water quality testing pursuant to this section.

883 **Statutory Authority**

884 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

885 Part V

886 Operation and Maintenance Requirements

887 **12VAC5-635-320. Operator requirements; frequency of inspection.**

888 A. The owner of a rainwater harvesting system shall ensure that the rainwater harvesting
889 system is inspected by an operator in accordance with Table 5.

<u>TABLE 5</u>		
<u>Minimum operator visit frequency for rainwater harvesting systems</u>		
<u>End Use Tier</u>	<u>Initial Inspection</u>	<u>Regular Inspection Schedule</u>
<u>1</u>	<u>Prior to the system entering service</u>	<u>As needed</u>
<u>2, 3</u>	<u>Prior to the system entering service</u>	<u>Every 12 months while structure is occupied. If system only provides water for outdoor use, then as needed</u>

4 (single service connection)	Condition of issuance of operation permit	<u>Every 180 days while structure is occupied*</u>
4 (multiple service connections)	Condition of issuance of operation permit	<u>Every 90 days while any connection serves an occupied structure*</u>
*If a structure is vacant longer than the regular inspection cycle in Table 5, an operator shall inspect the rainwater harvesting system prior to the structure becoming reoccupied.		

890 B. The operator shall collect water quality samples from a rainwater harvesting system
891 pursuant to 12VAC5-635-300 during the initial and regular inspections by the operator.

892 **Statutory Authority**

893 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

894 **12VAC5-635-330. Operation and maintenance; operator's responsibility.**

895 A. The operator of the rainwater harvesting system shall be certified as a designer, installer,
896 or inspector pursuant to 12VAC5-635-270 C. Nothing in this chapter shall preclude the owner
897 from being an operator if they are appropriately certified.

898 B. When the operator performs an inspection of the rainwater harvesting system, the operator
899 shall perform the assessments required by this chapter through visual or other observations and
900 through laboratory or other tests as required and may use additional observation methods or tests
901 that the operator deems appropriate.

902 C. The operator shall maintain a written operational record for each rainwater harvesting
903 system for which the operator is responsible that contains, at minimum, the following items:

- 904 1. Results of testing and sampling;
- 905 2. Information regarding reportable incidents, including the corrective action required and
906 taken;
- 907 3. Maintenance, corrective actions, and repair activities that are performed for purposes
908 other than a reportable incident; and
- 909 4. Recommendations for repair and replacement of system components.

910 D. If the owner of a rainwater harvesting system is not the operator, the operator shall provide
911 an updated copy of the written operational record to the owner each time it is updated and shall
912 document the dates the copies are given to the owner in the written operational record. The
913 operator shall also make an accurate, up-to-date copy of the written operational record available
914 to the department upon request.

915 E. When performing activities pursuant to an inspection required by this chapter, the operator
916 is responsible for the entire rainwater harvesting system, including treatment components,
917 collection area components, and associated piping.

918 F. The operator shall follow the procedures and instructions provided in the approved
919 operation and maintenance manual for the rainwater harvesting system.

920 **Statutory Authority**

921 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

922 **12VAC5-635-340. Operation and maintenance; owner's responsibilities.**

923 The owner shall:

- 924 1. Ensure the rainwater harvesting system is operated and maintained by a qualified
925 operator;

- 926 2. Ensure that the operator performs the required duties;
927 3. Maintain a copy of the written operational record provided by the operator on the
928 property where the rainwater harvesting system is located, make the written operational
929 record available to the department upon request, and make a reasonable effort to transfer
930 the written operational record to the subsequent owner;
931 4. Follow the approved operation and maintenance manual and keep a copy of the
932 operation and maintenance manual for the rainwater harvesting system on the property
933 where the system is located, make the operation and maintenance manual available to
934 the department upon request, and make a reasonable effort to transfer the operation and
935 maintenance manual to the subsequent owner;
936 5. Comply with applicable rainwater harvesting system requirements contained in this
937 chapter; and
938 6. If applicable, inform users of the system of reportable incidents.

939 **Statutory Authority**

940 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

941 **12VAC5-635-350. Operation and maintenance manual.**

942 A. The owner and operator shall maintain and operate a rainwater harvesting system in
943 accordance with the approved operation and maintenance manual.

944 B. The manual shall be easily understandable to the owner and operator and include, at
945 minimum, the following items:

946 1. Basic identifying information for the rainwater harvesting system, including the location
947 and intended end use;

948 2. Basic information regarding the rainwater harvesting system design, including treatment
949 unit capacity, a list of components in the system, a schematic of the system, sampling
950 locations, and contact information for replacement parts for each unit;

951 3. A list of control functions and how to use them;

952 4. Operation, maintenance, sampling, inspection, and reporting schedules for the
953 rainwater harvesting system;

954 5. The design limits of the rainwater harvesting system design and how to operate the
955 system within those design limits;

956 6. Technical information, including:

957 a. Catchment area dimensions;

958 b. Roofing materials and sealants;

959 c. Vertical conveyance materials;

960 d. Water storage unit information including volume, size dimensions, whether the unit
961 is covered or uncovered, whether the unit is above or below ground, construction
962 materials, and location;

963 e. Prefiltration information, including type of prefiltration used, quantity, filtration
964 particle size, and location;

965 f. Pump system information including the brand, make, model, capacity and heads,
966 and horsepower;

967 g. Disinfection system information, including the brand, make, model, parts numbers,
968 date of manufacture, and date of installation for each component;

969 h. Additional manufacturer's instructions, such as schematics and diagrams provided
970 with components of the rainwater harvesting system; and

971 i. Water quality verification procedures, frequency, parameters, sampling locations,
972 records policies and procedures, and a sample written operational record entry form;

973 7. Inspection and maintenance procedures, to include (i) the procedures for inspecting
974 and cleaning water storage tanks and piping and (ii) periodic cross connection inspection;
975 and

976 8. Other information deemed necessary or appropriate by the designer.

977 C. The operation and maintenance manual for a [Tier 4] rainwater harvesting
978 system [intended for Tier 4 end use] shall also contain the following:

979 1. A list of water quality monitoring requirements, including sample locations, tests to be
980 performed, testing methods, and the applicable water quality standard;

981 2. Provisions for the determination of temporary or emergency alternate water supply, the
982 conditions under which an alternate water supply is required, the procedures for ensuring
983 continuity of water supply, when bottled water should be used, and the conditions that
984 require boil water practices for cooking and drinking;

985 3. Criteria for ensuring the continuity of water supply, to include (i) a low capacity alarm
986 for water storage; (ii) bypass protocol, including backflow and cross connection
987 prevention; and (iii) applicable reporting criteria;

988 4. Provisions for documenting the easement and land records requirements of this
989 chapter; and

990 5. Identification of what incidents qualify as a reportable incident and the appropriate
991 response, including:

992 a. An alarm event lasting more than 24 hours;

993 b. An alarm event that reoccurs following corrective action;

994 c. Failure to achieve one or more performance requirements;

995 d. Failure to achieve one or more quality standards;

996 e. Replacement of a major component of the system, including electric and electronic
997 components; and

998 f. Actual or suspected contamination.

999 D. If the operation and maintenance manual includes requirements for operation,
1000 maintenance, sampling, or inspection schedules that exceed the minimum requirements of this
1001 chapter, the designer shall determine the additional requirements based on the proposed end use
1002 of the harvested rainwater, design flow and unit treatment processes of the rainwater harvesting
1003 system, and other factors.

1004 E. The operation and maintenance manual shall include regional, local, and site-specific water
1005 concerns.

1006 **Statutory Authority**

1007 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

1008 **12VAC5-635-360. Inspection requirements.**

1009 A. During an inspection, the operator shall review and evaluate the operation of the rainwater
1010 harvesting system, perform routine maintenance, make adjustments, and replace worn or
1011 dysfunctional components with functionally equivalent parts such that the system can reasonably
1012 be expected to return to normal operation.

1013 B. If a [Tier 4] rainwater harvesting system [permitted for Tier 4 end use] is not functioning
1014 as designed or in accordance with the performance requirements of this chapter and, in the
1015 operator's professional judgment, cannot be reasonably expected to return to normal operation
1016 through routine operation and maintenance, the operator shall report immediately to the owner

1017 the remediation efforts necessary to return the rainwater harvesting system to normal operation,
1018 including recommendation for temporary or emergency alternate water supply, if the system does
1019 not provide water acceptable for human consumption.

1020 **Statutory Authority**

1021 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

1022 **12VAC5-635-370. Inspection reports.**

1023 A. For an inspection conducted for a rainwater harvesting system intended for Tier 2 or 3 end
1024 use, the operator shall document the observations and findings of the inspection and provide
1025 documentation to the department if requested by the department.

1026 B. For an inspection conducted for a [Tier 4] rainwater harvesting system [~~permitted for Tier~~
1027 4 end use] , the operator shall file an inspection report [~~, on a form approved by the department,~~
1028] with the local health department in the locality where the rainwater harvesting system is located.
1029 The report shall be filed no later than 45 calendar days following the date on which the inspection
1030 occurred and shall include the following minimum elements:

1031 1. The name and certification number of the operator;

1032 2. The date and time of the inspection;

1033 3. The purpose of the inspection, such as required inspection, follow-up, or reportable
1034 incident;

1035 4. A summary stating:

1036 a. Whether the rainwater harvesting system is functioning as designed and in
1037 accordance with the performance requirements of this chapter;

1038 b. Whether the operator believes the rainwater harvesting system will return to normal
1039 operation after providing maintenance; or

1040 c. If the rainwater harvesting system is not functioning as designed or in accordance
1041 with the performance requirements of this chapter, (i) the actions required to return the
1042 rainwater harvesting system to normal operation, including provisions for a temporary
1043 alternate water supply, if applicable; and (ii) that the owner has been advised that
1044 failure to take action to return the system to normal operation represents a risk to public
1045 health and may subject the owner to enforcement action from the department;

1046 5. Maintenance performed or adjustments made, including parts replaced;

1047 6. The results of field measurements, water quality sampling, and observations;

1048 7. The name of the laboratory that analyzed samples; and

1049 8. A statement certifying the date the operator provided a written copy of the report to the
1050 owner.

1051 C. If actions are required by the owner to return [~~the a Tier 4~~] rainwater harvesting system to
1052 normal operation or provide a temporary alternate water supply or the operator has identified that
1053 failure to repair the rainwater harvesting system may result in a hazard to public health or the
1054 environment, the operator shall file the report summary with the local health department within 24
1055 hours of the inspection.

1056 **Statutory Authority**

1057 §§ 32.1-12 and 32.1-248.2 of the Code of Virginia.

1058 FORMS (12VAC5-635)

1059 [Commonwealth of Virginia Application for Tier 4 End Use Rainwater Harvesting System \(eff.](#)
1060 [4/2022\)](#)

- 1061 [\[Commonwealth of Virginia Inspection Report: Tier 4 End Use Rainwater Harvesting System](#)
- 1062 [\(eff. 4/2022\) \]](#)
- 1063 [Registration for Rainwater Harvesting System: Tier 1, 2, or 3 End Use \(eff. 4/2022\)](#)

Food Regulations 12VAC5-421 Fast Track Action

Julie Henderson

Director

Office of Environmental Health Services



COMMONWEALTH of VIRGINIA

Department of Health
P O BOX 2448
RICHMOND, VA 23218

Karen Shelton, MD
State Health Commissioner

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

MEMORANDUM

DATE:

TO: Virginia State Board of Health

FROM: *Julie Henderson, Director, Office of Environmental Health Services*

SUBJECT: *12VAC5-421; Food Regulations: Fast Track Amendments to Update APA Language and Remove DIBR*

Enclosed for your review and approval is fast track action to amend the Food Regulations (12VAC5-421).

The Food Regulations (12VAC5-421 et seq.) establish minimum sanitary standards for the operation of the Commonwealth's food establishments, which include traditional restaurants, mobile food units, temporary food vendors, hospital and nursing facility food service, and school food service. This amendment is limited to three items: the requirements for who can preside over an informal conference or proceeding, the allowance for the presiding officer to release impounded food after an informal conference, and the removal of a Document Included by Reference (DIBR) which has no corresponding reference in the text of the regulation.

Upon approval by the Board, the proposed Fast Track action will be submitted to the Virginia Register of Regulations via Town Hall. Following publication of the Fast Track action, there will be a 30-day public comment period. The regulatory action will become effective 15 days after close of the public comment period unless objections are filed.



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- 421
VAC Chapter title(s)	Food Regulations
Action title	Fast Track Amendments to Update APA Language and Remove DIBR
Date this document prepared	February 27, 2024

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), 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.

The Food Regulations (12VAC5-421 et seq.) establish minimum sanitary standards for the operation of the Commonwealth's food establishments, which include traditional restaurants, mobile food units, temporary food vendors, hospital and nursing facility food service, and school food service. This amendment is limited to three items: the requirements for who can preside over an informal conference or proceeding, the allowance for the presiding officer to release impounded food after an informal conference, and the removal of a Document Included by Reference (DIBR) which has no corresponding reference in the text of the regulation.

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.

DIBR means a Document Included by Reference

IFFC means an informal fact-finding conference, also referred to as an informal conference or informal proceeding.

Impounded Food means a food that has originated from an unapproved source; may be unsafe, adulterated, or not honestly presented; or is not otherwise in compliance with the regulations. The department may place these foods under a hold order and securely tagged or labeled in the food establishment. The food establishment may not use, sell, move, or destroy the foods. The food establishment may appeal the hold order and hold orders may be affirmed or released as a result of an informal conference or other appeal.

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.

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 the ORM procedures, "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."

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

There is no legal mandate for these changes.

Amending the language describing an informal conference allows the department greater flexibility in providing a presiding officer. In the current language, an informal conference must be presided over by the district health director. This often causes scheduling delays as Health Directors have many obligations. Health Directors may also have to recuse themselves from presiding over conferences when they have been significantly involved in decision making in a case prior to the informal conference. Allowing the presiding officer to release impounded food after an informal conference removes the restriction that the Health Director perform this action.

Removing the DIBR is a correction to a previous regulatory action (Action 5460 / Stage 8866) which removed the reference to this document from the text. At that time this DIBR should have been stricken.

These changes are not expected to be controversial.

Expanding the options for a presiding officer for informal conferences is expected to provide greater expediency for a regulant, and generally provides benefit to the public as Health Directors may be more involved in decisions in their district without concern for a potential need for future recusal.

Removing the DIBR is not controversial, as without reference to it in the regulation, it currently holds no force of administrative law, and is only potentially confusing to the public.

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.

The promulgating agency is the Virginia Department of Health.

Section 35.1-11 of the Code of Virginia states,

“The Board shall make, adopt, promulgate, and enforce regulations necessary to carry out the provisions of this title and to protect the public health and safety. In promulgating regulations, the Board shall consider the accepted standards of health including the use of precautions to prevent the transmission of communicable diseases, hygiene, sanitation, safety, and physical plant management.”

Section 35.1-14 of the Code of Virginia states in part,

“A. Regulations of the Board governing restaurants shall include but not be limited to the following subjects: (i) a procedure for obtaining a license; (ii) the safe and sanitary maintenance, storage, operation, and use of equipment; (iii) the sanitary maintenance and use of a restaurant's physical plant; (iv) the safe preparation, handling, protection, and preservation of food, including necessary refrigeration or heating methods; (v) procedures for vector and pest control; (vi) requirements for toilet and cleansing facilities for employees and customers; (vii) requirements for appropriate lighting and ventilation not otherwise provided for in the Uniform Statewide Building Code; (viii) requirements for an approved water supply and sewage disposal system; (ix) personal hygiene standards for employees, particularly those engaged in food handling; (x) the appropriate use of precautions to prevent the transmission of communicable diseases; and (xi) training standards that address food safety and food allergy awareness and safety.”

B. In its regulations, the Board may classify restaurants by type and specify different requirements for each classification.

C. The Board may adopt any edition of the Food and Drug Administration's Food Code, or supplement thereto, or any portion thereof, as regulations, with any amendments as it deems appropriate. In addition, the Board may repeal or amend any regulation adopted pursuant to this subsection. No regulations adopted or amended by the Board pursuant to this subsection, however, shall establish requirements for any license, permit, or inspection unless such license, permit, or inspection is otherwise provided for in this title. The provisions of the Food and Drug Administration's Food Code shall not apply to farmers selling their own farm-produced products directly to consumers for their personal use, whether such sales occur on such farmer's farm or at a farmers' market, unless such provisions are adopted in accordance with the Administrative Process Act (§ 2.2-4000 et seq.)”

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 is intended to solve.

- 1) The proposed changes are intended to clear up a potential inaccuracy with a DIBR that does not have a reference in the regulatory text, and are designed to provide more options for regulatory enforcement informal conferences.
- 2) Administrative efficiency ensures fair and expedient application of the regulation, and regulations should not include incorrect documents as DIBRs, and
- 3) These minor changes are needed to improve administrative procedures and remove a DIBR that did not apply to the regulatory text.

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.

The presiding officer and impoundment release duties for administrative hearings will no longer be restricted to a local health department's director, and a DIBR with no reference in the text will be removed.

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.

Both changes provide advantages to the public and the agency. The presiding officer and impoundment release changes allow greater flexibility to both the agency and the public in scheduling informal conferences, potentially reducing the regulatory burden on citizens and businesses, and the DIBR removal eliminates confusion on the part of the public and agency staff as it is currently not in effect.

There are no disadvantages to the public 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 applicable federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

Consistent with § 2.2-4007.04 of the Code of Virginia, identify any other state agencies, localities, or other entities particularly affected by the regulatory change. Other entities could include local partners such as tribal governments, school boards, community services boards, and similar regional organizations. "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: There are no other state agencies particularly affected.

Localities Particularly Affected: There are no localities particularly affected.

Other Entities Particularly Affected: There are no other entities particularly affected.

Economic Impact

Consistent with § 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 the proposed change versus the status quo.

Impact on State Agencies

<i>For your agency:</i> 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	There are no projected costs or revenues associated with this change.
<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.	NA
<i>For all agencies:</i> Benefits the regulatory change is designed to produce.	There is no economic impact associated with this change.

Impact on Localities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a or 2) on which it was reported. Information provided on that form need not be repeated here.

Projected costs, savings, fees or revenues resulting from the regulatory change.	There are no projected costs or revenues associated with this change.
Benefits the regulatory change is designed to produce.	There is no economic impact associated with this change.

Impact on Other Entities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a, 3, or 4) on which it was reported. Information provided on that form need not be repeated here.

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.	There are no external entities likely to be impacted by this change.
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 no external entities likely to be impacted by this change.
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 projected costs or revenues associated with this change
Benefits the regulatory change is designed to produce.	

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.

The alternative to this regulatory amendment would be to leave the regulation as-is; this would result in less flexibility for regulants and the agency in scheduling informal conferences or releasing impounded foods, and an incorrectly listed DIBR in the regulation. The pursued change has virtually no cost or intrusive effect to any entity.

If this analysis has been reported on the ORM Economic Impact form, indicate the tables on which it was reported. Information provided on that form need not be repeated here.

Regulatory Flexibility Analysis

Consistent with § 2.2-4007.1 B 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.

As this change has virtually no cost or intrusive effect to any entity, there is no ability to reduce stringency.

If this analysis has been reported on the ORM Economic Impact form, indicate the tables on which it was reported. Information provided on that form need not be repeated here.

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.

Consistent with § 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, email or fax to Olivia McCormick, 109 Governor Street, Richmond Virginia, 23222; 804-864-8146, 804-864-7454 (fax); Olivia.McCormick@vdh.virginia.gov. 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
12VAC5-421-3966		Establishes procedures for addressing impounded food after an informal conference.	<p>Change: Removes specific reference to the local health director.</p> <p>Intent: Allows a presiding officer to release impounded food.</p> <p>Rationale: Local health directors may need to recuse themselves from presiding due to prior involvement in the case, and restricting the options of impoundment release to one individual increases the chances of delays in agency response.</p> <p>Impact: Improved flexibility and timeliness for the release of impounded foods.</p>
12VAC5-421-3970		Establishes requirements for the agency and regulant in the process of enforcement of the regulation. Specifically names the local health department director as the individual who must preside over an informal conference.	<p>Change: Removes specific reference to the local health director.</p> <p>Intent: Allows other representatives of the agency to act as presiding officers</p> <p>Rationale: Local health directors may need to recuse themselves from presiding due to prior involvement in the case, and restricting the options of a presiding officer to one individual increases the changes of delay in scheduling.</p> <p>Impact: Improved flexibility and timeliness for the scheduling of informal conferences.</p>
12VAC5-421 DIBR		Lists all DIBRs in the regulation. Includes a reference to an internal VDH training document.	<p>Change: Strikes the internal document describing staff training methods.</p> <p>Intent: Removes erroneous inclusion of this document; it should have been stricken in a prior regulatory action (action 5460/ stage 8866).</p> <p>Rationale: This DIBR is not referenced in the text and has no force of law. Its inclusion is erroneous and misleading.</p> <p>Impact: Decreases potential for incorrect interpretation that this document has the force of administrative law.</p>

Office of Regulatory Management
Economic Review Form

Agency name	Department of Health
Virginia Administrative Code (VAC) Chapter citation(s)	12 VAC 5- 421
VAC Chapter title(s)	Food Regulations
Action title	Fast Track Amendments to Update APA Language and Remove DIBR
Date this document prepared	1/19/2024
Regulatory Stage (including Issuance of Guidance Documents)	Fast Track

Cost Benefit Analysis

Complete Tables 1a and 1b for all regulatory actions. You do not need to complete Table 1c if the regulatory action is required by state statute or federal statute or regulation and leaves no discretion in its implementation.

Table 1a should provide analysis for the regulatory approach you are taking. Table 1b should provide analysis for the approach of leaving the current regulations intact (i.e., no further change is implemented). Table 1c should provide analysis for at least one alternative approach. You should not limit yourself to one alternative, however, and can add additional charts as needed.

Report both direct and indirect costs and benefits that can be monetized in Boxes 1 and 2. Report direct and indirect costs and benefits that cannot be monetized in Box 4. See the ORM Regulatory Economic Analysis Manual for additional guidance.

Table 1a: Costs and Benefits of the Proposed Changes (Primary Option)

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>Direct Costs: There are no direct costs associated with this proposed change.</p> <p>Indirect Costs: There are no indirect costs associated with this proposed change.</p> <p>Direct Benefits: Indeterminate; will likely allow the agency greater expediency in scheduling informal enforcement conferences and releasing impounded foods, which may save time and effort, reducing the regulatory burden on families and businesses.</p> <p>Indirect Benefits: None</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) None	(b) Indeterminate
(3) Net Monetized Benefit	Indeterminate Net Benefit	
(4) Other Costs & Benefits (Non-Monetized)	<p>Changing the language describing an informal conference allows the department greater flexibility in providing a presiding officer. In current language, an informal conference must be presided over by the district health director. This often causes scheduling delays as Health Directors have many obligations. Health Directors may also have to recuse themselves from presiding over conferences when they have been significantly involved in decision making in a case prior to the informal conference. Allowing the presiding officer to release impounded food after an informal conference removes the restriction that the Health Director perform this action.</p> <p>Removing the DIBR is a correction to a previous regulatory action (Action 5460 / Stage 8866) which removed the reference to this document from the text. At that time this DIBR should have been stricken.</p>	
(5) Information Sources	NA	

Table 1b: Costs and Benefits under the Status Quo (No change to the regulation)

(1) Direct & Indirect Costs &	Direct Costs: There are no direct benefits associated with the status quo.
-------------------------------	--

Benefits (Monetized)	Indirect Costs: There are no indirect benefits associated with the status quo. Direct Benefits: None Indirect Benefits: None	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) None	(b) None
(3) Net Monetized Benefit	NA	
(4) Other Costs & Benefits (Non-Monetized)	There is no benefit to maintaining the status quo.	
(5) Information Sources	NA	

Table 1c: Costs and Benefits under Alternative Approach(es)

(1) Direct & Indirect Costs & Benefits (Monetized)	Direct Costs: There is no known alternate approach. Indirect Costs: There is no known alternate approach. Direct Benefits: There is no known alternate approach. Indirect Benefits: There is no known alternate approach.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) NA	(b) NA
(3) Net Monetized Benefit	NA	
(4) Other Costs & Benefits (Non-Monetized)	NA	
(5) Information Sources	NA	

Impact on Local Partners

Use this chart to describe impacts on local partners. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 2: Impact on Local Partners

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>Direct Costs: There is no direct cost to local partners.</p> <p>Indirect Costs: There is no indirect cost to local partners.</p> <p>Direct Benefits: Indeterminate. If local partners are involved in informal proceedings, this change may save time and effort, and ease regulatory burden.</p> <p>Indirect Benefits: None.</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) None	(b) Indeterminate
(3) Other Costs & Benefits (Non-Monetized)	None	
(4) Assistance	NA	
(5) Information Sources	NA	

Impacts on Families

Use this chart to describe impacts on families. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 3: Impact on Families

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>Direct Costs: There is no direct cost to families.</p> <p>Indirect Costs: There is no indirect cost to families.</p>	
--	---	--

	<p>Direct Benefits: Indeterminate. If a local family-owned business was involved in enforcement proceedings, this change may save the business time and effort, and ease regulatory burden.</p> <p>Indirect Benefits: None</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) None	(b) Indeterminate
(3) Other Costs & Benefits (Non-Monetized)	None	
(4) Information Sources	NA	

Impacts on Small Businesses

Use this chart to describe impacts on small businesses. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 4: Impact on Small Businesses

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>Direct Costs: There is no direct cost to small businesses.</p> <p>Indirect Costs: There is no indirect cost to small businesses.</p> <p>Direct Benefits: Indeterminate. If a small businesses. was involved in enforcement proceedings, this change may save the business time and effort, and ease regulatory burden.</p> <p>Indirect Benefits: None</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) None	(b) Indeterminate
(3) Other Costs & Benefits (Non-Monetized)	None	
(4) Alternatives	None	

(5) Information Sources	NA
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Changes to Number of Regulatory Requirements

Table 5: Regulatory Reduction

For each individual action, please fill out the appropriate chart to reflect any change in regulatory requirements, costs, regulatory stringency, or the overall length of any guidance documents.

