State Health Services Plan Task Force

February 9th, 2024 Time 9:00 a.m. Perimeter Center, Board Room 3 9960 Mayland Drive Henrico, VA 23233

Task Force Members in Attendance – Entire Meeting (alphabetical by last name): Jeannie Adams; Kathy Baker; Dr. Keith E. Berger; Karen Cameron; Carrie Davis; Michael Desjadon; Paul Dreyer; Kyle Elliott; Dr. Thomas Eppes, Jr.; Paul Hedrick; Shaila Camile Menees; Tom Orsini.

Task Force Members in Attendance – Partial Meeting (alphabetical by last name): Rufus Phillips.

Staff in Attendance (alphabetical by last name): – Rebekah E. Allen, Senior Policy Analyst, Virginia Department of Health (VDH) Office of Licensure and Certification (OLC); Kimberly F. 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; R. Christopher Lindsay, Chief Operating Officer, VDH; Dr. Karen Shelton, State Health Commissioner, VDH.

1. Call to Order and Introductions

Dr. Karen Shelton called the meeting to order at 9:08 a.m. by providing opening comments about the charge of the Task Force and leading the introduction of the Task Force members.

2. Review of Agenda

Rebekah E. Allen reviewed the agenda.

3. Public Comment Period

No Task Force members or members of the public signed up to give public comment, and no public comments were received.

4. Adoption of Bylaws

Ms. Allen reviewed the draft Bylaws with the Task Force. The Bylaws were moved by Karen Cameron and seconded by Michael Desjadon. The Task Force unanimously adopted the draft Bylaws by voice-vote.

5. Election of the State Health Services Task Force Chair and Vice Chair

Ms. Allen reviewed the requirement for the Task Force to elect a Chair and Vice Chair and asked the group for its nominations. Dr. Keith Berger nominated Dr. Thomas Eppes for Task Force Chair and seconded by Carrie Davis. The Task Force unanimously elected Dr. Eppes by voice-vote.

Ms. Cameron was nominated for Vice Chair by Rebecca Butler and seconded by Mr. Desjadon. The Task Force unanimously elected Ms. Cameron by voice-vote.

6. Adoption of the Remote Participation Policy

Ms. Allen reviewed the draft Remote Participation Policy with the Task Force. There was discussion regarding the distance required by the policy between a meeting and a member's primary residence and whether the meeting technology available to the Task Force will allow Task Force members joining virtually to be seen and heard by the group.

Mr. Desjadon moved to adopt the draft Remote Participation Policy with Jeannie Adams seconding that motion. The Task Force unanimously adopted the Remote Participation Policy by voice-vote.

7. Discussion

The discussion portion of the meeting was led by Dr. Eppes, who expressed the need for the Task Force to schedule at least 3 meetings between now and October 1, 2024. Ms. Cameron requested that the VDH provide data regarding Certificate of Public Need (COPN) applications in recent years to posture the Task Force to what COPN looks like in Virginia.

Mr. Desjadon discussed the content that the Task Force may want to focus on for upcoming meetings, suggesting one meeting focus on psychiatric services and the next focus on expedited review.

Carrie Davis requested location data regarding COPN requests from VDH for the next meeting to see where projects have occurred. Tom Orsini requested VDH also provide some kind of information or training regarding expedited review and how that process currently works in Virginia. Ms. Cameron then requested timeline visualizations from VDH to show the COPN processes to which projects are subject.

Erik Bodin explained the expedited review process and clarified with the Task Force that VDH has not received a request for an expedited project in a long time because so few projects meet the current statutory criteria for expedited review. Mr. Bodin also suggested the Task Force consider for its recommendations "triggers" that will take a project out of expedited review and into full review if a project becomes contested. Mr. Bodin further explained the differences between the expedited process and the full review process. Ms. Adams inquired with Mr. Bodin whether the Task Force will be making recommendations on the process of expedited review, to which Mr. Bodin answered that the Task Force is directed to make those recommendations by the Code of Virginia. Ms. Allen then clarified that project types for expedited review are limited to capital expenditures over \$15 million, as adjusted for inflation, taken by or on behalf of facilities that are not a general hospital. Ms. Cameron requested VDH create a color-coded map detailing the different batching cycles by location and the results of those projects. Ms. Cameron clarified that this will allow the Task Force to consider geography when creating their mandated recommendations. Dr. Eppes asked VDH how long they expected this to take to which Ms. Allen responded one month. Kathy Baker then requested VDH provide the Task Force with the specific goals and metrics of the State Health Improvement Plan that the Task Force will need to consider when creating recommendations.

