

VIRGINIA DEPARTMENT OF HEALTH

**Presentation to the House Health and Human
Services Committee**

Karen Shelton, MD

Virginia State Health Commissioner

July 22, 2025

Agenda

- Overview of Areas of Responsibility
- Federal, State, and Local Health Partnerships
- Areas of Oversight:
 - Certificate of Public Need (COPN)
 - Office of Emergency Medical Services (OEMS)
 - Epidemiology/Vaccines
 - Water Quality Oversight

Virginia Department of Health

Goals

GOAL 1

Maintain a competent and valued workforce

GOAL 2

Provide internal systems that deliver consistent and responsive support

GOAL 3

Be a trusted source of public health information and services

GOAL 4

Foster healthy, connected, and resilient communities

GOAL 5

Assure the conditions that improve health opportunity

The Virginia Department of Health (VDH) is led by a State Health Commissioner appointed by the Governor of Virginia. The Health Commissioner oversees the direction of the agency and provides advice and support to the Governor through the Secretary of Health and Human Resources.



Mission

To protect the health and promote the well-being of all people in Virginia.



Vision

Become the healthiest state in the nation.

VDH Senior Leadership and Critical Functions

Chief Operating Officer

(R. Christopher Lindsay)

VDH's Chief Operating Officer (COO) is appointed by the Governor and concentrates on implementing operational and programmatic efficiencies in Offices and Districts, as well as driving administrative improvement projects with cross-agency impact. Additionally, the COO has administrative oversight of several key Offices and cross-agency functions.

Monthly Operating Reviews	Intensive monthly reviews of each Program by Agency leadership covering Finance and Budget, Human Resources metrics, Office specific Objectives and Key Results, and Employee Engagement planning and activities.
Office of Human Resources	Facilitates hiring and employee relations for VDH's statewide Central Office in Richmond and the state administered Local Health Districts.
Office of Information Security	Focuses on security of all VDH data and related threats impacting the agency.
Office of Internal Audit	Drives compliance through proactive assessments of VDH business units, as well as responses to internal and external financial and auditing concerns.
Workforce Development and Engagement	Focuses on workplace culture and training. This team works closely with all Offices and health districts on employee engagement activities and related tools.
Community Relations	Focuses on creating partnerships in the private and public sector to create awareness of the important work of VDH. Oversees internship programs and other educational partnerships.

Chief Financial Officer

(John Ringer)

The Chief Financial Officer (CFO), a newly created position, is the Chief position in the Agency holding accountability for financial compliance. The CFO provides leadership over the financial operations and reporting functions at VDH.

Office of Budget <i>(Newly Created Office)</i>	Provides support with agency budget development, analysis, and reporting.
Office of Financial Management	Oversees the accounting and financial duties needed to maintain VDH Offices and health districts.
Office of Grants Administration <i>(Newly Created Office)</i>	Oversees and coordinates the administration of federal grants to provide accountability and ensure compliance.
Office of Procurement and General Services	Coordinates the purchasing and distribution of non-IT equipment and supplies used by staff of the Central Office and health districts, as well as agency oversight of the James Madison building.

Chief Information Officer

(Suresh Soundararajan)

VDH's Chief Information Officer oversees offices related to information technology, vital records, and public health information.

Office Information Management	Develops, designs and manages the information technology solutions that serves the needs of VDH staff, community partners and Virginians.
Office of Vital Records	Records and maintains information related to significant life events, including, but not limited to, births, deaths, marriages, and divorces that takes place in the Commonwealth.
Center for Public Health Informatics	Supports programs at VDH by the development, translation, visualization, and dissemination of public health data and informatics knowledge to better inform and promote the health of all Virginians.

Deputy for Population Health and Preparedness

(Stephanie Dunkel)

Population Health and Preparedness oversees the nine programmatic offices predominately located in the VDH Central Office in Richmond, VA.

Office of Drinking Water	Ensuring Virginians have a safe and adequate supply of drinking water and oversight of all public waterworks systems in the Commonwealth.
Office of Emergency Medical Services	Responsible for planning and coordinating an effective and efficient statewide EMS system.
Office of Emergency Preparedness	Facilitates the agency's response to emergencies impacting public health through preparation, collaboration, education and rapid intervention.
Office of Environmental Health Services	Works to prevent the transmission of diseases through food, milk, shellfish, water, and sewage. Partners with other agencies to protect the environment.