Change in Regulatory Requirements

VAC Section(s) Involved*	Authority of Change	Initial Count	Additions	Subtractions	Total Net Change in Requirements
12VAC5-421-3966	(M/A):	1	0	0	0
	(D/A):	0	0	0	0
	(M/R):	2	0	0	0
	(D/R):	0	0	0	0
12VAC5-421-3970	(M/A):	3	0	0	0
	(D/A):	0	0	0	0
	(M/R):	13	0	0	0
	(D/R):	0	0	0	0
DIBR	(M/A):	0	0	0	0
	(D/A):	3	0	0	0
	(M/R):	0	0	0	0
	(D/R):	0	0	0	0
Grand Total of Changes in Requirements:					(M/A):0 (D/A):0 (M/R):0 (D/R):0

Key:

Please use the following coding if change is mandatory or discretionary and whether it affects externally regulated parties or only the agency itself:

(M/A): Mandatory requirements mandated by federal and/or state statute affecting the agency itself

(D/A): Discretionary requirements affecting agency itself

(M/R): Mandatory requirements mandated by federal and/or state statute affecting external parties, including other agencies

(D/R): Discretionary requirements affecting external parties, including other agencies

Cost Reductions or Increases (if applicable)

VAC Section(s) Involved*	Description of Regulatory Requirement	Initial Cost	New Cost	Overall Cost Savings/Increases
NA				

Other Decreases or Increases in Regulatory Stringency (if applicable)

VAC Section(s) Involved*	Description of Regulatory Change	Overview of How It Reduces or Increases Regulatory Burden
12VAC5-421-3966 and 12VAC5-421-3970	Removes the specific reference to local health directors, allowing other agency representatives to serve as presiding officers in IFFCs and subsequently to release impounded food.	This change will greatly improve the flexibility and timeliness for the scheduling of informal conferences and release of impounded foods. Local health directors may need to recuse themselves from presiding due to prior involvement in the case, so restricting presiding officers to the local health department poses an unnecessary obstacle and potential delay to proceedings that affect regulated businesses.

1 **Project 7786 - Fast-Track**

2 **Department of Health**

3 **Fast Track Amendments to Update APA Language and Remove DIBR**

4 **12VAC5-421-3966. Destroying or denaturing food.**

5 The department may order the permit holder to bring food under a hold order into
6 compliance with this chapter or to destroy or denature food if:

7 1. Following an informal fact-finding conference held pursuant to the Virginia
8 Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) the ~~director~~
9 department affirms the hold order; or

10 2. The permit holder fails to file an appeal within 10 calendar days of receipt of the hold
11 order notice.

12 **12VAC5-421-3970. Enforcement of regulation.**

13 A. The department ~~is responsible for the implementation and enforcement of~~ shall
14 implement and enforce this chapter.

15 B Pursuant to the authority granted in §§ 32.1-26 and 35.1-6 of the Code of Virginia, the
16 commissioner may issue orders to require ~~any~~ an owner or permit holder or other person to
17 comply with the provisions of this chapter. The order may require the following:

- 18 1. The immediate cessation and correction of the violation;
19 2. Appropriate remedial action to ensure that the violation does not continue or recur;
20 3. The submission of a plan to prevent future violations;
21 4. The submission of an application for a variance; and
22 5. Any other corrective action deemed necessary for proper compliance with the
23 regulations.

24 C. The commissioner may act as the agent of the board to enforce all effective orders and
25 this chapter. Should ~~any~~ an owner or permit holder fail to comply with any effective order or this
26 chapter, the commissioner may:

- 27 1. Institute a proceeding to revoke the owner's or permit holder's permit in accordance
28 with 12VAC5-421-3780;
29 2. Request the attorney for the Commonwealth to bring a criminal action;
30 3. Request the Attorney General to bring an action for civil penalty, injunction, or other
31 appropriate remedy; or
32 4. Do any combination of the above.

33 D. Nothing contained in this section shall be interpreted to require the commissioner to issue
34 an order prior to seeking enforcement of any regulations or statute through an injunction,
35 mandamus or criminal prosecution.

36 E. Proceedings before the commissioner or ~~his~~ a designee shall include any of the following
37 ~~forms~~ types depending on the nature of the controversy and the interests of the parties involved.
38 :

- 39 1. ~~Informal fact finding conferences. An informal fact finding conference is a meeting~~
40 ~~with a district or local health department with the director presiding and held in~~
41 ~~conformance with § 2.2-4019 of the Code of Virginia. An informal fact-finding~~
42 ~~proceeding, which is an informal conference between the department and the named~~
43 ~~party held in accordance with § 2.2-4019 of the Code of Virginia.~~

44 2. ~~Adjudicatory hearing.~~ The An adjudicatory hearing which is a formal, public
45 adjudicatory proceeding before a hearing officer as defined by § 2.2-4001 of the Code of
46 Virginia, and held in conformance with § 2.2-4020 of the Code of Virginia.

47 Documents Incorporated by Reference (12VAC5-421)

48 [Approved Drug Products with Therapeutic Equivalence Evaluations, 40th Edition, 2020, U.S.](#)
49 [Department of Health and Human Services, Food and Drug Administration, Center for Drug](#)
50 [Evaluation and Research, Office of Pharmaceutical Science, Office of General Drugs](#)

51 [Grade "A" Pasteurized Milk Ordinance, 2017 Revision, U.S. Department of Health and](#)
52 [Human Services, Public Health Service, Food and Drug Administration, Milk Safety Branch](#)
53 [\(HFS-626\), 5100 Paint Branch Parkway, College Park, MD 20740-3835](#)

54 [Interstate Certified Shellfish Shippers List \(updated monthly\), published by the U.S.](#)
55 [Department of Health and Human Services, Public Health Service, Food and Drug](#)
56 [Administration, Office of Seafood \(HFS-417\), 5100 Paint Branch Parkway, College Park, MD](#)
57 [20740-3835](#)

58 [National Shellfish Sanitation Program \(NSSP\) Guide for the Control of Molluscan Shellfish,](#)
59 [2013 Revision, U.S. Department of Health and Human Services, Public Health Service, Food](#)
60 [and Drug Administration, Office of Seafood \(HFS-417\), 5100 Paint Branch Parkway, College](#)
61 [Park, MD 20740-3835](#)

62 [NSF/ANSI 18-2012 Manual Food and Beverage Dispensing Equipment, 2012, NSF](#)
63 [International, 789 North Dixboro Road, P.O. Box 130140, Ann Arbor, MI 48113-0140,](#)
64 [www.nsf.org](#)

65 [Standards for Accreditation of Food Protection Manager Certification Programs, April 2012,](#)
66 [Conference for Food Protection, 30 Elliott Court, Martinsville, IN 46151-1331](#)

67 [United States Standards, Grades, and Weight Classes for Shell Eggs, AMS-56, effective](#)
68 [July 20, 2000, U.S. Department of Agriculture, Agricultural Marketing Service, Poultry Programs,](#)
69 [STOP 0259, Room 3944-South, 1400 Independence Avenue, SW, Washington, DC 20250-](#)
70 [0259](#)

71 [VDH Procedures for Certification and Standardization of Food Inspection Staff, 2017,](#)
72 [Virginia Department of Health, Division of Food and Environmental Services, 109 Governor](#)
73 [Street, 5th Floor, Richmond, VA 23219](#)

Board of Health Annual Report

Laurie Forlano, DO, MPH
Director
Office of Epidemiology



COMMONWEALTH of VIRGINIA

Department of Health
P O BOX 2448
RICHMOND, VA 23218

Karen Shelton, MD
State Health Commissioner

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

[Date]

MEMORANDUM

TO: The Honorable Glenn Youngkin
Governor of Virginia

The Honorable L. Louise Lucas
President Pro-Tempore, Senate of Virginia

The Honorable Don L. Scott
Speaker, House of Representatives

FROM: Karen Shelton, MD
State Health Commissioner, Virginia Department of Health

SUBJECT: 2023 Virginia Department of Health Annual Report

This report is submitted in compliance with the Code of Virginia §32.1-14, which states:

The Board shall submit an annual report to the Governor and General Assembly. Such report shall contain information on the Commonwealth's vital records and health statistics and an analysis and summary of health care issues affecting the citizens of Virginia, including but not limited to, health status indicators, the effectiveness of delivery of health care, progress toward meeting standards and goals, the financial and geographic accessibility of health care, and the distribution of health care resources, with particular attention to health care access for those Virginia citizens in rural areas, inner cities, and with greatest economic need. Such report shall also contain statistics and analysis regarding the health status and conditions of minority populations in the Commonwealth by age, gender, and locality.

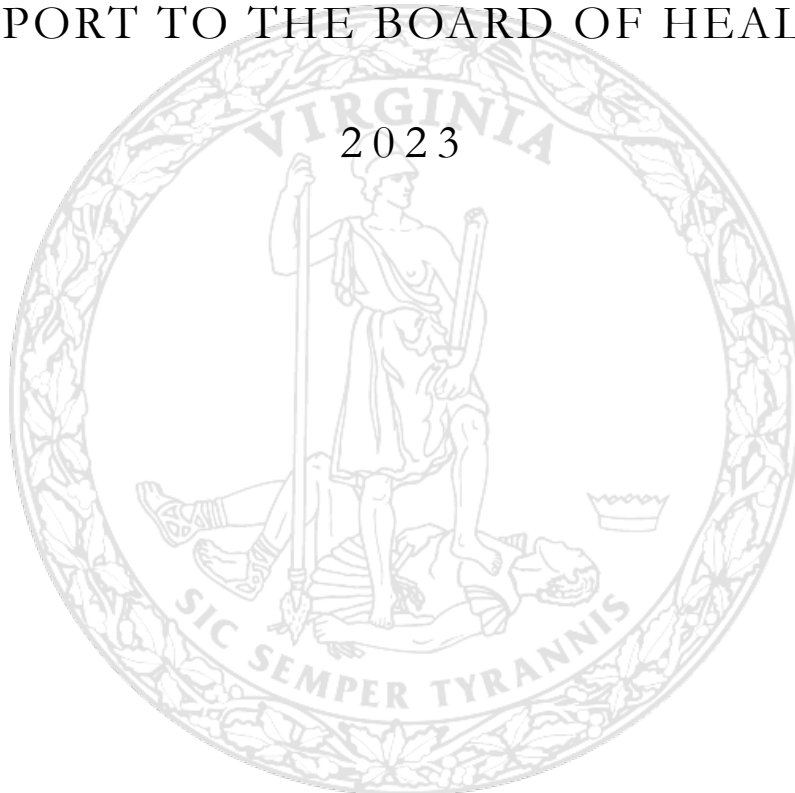
Should you have any questions or need additional information, please feel free to contact me at (804) 864-7002.

KS/AJ
Enclosure

Pc: The Honorable John Littel, Secretary of Health and Human Resources

VIRGINIA DEPARTMENT OF HEALTH ANNUAL REPORT

REPORT TO THE BOARD OF HEALTH



VIRGINIA DEPARTMENT OF HEALTH

PREFACE

Code of Virginia § 32.1-14 tasks the Board of Health to submit an annual report to the Governor and General Assembly containing information on the Commonwealth's vital records and health statistics and an analysis and summary of health care issues affecting the citizens of Virginia. Such report shall also contain statistics and analysis regarding the health status and conditions of minority populations in the Commonwealth by age, gender, and locality. The report was drafted by the Virginia Department of Health on behalf of the Board of Health.

ANNUAL REPORT WORK GROUP

Virginia Department of Health

Khalida Willoughby, Director, Center for Community Health Improvement

Jada Harris, DHSc, Community Health Improvement Coordinator, Center for Community Health Improvement

Kenesha Smith Barber, PhD, Community Health Epidemiology Program Manager, Office of Family Health Services

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EXECUTIVE SUMMARY

The Code of Virginia 32.1-14 requires the Board of Health to submit an annual report to the Governor and General Assembly that contains information on the Commonwealth's vital records and health statistics and an analysis and summary of health care issues affecting the citizens of Virginia. The findings in particular areas of focus and highlighted accomplishments are detailed in the report below.

INTRODUCTION

VIRGINIA DEPARTMENT OF HEALTH ANNUAL REPORT MANDATE

Pursuant to Virginia Code §32.1-14 the Virginia Department of Health (VDH) is submitting the following State Board of Health annual report summarizing information on the Commonwealth's vital records and health statistics and an analysis and summary of health care issues affecting the citizens of Virginia. The report includes statistics and analysis regarding the health status and conditions of minority populations in the Commonwealth by age, gender, and locality.

REPORT OUTLINE

The report includes health-related data and updates in these major categories: demographics, income, housing, education, healthcare access and provider availability, food access, immunizations, and births and deaths. Additionally, the report discusses Virginia morbidity and mortality data related to heart disease; infant, child, and maternal health issues; cancer; HIV and STIs; suicide; substance use and overdose-related issues.

HIGHLIGHTED ACCOMPLISHMENTS

COLLABORATION AND FOCUS ON DATA TO FOSTER COMMUNITY HEALTH IMPROVEMENT

To improve health, communities should be given the opportunity to review health data and identify concerning data trends and disparities at granular and statewide levels. The Virginia Department of Health continues to work to make health data easier to access for the people of Virginia. The Virginia Community Health Improvement Data Portal is an interactive data portal that maps and visualizes data for communities including statistics and trends for cancer, communicable diseases, demographics, health behaviors and substance use. In 2023, the Virginia Community Health Improvement Data Portal was expanded to include 17 additional indicators on Social Determinants of Health and 30 indicators on health behaviors at the locality level. Additionally, a new indicator category titled "Community Factors" was added. Community Factors includes data on food facility inspections, food desert census tracts, and transportation profiles. The portal averages 1,500 users and 5,000 downloads monthly.

A key area of improving data infrastructure and a focal area of the agency's strategic plan is VDH's Data Modernization Plan, also called the Data Modernization Initiative (DMI). Goals of the plan include assessing and enhancing public health data and information systems; ensuring enterprise-wide data governance and data management; developing and sustaining a state-of-the-art informatics and data science workforce; implementing data integration and interoperability through partnerships and technology; and creating agency-wide understanding and support for the DMI Plan. Recent accomplishments in the DMI sector include publication of public-facing dashboards, including Respiratory, Syphilis, and Opioid Data pages which are areas of focus programmatically. Other DMI activities beyond analytics are continued electronic lab and case reporting onboarding (ELR and eCR) with a goal of maintaining 98% by volume ELR in our surveillance system, and maintenance and enhancement of the statewide surveillance system VEDSS (Virginia Electronic Disease Surveillance System). DMI efforts are led and implemented by a combination of the Division of Informatics and Information Systems (DIIS) and the Office of Information Management's Center for Public Health Informatics (CPHI).

The Community Health Epidemiology Program (CHEP) and the Center for Community Health Improvement (CCHI) teams partnered to host Virginia's Third Community Health Forum June 14–15, 2023. The Forum theme was "taking action for community health improvement". The Forum examined policy solutions, successful community health projects, and multi-sectoral partnerships to address public health and healthcare workforce challenges and strengthen the health-related workforce through change and innovation. The Forum discussed how to best foster community collaboration, enhance data equity, and develop policies and systems to make Virginia the healthiest state in the Nation.

An example of enhancing our efforts to improve data infrastructure and sharing includes work from the Virginia Early Hearing Detection and Intervention Program (EHDI), housed under the Division of Child and Family Health (DCFH) and in collaboration with the Division of Population Health Data (DPHD). The EHDI program was awarded federal funding to enhance congenital Cytomegalovirus surveillance (cCMV). These funds facilitate tracking key exposures

and short- and long-term outcomes of infants who received a CMV diagnosis as a result of Virginia EHDI's CMV screening program. The program will receive \$507,000 annually through September 2027.

DEMOGRAPHICS

In Virginia, the total population is 8,624,511¹ and the median age is 39. Figure 1 shows the population age distribution by sex. Approximately 22% percent of the population are children under age 18 while seniors over age 65 make up 16% of the population. The population is diverse in terms of age, however some age groups such as the 25–34-year-olds make up a significant portion of the population (Figure 1). Among the largest racial/ethnic groups in the state, 60% identify as White (Not Hispanic or Latino), 18.6% identify as Black or African American (Not Hispanic or Latino), 10% identify as Hispanic or Latino, and 6.8% identify as Asian (Figure 2); 12.6% of the population are foreign born.



Figure 1: Population Age by Sex, 2018-2022
 Data Source: U.S Census Bureau, ACS 5-Year 2018-2022

¹ United States Census Bureau ACS 5-Year 2018-2022

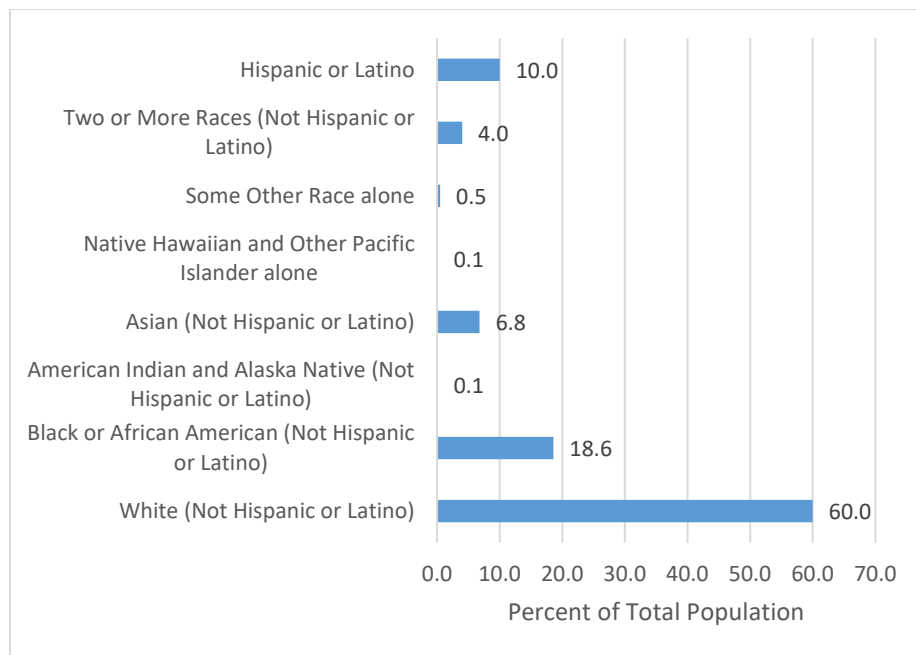


Figure 2: Race/Ethnicity Totals, U.S. Census Bureau American Community Survey 5-year 2018-2022
 Data Source: U.S Census Bureau, ACS 5-Year 2018-2022

INCOME

The median household income in Virginia is \$87,249 which is above the national average of \$75,149². The median income is \$93,691 for White householders³, \$60,201 for Black or African American householders and \$83,852 for American Indian and Alaska Native householders. Asian householders have the highest median income at \$125,583 (Figure 3). Figure 4 shows the number of people below the poverty level by age group. From 2018-2022, percentage of people ages 65+ living in poverty were highest in Bath County, Alleghany County, Scott County, Lancaster County, Prince Edward County, Mecklenburg County, and Norton City (Figure 5).

² U.S. Census Bureau American Community Survey 5-Year estimates 2018-2022

³ The U.S. Census Bureau defines householder as the person, or one of the people, in whose name the home is owned, being bought, or rented. If there is no such person present, any household member 15 years old or over can serve as the householder.

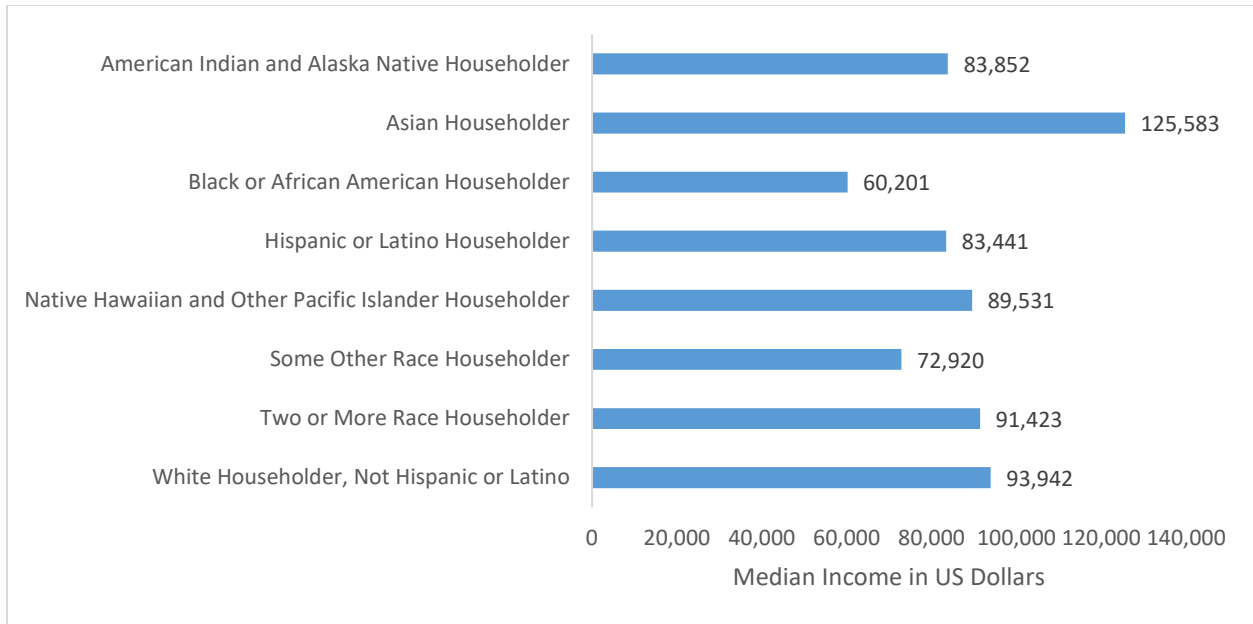


Figure 3: Median Income by Race/Ethnicity of Householder, 2018-2022
 Data Source: U.S. Census Bureau, ACS 5-Year 2018-2022

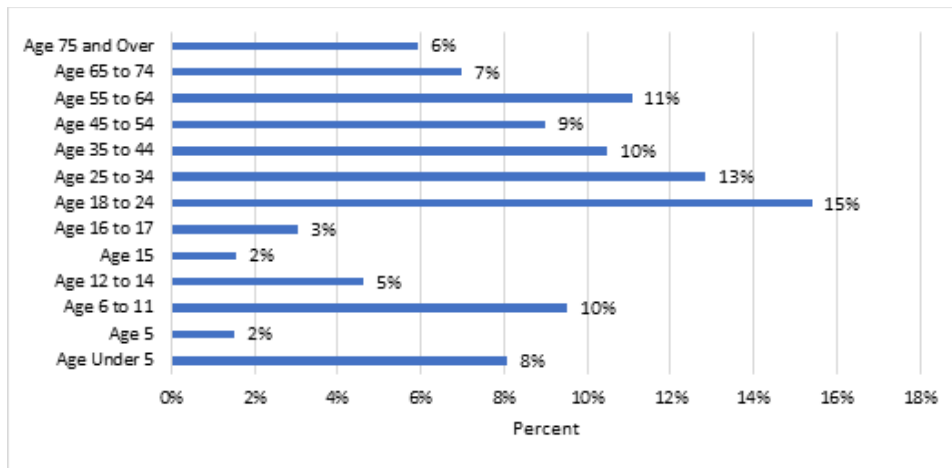
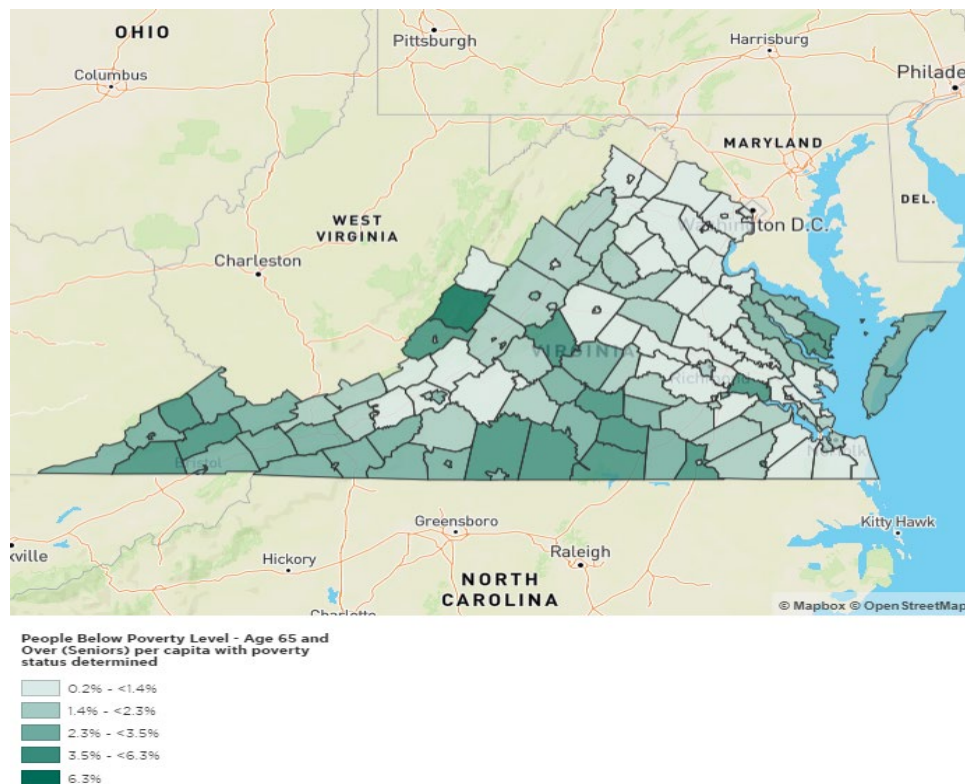


Figure 4: Population Below Poverty Level by Age, 2018-2022
 Data Source: U.S. Census Bureau, ACS 5-Year 2018-2022



Sources: US Census Bureau ACS 5-year 2018-2022

Figure 5: People Below Poverty Level -Age 65 and Over Per Capita with Poverty Status Determined
Data Source: U.S Census Bureau, ACS 5-Year 2018-2022

HOUSING

In Virginia, more than half of renters and nearly half of homeowners spend 30 percent or more of their income on housing costs. This indicates a significant burden on households, leaving less money for other essentials like food, healthcare, and education. The data in Virginia mirrors the national trend. The ownership and renter rates vary across different racial and ethnic groups in the state, according to data from the US Census Bureau. The homeownership rate for individuals that identify as White alone is higher compared to other racial and ethnic groups, while the renter rate for those who identify as White alone is lower. Black or African American alone individuals have a lower homeownership rate and a higher renter rate (Figure 7).

Nearly 27% of renters in Virginia pay between \$1,000 and \$1,499 per month, and 22.0% pay between \$1,500 and \$1,999 per month. This data demonstrates that nearly half of renters in Virginia are paying \$1,000 or more in rent each month. These numbers highlight the challenges faced by many renters in Virginia, where finding affordable housing can be difficult.

The U.S Housing and Urban Development (HUD) defines “chronically homeless” as a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter or in an institutional care facility if the individual has

been living in the facility for fewer than ninety (90) days and had been living in a place not meant for human habitation, a safe haven or in an emergency shelter immediately before entering the institutional care facility. To meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months or on at least four (4) separate occasions in the last three years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least seven nights of living in a situation other than a place not meant for human habitation, in an emergency shelter or in a safe haven⁴. There was a significant increase in the number of chronically homeless individuals in Virginia in 2021 and 2022 (Figure 9).

