

## **State Health Services Plan Task Force**

August 23, 2024

Time 9:00 a.m.

Board Room 2. 9960 Mayland Drive

Henrico, Virginia 23233

**Task Force Members in Attendance (alphabetical by last name):** Jeannie Adams; Dr. Kathy Baker; Dr. Keith E. Berger; Karen Cameron; Michael Desjadon; Paul Dreyer; Amanda Dulin; Dr. Thomas Eppes, Jr.; Paul Hedrick; Thomas Orsini; Rufus Phillips.

**Staff in Attendance (alphabetical by last name):** – Kimberly E. Beazley, Director, VDH OLC; Erik O. Bodin, COPN Director, VDH OLC; Allyson Flinn, Policy Analyst, VDH OLC; Joseph Hilbert, Deputy Commissioner of Governmental and Regulatory Affairs, VDH; Val Hornsby, Policy Analyst, VDH OLC; Dr. Karen Shelton, State Health Commissioner, VDH.

### **1. Call to Order and Welcome**

Dr. Thomas Eppes, Jr. called the meeting to order at 9:02 a.m.

### **2. Roll Call**

Allyson Flinn called the roll of the Task Force members. Ms. Flinn noted that Ms. Davis, Mr. Elliott, Ms. Menees, Ms. Ramos, and Dr. West were absent from the meeting.

### **3. Review of Agenda**

Ms. Flinn reviewed the agenda with the Task Force members.

### **4. Review of Meeting Materials**

Ms. Flinn reviewed the meeting materials with the Task Force members.

### **5. Approval of Prior Meeting Minutes**

The minutes from the August 9, 2024, meeting were reviewed and approved without objection.

### **6. Public Comment Period**

One member of the public signed up to give public comment, Scott Castro from the Medical Society of Virginia. Mr. Castro gave comment regarding the Task Force's upcoming votes on projects to recommend for expedited review.

### **7. Remaining Expedited Review Projects**

#### **7.1. Review of Policy Options**

Mr. Bodin reviewed the remaining expedited review projects with the Task Force members.

## **7.2. Discussion**

There was discussion regarding the timelines for the current standards and expedited COPN process, whether the COPN process can move quicker than 190 days, who the current challengers are for projects, the process of moving all projects to expedited review, the role community grassroots organizations play in the COPN process, and health care planning and the process followed outside of the COPN process.

## **7.3. Vote**

Mr. Desjardon made a motion to recommend moving all projects subject to COPN review into expedited review, with Dr. Berger seconding this motion. There was discussion regarding the workload burden on VDH staff. Dr. Baker motioned to amend Mr. Desjardon's motion to only include the VDH OLC staff "yes" options to expedited review, with Mr. Desjardon seconding that motion. There was discussion regarding long-term care projects. Dr. Baker withdrew the amended motion. The Task Force voted on the motion to recommend moving all projects subject to COPN review into expedited review, and the motion failed on a vote of 3 – Yes and 8 – No.

The Task Force members unanimously removed the psychiatric service block from the voting.

Ms. Adams made a motion to exclude all long-term care services and intermediate care facility for individuals with intellectual disability services from the expedited review recommendations, with Ms. Cameron seconding that motion. There was discussion regarding the involvement of Medicaid in the long-term care setting. The Task Force voted on the motion to exclude all long-term care projects from the expedited review recommendations, and the motion was approved on a vote of 6 – Yes and 5 – No.

Mr. Dreyer made a motion to exclude the addition of new hospital beds from the expedited review recommendations, with Ms. Dulin seconding that motion. There was discussion regarding uncontested projects. The Task Force voted on the motion to exclude the addition of new hospital beds from the expedited review recommendations, and the motion was approved on a vote of 6 – Yes and 4 – No.

Ms. Adams made a motion to include all imaging projects into the expedited review recommendations, with Dr. Berger seconding that motion. There was discussion regarding the difference between "addition" and "introduction", CT scanners in radiation centers, the implications of moving all imaging services into expedited review, inventory neutral services, service utilization, the number of imaging services that may be contested, and what contesting a project may consist of. The

Task Force voted on the motion to include all imaging projects in the expedited review recommendations, and the motion was approved on a vote of 6 – Yes and 5 – No.

Ms. Cameron made a motion to include the VDH OLC staff “yes” options for cardiac catheterization services in the expedited review recommendations, with Dr. Baker seconding that motion. There was discussion regarding the difference between “establish” and “introduce.” The Task Force voted on the motion to include the VDH OLC staff “yes” options for cardiac catheterization services in the expedited review recommendations, the timeliness of the COPN review process, and the motion was approved unanimously.