Deputy for Population Health and Preparedness *(Cont.)*

(Stephanie Dunkel)

Office of Epidemiology	Improves well-being by preventing and controlling endemic and emerging infectious diseases. The director of this office also serves as the State Epidemiologist.
Office of Family Health Services	Focuses on programs that improve maternal, child, and family health, prevention and health promotion, including cancer prevention, and nutrition.
Office of Health Equity	Supports the Office of Rural Health, multicultural engagement activities, and workforce incentive programs intended to increase the healthcare workforce.
Office of the Chief Medical Examiner (OCME)	Determines the cause and manner of deaths that occur under certain circumstances in Virginia. The OCME also manages the statewide anatomical program.
Office of Radiological Health	The regulation of radiation sources as well as emergency responses to radiation emergencies which require a staff with multi-disciplinary skills and extensive training.

Deputy for Governmental and Regulatory Affairs

(Joe Hilbert)

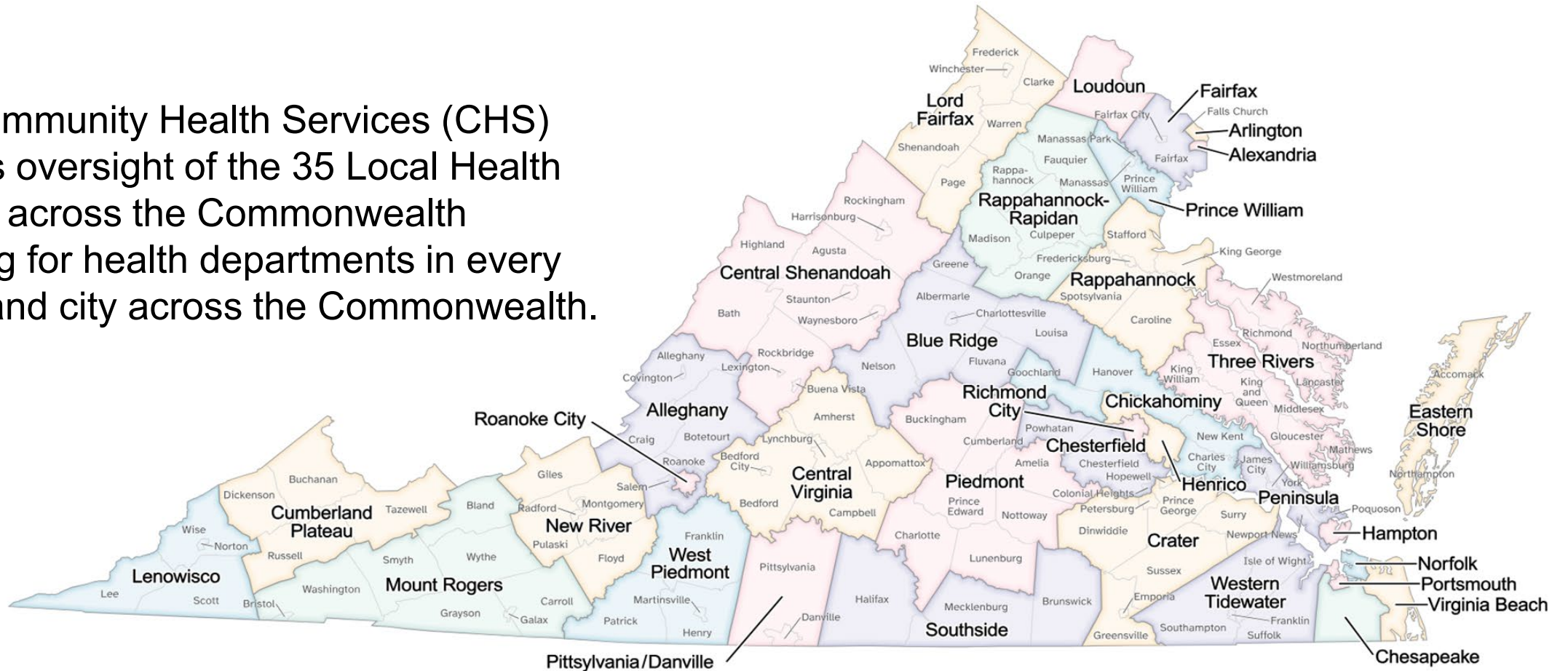
VDH Governmental and Regulatory Affairs (GRA) assists and advises the Commissioner on a wide range of policy, operational, legislative, and regulatory issues. GRA coordinates VDH's responsibilities involving General Assembly sessions and legislative liaising, serves as staff to the State Board of Health, and oversees the VDH language access program.