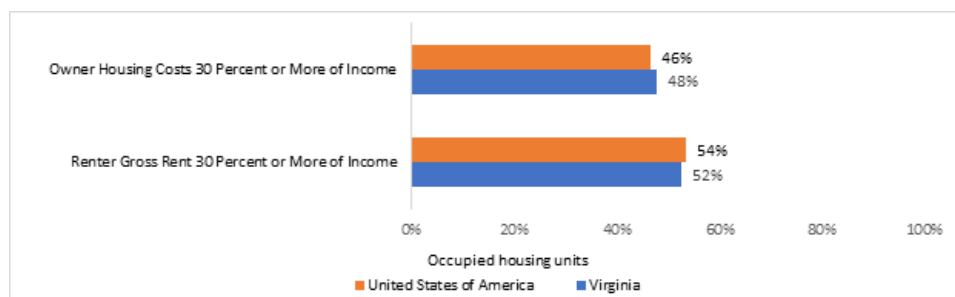


Figure 6: Excessive Housing Costs: 30 Percent or More of Income by Tenure
 Data Source: American Community Survey 5-Year, 2018-2022

⁴ Arizona Department of Housing. (2023) <https://housing.az.gov/sites/default/files/documents/files/Attachment-3-Definition-of-Chronic-Homelessness.pdf>

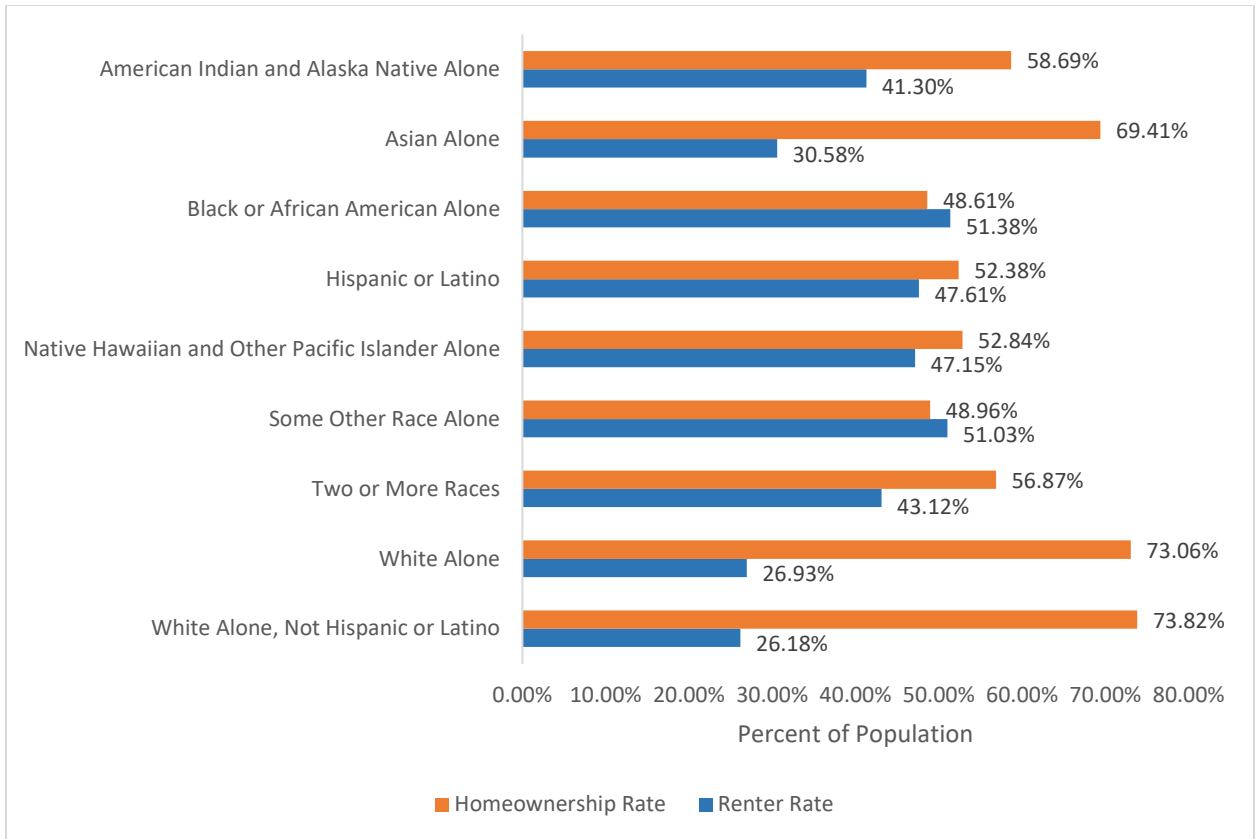


Figure 7: Homeownership Rate and Renter Rate by Race/Ethnicity, 2018-2022
 Data Source: American Community Survey 5-Year, 2018-2022

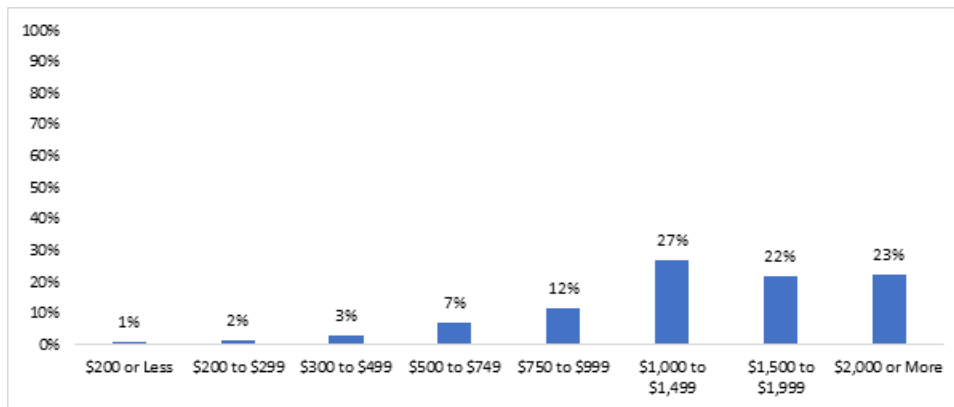


Figure 8: Monthly Home Rent
 Data Source: American Community Survey 5-Year, 2018-2022

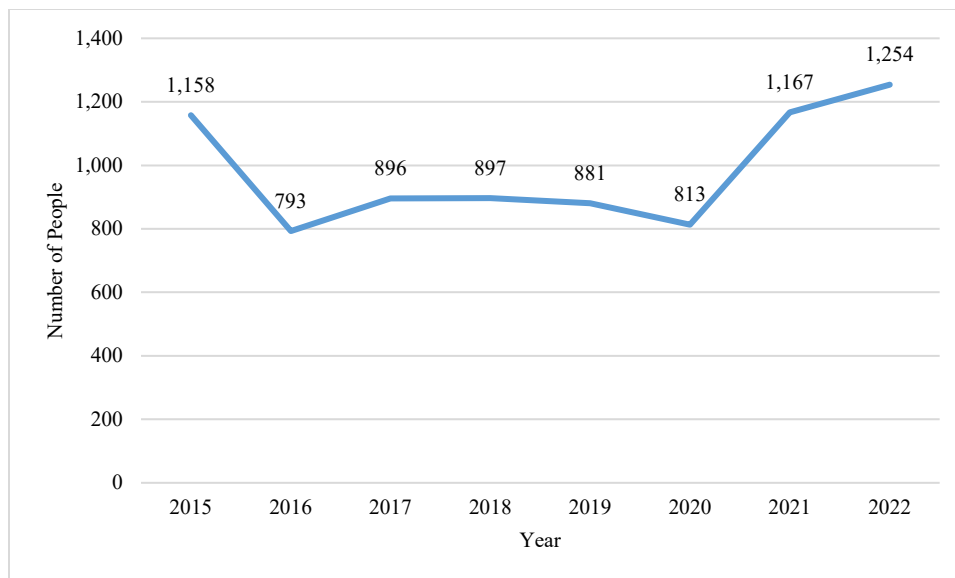


Figure 9: Chronically Homeless Individuals, 2015-2022

Data Source: Housing and Urban Development, Annual Homelessness Assessment Report, 2023

EDUCATION

The sooner a child can enroll in school, the better it is for their health. Early childhood programs help meet challenges of underserved children to prepare them for school and set them on a path to success. According to the U.S Census Bureau 2022, 45.8% of children ages 3 to 4 are enrolled in nursery or preschool. This number is comparable to the national data which is 45.7%. The number of childcare centers in Virginia has remained relatively stable from 2014 to 2021 (Figure 10).

According to the Virginia Department of Education School Quality profiles, the 2022-2023 school year on-time graduation rate is 91.9%. The on-time graduation rate is defined as students who earn a diploma within four years of entering 9th grade for the first time. Figure 11 demonstrates the distribution of adults with varying levels of education. For the timeframe 2018-2022, high school was the highest level of education completed for 24% of the adult population 25 years and older in Virginia. During the same timeframe, 23% of the population had a bachelor’s degree.

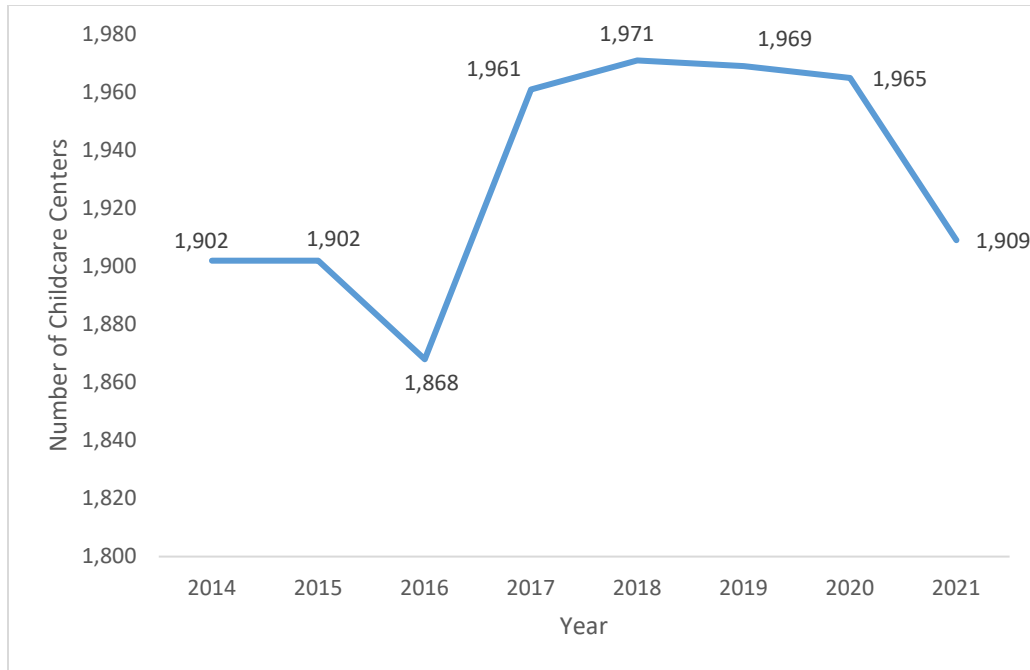


Figure 10: Childcare Centers, 2014-2021
Data Source: County Business Patterns, 2021

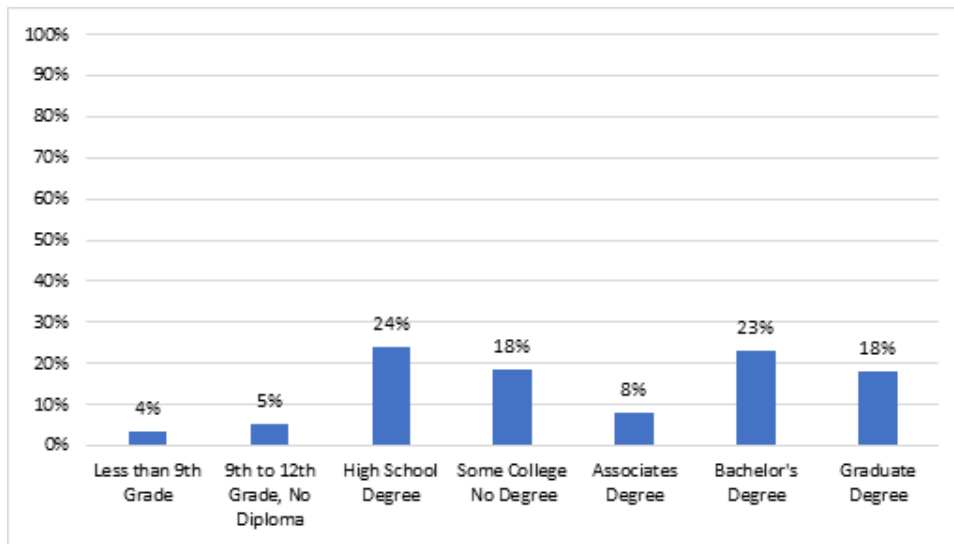


Figure 11: Educational Attainment People 25 and Over, 2018-2022
Data Source: U.S. Census Bureau ACS 5-year, 2018-2022

ACCESS TO CARE

Compared to the United States as a whole, Virginia has a smaller percentage of people with less than a high school degree without health insurance, and a larger percentage of people with a bachelor's degree or higher without health insurance (Figure 12). Nationally, people with higher levels of education, such as a bachelor's degree or higher, have higher rates of health insurance coverage compared to those with lower levels of education. From 2018 to 2022, the percentage

of uninsured individuals in Virginia is similar to the national average, however, there are variations among different age groups. While there is parity in the percentage of uninsured individuals aged 65 and over, Virginia outperforms the nation in the percentage of individuals uninsured in the 19-64 age range. Specifically, Virginia has 2.1% fewer uninsured in the 26-34 and 45-54 year old age ranges, 2.3% fewer uninsured in the 35-44 year old range, and 2.2% fewer uninsured in the 19-25 year old range (Figure 13).

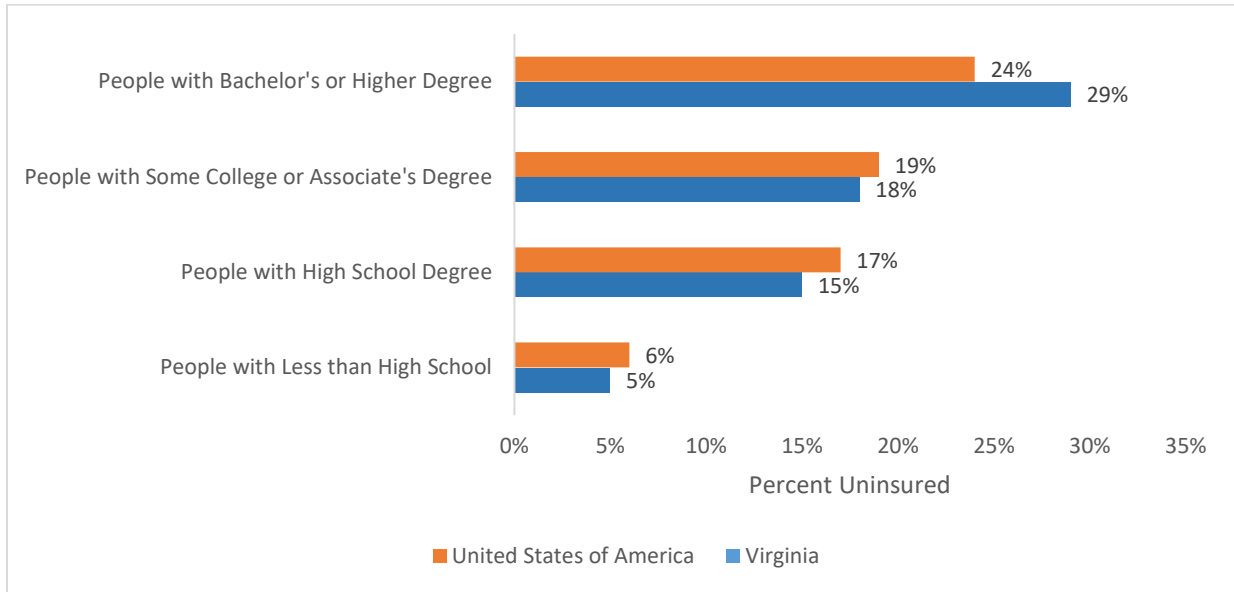


Figure 12: Uninsured People by Insurance Coverage Educational Attainment, 2018-2022
 Data Source: U.S Census Bureau, ACS 5-Year Estimate, 2018-2022

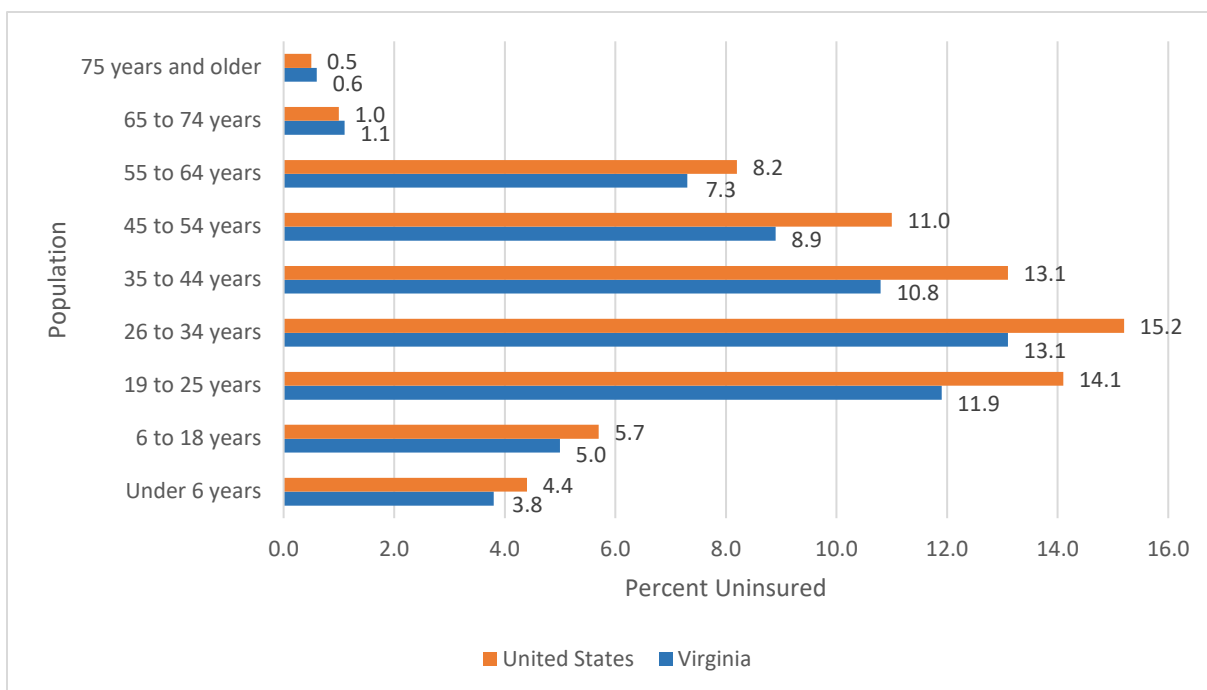


Figure 13: Percentage of People Uninsured by Age, 2018-2022
 Data Source: U.S. Census Bureau, ACS 5-Year Estimate, 2018-2022

PROVIDER AVAILABILITY

Access to essential healthcare providers is crucial for well-being and quality of life. In Virginia, there are significant differences in provider ratios. According to the National Plan and Provider Enumeration System (NPPES), in 2023 there were 1,841 pediatric care physicians and 1,710 pediatricians in Virginia (Figure 14). There are 2,419 children per one pediatric care physician and 1,098 children per 1 pediatrician. Some areas have a high ratio of children per pediatrician, while others have a much lower ratio. Fairfax County has the highest number of pediatric care physicians while Bland County, Floyd County, King and Queen County, Rappahannock County and Page County have no pediatric care physicians. These disparities are important to acknowledge and address because they can impact the health and well-being of children.

In Virginia, the ratio of dentists is 2,142 per 100,000 people. For optometrists, the ratio is 7,742 per 100,000 people. There are 5,418 OB/GYNs per 100,000 females. The ratio for primary care physicians is 1,240 per 100,000 people, and for clinical social workers, it is 1,682 per 100,000 people. Additionally, there are 9 child and adolescent psychiatric providers per 100,000 children. These variations highlight the disparities in healthcare provider availability across different specialties.

The geriatric care provider ratio data shows that in Virginia, there is an average of 1 geriatric care provider for every 1,019 (98 per 100,000) older adults (Table 1). However, when we look at

specific counties, we can see a significant disparity. In 2023, Pittsylvania County had only 1 geriatric care provider for every 11,046 (9.1 per 100,000) older adults, suggesting a shortage of geriatric care providers in that area.

According to Virginia's federally designated state primary care office (PCO) within VDH's Office of Health Equity, as of March 2024, Virginia requires 488 full-time Physicians, Dentists, and Psychiatrists to eliminate all HPSAs for Primary Care, Dental, and Mental Health.

- Dentists: 198 FTEs
- Psychiatrists: 107 FTEs
- Primary Care Physicians: 183 FTEs

PCOs are units of state or territorial governments that provide healthcare workforce and shortage designation analysis, technical assistance, and liaison with federal, state, and local partners. The PCO leads VDH's strategy to expand primary care access and reduce health provider shortages and shortage designations. Health Professional Shortage Area (HPSA) designation identifies an area, population, or facility experiencing a shortage of health care services. Health Professional Shortage Areas help states determine where workforce incentives should be directed (for more on what VDH is doing, please see the section on healthcare access). The threshold for Federal HPSA Designation requires a minimum provider to population of 1:3,000 or 33.3 per 100,000.

Finally, a 2022 analysis conducted by OHE found that losing just 1 provider in Virginia could lead to an average loss of about \$443,000 in state and local tax income from affected areas. Losses include tax revenue generated by auxiliary personnel, as well as the direct and indirect revenue losses experienced by suppliers, local businesses, and the wages lost by employees in these businesses.

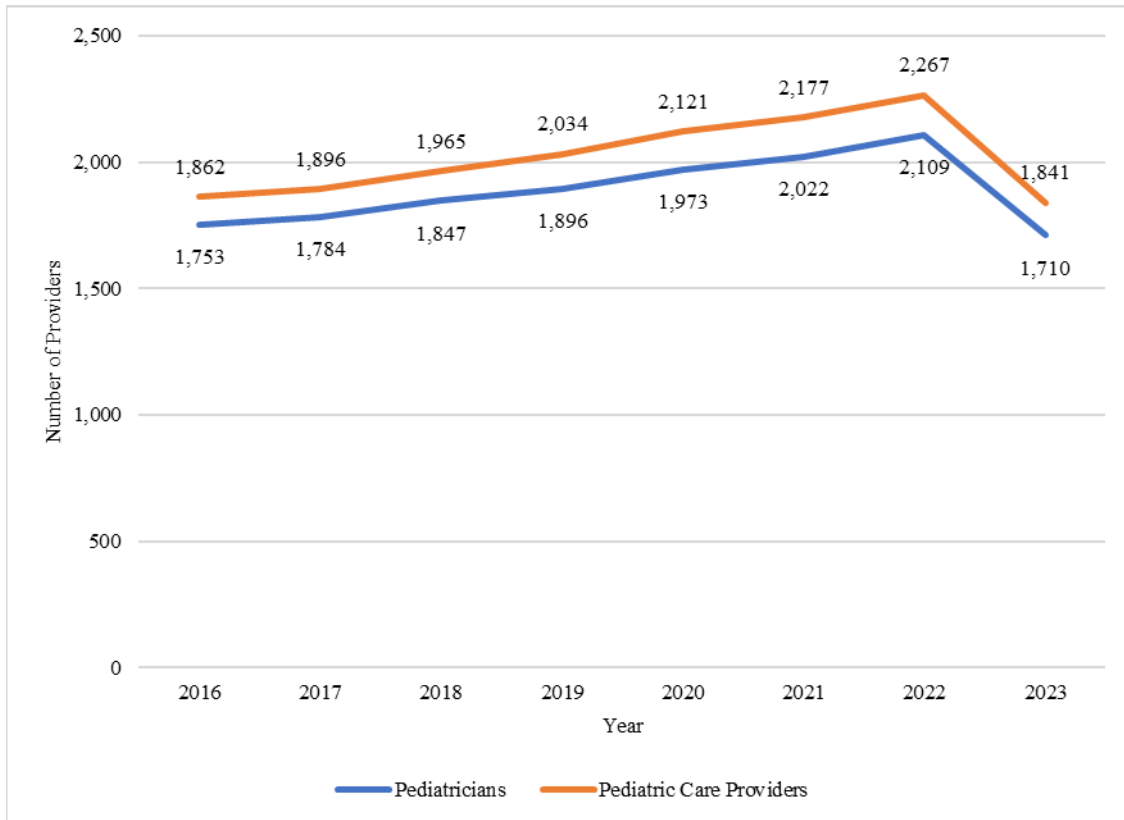


Figure 14: Pediatricians and Pediatric Care Physicians, 2023

Data Source: National Plan and Provider Enumeration System, National Provider Identification

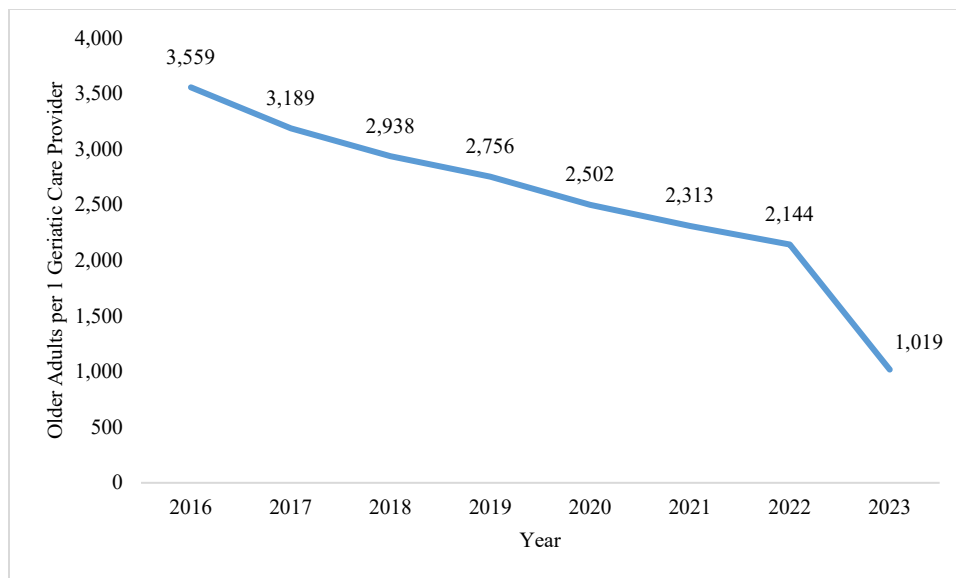


Figure 15: Geriatric Care Provider Ratio, Virginia, 2016-2023

Data Source: National Plan and Provider Enumeration System, National Provider Identification

Geography	Geriatric Care Provider Ratio
Virginia	1,019 Older Adults per 1 Geriatric Care Provider
Pittsylvania County, VA	11,046 Older Adults per 1 Geriatric Care Provider
Bedford County, VA	7,811 Older Adults per 1 Geriatric Care Provider
Amherst County, VA	6,227 Older Adults per 1 Geriatric Care Provider
Fluvanna County, VA	5,425 Older Adults per 1 Geriatric Care Provider
Hanover County, VA	4,784 Older Adults per 1 Geriatric Care Provider
Goochland County, VA	4,226 Older Adults per 1 Geriatric Care Provider
Prince George County, VA	4,172 Older Adults per 1 Geriatric Care Provider
Lee County, VA	4,162 Older Adults per 1 Geriatric Care Provider
Wise County, VA	3,430 Older Adults per 1 Geriatric Care Provider
Buchanan County, VA	3,422 Older Adults Per 1 Geriatric Care Provider

Table 1: Geriatric Care Provider Ratio, Number of Older Adults per Geriatric Care Provider, 2023
 Data Source: National Plan and Provider Enumeration System, National Provider Identification

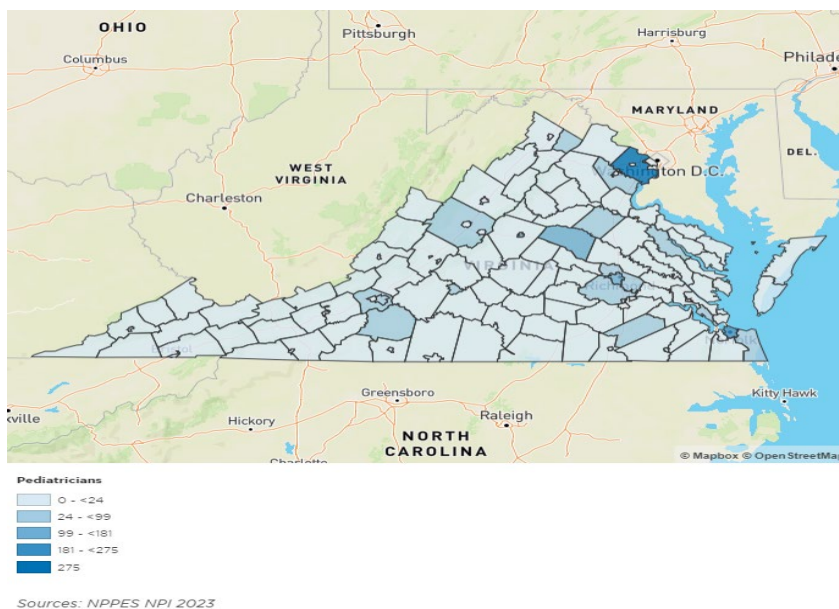


Figure 16: Pediatricians by Locality, 2023
 Data Source: NPPES NPI, 2023

Virginia Provider by Specialty	
Obstetric Provider Rate	1,381.7 per 100,000 births
Mental Health Provider Ratio	1,701 people per 1 Mental Health Provider
Geriatric Care Provider Ratio	1,019 Older Adult Per 1 Geriatric Care Provider
Dentist Ratio	2,142 People per 1 Dentist
Optometrist Ratio	7,740 People per 1 Optometrist
OBGYN Ratio	5,418 Females per 1 OBGYN
Primary Care Physician Ratio	1,240 People per 1 Primary Care Physician
Clinical Social Worker Ratio	1,682 People per 1 Clinical Social Worker
Child and Adolescent Psychiatric Rate	9.2 Per 100,000 Children

Table 2: Virginia Healthcare Provider Availability
 Source: National Plan & Provider Enumeration System National Provider Identification, 2023

According to the Behavioral Risk Factor Surveillance Survey (BRFSS) dental visits in Virginia remained stable between 2017 and 2021 (Figure 17). The prevalence of dental visits among Virginians that identify as Black and Hispanic are lower compared to those that identify as White (Figure 18). Dental visit prevalence among less educated people is significantly lower than higher educated people (Figure 19). The prevalence of dental visits was significantly lower among adults that have a household income of less than \$50,000 annually as compared to adults with higher incomes (Figure 20).