Ms. Cameron suggested to the Task Force that they could consider hosting the meeting at different locations in the area if VDH was unable to secure a room at the Perimeter Center on the date the Task Force has planned to meet.

Ms. Allen offered the Task Force data regarding the COPN process in other states, with specific focus on how these states handle expedited review and psychiatric services.

Shaila Menees requested that VDH create a data sharing process for Task Force members to access documents.

Dr. Eppes reviewed the meeting schedule with the Task Force and asked that their next meeting be scheduled for March 8th. The Task Force agreed that Fridays are best for everyone's schedules, as well as mornings. Dr. Eppes asked that the first half of the March 8th meeting be focused on educating the Task Force about the standard COPN process and expedited review process.

Dr. Berger requested an overview of the COPN process, to which Mr. Bodin gave a high-level explanation of how this process currently works. Dr. Eppes then requested that VDH supply the Task Force with documents on how the COPN process works for the March 8th meeting. Dr. Eppes recommended the third Task Force meeting of the year be held on May 17th. Dr. Eppes acknowledged that the summer months may be challenging for scheduling a meeting and recommended the fourth meeting be held on September 6th. Dr. Eppes then suggested that the Task Force plan an all-virtual meeting over the summer in order to ensure all business is handled.

Ms. Cameron requested that VDH create a roster of the Task Force members to include their names and contact information. Ms. Allen then reviewed the list of requested deliverables from the Task Force. Dr. Eppes requested that the Task Force members create a paragraph regarding their biases and where they stand on the COPN process before the next meeting. Ms. Davis requested VDH supply the Task Force with the batch group timelines for review. Mr. Desjadon then requested that VDH create a list of all current COPN applications for the Task Force to see what projects are currently in process. Ms. Menees then requested that the Task Force members provide information regarding their current experience with the COPN process in Virginia or another state.

Mr. Desjadon discussed the potential conflict of interest that may stem from Ms. Cameron's earlier suggestion to hold meeting at different stakeholder buildings in the area and asked the Task Force to reconsider holding the meetings at stakeholder buildings. Ms. Cameron clarified with the Task Force that the members cannot meet in groups larger than 2 members to discuss Task Force-related work.

Ms. Cameron asked the Task Force what the group would like to focus on for the upcoming meetings. Dr. Eppes requested the Task Force focus on psychiatric services and what other states do first, and then focus more on expedited review during later meetings. Ms. Menees reminded the Task Force that there are certain mandated considerations for the Task Force, and that it would be prudent to focus on those mandates. Mr. Desjadon suggested the Task Force focus on creating an ABC approach to recommendations, starting with the recommendations that already exist, then recommendations that have been considered, and finally recommendations that have not yet been considered.

Dr. Eppes requested that the next meeting have time scheduled where the Task Force members are split into groups of 5 to discuss potential recommendations. Joe Hilbert reminded the Task Force that this activity would need to be posted on the agenda to ensure the Task Force did not violate the Freedom of Information Act (FOIA). Ms. Cameron inquired about how the split group idea would work with virtual members, to which Ms. Allen responded that she would need to investigate the inquiry further to ensure compliance with FOIA.

Ms. Menees inquired about the possibility of VDH hosting office hours throughout the month for the Task Force members to attend in order to ask questions prior to the March 8th meeting. Ms. Cameron reminded the Task Force that no more than 3 members would be able to attend the office hours at a time, and that the virtual meeting requirements are either 2 meetings per year or 25% of the Task Forces meetings. Ms. Adams expressed concern over the office hours, stating that all members should hear the education and guidance provided by VDH staff.

In lieu of office hours, Ms. Cameron suggested the Task Force plan for a long meeting on March 8th to cover all the material planned for that date. Mr. Desjadon also suggested that the group collect their questions for VDH prior to the meeting to ensure all questions are answered and that VDH staff have prepared answers to ensure the meeting be as efficient as possible. Ms. Davis requested the March 8th meeting be held in 2 parts, with one session in the morning and the next in the afternoon after a break for lunch. Dr. Eppes concurred with Ms. Davis.

Dr. Eppes requested the March 8th meeting be held at 9 am to cover all educational material requested from VDH. Mr. Dreyer reminded the Task Force that there are many topics that the Task Force will need to make recommendations on, and that the members will need to be mindful of this as they move forward in the planning process. Ms. Cameron requested the members think about services that may not be appropriate for expedited review due to their critical nature and/or volume dependence, such as cardiac surgery or neonatal intensive care. Ms. Menees

suggested that the Task Force create a schedule of topics to discuss for future meetings by the end of the March 8th meeting.

8. Meeting Adjournment

The meeting adjourned at 10:34 a.m.