Mr. Dreyer made a motion to exclude the addition of new operating rooms in an existing hospital and the addition of new operating rooms in an existing outpatient surgical hospital from the expedited review recommendations, with Ms. Cameron seconding that motion. There was discussion regarding COPN and institutional need, COPN review criteria, and inventory neutral projects. The Task Force voted on the motion to exclude the addition of new operating rooms in an existing hospital and the addition of new operating rooms in an existing outpatient surgical hospital from the expedited review recommendations, and the motion was approved on a vote of 6 – Yes and 5 – No.

Rufus Phillips made a motion to include the remaining VDH OLC staff “yes” options for Surgical services in the expedited review recommendations, with Ms. Adams seconding that motion. Dr. Berger then motioned to amend Mr. Phillips’ motion by removing the establishment of a new outpatient surgical hospital from the block, with Mr. Desjadon seconding that motion. There was discussion regarding the IFFC rate of outpatient surgical hospital projects, the difference between Virginia licensure and the Centers for Medicare and Medicaid Services certification of outpatient surgical hospitals. The Task Force voted on the motion to amend Mr. Phillips’ motion by removing the establishment of a new outpatient surgical hospital from the block, and the Task Force unanimously adopted the amendment. The Task Force then voted on the amended motion to include the remaining VDH OLC staff “yes” options for surgical services in the expedited review recommendations, excluding the establishment of a new outpatient surgical hospital, and the motion was approved unanimously.

Dr. Berger made a motion to include the establishment of a new outpatient surgical hospital in the expedited review recommendations, with Mr. Desjadon seconding that motion. There was discussion regarding the number of IFFCs held for outpatient surgical hospital establishment projects, and the complexity of outpatient surgical hospital project applications, staffing and COPN applications. The Task Force then voted on the motion to include the establishment of a new

outpatient surgical hospital in the expedited review recommendations, and the motion failed on a vote of 5 – Yes and 6 – No.

Ms. Cameron made a motion to exclude the establishment of a new outpatient surgical hospital from the expedited review recommendations, with Mr. Dreyer seconding that motion. The Task Force then voted on the motion to exclude the establishment of a new outpatient surgical hospital from the expedited review recommendations, and the motion was approved on a vote of 7 – yes and 4 – No.

Mr. Dreyer made a motion to include the VDH OLC staff “yes” options for medical rehabilitation services in the expedited review recommendations, with Ms. Adams seconding that motion. The Task Force then voted on the motion to include the VDH OLC staff “yes” options for medical rehabilitation services in the expedited review recommendations, and the motion was approved unanimously.

Ms. Cameron made a motion to include the VDH OLC staff “yes” options for radiation therapy and cancer treatment services in the expedited review recommendations, with Dr. Berger seconding that motion. There was discussion regarding whether SRS is still requires a COPN. The Task Force then voted on the motion to include the VDH OLC staff “yes” options for radiation therapy and cancer treatment services in the expedited review recommendations, and the motion was approved unanimously.

Ms. Dulin made a motion to exclude the establishment of a medical care facility that is the relocation of existing regulated modalities other than beds within the planning district from the expedited review recommendations, with Ms. Adams seconding that motion. There was discussion regarding the definition of a medical care facility, the complexities of moving locations within the same planning district, and the number of contested applications, the difference between expansion and relocation. The Task Force then voted on the motion to exclude the establishment of a medical care facility that is the relocation of existing regulated modalities other than beds within the planning district, and the motion was approved on a vote of 6 – Yes and 5 – No.

Mr. Hilbert then reminded the Task Force of the remaining projects to be addressed. Ms. Cameron made a motion to include the VDH OLC staff “yes” options for hospital services and neonatal intensive services, excluding the addition of new hospital beds, in the expedited review recommendations, with Dr. Baker seconding that motion. There was discussion regarding the relocation of hospital beds. The Task Force then voted on motion to include the VDH OLC staff “yes” options for hospital services and neonatal intensive services, excluding the addition of new hospital beds, in the expedited review recommendations, and the motion was approved on a vote of 10 – Yes and 1 – No.