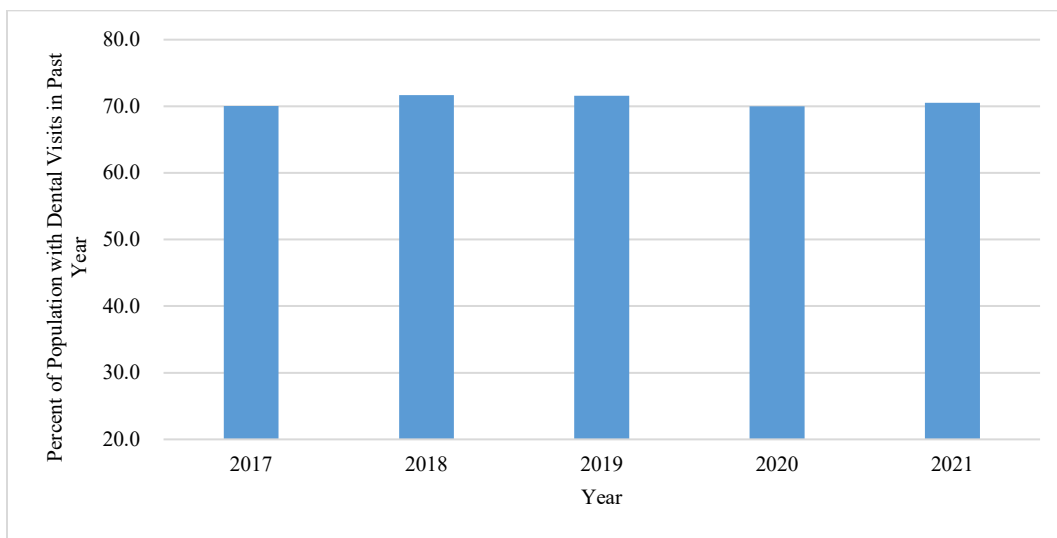


Figure 17: Prevalence of Dental Visits in the Past Year, Virginia 2017-2021

Data Source: Virginia Department of Health, Behavioral Risk Factor Surveillance Survey, 2017-2021

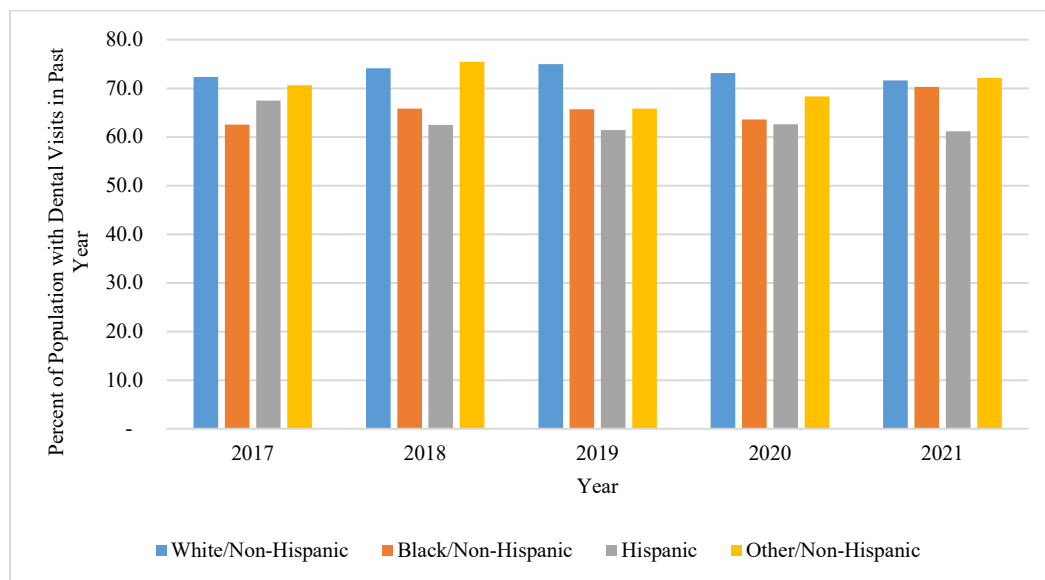


Figure 18: Prevalence of Dental Visits in the Past Year, By Race, Virginia 2017-2021

Data Source: Virginia Department of Health, Behavioral Risk Factor Surveillance Survey, 2017-2021

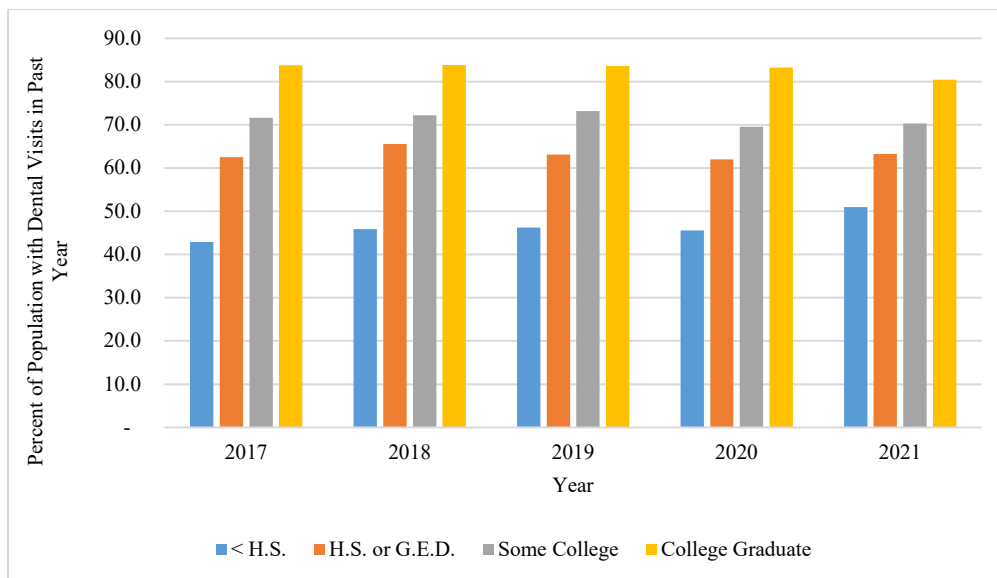


Figure 19: Prevalence of Dental Visits in the Past Year, By Educational Level, Virginia 2017-2021
 Data Source: Virginia Department of Health, Behavioral Risk Factor Surveillance Survey, 2017-2021



Figure 20: Prevalence of Dental Visits in the Past Year, By Income, Virginia 2017-2021
 Data Source: Virginia Department of Health, Behavioral Risk Factor Surveillance Survey, 2017-2021

HEALTHCARE ACCESS INITIATIVES

VDH administers 15 different state, federal, and privately funded health workforce incentive programs to increase access to quality health care providers in Virginia’s Health Professional Shortage Areas (HPSAs) & Medically Underserved Areas (MUAs). These incentive programs address primary care, dental, and mental health care shortage needs by offering loan repayments, scholarships, and other items in exchange for service in Virginia, with the average obligation

typically around 1 to 2 years. Over the last four years, VDH has monitored employment and enrollment requirements and awarded scholarships, loan repayment, and other incentives to approximately 427 providers who have worked across the Commonwealth.

The State Office of Rural Health (SORH) within OHE partners with Virginia's rural health districts, critical access hospitals, and local organizations like the United Way of Southwest Virginia (UWSWVA) to address health inequities. Through the partnership with the SORH, UWSWVA hosts educators, social services, healthcare, and law enforcement personnel annually at the Rural Summit for Childhood Success. The discussions and coalition building forged through this event resulted in plans for United Way to convert an 87,000-square-foot former Kmart in Abingdon into a workforce development hub. The center will open in September 2024. When completed, the center will house 200 different "store fronts" to engage students and expose them to the different local occupational opportunities including STEM labs for teacher training, a licensed early childhood care and education center, workforce development and training programs, and a shared services alliance consolidating back-office functions for the 208 childcare providers in the region. On-site childcare will be available to center staff and neighboring businesses. This center will be the first of its kind in rural Virginia.

The SORH has also partnered with West Piedmont Health District to expand access to primary care services in Patrick County by partnering with the local rescue squad in Stuart, VA to collocate telehealth services in their building. The rescue squad also provides an EMT available to take vital signs and assist with technology needs. This program has been so successful that it has expanded to a second location in Patrick County and other areas of Virginia are interested in replicating the model.

The Three Rivers Health District is piloting a public access defibrillation program in partnership with local county governments and dispatch agencies. After coordinating a public location for the placement of secured Automated External Defibrillators (AEDs) purchased by the health district, local dispatch officials can grant access to anyone in need of the AED during an emergency. The controlled crates also contain STOP THE BLEED® kits.

The Rappahannock Area Health District is delivering a health education curriculum known as HEAL to improve health literacy rates among vulnerable communities, including older adults, Afghan refugees, and non-English speakers. The program teaches critical skills like when to go to urgent care versus the emergency room, how to read prescription instructions, and how to describe symptoms to a doctor. So far 150 community members have received the training, and evaluation results demonstrate increased knowledge and high levels of participant satisfaction.

FOOD ACCESS

In Virginia, approximately 246,800 women, infants, and children are eligible for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Virginia WIC serves 48.8% of those eligible for WIC, compared to the national coverage rate of 51.2%. The WIC Program is a vital resource to promote health and well-being as 50.3% of all infants born in the

United States in addition to millions of young children under the age of five are estimated to be eligible for WIC. WIC provides supplemental foods, health care referrals, and nutrition education to low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, infants, and children.

In Virginia, about 8.3% of households receive benefits from the Supplemental Nutrition Assistance Program (SNAP), compared to 11.5% of households in the United States. SNAP provides food benefits to low-income families to supplement their grocery budget so they can afford the nutritious food essential to health and well-being. In the United States, about 47% of households receiving SNAP have at least one person with a disability. Comparatively, in Virginia, that number is slightly higher at 48%. In Virginia, the data suggests that White households and Black or African American households have relatively high rates of SNAP benefit receipt, compared to other racial/ethnic groups (Figure 22). Meanwhile, in the United States as a whole, the percentage of households receiving SNAP benefits is higher across all racial/ethnic groups, with the highest rates observed among White households. These findings indicate that SNAP benefit receipt varies across racial/ethnic groups, highlighting potential disparities in access to food assistance.

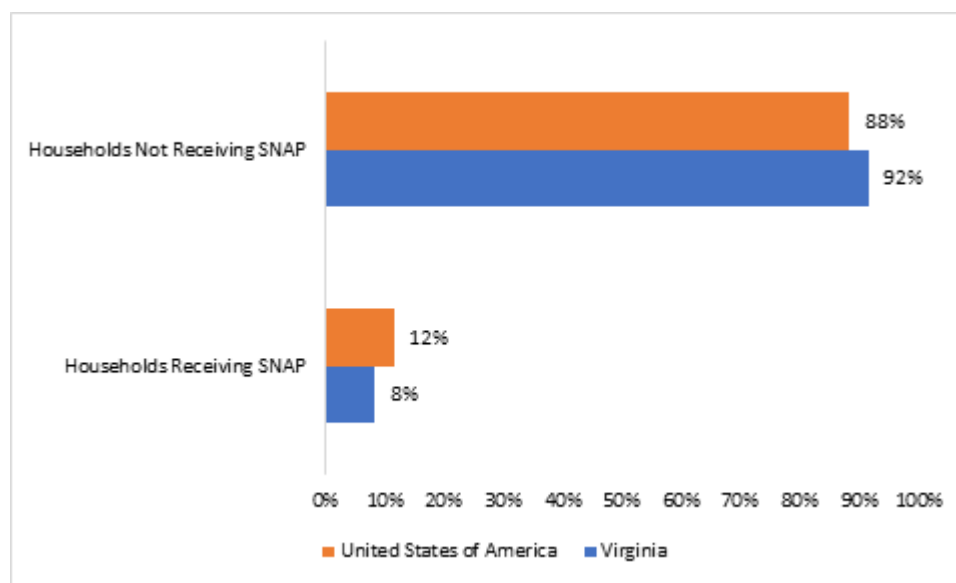


Figure 21: Households Receiving SNAP Benefits, 2018-2022
 Data Source: U.S. Census Bureau ACS 5-year 2018-2022

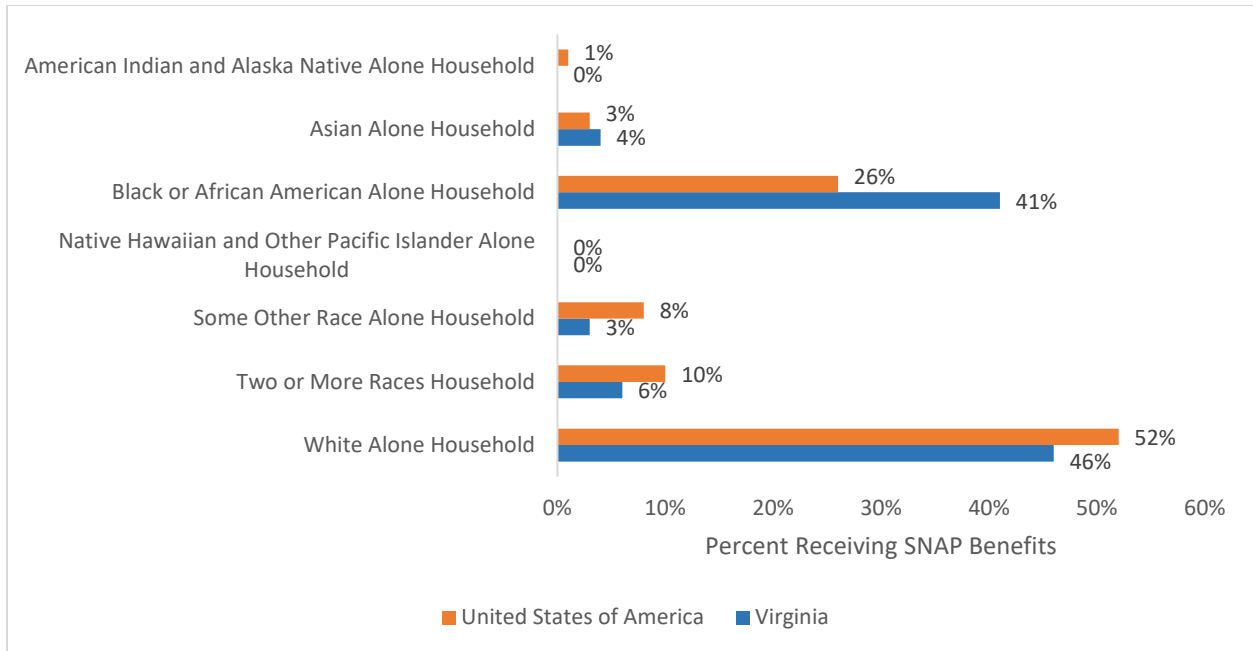
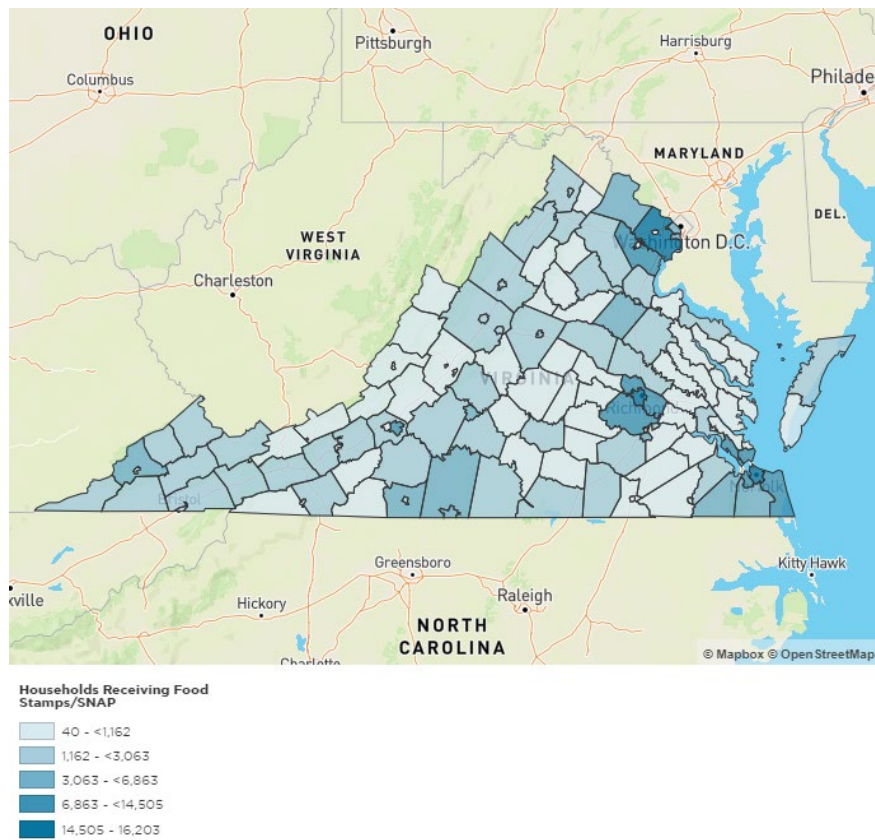


Figure 22: Households Receiving SNAP Benefits by Race/Ethnicity, 2018-2022
 Data Source: U.S. Census Bureau, ACS 5-Year 2018-2022



Sources: US Census Bureau ACS 5-year 2018-2022

Figure 23: Households Receiving SNAP Benefits, 2018-2022
 Data Source: U.S. Census Bureau, ACS 5-year, 2018-2022

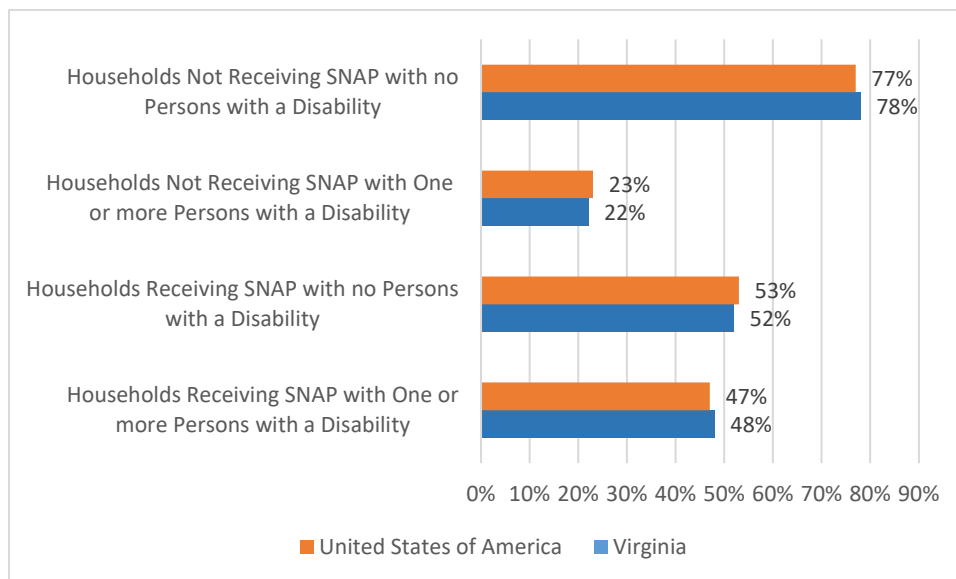


Figure 24: Households Receiving SNAP by Presence of Person with Disability, 2018-2022
 Data Source: U.S. Census Bureau, American Community Survey 5-year, 2018-2022

IMMUNIZATIONS

The proportion of adults who receive their annual influenza vaccine decreased in the 2022-2023 influenza season compared to the prior year, based on data from the Centers for Disease Control and Prevention's FluVaxView survey. The decrease is observed primarily in younger adults defined as persons 18-64 years old (47.10% to 44.30%) compared to older adults defined as persons 65 and older (75.80% to 75.60%). Each year, local health districts conduct flu vaccine clinics to ensure that members of the community can receive their flu vaccine. VDH partners with medical providers to raise awareness of the importance of flu vaccine. Increasing flu vaccination coverage across the Commonwealth is an ongoing focus of VDH.

The percentage of youth (ages 13-17 years old) receiving vaccination against human papillomavirus (HPV), the virus that contributes to various cancers, decreased between 2021 and 2022 for females (73.5% to 64.4%) and slightly increased for males (56.7% to 61.0%) based on data from the Centers for Disease Control and Prevention's TeenVaxView. To continue efforts to increase HPV vaccination coverage rates for boys and girls, VDH partners with the Cancer Action Coalition of Virginia (CACV) to coordinate the Virginia HPV Immunization Task Force (VHIT). Increasing adolescent vaccination coverage across the Commonwealth is an ongoing priority for VDH.

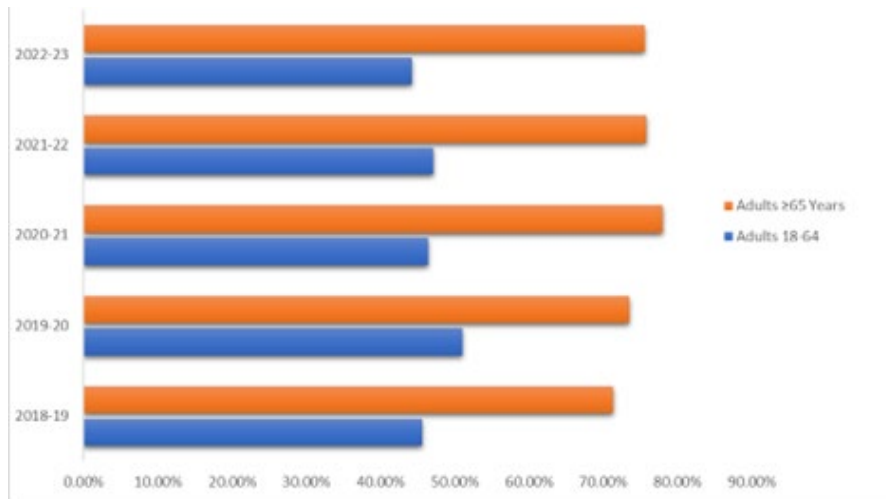


Figure 25: Virginia Adult Influenza Vaccine Rates by Age, 2019-2023

Data Source: Influenza Vaccination Coverage for Persons 6 Months and Older | FluVaxView | Seasonal Influenza (Flu) | CDC

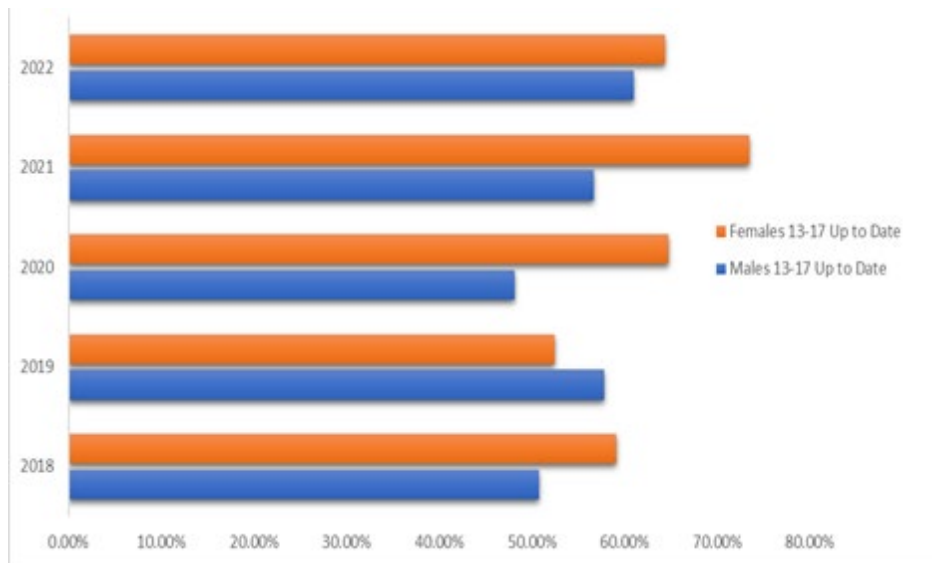


Figure 26: Virginia Human Papilloma Virus Rates by Sex, 2018-2022

Data Source: Influenza Vaccination Coverage for Persons 6 Months and Older | FluVaxView | Seasonal Influenza (Flu) | CDC

BIRTHS AND DEATHS

According to the Virginia Department of Health Vital Event and Screening Tracking System, there were 82,839 resident deaths, 82,271 recorded deaths, 95,583 resident births and 95,887 recorded births in 2022. Residence refers to the Virginia city or county where the mother resided for a birth. Recorded Data refer to vital events that occurred in Virginia regardless of the place of residence of the person experiencing the vital event.