Office of Communications	Coordinates communication with the media to effectively communicate VDH priorities, needs and procedures. This office also coordinates VDH responses to FOIA requests.
Office of Licensure and Certification	Works to ensure the quality and safety of healthcare facilities and compliance with state and federal laws.
Public Health Policy and Planning	Supports strategic planning, performance measurement, and policy development processes at VDH.
VDH Institutional Review Board	Coordinates research-related activities that involve agency data. This may be in coordination with VDH Offices, Local Health Districts, institutions of higher education or combinations thereof.

Deputy for Community Health Services

(Susan Fischer-Davis)

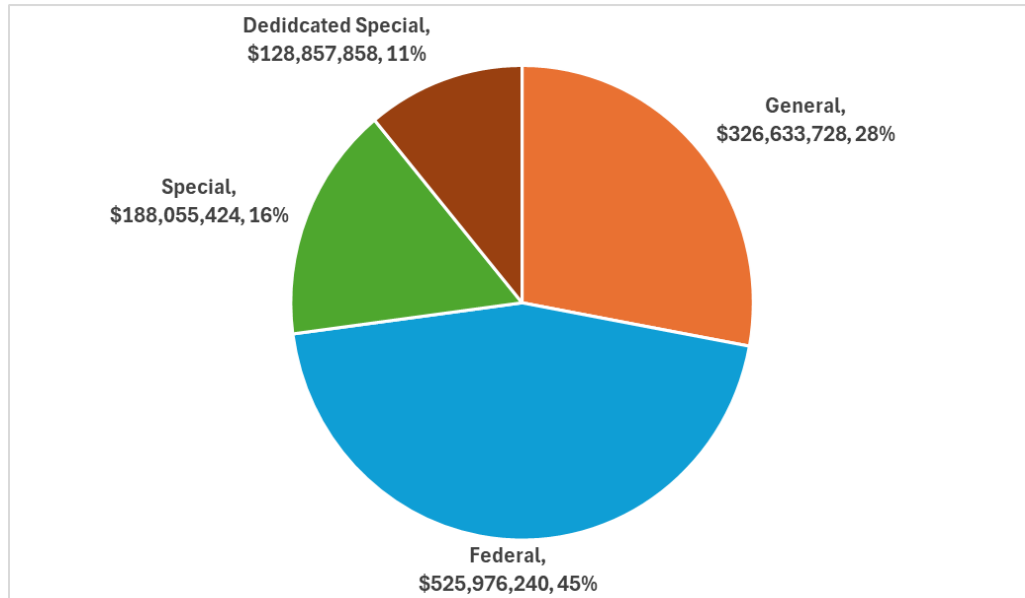
VDH Community Health Services (CHS) provides oversight of the 35 Local Health Districts across the Commonwealth providing for health departments in every county and city across the Commonwealth.



Federal, State, and Local Health Partnerships

VDH Funding Share - FY 2025-2026

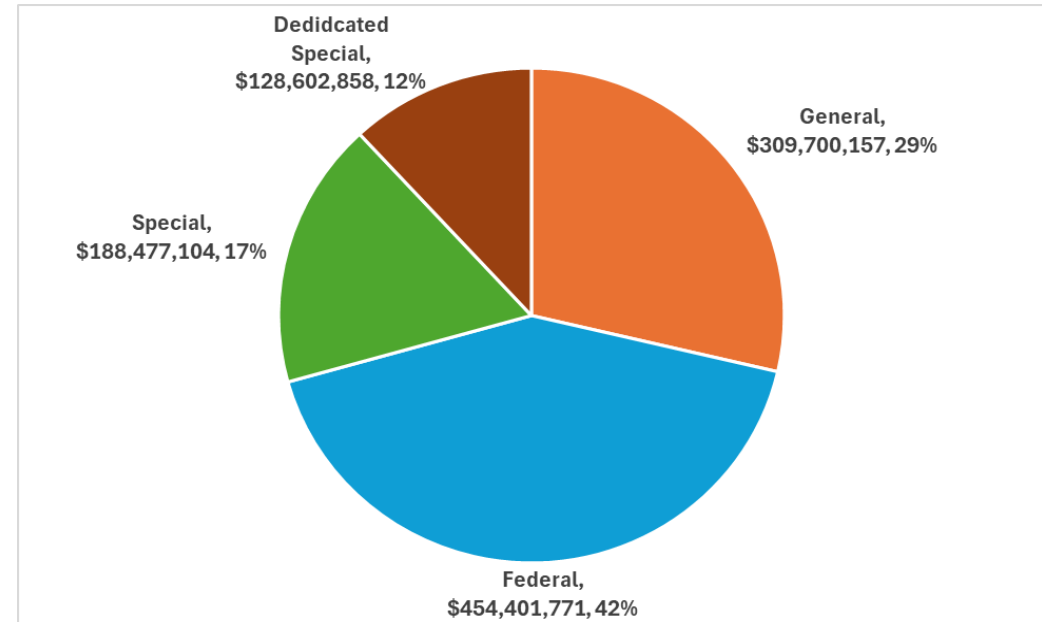
FY2025 Appropriation
Total \$1,169,532,250