The Task Force recommendations for expedited review are as follows:

### **Hospital**

- Add new hospital beds by relocation of existing hospital beds

### **Imaging**

- Add a CT scanner by relocating an existing CT in the planning district
- Add a CT scanner in an existing hospital with existing CT services
- Add a CT scanner in an existing imaging center
- Add a CT scanner in an existing outpatient surgical hospital with existing CT services
- Establish an imaging center for CT imaging
- Introduce a new CT for radiation therapy simulation in an existing center for radiation therapy
- Introduce a new CT service in an existing hospital
- Introduce a new CT service in an existing imaging center
- Introduce CT by relocating an existing CT in the planning district
- Establish an imaging center for MRI imaging
- Add an MRI scanner by relocating an existing MRI in the planning district
- Add an MRI scanner in an existing hospital with existing MRI services
- Add an MRI scanner in an existing imaging center
- Introduce a new MRI service in an existing hospital
- Introduce a new MRI service in an existing imaging center
- Add a PET scanner in an existing hospital with existing PET services
- Add a PET scanner in an existing imaging center
- Establish an imaging center for PET imaging
- Introduce a new PET service in an existing hospital
- Introduce a new PET service in an existing imaging center
- Add a scanner by converting a mobile site to a fixed unit (CT and/or PET and/or MRI)
- Establish an imaging center for 2 or more regulated modalities (Other than Cancer Treatment)

### **Cardiac Catheterization**

- Add a cardiac catheterization lab in an existing hospital with cardiac catheterization services

### **Surgical**

- Add new operating rooms in an existing outpatient surgical hospital by relocating existing ORs from another hospital

### **Medical Rehabilitation**

- Add new rehabilitation beds in a hospital with existing rehabilitation services
- Add rehabilitation beds in a hospital with existing rehabilitation services by converting medical-surgical beds

### **Radiation Therapy & Cancer Treatment**

- Add a linear accelerator by relocating an existing linear accelerator to a hospital with an existing linear accelerator
- Add a linear accelerator in an existing hospital with an existing linear accelerator
- Add a linear accelerator in an existing outpatient surgical hospital with an existing linear accelerator
- Add a linear accelerator in an existing radiation treatment center with a linear accelerator
- Add SRS equipment in an existing radiation treatment center with existing SRS

### **8. Wrap-Up and Next Steps**

The Task Force then discussed the Next Steps for the Task Force. There was discussion regarding the services for discussion, the data submitted by hospitals and the reliability, the date of the last revision of the SMFP, the timeline for updating the SHSP, and email etiquette reminders. Ms. Flinn reminded the Task Force members that the next meeting will be in-person on September 6, 2024.

### **9. Meeting Adjournment**

The meeting adjourned at 11:24 a.m.

# State Health Services Plan Task Force

August 23, 2024 Meeting

# Roll Call



# Chapter 423 of the 2024 Acts of Assembly

- Develop recommendations on expedited review of project types subject to certificate of public need (COPN) requirements that are generally non-contested and present limited health planning impacts. The Task Force shall also create recommendations regarding:
  - What facilities and projects listed in § 32.1-102.1:3 of the Code of Virginia should be added to the expedited review process;
  - Criteria that should apply to any project types subject to expedited review; and
  - A framework for the application and approval process of such projects.
- Project types for consideration shall include:
  - Increases in inpatient psychiatric beds;
  - Relocation of inpatient psychiatric beds;
  - Introduction of psychiatric services into an existing medical care facility; and
  - Conversion of beds in an existing medical care facility to psychiatric inpatient beds.

# Review of the Agenda

## Agenda

August 23, 2024 at 9:00 a.m.

Board Room 2, Perimeter Center

9960 Mayland Drive, Henrico, VA 23233

1. Call to Order and Welcome – Dr. Thomas Eppes, Jr., Chair
2. Roll Call
3. Review of Chapter 423 of the 2024 Acts of Assembly – Allyson Flinn, Policy Analyst
4. Review of Agenda
5. Review of Meeting Materials
6. Approval of Prior Meeting Minutes
7. Public Comment Period
8. Remaining Expedited Review Projects
  - a. Review of DCOPN Options for Recommendation & Presentation – Erik Bodin, DCOPN Director
  - b. Discussion
  - c. Vote
9. Wrap-Up and Next Steps
10. Meeting Adjournment

# Review of Meeting Materials

# Approval of Prior Meeting Minutes

# Public Comment Period

# Public Comment Period

- There is a two-minute time limit for each person to speak
- After the two-minute public comment limit is reached, we will let you complete your sentence and move of to the next attendee

# Review of DCOPN Options for Recommendation



# Discussion

# Voting Procedures

- VDH Staff will read each option in the voting block
- The Chair will ask for a motion to move the options by block vote
- Upon receiving a second, the Chair will ask if there is any discussion regarding the block vote
  - This is the time for members to request an option be removed from the block
- If a Task Force member moves to remove an option from the block and that motion is objected to, the Task Force will move to a vote
- After all discussion is had and motions are moved and seconded, the Chair will call for a roll call vote for the applicable block
- VDH Staff will call the roll and each member will respond with a **Yes, No, or Abstain**

# Wrap-Up and Next Steps

# Meeting Adjournment