MORTALITY

In Virginia, males have a higher mortality rate than females in both urban and rural areas (Figure 27). Overall mortality has decreased from 2021 to 2022. Table 3 demonstrates the 20 leading causes of death by age group. Lower percent distribution within an age group is indicated by green shading, while higher percent distribution within an age group is indicated by red shading. Virginia’s Age-Adjusted Mortality Rate saw a decrease from 839.4 in 2021 to 757.1 in 2022. This is driven by decreases in heart disease, neoplasms, and COVID-19 related mortality. For age groups 5-19 years old and 20-44 years old, accidents, homicide and suicide are the leading causes of death. About 60% of liver related mortality falls in the 45-69 age group. For age group 0-4, the leading causes of death are largely influenced by causes of infant mortality (Table 3).

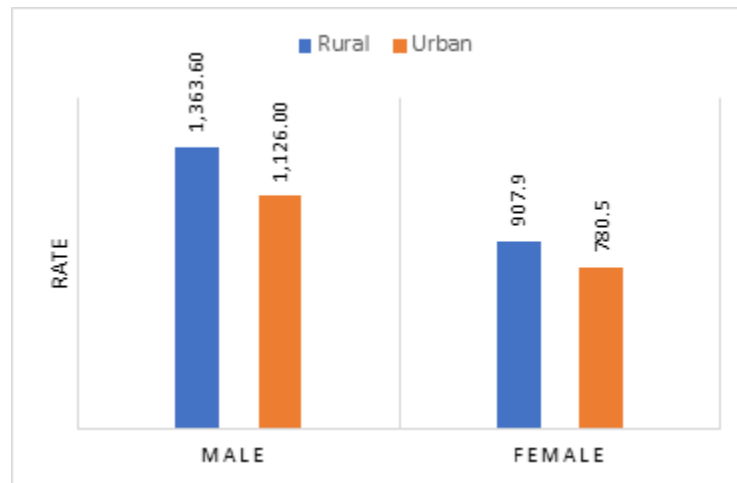


Figure 27: Mortality Rate Per 100,000 Residents Urban vs Rural
 Data Source: Virginia Department of Health, Vital Statistics, 2022

2022 CAUSE OF DEATH	AGES 0-4	AGES 5-19	AGES 20-44	AGES 45-69	AGES 70+	TOTAL DEATHS
HEART DISEASES	0.02%	0.04%	2.50%	26.46%	70.97%	16,181
NEOPLASMS	0.02%	0.20%	2.44%	36.88%	60.46%	15,213
COVID	0.23%	0.14%	2.87%	28.13%	68.64%	4,426
ACCIDENTS	0.74%	2.92%	35.33%	34.09%	26.91%	4,834
CEREBROVASCULAR	0.05%	0.10%	1.39%	17.73%	80.72%	4,088
LOWER-RESPIRATORY	0.06%	0.13%	0.70%	25.92%	73.19%	3,129
DIABETES	0.00%	0.21%	4.31%	36.80%	58.67%	2,807
ALZHEIMER'S	0.00%	0.00%	0.00%	3.67%	96.33%	2,450
NEPHRITIS/NEPHROSIS	0.06%	0.00%	1.91%	24.95%	73.08%	1,627
SUICIDE	0.00%	6.75%	41.73%	36.45%	15.06%	1,155
LIVER	0.00%	0.00%	9.80%	59.80%	30.39%	1,122
PARKINSONS	0.00%	0.00%	0.00%	5.96%	94.04%	1,040
SEPTICEMIA	0.20%	0.30%	3.31%	31.22%	64.96%	996
INFLUENZA/PNEUMONIA	0.10%	0.61%	2.46%	25.61%	71.21%	976
HYPERTENSION/RENAL	0.00%	0.00%	2.99%	26.83%	70.18%	969
HOMICIDE	2.64%	12.73%	63.97%	18.35%	2.31%	605
PNEUMONITIS	0.00%	0.00%	2.10%	19.54%	78.36%	476
IN-SITU NEOPLASMS	0.24%	0.72%	0.48%	22.78%	75.78%	417
PERINATAL	99.28%	0.72%	0.00%	0.00%	0.00%	278
CONGENITAL	44.39%	5.83%	11.21%	24.22%	14.35%	223

*Table 3: Leading Causes of Death by Percent Distribution of Cause of Death Across Age Groups, 2022
Data Source: Virginia Department of Health, Vital Statistics, 2022*

HEART DISEASE

While most groups have seen a slight increase in heart disease mortality, Black Virginians and those living in rural areas face disproportionately higher age-adjusted mortality rates from heart disease than their counterparts. Heart disease age-adjusted mortality rates per 100,000 population have increased from 147.0 in 2016 to 161.4 in 2021 (Figure 28). Heart disease mortality has a disproportionate effect on certain demographic groups. For example, Black Virginians faced heart disease mortality rates nearly two to three times as Hispanic Virginians every year from 2016–2021 (Figure 29). People living in urban areas had notably lower heart disease mortality rates compared to those living in rural areas (Figure 30).

Obesity and diabetes are risk factors for heart disease. Obesity prevalence rose from 31% in 2016 to 34.81% in 2021 (Figure 31). The prevalence of diagnosed diabetes in adults remained stable from 2018 to 2021 at 10% (Figure 32). Despite increasing heart disease mortality rates and comorbid prevalence, health behaviors such as smoking and physical inactivity, also risk factors of heart disease, have declined in overall prevalence from 2018 to 2021. Smoking prevalence declined from 14.95% to 12.44%. Physical inactivity prevalence declined from 23.3% to 20.9%.

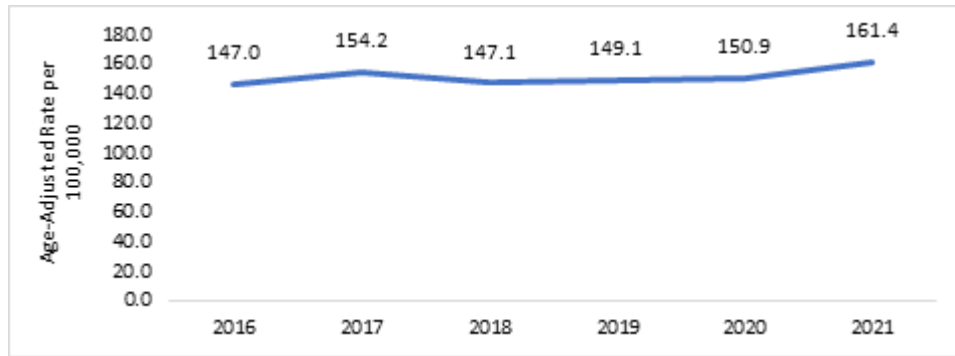


Figure 28: Heart Disease Mortality Rate, 2016-2021
 Data Source: Virginia Department of Health, Vital Statistics Program, 2016-2021

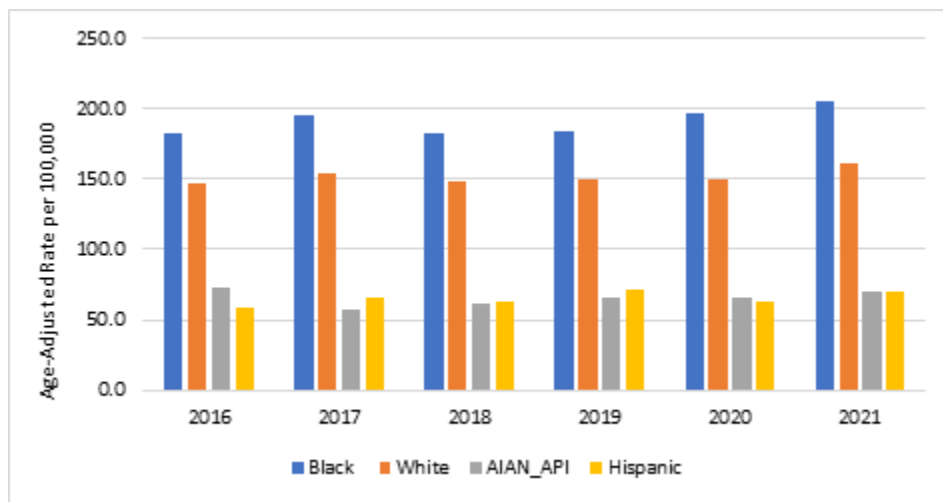


Figure 29: Heart Disease Mortality Rate by Race/Ethnicity, 2016-2021
 Data Source: Virginia Department of Health, Vital Statistics Program, 2016-2021

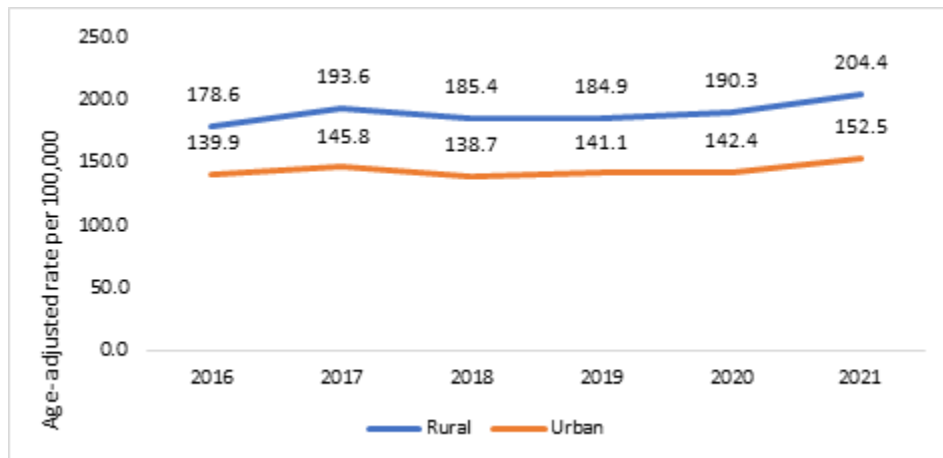


Figure 30: Heart Disease Mortality Rates per 100,000, by Urban/Rural Status in Virginia, 2016-2021
 Data Source: Virginia Department of Health, Vital Statistics Program, 2016-2021

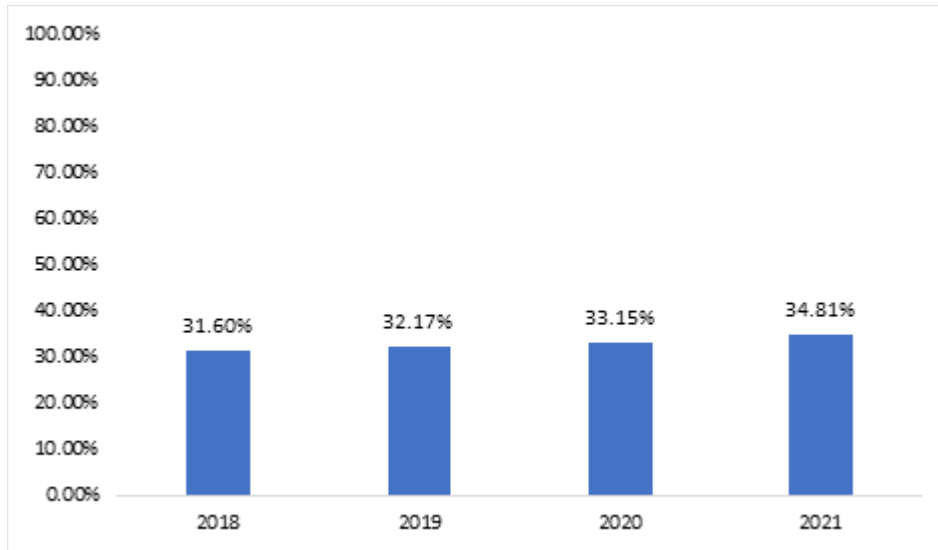


Figure 31: Obesity Prevalence Among Adults, 2018-2021

Data Source: Centers for Disease Control, Behavioral Risk Factors Surveillance System, PLACES, 2021

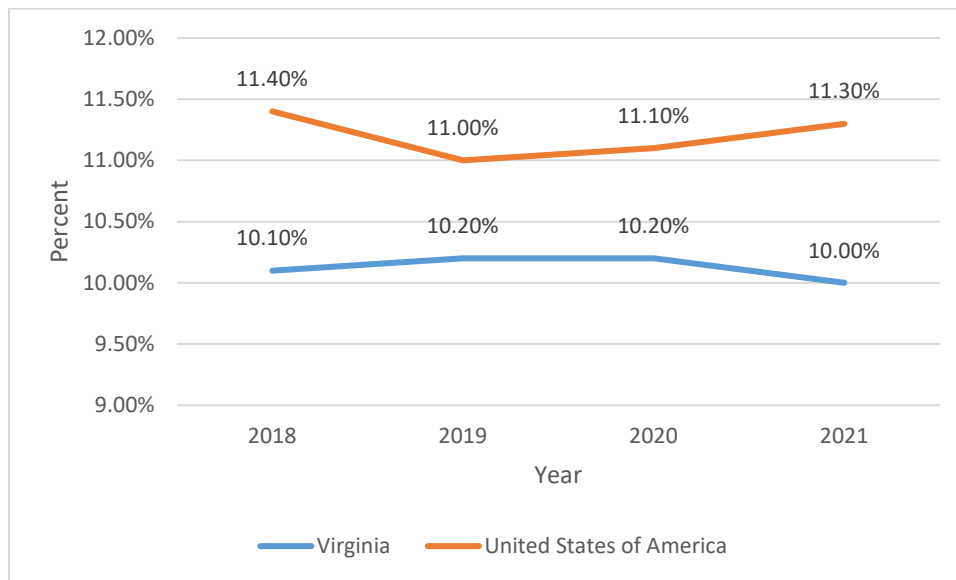


Figure 32: Percent of Adults with Diagnosed Diabetes, 2018-2021

Data Source: Centers for Disease Control, Behavioral Risk Factors Surveillance System, PLACES, 2021

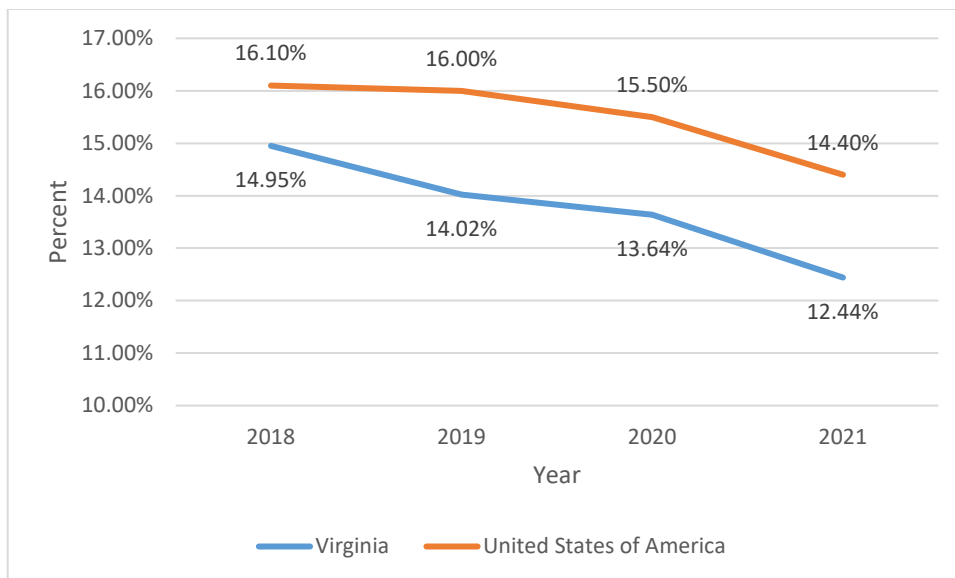


Figure 33: Percent of Adults Who Report Current Smoking, 2018-2021
 Data Source: Centers for Disease Control, Behavioral Risk Factor Surveillance System, PLACES, 2021

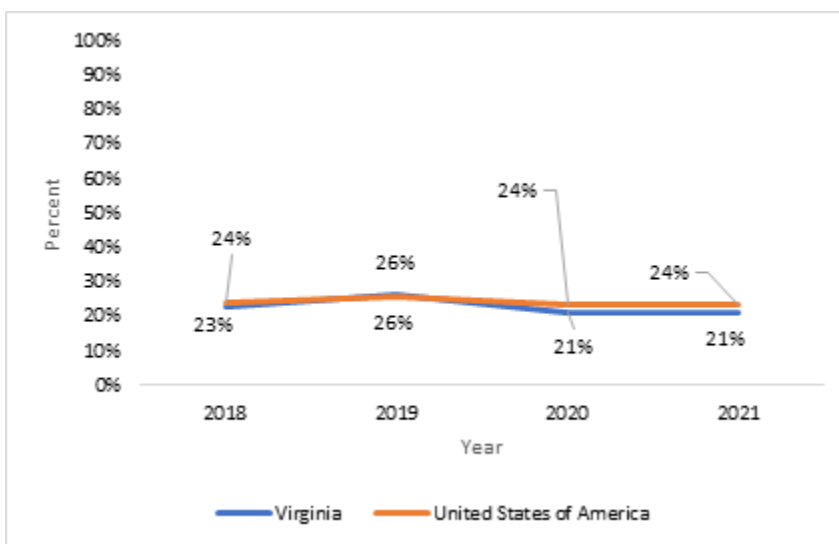


Figure 34: Percent of Adults Who Report No Leisure-Time Physical Activity, 2018-2021
 Data Source: Centers for Disease Control, Behavioral Risk Factor Surveillance System, PLACES, 2021

HEART DISEASE PREVENTION INITIATIVES

The Office of Family Health Services was awarded two grants from the Centers for Disease Control and Prevention in 2023 – The National Cardiovascular Health Program and the Innovative Cardiovascular Health Program. Under the long-term goal of reducing heart disease deaths, the grants focus on (1) improved blood pressure control among partner health care and community populations; (2) reduced disparities in blood pressure control; and (3) increased utilization of social support services. The VDH established the Virginia Healthy Hearts Initiative to coordinate local community groups, health systems, Federally-Qualified Health Centers and primary care, and community-based organizations to implement the following CDC evidence-

based strategies: Leverage electronic records and health information technology to identify high risk patients and monitor health disparities and referrals; Create multi-disciplinary teams to enhance access to and quality of care along the continuum of care; and Establish linkages between clinical and community partners to social services and supports. The geographic areas of focus include cities and counties in the Central, Eastern, and Southwest Regions due to high prevalence of hypertension and low health opportunity concentrated in these regions. In 2023, the VDH piloted these grants in Petersburg, Portsmouth, and Roanoke. In subsequent years, the initiative will expand to Richmond, Henrico County, Emporia, Halifax County, Norfolk, Newport News, Hampton, Suffolk, Franklin City, Southampton County, Martinsville, Henry County, Danville, Pittsylvania County, and Lynchburg.

To date, the VDH has partnered with the Virginia Hospital and Healthcare Association to create a VHHA Data Analytics Dashboard for health systems to identify patients at high risk for readmission due to heart disease; secured a partnership with four JenCare (ChenMed) clinics in Colonial Heights / Petersburg, Richmond, Portsmouth, and Norfolk to pilot a Chronic Care Management Model that incorporates a Community Health Worker and Pharmacist on the healthcare team; collaborated with Unite Us to strengthen clinical-community linkages; partnered with Huddle Up Moms to train healthcare and community partners to implement the Moms Under Pressure Program; supported Local Health Departments and community-based organizations to offer the CDC Healthy Heart Ambassador Program.

Crater Health District launched a blood pressure monitoring program at the Richardson Memorial Library in Emporia in partnership with the American Heart Association; this initiative will be replicated at interested libraries throughout the district. Additional programming support will include the Healthy Heart Ambassador program through the VDH Office of Family Health Services.

Leveraging Rural Recovery & Response grant funding, the Three Rivers Health District secured 10 mobile blood pressure screening units that have been placed across the health district in local health departments and with community partners such as YMCAs and libraries. The screening devices provide print outs containing screening results and general guidance on how to interpret the readings. To date, over 3,200 blood pressure screenings have been conducted across the district.

In collaboration with six local partners, including towns, schools, marinas and parks, the Eastern Shore Health District has deployed 22 automated external defibrillators (AEDs) in public outdoor spaces on the Eastern Shore. These AEDs will be easy-to-use by laypeople and are directly connected to EMS providers. Immediate access to an AED increases the chance of survival for out-of-hospital cardiac arrest. The Eastern Shore Health District will work closely with the communities using the facilities where these AEDs have been placed to ensure people are aware of the AEDs and comfortable using them when needed.

MATERNAL MORTALITY

Maternal mortality as defined by the World Health Organization (WHO) are deaths at any point in the pregnancy or in the first 42 days of the postpartum period that are related to pregnancy, though it is recognized that this definition may not encompass the full picture of

deaths occurring to pregnant people. Maternal deaths have significant impacts on families and serve as an important indicator on the quality of the health system⁵. The US continues to have higher rates of maternal mortality as compared with other industrialized nations according to the WHO definition. Despite advances in care, significant racial disparities still exist for non-Hispanic Black mothers, with the Black/White disparity ratio at nearly 2.5⁶. In 2021, the Black maternal mortality rate in Virginia (96.7 per 100,000 live births) exceeded the national rate (69.9 per 100,000 live births).

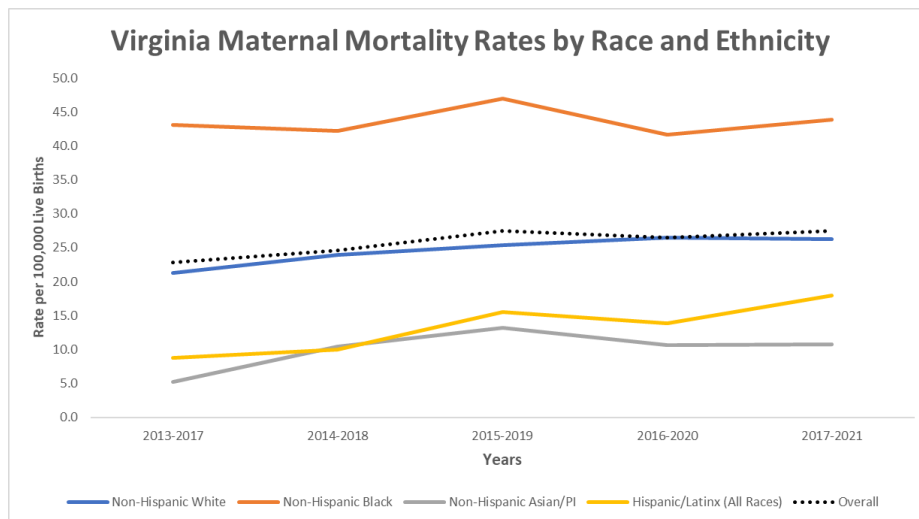


Figure 35: Virginia Maternal Mortality Rates, 2013-2021
 Data Source: Virginia Department of Health, Division of Health Statistics, 2019-2021

INFANT MORTALITY

Infant mortality is a hallmark of the overall health status of a population. Infant mortality rates have remained relatively consistent in recent years but vary by race and ethnicity. For example, recent data indicate a disparity in infant mortality rates; in 2021, the rate among Black infants was 2.2 times more than their White counterparts (Figure 36). Preterm birth and low birthweight, both of which contribute to infant mortality, continue to match national trends, and demonstrate racial disparities (Figure 37).

The overall prevalence of preterm birth and low birthweight in Virginia continue to be under 10%; however, disparities persist by race/ethnicity (Figure 38). The CDC reported that in 2021 preterm births affected 10% of infants born in the United States. Additionally, the preterm birth rate saw a 4% increase compared to the prior year with higher rates seen among Black or African American infants. Preterm infants are usually of low birthweight and lower weight is associated with an increased risk of mortality.

⁵ Collier, AY and Molina, RS. (2020) Maternal Mortality in the United States: Updates on Trends, Causes, and Solutions. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7377107/>

⁶ Centers for Disease Control and Prevention. (2021) Maternal Mortality Rates in the United States. <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm>

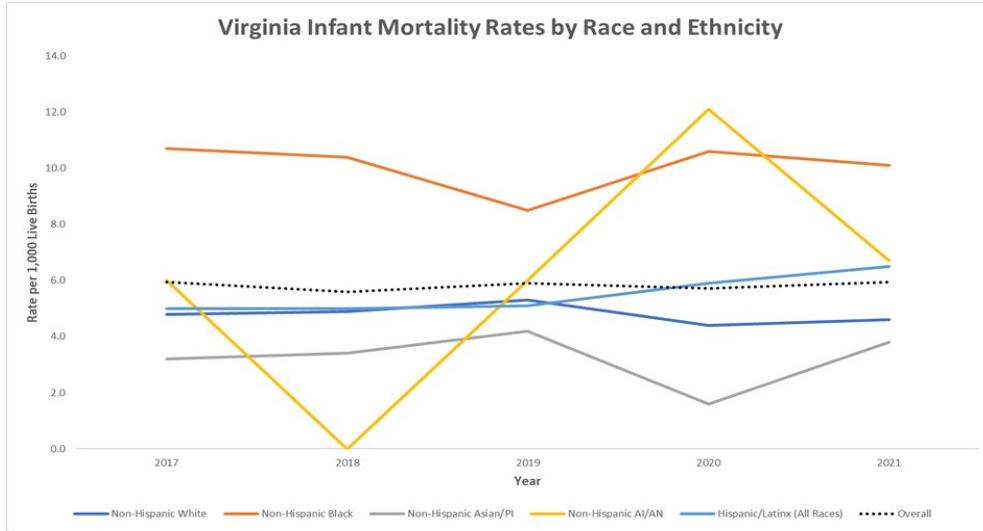


Figure 36: Infant Mortality Rate by Race/Ethnicity, 2017-2021
 Data Source: Virginia Department of Health, Division of Health Statistics, 2017-2021

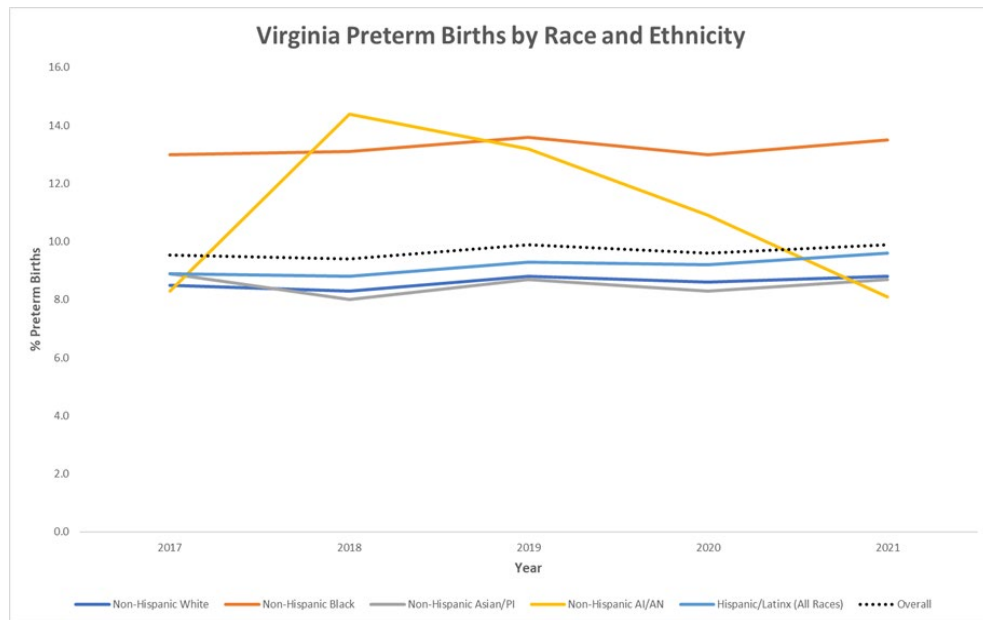


Figure 37: Preterm Births by Race/Ethnicity 2017-2021
 Data Source: Virginia Department of Health, Division of Health Statistics, 2017-2021

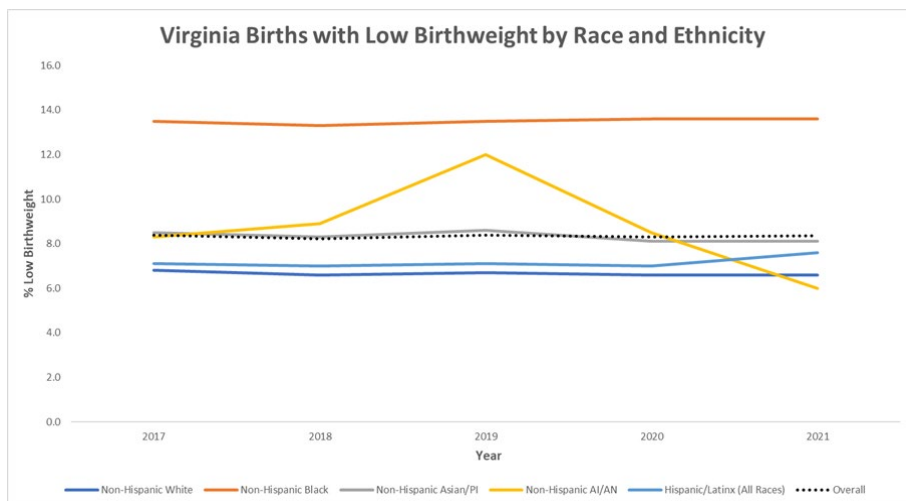


Figure 38: Low Birthweight by Race and Ethnicity, 2017-2021
 Data Source: Virginia Department of Health, Division of Health Statistics, 2017-2021

CHILD MORTALITY

Child mortality is an important metric that measures the outcomes of child health interventions and can give insights into the likelihood that a child will reach their tenth birthday. There are disparities in child mortality in children ages 1-9 between racial groups. Specifically, there are racial disparities with non-Hispanic Black children experiencing higher rates of mortality between 2017-2021. In 2021, child mortality rates increased by 36.6% for non-Hispanic Black children and 31.3% for Hispanic children compared with 2020, while mortality decreased by 10.8% and 44.4% among non-Hispanic White children and non-Hispanic Asian/PI children compared with 2020, respectively.

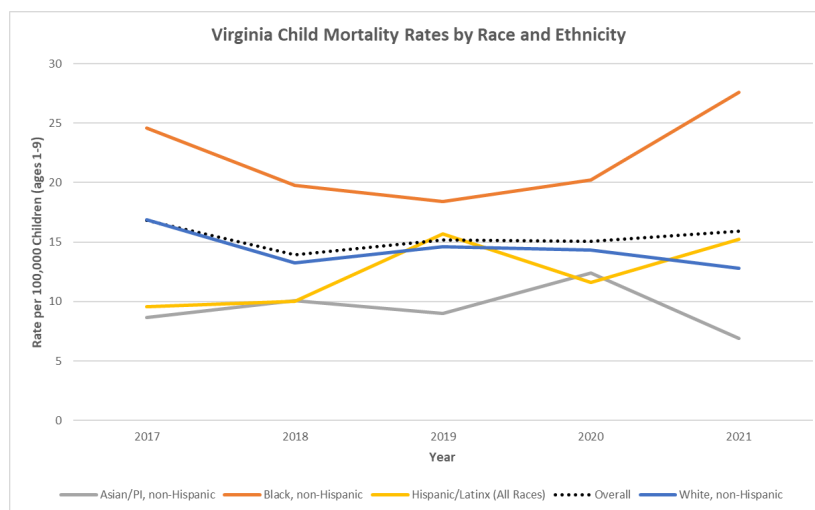


Figure 39: Child (1-9) Mortality Rates by Race and Ethnicity 2017-2021
 Data Source: Virginia Department of Health, Division of Health Statistics, 2017-2021

MATERNAL AND CHILD HEALTH INITIATIVES

The Division of Family Health Services in the Office of Family Health Services administers Virginia's Title V Maternal Child Health Services Block Grant States Program. Virginia's Title V Program strives to eliminate health disparities, improve birth outcomes, and improve the health and wellbeing of Virginia's mothers, infants, children, and youth, including children and youth with special healthcare needs (CYSHCN) and their families. Title V-funded programs are operationalized across six domains: Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children and Youth with Special Health Care Needs, and Cross-Cutting/Systems Building. In Virginia, Title V serves as the foundational funding stream for state, regional, and local MCH programs, and is a critical public health infrastructure component. Title V provides essential financial and technical support to approximately 75 state programs and contracts across multiple statewide systems of services, including programs administered in local health districts, community collaborations and coalitions, and partnerships with other state and national organizations. Additionally, Title V funding supports the delivery of clinical services and health education within each of Virginia's 35 local health districts (LHDs).

Title V funding is often braided with other funding streams for gap-filling, data support, or other assurances. Examples of Title V-funded programs include: Virginia's Newborn Screening Program, Maternal Mortality and Infant Mortality Review Teams, oral health initiatives, Five Star Breastfeeding initiative across Virginia's hospitals, perinatal mental health and substance use, Virginia's BabyCare home visiting program and partnership with Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), developmental screening, child safety seat program, injury prevention curriculum, childhood immunizations, comprehensive sex education programs, two part-time Youth Advisors, family engagement efforts, Child Development Centers (CDCs), Care Connection for Children (CCCs), pediatric and adult sickle cell programs, Virginia Bleeding Disorders Program, maternal and child health workforce development initiatives, and local programs across all 35 local health districts.

Early childhood home visiting offers expectant parents and families with young children support, education, and guidance during pregnancy, postpartum and the early stages of a child's development. Home visitors are professionally trained to help parents form positive connective bonds with their child and learn developmental milestones. The Office of Family Health supports three early childhood home visiting programs: MIECHV, the Virginia Healthy Start Initiative, and Resource Mothers. The MIECHV Program supports pregnant women and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes. Families choose to participate in home visiting programs, and partner with health, social service, and child development professionals to set and achieve goals that improve their health and well-being. MIECHV Program home visiting models - Nurse Family Partnership, Parents as Teachers, and Healthy Families - serve at risk families who are prenatal families and children ages 0-5 years old. MIECHV has 19 required benchmarks that range from Prenatal Care, Maternal Health, Child Health and Developmental Screenings. The Virginia Healthy Start Initiative (VHSI) targets four localities (Petersburg, Hopewell, Portsmouth, and Norfolk), where the issues of maternal mortality, infant mortality, low birth weights and preterm delivery rates continue to be higher than the state and national averages. The goal of VHSI is to reduce significant disparities in perinatal health, particularly disparities experienced by Hispanics, African Americans, and immigrant populations in order to reduce the

rate of infant mortality and improve perinatal outcomes. This is accomplished through services to individuals as well as efforts to enhance the capacity of the community's perinatal and women's health services systems. Resource Mothers seeks to lower infant deaths and low birth weight rates in Virginia's pregnant and parenting teens. Any pregnant teen, 19 years or younger, is eligible for the program. This program uses a two-generation or three-generation approach to serve target populations. Educational and support services are also available to other family members such as the partner, the teen's parents, and the infant.

The Eastern Shore Health District is one of only a few local health departments in Virginia that offer maternity care, as well as the Nurse Family Partnership program. The Nurse Family Partnership Program is an evidence-based community health program that partners specially educated nurses and first-time moms, starting early in the pregnancy and continuing until the child's second birthday. Moms enrolled in Nurse-Family Partnership benefit by getting the care and support they need to have a healthy pregnancy. At the same time, families develop a close relationship with the nurse who becomes a trusted resource. Prenatal care for women with limited English proficiency and support for those who are first-time parents are among the growing needs seen in the Eastern Shore. Over the past year, community health workers have provided outreach and education to Spanish and Haitian Creole-speaking community members. Community health workers have also provided ongoing support to this population as they navigate the healthcare required for a safe and healthy pregnancy and birth, as well as the first two years of their child's life. Enrollment and retention rates in the Nurse Family Partnership increased throughout 2023.

CANCER

Cancer is a major public health concern and is the second leading cause of death in the state. In 2020, there were 40,580 new cancer diagnosis and 15,498 cancer deaths in Virginia. For every 100,000 people in Virginia, 146 died of cancer⁷. Black males are more likely than all other race/gender combinations to be diagnosed with cancer in Virginia. The cancer mortality rate for Black Virginians was 15% higher than White Virginians in 2020 (Figure 40).

VDH's Cancer Prevention and Control Programs, comprised of the Virginia Cancer Registry (VCR), Every Woman's Life (EWL), and Comprehensive Cancer Control Program (CCCP), work collaboratively to implement a comprehensive and coordinated approach to inform policy, systems, and environmental change strategies to address the burden of cancer in Virginia. The VCR is a statewide registry of data on individuals diagnosed with cancer, including initial treatments received in Virginia or Virginia residents who received cancer care out of state. The data is utilized by VDH and statewide partners to help monitor cancer trends over time, identify cancer patterns in various populations, guide planning and evaluation of cancer programs, help set priorities for allocating health resources, and advance cancer research. The EWL program provides free breast and cervical cancer screening services to low-income uninsured Virginia women 18-64. Since 1997, the program has served over 71,000 Virginians, provided more than

⁷ Centers for Disease Control and Prevention. (2023). U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool. <https://gis.cdc.gov/Cancer/>

210,000 breast and/or cervical cancer screenings, and diagnosed over 2,500 breast and/or cervical cancers.

The CCCP supports the state cancer coalition and its partners in establishing and implementing the [Virginia Cancer Plan](#), which outlines strategies to address the burden of cancer through prevention, early detection, treatment, and survivorship. Over the past year, the CCCP and its coalition partners have provided sun safety education, sunscreen dispensers, and sunshade structures to schools and parks & recreations sites across the state; supported testing of radon in homes; created and implemented a toolkit to aid oral health professionals in incorporating HPV vaccination education into their practices; funded community based organizations to address barriers to patients accessing cancer screening and treatment services; and provided support to pediatric cancer survivors as they transition back to school after treatment.

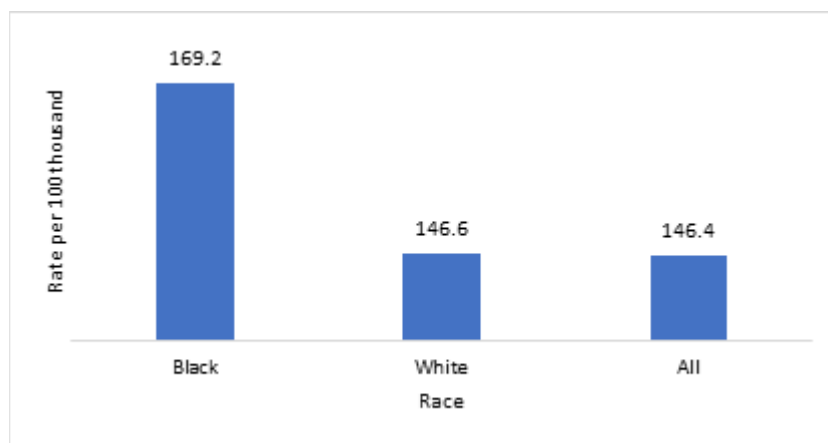


Figure 40: Age-adjusted Cancer Mortality Rate per 100,000
Data Source: Virginia Department of Health, Virginia Cancer Registry, 2020

HIV AND SEXUALLY TRANSMITTED INFECTIONS

Despite a programmatic focus on serving people of color, non-Hispanic Black people are still more severely impacted by the HIV epidemic than any other race/ethnicity. Among new HIV diagnoses, non-Hispanic Black people have accounted for more than half of new HIV diagnoses each year for the past five years. Non-Hispanic Black people with HIV living in Virginia represent an even greater share of HIV diagnoses than the distribution of cases nationwide at 57% compared to 43%⁸. In the last five years, the rate of HIV infection among non-Hispanic Black people has not dropped below 24 per 100,000. In comparison, no other race/ethnicity group contracted HIV at a rate higher than 12 per 100,000. While non-Hispanic Black people only account for 20% of the Virginian population, they accounted for 453 or 57% of new HIV diagnoses in 2022. In 2022, non-Hispanic Black people (26 cases per 100,000) were more than twice as likely to be infected with HIV compared to Hispanics (10.1 cases per 100,000), seven times as likely compared to Asians (3.7 cases per 100,000), and more than seven times as likely to be infected compared to non-Hispanic Whites (3.5 cases per 100,000). The rate of HIV

⁸ Kaiser Family Foundation. (2022, July22). BlackAmericansandHIV/AIDS: The Basics. <https://www.kff.org/hiv/aids/fact-sheet/black-americans-and-hiv-aids-the-basics/>

infection among non-Hispanic Black people has steadily increased since 2020 while the rate among non-Hispanic Whites and Hispanics have decreased in 2022. Non-Hispanic Black men were 4.5 times more likely to be infected with HIV than non-Hispanic Black women based on 2022 diagnoses.

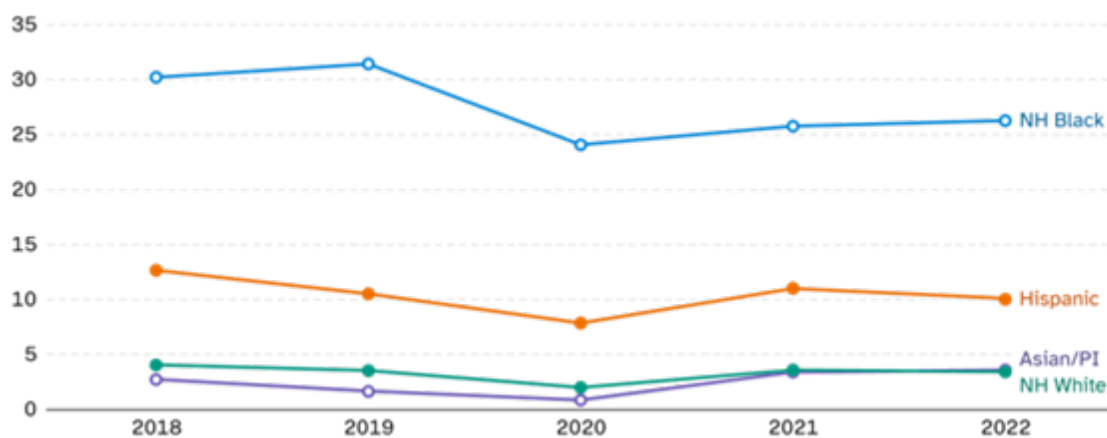


Figure 41: Newly Diagnosed HIV Rates per 100,00, 2018-2022
 Data Source: Virginia Department of Health, 2022

SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted infection (STI) rates have increased, some to their highest levels ever reported. Increases in cases of syphilis and congenital syphilis are especially concerning. New cases of early syphilis diagnosed in Virginia in 2022 were 14% higher (17.9 cases per 100,000 people) than in 2018 (15.7 cases per 100,000 people). Even though most cases were diagnosed among men, cases among women increased 69.7%, from 3.3 to 5.6 cases per 100,000 people. Congenital syphilis cases diagnosed in Virginia increased 607% from 2013 to 2022 (from 3.0 to 21.1 cases per 100,000 live births) and 90% from 2018 to 2022 (from 11.1 to 21.1 per 100,000 live births).

New cases of gonorrhea increased by 10.9% from 2018 to 2022 (from 140.4 to 155.7 cases per 100,000 people) while chlamydia cases decreased 8.4% during the same period (likely due to decreased screening in the younger age groups during the COVID-19 pandemic). Rates of chlamydia, gonorrhea, syphilis, and congenital syphilis are disproportionately high among Black non-Hispanic and Hispanic populations. Rates of chlamydia, gonorrhea and early syphilis among Black non-Hispanic people were six, ten and six times higher, respectively, than among White people in 2022. Similarly, rates of these STIs among Hispanic people were 2.6, 1.6 and 2.2 times higher than among White people. Among all congenital syphilis cases diagnosed from 2013-2022 in Virginia, 53.9% were diagnosed among Black non-Hispanic mothers. These disparities are caused not by ethnicity or heritage, but likely by social conditions that can more commonly affect certain minority groups. Factors such as poverty, distrust of the healthcare system and fear of discrimination from healthcare providers may be some of the barriers to staying sexually healthy for some members of these groups.

HIV AND STI PREVENTION INITIATIVES

The Office of Epidemiology established an Incident Management Team (IMT) to address rising rates of adult and congenital syphilis. The IMT developed objectives to comprehensively address the increase in cases by expanding the number of syphilis tests performed by Local Health Departments and partner community-based organizations, promoting doxycycline as STI post-exposure prophylaxis (DoxyPEP), and integrating STI prevention messaging across population health and community health programs. The Division of Disease Prevention also launched a new [syphilis resource web page](#), which includes resources for patients and healthcare providers across the Commonwealth, as well as the most recent case counts and data trends.

The VDH Pharmacy Testing Program is a partnership between VDH and the Virginia Pharmacy Association (VPhA). The program ensures rapid HIV and Hepatitis C testing services are available at select local pharmacies throughout Virginia. Since July 2023, VDH staff has trained 37 pharmacists from 18 pharmacies to administer rapid tests and provide appropriate referrals to additional services or disease prevention needs. No insurance is required. Testing is free at all participating sites; test results are available in approximately 20 minutes. Visit the Pharmacy Testing Program [website](#) for additional information, including the pharmacy locations and hours of testing.

The Division of Disease Prevention (DDP) has been expanding its PrEP (pre-exposure prophylaxis) services to cater to an increasing number of clients after the COVID-19 public health emergency. In 2023, two health districts, Piedmont and Rappahannock, were added to PrEP services, taking the total number of DDP-funded clinics to 33. The program served approximately 1,200 clients in 2023, which is close to pre-pandemic numbers. About 86% of the clients were men, most of whom identified as men who have sex with men. Women comprised 10% of the clients, while nearly 2% of the clients were transgender women. Most of the client's ages ranged between 20-39 years old, slightly younger than the participants before the pandemic. The client demographics have changed as well. During the pandemic, more white men and transgender women continued with PrEP, while the number of black men decreased. However, since the end of the pandemic, more men of color have engaged in PrEP services. Presently, black clients make up almost 37% of PrEP clients, Latino clients, and white clients about 40%. Visit Virginia's PrEP services [website](#) for more information, including a map of clinical sites.

The Three Rivers Health District Ryan White program provides a continuum of HIV wrap-around services for adults living with HIV in the ten counties that make up the health district, to include medical and non-medical case management. As of September 1, 2023, the program has 66 active clients. In the spring of 2023, Three Rivers embarked on a new clinical partnership with Riverside Health System to provide infectious disease clinical services to clients, enhancing the quality of care with a more community provider.

Crater Health District re-established its Men's Sexual Health Clinic. In addition to regular Family Planning and STI clinic hours, the Men's Sexual Health Clinic is a partnership of the Minority Health Consortium and Serenity and operates on the second and fourth Mondays of the month from 5–7 p.m. at the Petersburg Health Department.

SUICIDE

Suicides among males and females in Virginia decreased slightly from 2018-2022 (Figure 42). While approximately 49% of Virginia's 2022 population was male, 81% of 2022 suicides among Virginians were male, consistent with national trends. Firearms are the most common method used (64%) in suicides of male Virginians, followed by suffocation (23%)⁹. Suicide among male Virginians decreased by 3.4% from 2018 to 2022, while suicide among female Virginians decreased by 20.1% during the same period.

The VDH is the lead agency for youth suicide prevention pursuant to Virginia Code § 32.1-73.7. The VDH Suicide Prevention Program supports the coordination of youth suicide prevention and postvention efforts throughout the state. To accomplish this work, the program partners with the Department of Behavioral Health and Developmental Services (DBHDS) and co-facilitates the Suicide Prevention Interagency Advisory Group (SPIAG), a statewide coalition dedicated to education and strategic alignment of all suicide prevention, intervention, and postvention efforts via a public health model.

The overarching goals of this program are, 1) to foster leadership, collaboration and partnerships among public, private, non-profit and community entities, including the integration and coordination of suicide prevention efforts across multiple sectors, 2) to provide training and education to enable communities to recognize and respond to suicide risk and educate support systems of those children and adolescents at risk for suicide, 3) to ensure a seamless continuum of care for those at risk for suicide and their support networks, 4) to reduce barriers and increase access to mental/behavioral health services and supports, 5) to cultivate resources and leadership among attempt survivors and survivors of suicide loss via implementation of postvention strategies within communities, and 6) to refine and expand data collection and evaluation of suicide prevention initiatives.

The suicide prevention program receives the majority of its funding through federal grants with a focus on primary prevention. Projects include the Campus Suicide Prevention Center of Virginia, the Virginia Zero Suicide Framework initiative, free access to the Collaborative Assessment and Management of Suicidality (CAMS) training for clinicians, a suicide awareness campaign for postpartum persons, and technical assistance related to organizational policy and procedure surrounding prevention and postvention. In 2022, the program was awarded the Garrett Lee Smith grant through SAMHSA which provides an additional 5 years of funding for youth suicide prevention work. The primary goals of this grant include, 1) increase the capacity of Virginia's system infrastructure to improve early intervention and assessment services, including screening programs, to youth who are at risk for mental or emotional disorders that may lead to a suicide attempt, 2) increase the capacity of Virginia's system infrastructure to provide better suicide care and appropriate community-based mental health services for youth at risk of suicide or suicide attempts, 3) enhance the VDH Youth Suicide Prevention Program's capacity to monitor effectiveness of services and for research, technical assistance, and policy development, and 4) increase Virginia's capacity to improve its comprehensive approach to

⁹ Centers for Disease Control and Prevention. (2023). Suicide Data and Statistics. <https://www.cdc.gov/suicide/suicide-data-statistics.html>

youth suicide prevention and recognize/respond rapidly and appropriately to suicide risk among youth/young adults.

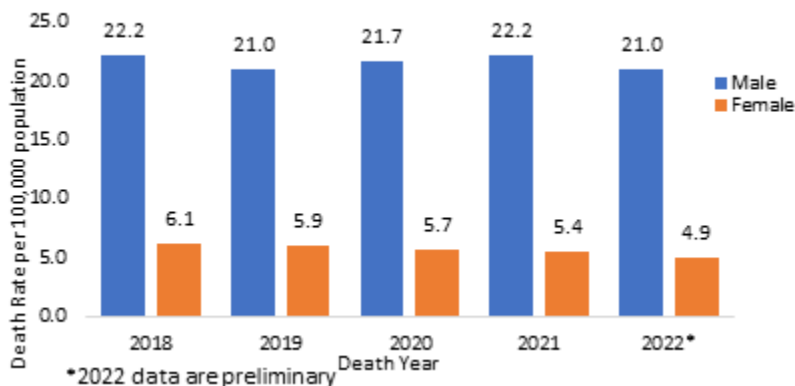


Figure 42: Deaths by Suicide, 2018-2022
 Data Source: Virginia Department of Health, Vital Event Statistics Program, 2018-2022

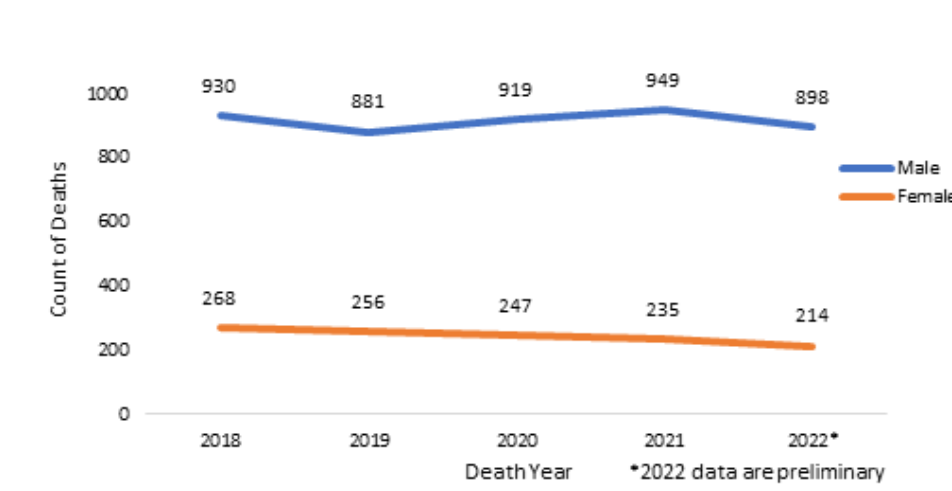


Figure 43: Deaths by Suicide Among Virginia Residents, 2018-2022
 Data Source: Virginia Department of Health, Vital Event Statistics Program, 2018-2022

SUBSTANCE USE AND DRUG OVERDOSE DEATHS

Drug overdose deaths remain a concern in Virginia. In 2022, 62% of the drug overdose deaths among Virginians were White, non-Hispanic, 31% Black non-Hispanic, 5% Hispanic/Latino (all races), and 1% of other race/ethnicity (Figure 44). White, non-Hispanic Virginians have the highest rate of drug overdose deaths. In 2022, there were 1748 drug overdose deaths among Virginians in urban/rural areas. Of the 1748 drug overdose deaths, 84% of the Virginians that died of a drug overdose lived in urban areas and 15% lived in rural areas (Figure 45). The geographic disparities in access to substance abuse treatment centers across Virginia are identified in Figure 46. This map is important as it shows where support may be lacking and where more resources are needed to help people struggling with addiction.

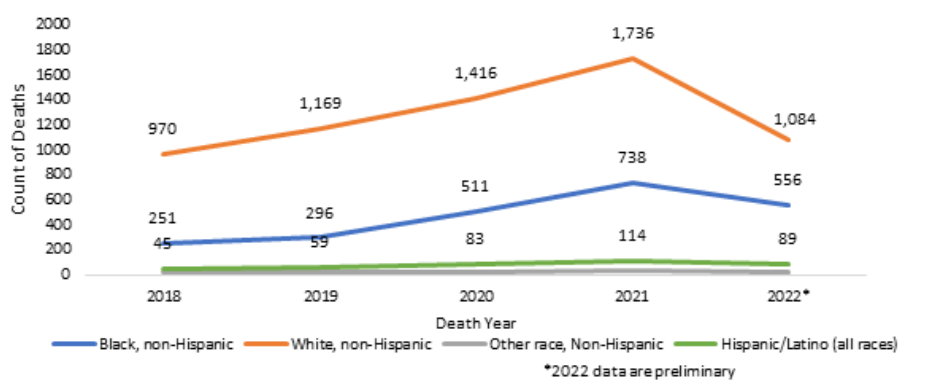


Figure 44: All-Drug Overdose Deaths, 2018-2022
 Data Source: Virginia Department of Health, Vital Event Statistics Program, 2018-2022

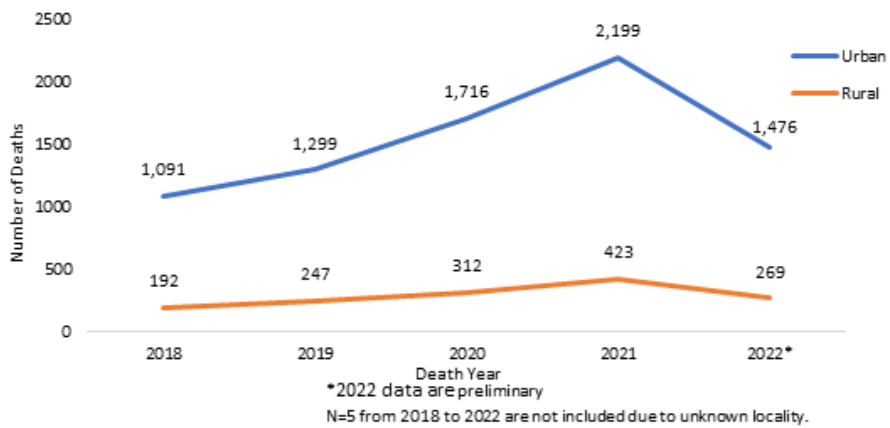
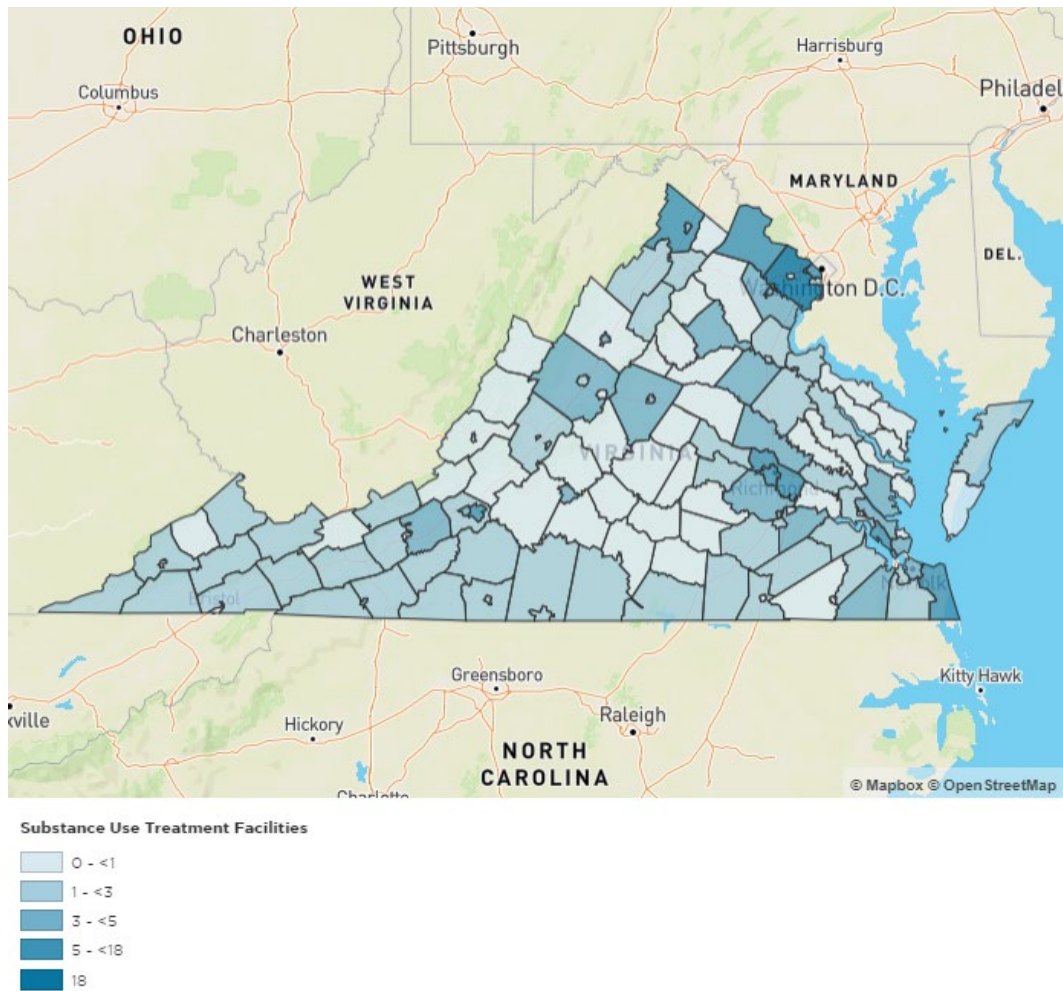


Figure 45: All Drug Overdose Deaths by Urban/Rural, 2018-2022
 Data Source: Virginia Department of Health, Vital Event Statistics Program 2018-2022



Sources: SAMHSA N-SUMHSS 2022

Figure 46: Substance Use Treatment Facilities, 2022
Data Source: SAMHSA N-SUMHSS, 2022

BINGE DRINKING

In Virginia, 18.5% of males reported binge drinking in the past month which is significantly higher than that reported in females. In 2021, males were more likely to binge drink than females (Figure 47).

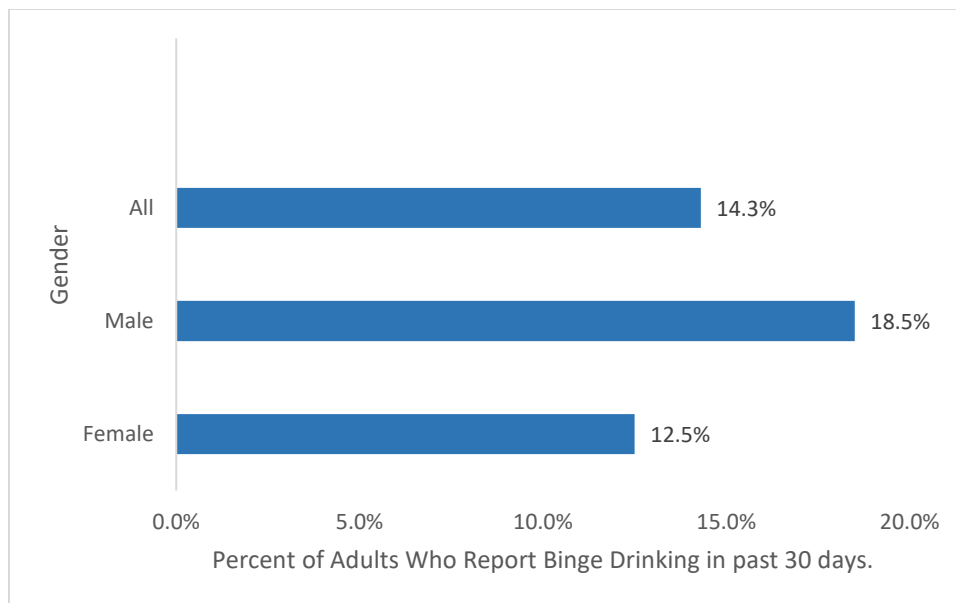


Figure 47: Percent of Adults who Report Binge Drinking (5+ drinks for males or 4+ drinks for females on an occasion) in the Past 30 Days, 2021

Data Source: Virginia Department of Health, Behavioral Risk Factor Surveillance Survey

ADOLESCENT ALCOHOL USE

According to the Substance Abuse and Mental Health Administration (SAMHSA), among adolescents ages 12 to 14 who reported drinking alcohol in the past month, 99.7% reported getting it for free the last time they drank. In 2021, 19% of students in grades 9–12 reported drinking alcohol at least one day during the past thirty days, which is lower than what was reported in 2011 (31%). In 2021, 22.7% of female students and 16.2% of male students reported drinking alcohol at least one day during the past 30 days¹⁰.

SMOKING AND E-CIGARETTES

According to the Virginia Tobacco Control Program, the overall percentage of adults who are current smokers has steadily decreased (Figure 48), but the utilization of e-cigarettes and vaping has continued to increase (Figure 49). The Northern region has the lowest percentage of smokeless and current e-cigarette users.

¹⁰ Substance Abuse and Mental Health Services Administration. (2021). National Survey on Drug Use and Health. Table 8.20B—Source where alcohol was obtained for most recent use in past month: among past month alcohol users aged 12 to 20, by age group and gender: Percentages, 2021. <https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect8pe2021.htm#tab8.20b>

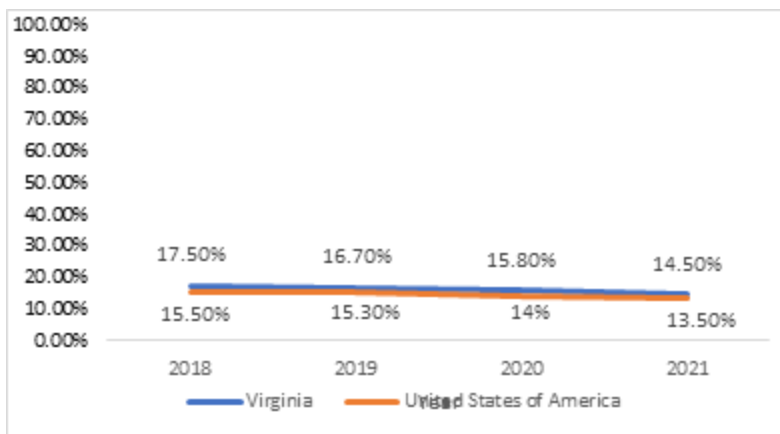


Figure 48: Percent of Adults who Report Being a Current Smoker, Percentage of Population, 2018-2021
 Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, PLACES

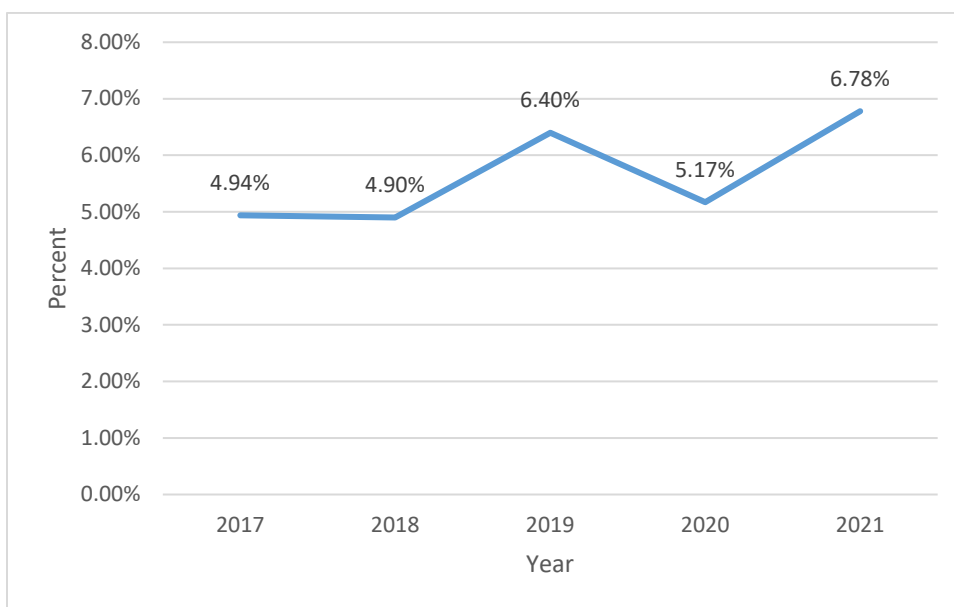


Figure 49: Percent of Adults who Report Current E-Cigarette Use, Percentage of Population 2017-2021
 Data Source: Virginia Department of Health, Behavioral Risk Factor Surveillance System, 2017-2021

Region	Current Smokeless Tobacco Use	Current E-Cigarette Use
Central	3.70%	7.54%
Eastern	3.64%	8.31%
Northern	1.34%	5.04%
Northwestern	3.76%	8.03%
Southwestern	6.36%	5.80%

Table 50: Smokeless Tobacco and E-Cigarette Use among Adults by Region, 2021
 Data Source: Virginia Department of Health, Behavioral Risk Factor Surveillance System, 2021

SUBSTANCE USE PREVENTION INITIATIVES

VDH is a recipient of the Centers for Disease Control and Prevention's Overdose Data to Action for States (OD2A-S) grant. This grant supports Agency wide efforts to enhance the ability to track and prevent nonfatal and fatal overdoses while also identifying emerging drug threats. The work supported by this grant emphasizes surveillance strategies and the promotion of evidence-based and evidence informed interventions that have an immediate impact on reducing overdose morbidity and mortality, with a focus on opioids, stimulants, and polysubstance use. OD2A-S supports critical prevention work focused on:

- Implementing and advancing clinician/health system initiatives and Prescription Drug Monitoring Program
- Partnerships between Public Health and Public Safety to decrease the impact of drug overdose
- Implementing harm reduction strategies that reduce overdose, increase treatment entry, reduce drug frequency and improve the health of people who use drugs
- Supporting linkage interventions that facilitate care retention and/or prevention treatment interruptions and access to recovery services

Crater Health District offers regular REVIVE! trainings throughout the district to increase awareness of the signs of overdose and how to respond to an overdose event. Participants receive free naloxone at the conclusion of the training. In the fall of 2023, New Kent County, part of Chickahominy Health District, signed a Memorandum of Understanding (MOU) with Henrico Area Mental Health and Development Services to implement a mobile Medication Assisted Treatment (MAT) pilot program.

Central Shenandoah Health District's Population Health Team expanded the reach of their harm reduction programming. This expansion included the implementation of routine REVIVE! Office Hours hosted in public libraries throughout the district providing free of cost, walk-in access to Rapid REVIVE!, naloxone, fentanyl test strips, drug disposal kits, and other medication safety resources. Access to free lay rescuer training and Naloxone was also enhanced using an online request form shared with community members and organizations as well as internally with other CSHD teams as a tool for connecting groups and individuals to the service. Additionally, Rapid REVIVE! and naloxone continued to be provided during outreach at various community events. Between January 1, 2023, and September 1, 2023, the CSHD Population Health Team trained 578 individuals as lay rescuers and dispensed 641 boxes of Naloxone. Of additional note, the first ever districtwide harm reduction outreach network was spearheaded by the CSHD population health community coordinator and health educator with the purpose of facilitating a more coordinated effort in the realm of harm reduction between organizations who offer outreach services. 2023 also signified remarkable growth of the CSHD Connection2Care program facilitated mostly by the eight Community Health Workers on the Population Health Team. The utilization of the Unite Virginia referral platform played a critical role in the team's ability to significantly increase the number of cases at one time. Between January and June 2023, the CHW team was able to provide resource navigation support to nearly 230 individual clients.

Richmond-Henrico Health District identified the opioid crisis as a key place the local health district needed to be involved. They hired both a substance use coordinator, to plan and connect with local community organizations, and two peer recovery specialists to engage and support the needs of individuals with substance use disorder. Additionally, RHHD has allocated two Community Health Worker positions to substance use disorder outreach. The initial focus was on naloxone; expanding awareness, training, and providing at no cost to those who might experience or witness an overdose. RRHD collaborated with other agencies and organizations that were active in supporting people who use substances.

The Naloxone Distribution program distributed 138,231 naloxone kits to partners in 2023, as well as 99,650 harm reduction test strips. Since 2019, the Virginia Department of Health (VDH) has distributed no-cost naloxone to partners upon request, using a demand-driven distribution model. In 2023, VDH, along with other state agency partners, developed a statewide plan to distribute opioid reversal drugs (e.g., naloxone) and harm reduction test strips to eligible entities and individuals at no cost across Virginia. This plan was developed to strategically place naloxone with individuals in areas of highest impact. The current focus is distribution of no-cost opioid reversal drugs to high-risk individuals and settings, including:

- People who use drugs (PWUD) and their family members and friends
- Authorized comprehensive harm reduction sites (CHR)
- Community services boards (CSB)
- Community-based organizations that serve high-risk populations
- Local health departments (LHD)
- First responders (law enforcement agencies, fire service organizations, licensed EMS agencies)
- Public K-12 school divisions and higher education institutions
- Treatment and Recovery facilities

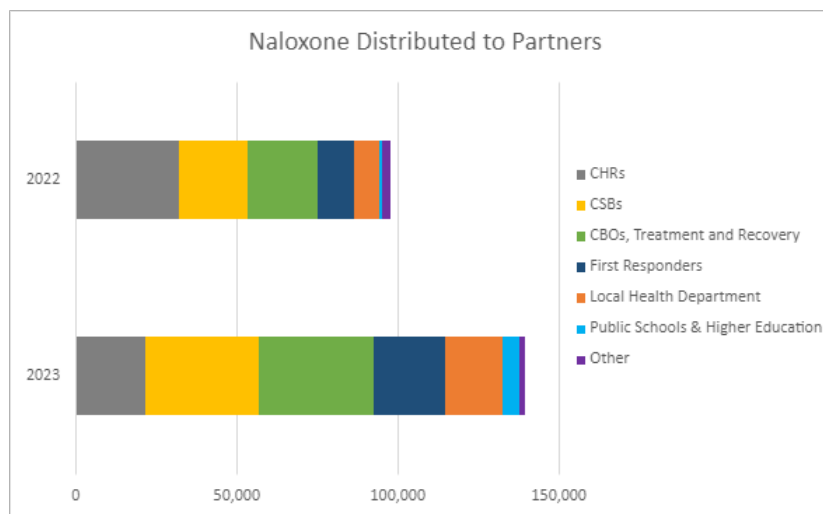


Figure 51: Naloxone Distributed to Partners in Calendar Year 2022 and 2023
 Data Source: Virginia Department of Health, 2023

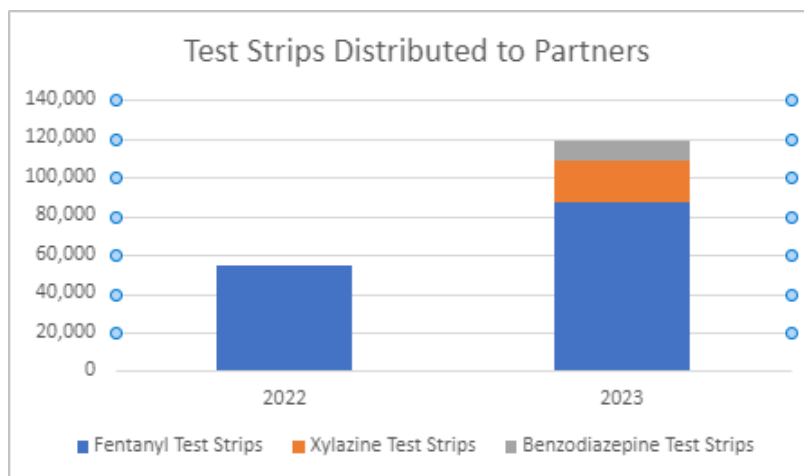


Figure 52: Harm Reduction Test Strips Distributed in Calendar Year 2022 and 2023
Data Source: Virginia Department of Health, 2023

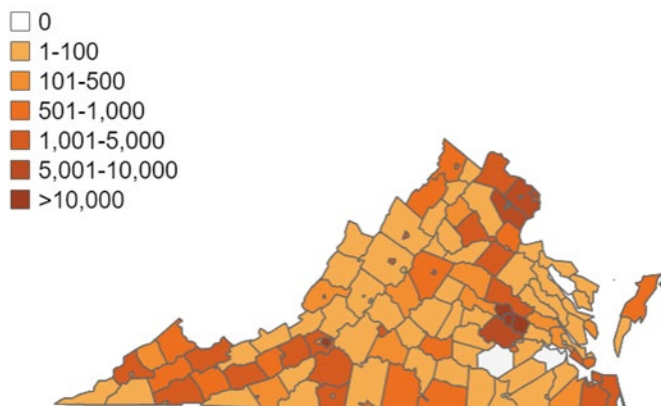


Figure 54: Naloxone Kits Shipped by Address Calendar Year 2023
Data Source: Virginia Department of Health, 2024

OPIOID ABATEMENT AUTHORITY

In 2023, VDH was awarded \$2,903,843 from the Opioid Abatement Authority to support projects for state agencies. This is the highest award received by any state agency. These funds will support the following projects:

- Naloxone distribution infrastructure.
- Purchase of naloxone kits.
- Supporting and extending certified harm reduction program sites around the Commonwealth. These funds will be used to add one outreach worker to each of seven existing program sites.
- Opioid use disorder coordinators who will champion the district-wide efforts in collaboration with local governments to maximize the reach and effectiveness of the agency’s various opioid use disorder abatement efforts.

CONCLUSION

Together with its partners, the Virginia Department of Health aims to make Virginia the healthiest state in the nation. In the upcoming year, VDH will encourage collaboration to improve population health and monitor shared progress as measured by health indicators. Using data to evaluate progress will help VDH and its partners assess whether strategies and systems are effective and drive positive public health outcomes.

APPENDIX A –CODE OF VIRGINIA § 32.1-14

Annual Report

The Board shall submit an annual report to the Governor and General Assembly. Such report shall contain information on the Commonwealth's vital records and health statistics and an analysis and summary of health care issues affecting the citizens of Virginia, including but not limited to, health status indicators, the effectiveness of delivery of health care, progress toward meeting standards and goals, the financial and geographic accessibility of health care, and the distribution of health care resources, with particular attention to health care access for those Virginia citizens in rural areas, inner cities, and with greatest economic need. Such report shall also contain statistics and analysis regarding the health status and conditions of minority populations in the Commonwealth by age, gender, and locality.

APPENDIX B – ACRONYMS AND ABBREVIATIONS

ACS- American Community Survey

CDC- Centers for Disease Control and Prevention

HUD- U.S. Housing and Urban Development

NPI- National Provider Identifier

NPPES- National Plan and Provider Enumeration System

VDH – Virginia Department of Health

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2024 General Assembly Update

Alex Jansson, MPP
Senior Policy Analyst
Governmental and Regulatory Affairs

Outline

Overview

Key Topics

- Maternal Health
- Prescription Drugs
- Hospitals
- Opioid related
- Inherited and Communicable Conditions
- Miscellaneous

Questions

Session Overview

- 2,284 bills introduced (this does not include the 1,310 resolutions)
 - 95 VDH Lead and Comment

136 Initial and revised Legislative Action Summaries (LASs), numerous Fiscal Impact Statements

Outcomes

- ~ 10-15 new reports
- ~ 15 regulatory actions
- ~ 5 new programs

Maternal Health

- Maternal Mortality Review Team
 - [HB831](#) – Exploring expansion to include morbidity; requires a report in 2026
 - [HB204](#) – Adding members
- [HB781](#) – Task Force on Maternal Health Data and Quality Measures
 - Similar to prior legislation – membership, charges, annual report
 - Re-established until 2025 sunset
- [SB603](#) – DCJS; workgroup on best care practices for pregnant incarcerated women with substance misuse issues

Prescription Drugs

- Drug Price Transparency Regulations extended until Final action is approved and effective ([HB592](#))
- Prescription Drug Affordability Board ([HB570/SB274](#))
 - Delayed enactment until 2025
 - 8 members and an 11-member stakeholder council
 - Purpose to review drug pricing; may conduct affordability review and cap pricing
 - No more than 12 drug pricing caps per year for first 3 years
 - Two reports required per year

Hospitals

- [SB537/HB763](#) – Smoke Evacuation Systems
 - Requires regulatory amendment to require hospitals where surgical procedures are performed to require use of a smoke evacuation system for all planned surgeries
 - Delayed effective date July 1, 2025
- [HB353/SB392](#) – 24-hour on-site ED physicians
 - Hospitals with an emergency department must always have at least one licensed physician on duty and physically present
 - Delayed effective date July 1, 2025

Opioid Related

- Naloxone/Overdose Reversal:
 - [HB342](#) – all state agencies shall possess naloxone/opioid antagonist
 - [HB732/SB726](#) – assist schools with curriculum and guidelines for opioid overdose identification and naloxone/opioid reversal agent information
 - [Item 275](#) – contract to establish opioid reversal agent program
- Fentanyl
 - [SB367](#) - Task Force on Fentanyl and Heroin Enforcement
 - [HJ41](#) – JCHC Study: policy solutions to the Commonwealth's fentanyl crisis

Inherited and Communicable Conditions

- Sickle Cell
 - [HB255](#) – All adults must be offered sickle cell screening at their annual health exam
 - [HB252](#) - New sickle cell registry program to be stood up; promulgation of new regulations; annual report
 - Not effective unless reenacted by the 2025 General Assembly
- Alpha Gal ([HB93](#))
 - Alpha gal will be added to disease control and reporting regulations as a reportable condition to VDH
- PANDAS Council ([HB514](#))
 - Official extension of the PANDAS Council until 2028.
 - Had previously been extended through budgetary language each biennium

Miscellaneous

- Misc.
 - Pool Regulations ([HB354](#))
 - PFAS ([SB243](#); [Item 280 \(G\)](#))
- Others of interest
 - Dentist and Dental hygienist compact ([SB22](#))
 - Large vet study ([SJ15](#))
 - Continuing education for implicit bias ([HB1130/SB35](#))
 - Fentanyl wastewater project ([Item 281 \(C\)](#))

Questions?

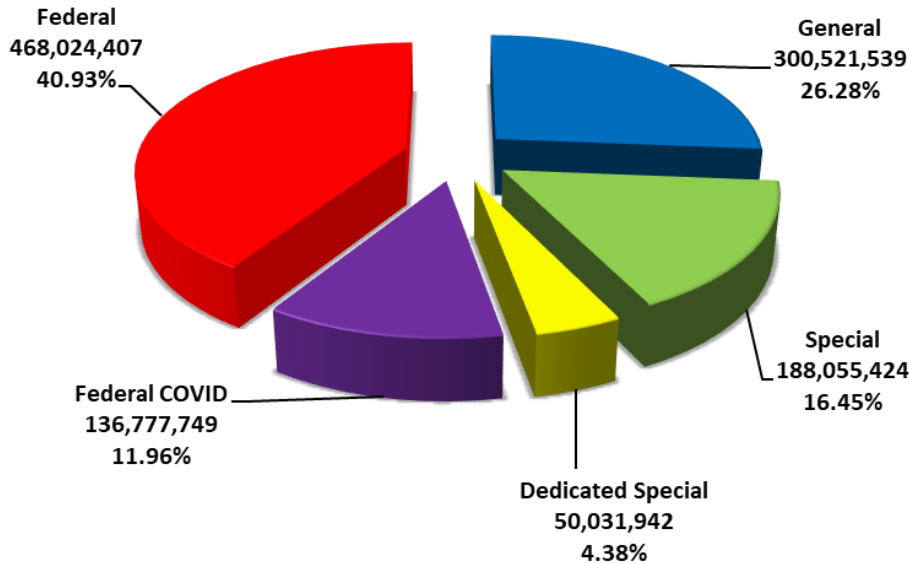
VIRGINIA DEPARTMENT OF HEALTH BUDGET

General Assembly Approved Budget

Stephanie Gilliam
OFM Deputy Director for Budget

VDH Funding & Staffing - FY 2025 & FY 2026

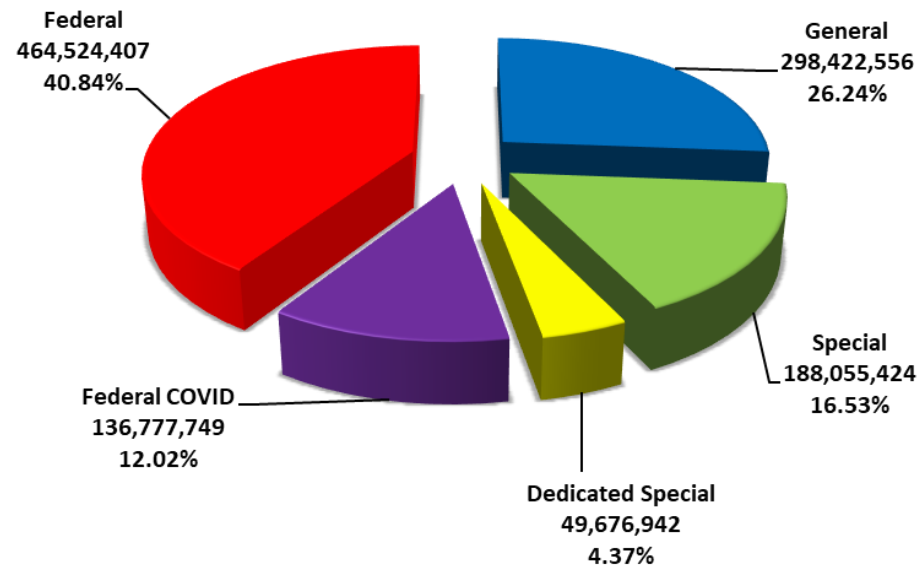
FY2025 Appropriations
Total \$1,143,411,061



FTEs

GF:	1,614.5 (41.53%)
NGF:	2,273 (58.47%)
Total:	3,885.5

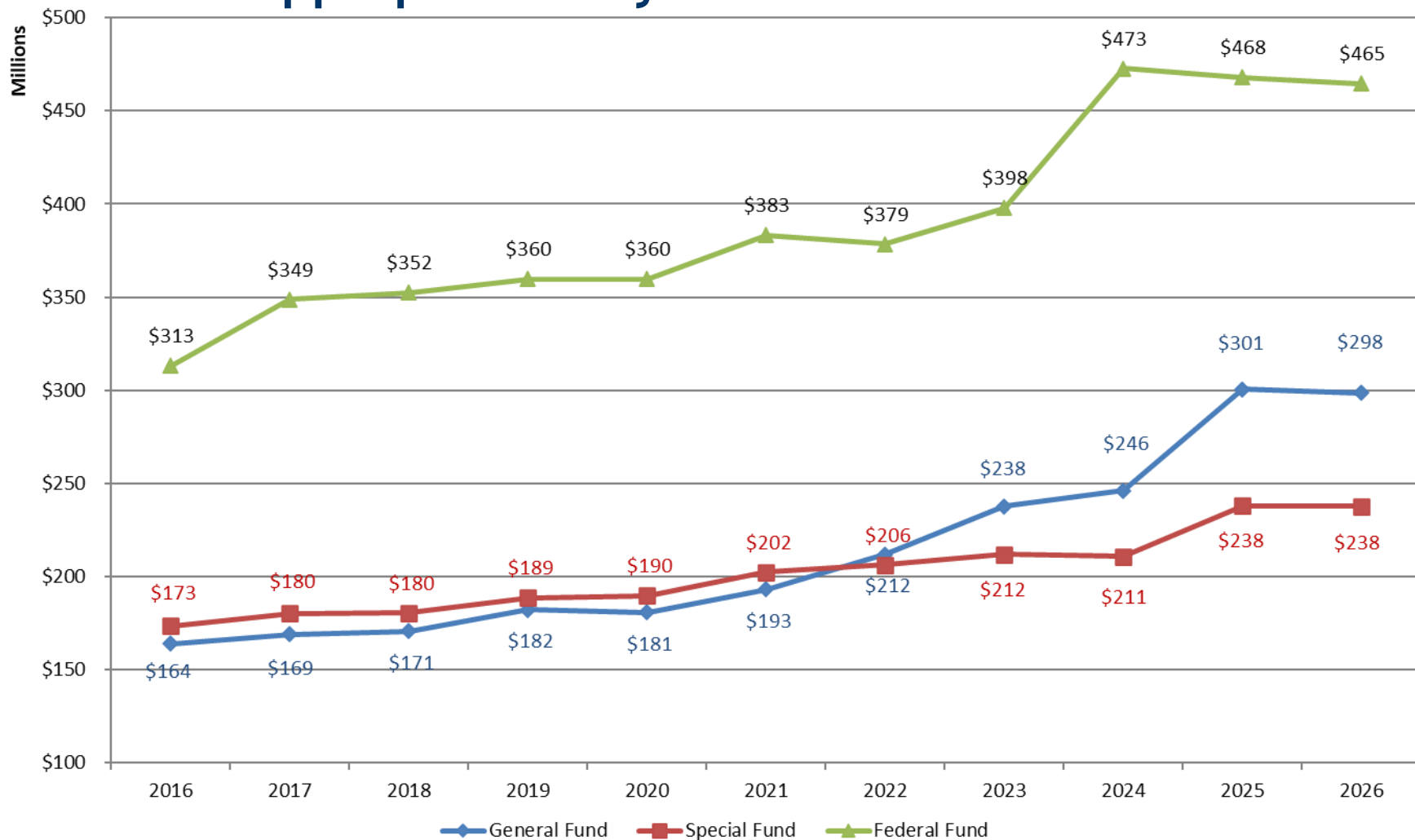
FY2026 Appropriations
Total \$1,137,457,078



FTEs

GF:	1,614.5 (41.53%)
NGF:	2,273 (58.47%)
Total:	3,885.5

Virginia Department of Health Appropriation by Fund 2016 - 2026



- The federal appropriations illustrated above **do not include any COVID**, ARRA, or H1N1 funding.
- The increase in federal funds in FY17 is largely due to AIDS/HIV grants and is not new funding, but a technical appropriation increase, as these funds increased in the last biennium (FY19 increase are also Ryan White related and just a technical). The FY21 increase is also about 50% Ryan White and the rest is largely due to central appropriation.

GA Approved Budget	FY25		FY26	
	GF	NGF	GF	NGF
Base Appropriation	235,412,508	727,897,537	235,412,508	727,897,537
Central Appropriation Distribution	15,771,188	23,909,137	15,771,188	23,909,137
Continue Chapter 1 Funding	17,577,719	92,352,322	16,827,719	92,352,322
New Funding / Appropriation	18,872,822	(9,269,474)	20,539,489	(13,224,474)
GA Actions	12,887,302	8,000,000	9,871,652	8,100,000
Proposed Budget	300,521,539	842,889,522	298,422,556	839,034,522
Total Proposed Budget	1,143,411,061		1,137,457,078	
Authorized Positions	1,605.5	2,271.0	1,605.5	2,271.0
Proposed New Positions	9.0		9.0	
Maximum Employment Level	1,614.5	2,271.0	1,614.5	2,271.0
Total MEL	3,885.5		3,885.5	

Budget Amendments

Caboose Adjustments to FY24 Budget

- **LANGUAGE ONLY** -Change appropriation act language related to American Rescue Plan Act funding for administrative systems **(GOV)**
Expands the use of this funding to improve general agency operations through the modernization of administrative systems and software and not be limited to only implementing systems to respond to future emergencies. This is a language only amendment in central appropriations.
- **LANGUAGE ONLY** - Exempt the Office of Emergency Medical Services from a Part-3 transfer in 2025 Program **(GOV)**
Exempts the OEMS from making a required transfer of \$12.5 million to the general fund in **2024 and 2025** as stated in Part 3 of Chapter 1, 2023 Acts of Assembly. The transfer will resume in 2026 and beyond.
- **American Rescue Plan Act Funds (language only) (GA)**
Redirects \$3.0 million (out of \$5M) in unspent federal American Rescue Plan Act funds (ARPA) for the Earn to Learn Nursing Acceleration program to the Tourism Authority.

Budget Amendments

Health Equity

- Enhance the Behavioral Health Loan Repayment Program (GOV) (GA reduced funds by \$750k and removed language setting aside \$1M for school based behavioral health providers)

Provides additional support for the Behavioral Health Loan Repayment Program. This amendment increases incentives for tier 1 professions from \$30,000 to \$50,000 as well as expands program eligibility to include psychiatric registered nurses. Expands the program to: (i) add child and adolescent psychiatry Fellows to the list of Tier 1 providers eligible for the program, (i) add Tier III providers who are mental health professionals as defined in § 54.1-2400.1 who do not already qualify for the program, and (iii) adds academic medical centers as a preferred practice site.

FY25 - \$4,250,000 GF

FY26 - \$4,250,000 GF

- Provide additional support for the Nursing Scholarships and Loan Repayment Program (GOV)

FY25 - \$936,000 GF

FY26 - \$936,000 GF

Budget Amendments

Health Equity

- Add funds to increase staffing of Healthcare Workforce Incentive Unit
Provides general fund support to convert two contractors into classified positions within the Health Workforce Incentive Unit. (GOV)
FY25 - \$231,373 GF FY26 - \$231,373 GF

Various

- Reduce excess federal appropriation (GOV)
Removes excess federal appropriation across programs.
FY25 - (\$12,588,619) NGF FY25 - (\$12,588,619) NGF

Budget Amendments

Emergency Medical Services

- **Trauma Center Fund Requirements (language only) (GA)**
Directs the Office of Emergency Medical Services to determine an amount of funding support for hospitals that receive patients through the Virginia State Police (VSP) med-flight operations in the Richmond area to support the paramedics provided by Chesterfield County.
- **Remove Fire and Rescue Fingerprint Card Requirement (language only) (GA)**
Removes language that requires local volunteer fire and rescue and emergency medical services personnel to submit fingerprint cards for background checks on volunteers applying to be a member of local EMS agencies. The process has changed significantly to obtain background checks and the submission of fingerprint cards is now outdated.

Budget Amendments

Emergency Medical Services

- **Northern Virginia Firefighter Occupational Cancer Screening Pilot (GA)**
Provides general fund support to contract with a health system-affiliated cancer screening center in Planning District 8 for the purposes of executing the Northern Virginia Firefighter Occupational Cancer Screening Pilot. Funding is contingent upon demonstration of matching funds provided by the center, as well as an equal amount of matching funds provided by local governments in Planning District 8. The pilot will screen at least 900 firefighters (450 each year) distributed across Northern Virginia for occupational cancers and support a research study to identify the most effective screening modalities for occupational cancers in the firefighting profession. Language requires a report after two years to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, as well as a final report on the pilot program.

FY25 - \$430,000 GF

FY26 - \$430,000 GF

Budget Amendments

Office of Financial Management

- Provide funding to create sustainable financial oversight (GOV)

Provides general fund support to improve compliance and audit findings and to create financial oversight for the agency.

FY25 - \$1,765,106 GF

FY26 - \$1,765,106 GF

- Establish Office of Grants Administration (GOV)

Provides support to establish the Office of Grants Administration and funding for three positions. Funding shall also be used to provide training on grants administration.

FY25 - \$557,010 GF

FY26 - \$557,010 GF

- Transfer funds for administrative support of the Opioid Abatement Authority (GOV)

Transfers nongeneral fund appropriation and positions to the DBHDS to perform administrative services for the Opioid Abatement Authority.

FY25 - (\$200,000) NGF -2 FTEs

FY26 - (\$200,000) NGF -2 FTEs

Budget Amendments

Administration

- **Enhanced Financial Controls and Monitoring (language only) (GA)**
Directs VDH to review the financial and operational status of the agency and provide quarterly updates on financial performance.
- **Inventory and Review of Agency Fees (language only) (GA)**
Directs VDH to inventory all fees collected by the agency for its operations and report on their adequacy.
- **Remove Outdated Language Extending Sunset for Advisory Council on PANDAs and PAN (language only) (GA)**
Strikes outdated language in the introduced budget to ensure consistency with legislation passed during the 2024 Regular Session, which extends the sunset for the Advisory Council on Pediatric Autoimmune Neuropsychiatric Disorders (PANDAs) associated with Streptococcal Infections and Pediatric Acute-Onset Neuropsychiatric Syndrome (PAN) from July 1, 2020, to July 1, 2028. Language contained in the introduced budget continued the Advisory Council indefinitely, whereas the legislation continues the Advisory Council until July 1, 2028.

Budget Amendments

Administration

- Prescription Drug Affordability Board (GA)

Funds for the fiscal impact of legislation passed during the 2024 Regular Session, which establishes the Prescription Drug Affordability Board for the purpose of identifying high-cost prescription drugs, reviewing pricing and cost information, conducting affordability reviews of selected prescription drug products, and if necessary, setting an upper payment limit, which shall apply to all purchases and payer reimbursements for the product dispensed in the Commonwealth.

FY25 - \$303,650 GF 3FTE

FY26 - \$648,000 GF 3FTE

Budget Amendments

Epidemiology

- **Naloxone Distribution in Public Schools (GA)**

Adds \$100,000 from the Commonwealth Opioid and Abatement and Remediation fund the second year for the purchase and distribution of additional opioid reversal agents for public school divisions by the Virginia Department of Health. Distribute a supply of opioid antagonists to every public elementary and secondary school in the Commonwealth for the 2025-2026 school year. To comply with the provisions set forth in HB732.

FY26 - \$ 100,000 NGF

- **LANGUAGE ONLY - Expands use of tuberculosis funding (GOV)**

Allows the agency to fully utilize all appropriation provided for tuberculosis medication purchases. Specifically, this would allow the agency to use all available funding for both drug-susceptible and drug-resistant tuberculosis based on need.

- **LANGUAGE ONLY - Remove appropriation act language related to the Vaccine Equity Report (GOV)**

Removes language related to the Vaccine Equity Report.

Budget Amendments

Family Health Services

- Supplant Temporary Assistance for Needy Families block grant funding for contraceptives with general fund (GOV)

FY26 - \$4,000,000 GF

FY26 - (\$4,000,000) NGF

- Supplant Temporary Assistance for Needy Families block grant funding for Resource Mothers with general fund. (GOV)

FY25 - \$1,000,000 GF

FY26 - \$1,000,000 GF

FY25 - (\$1,000,000) NGF

FY26 - (\$1,000,000) NGF

- Provide state matching funds to expand home visiting services (GOV)

Provides sufficient general fund support to use as the 25 percent state match to meet the minimum threshold to draw down federal funds. The associated nongeneral fund appropriation is also provided.

FY25 - \$ 333,333 GF

FY26 - \$ 500,000 GF

FY25 - \$1,000,000 NGF

FY26 - \$1,500,000 NGF

Budget Amendments

Family Health Services

- **Sickle Cell Disease Registry (GA)**
Provides for the fiscal impact of legislation passed during the 2024 Regular Session, which creates a statewide registry of sickle cell disease patients to be maintained by the State Health Commissioner.
FY25 - \$405,260 GF 3FTE **FY26 - \$405,260 GF 3FTE**
- **Pediatric Comprehensive Sickle Cell Clinic Network (GA)**
Increase access to pediatric treatment for Sickle Cell Disease. This funding reflects the growth in the costs of services and will allow more clients to be served.
FY25 - \$145,000 GF **FY26 - \$145,000 GF**
- **Adult Comprehensive Sickle Cell Clinic Network (GA)**
Increase access to treatment for adults with Sickle Cell Disease. Current program funding is \$805,000 a year. The Tidewater area has a very large concentration of sickle cell clients; however, no program was implemented for care services in this area. This additional funding will allow expansion of these services into the Tidewater area.
FY25 - \$75,000 GF **FY26 - \$75,000 GF**

Budget Amendments

Community Health Services

- **Community Health Workers in Local Health Districts (GA)**
Funds to support Community Health Worker positions at local health districts. Prioritize supporting CHW positions at local health districts that serve localities with the highest rates of maternal mortality.
FY25 - \$3,200,000 GF FY26 - \$3,200,000 GF

- **Local Health Department Rent Increases (GA)**
Funds to address increases in rent costs for local departments of health. This funding is provided for the Roanoke, Salem, Clifton Forge, Botetourt, Craig, Covington, Vinton, Prince William, Alexandria, Peninsula-Newport News, Peninsula-James City County, Peninsula-Williamsburg, Peninsula-York County, Peninsula-Poquoson, and Waynesboro health departments.
FY25 - \$171,120 GF FY26 - \$171,120 GF

Budget Amendments

Environmental Health Services

- Provide funding to conduct a wastewater surveillance demonstration project for fentanyl and norfentanyl (GOV)
Allocates Commonwealth Opioid Abatement and Remediation fund dollars to conduct a wastewater surveillance demonstration project for fentanyl and norfentanyl in three geographically diverse localities. The demonstration project shall last one year.
FY25 - \$ 400,000 GF

Drinking Water

- Cost Analysis of PFAS and Copper EPA Rules (GA)
Funds to conduct a cost analysis of implementing pending federal Per- and Polyfluorinated Substances (PFAS) regulations for Virginia local water systems and directs VDH to conduct an analysis of the cost to Virginia localities that will be incurred to implement pending EPA Copper Rules for water system lead service lines. The report must include a cost analysis, possible funding models, and identify available federal funding.
FY25 - \$ 500,000 GF

Budget Amendments

Licensing and Certification

- **Adjust Revenue Retention (language only) (GA)**
Allows VDH's OLC to retain three months, rather than only one month, of Certificate of Public Need application fees for operational needs in case of a revenue shortfall.
- **Sexual Assault Forensic Examiner Training (GA)**
Provides for a contract for the creation of a sexual assault forensic examiner (SAFE) training curriculum for hospital emergency department (ED) staff, which is mandated by § 32.1-162.15:4(F). The first year is for the creation of a new training curriculum and subsequent years would be for updates to the curriculum to ensure it meets statutory minimums.
FY25 - \$125,000 GF **FY26 - \$15,000 GF**
- **Technical: Move Funding for Virginia Health Workforce Development Authority from 276 (GA)**
Moves \$300,000 from the GF each year for the VHWDA to the correct item and consolidates it with new funding provided to support its operational costs pursuant to legislation passed during the 2024 Regular Session. A companion amendment in Item 279 provides the total funding for the VHWDA.

Budget Amendments

Pass Throughs

- **Supplant Temporary Assistance for Needy Families block grant funding for Families Forward with general fund (GOV)**
Supplants Temporary Assistance for Needy Families block grant funding for Families Forward with general fund.
FY25 - \$2,400,000 GF FY26 - \$2,400,000 GF
FY25 - (\$2,400,000) NGF FY26 - (\$2,400,000) NGF
- **Add funding for Hampton Roads Proton Beam Therapy Institute (GOV)**
Adds funding for the Hampton Roads Proton Beam Therapy Institute at Hampton University to support efforts for proton therapy in the treatment of cancerous tumors with fewer side effects.
FY25 - \$2,500,000 GF
- **Provide support for Special Olympics Virginia for Unified Champion Schools (GOV)**
Doubles support for Special Olympics Virginia for Unified Champion Schools.
FY25 - \$150,000 GF FY26 - \$150,000 GF

Budget Amendments

Pass Throughs

- **Funding for Federally Qualified Health Centers (GA)**

Provides funds to the Virginia Community Healthcare Association to be distributed to Federally Qualified Health Centers (FQHCs). The additional funding will be used by FQHCs to continue providing comprehensive medical, dental, and mental health services to uninsured Virginians.

FY25 - \$1,500,000 GF

FY26 - \$1,500,000 GF

- **Free Clinic Funding (GA)**

Funds to support operating costs of free clinics that are members of the Virginia Association of Free and Charitable Clinics. Funding will be used to provide medical, dental, vision, speech, hearing and behavioral health care, as well as prescription medications and substance use disorder services to uninsured and underinsured patients.

FY25 - \$1,500,000 GF

FY26 - \$1,500,000 GF

Budget Amendments

Pass Throughs

- **Rx Partnership (GA)**

The Rx Partnership works through a network of clinic partners to provide brand and generic medications to low-income, uninsured Virginians. The funding will support existing programs to expand utilization during the biennium based upon the growth and success of the existing programs, the loss of access to key brand medications, and the increasing cost of generic medication.

FY25 - \$50,000 GF

FY26 - \$50,000 GF

- **Prince William UVA Health Mobile 3D Mammography Screening (GA)**

Funds to purchase the Hologic 3Dimensions Mammography System to offer 3D mammograms to women served by the hospital's mobile mammography van outreach services in Prince William County.

FY25 - \$500,000 GF

Budget Amendments

Pass Throughs

- **Healthier757 Health Literacy Initiative (GA)**

Healthier757 is a multi-stakeholder, integrated, community-based program with an interactive digital health platform that provides a vehicle for increasing awareness, communication, engagement, and behavior change. The language directs funding to focus on Medicaid or lower-income members of the community.

FY25 - \$500,000 GF

FY26 - \$500,000 GF

- **Greene County Reservoir Project (GA)**

Funds to support a portion of the costs related to developing an impoundment structure to serve Greene County.

FY25 - \$3,000,000 GF

- **Adler Hospice Center (GA)**

Funds for the Adler Inpatient Hospice Center, which is one of five inpatient hospice centers in Virginia. It will enable the center to continue providing critical hospice and palliative services to the terminally ill, both adults and children who cannot be served in a home setting.

FY25 - \$300,000 GF

FY26 - \$300,000 GF

Budget Amendments

Technical

- **Technical Adjustments to Make FY24 Central Appropriation Permanent (GOV)**
Adjust appropriation for centrally funded charges. (the 5% salary adjustments and VITA increases account for the bulk of this)
FY25 - \$15,771,188 GF FY26 - \$15,771,188 GF
FY25 - \$23,909,137 NGF FY26 - \$23,909,137 NGF
- **Transfer State Office of Rural Health Grant matching funds to correct program area (GOV)**
Transfers appropriation for the State Office of Rural Health Grant matching funds to correct program area.

Salary Adjustments

- 3% Salary Increase Each Year For State & State Supported Local Employees (GA)
- State Minimum Wage Costs: (GA)
 - As of January 1, 2023, the minimum wage in Virginia has been \$12.00 per hour.
 - As of January 1, 2025, it will be \$13.50
 - As of January 1, 2026, it will be \$15.00
 - After January 1, 2027, State or Federal minimum, which ever is greater
 - By October 1, 2026, and annually thereafter, the Commissioner shall establish the adjusted state hourly minimum wage that shall be in effect during the 12-month period commencing on the following January 1. The Commissioner shall set the adjusted state hourly minimum wage at the sum of (i) the amount of the state hourly minimum wage rate that is in effect on the date such adjustment is made and (ii) a percentage of the amount described in clause (i) that is equal to the percentage by which the United States Average Consumer Price Index for all items, all urban consumers (CPI-U), as published by the Bureau of Labor Statistics of the U.S. Department of Labor, or a successor index as calculated by the U.S. Department of Labor, has increased during the most recent calendar year for which such information is available. The amount of each annual adjustment shall not be less than zero.

Budget Amendments

Continue Chapter 1 Funding

- Enhance the Behavioral Health Loan Repayment Program
FY25 - \$1,500,000 GF FY26 - \$1,500,000 GF
- Enhance the Nurse Preceptor Incentive Program
FY25 - \$3,000,000 GF FY26 - \$3,000,000 GF
- Continue support for the Earn to Learn Nursing Education Acceleration Program
FY25 - \$4,000,000 GF FY26 - \$4,000,000 GF
- Provide required state match funding for drinking water infrastructure projects

The state match requirement will increase to 20 percent starting in 2025, it is currently 10 percent.

FY25 - \$6,464,800 GF

FY26 - \$6,464,800 GF

FY25 - \$91,654,000 NGF

FY26 - \$91,654,000 NGF

Budget Amendments

Continue Chapter 1 Funding

- Provide additional support to address increases in rent costs for local health departments

FY25 - \$943,856 GF

FY26 - \$943,856 GF

FY25 - \$698,322 NGF

FY26 - \$698,322 NGF

- Funding for 2% salary increase

FY25 - \$2,177,113 GF

FY26 - \$2,177,113 GF

- Increase funding to support salary adjustments for Office of the Chief Medical Examiner staff

FY25 - \$1,491,950 GF

FY26 - \$1,491,950 GF

- Provide support for Amyotrophic Lateral Sclerosis Association and increase support in the first year (GA) (GOV had an extra \$750 in FY25)

FY25 - \$750,000 GF

FY26 - \$750,000 GF

- Provide support for the Samaritan House

FY25 - \$500,000 GF

FY26 - \$500,000 GF

Questions

Thank You!

APPOINTMENT OF A NOMINATING COMMITTEE

OTHER BUSINESS

ADJOURN