FTEs

GF:	1,614.5 (41.55%)
NGF:	2,271 (58.45%)
Total:	3,885.5

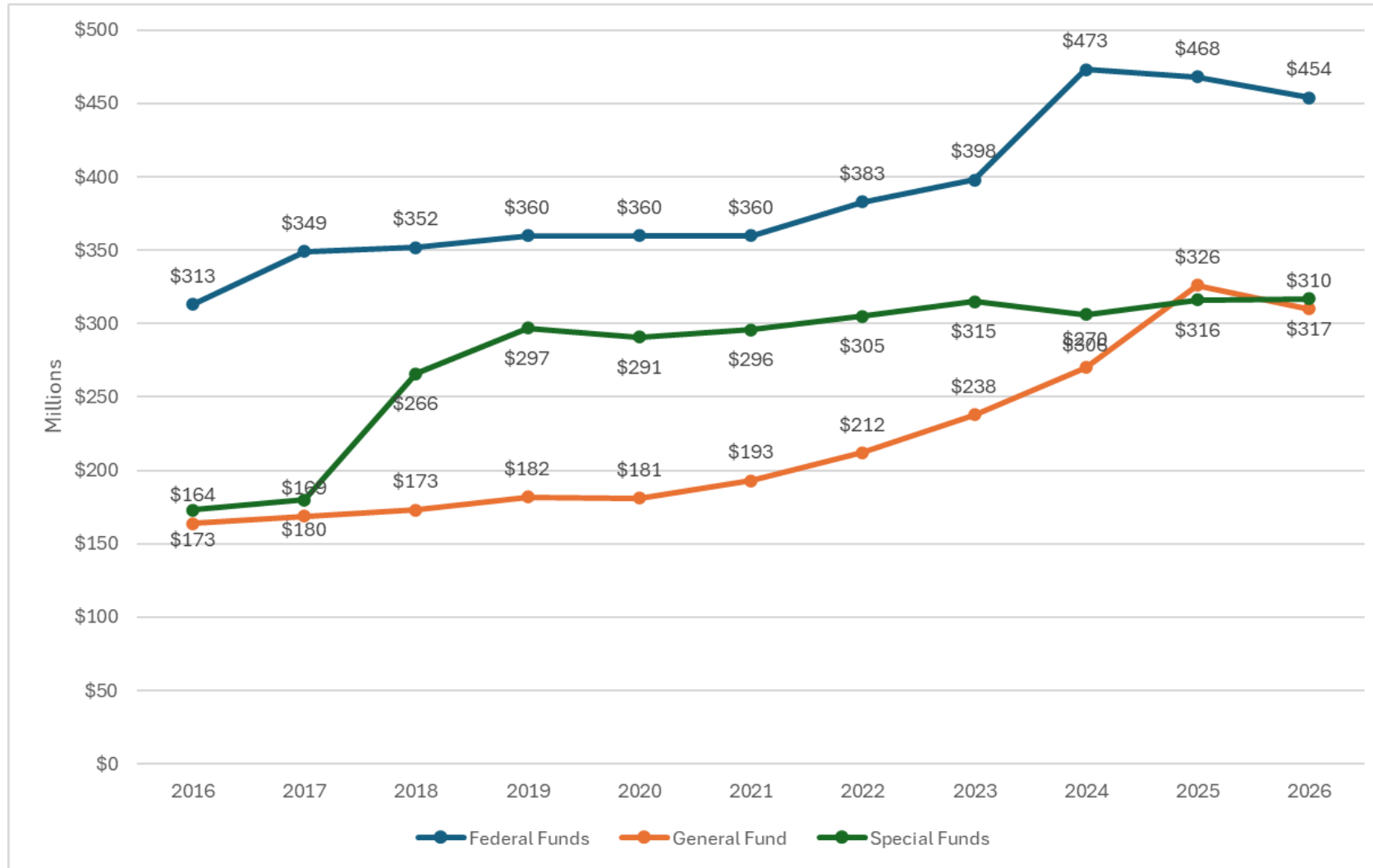
FY2026 Appropriation
Total \$1,081,181,890



FTEs

GF:	1,615.5 (41.57%)
NGF:	2,271 (58.43%)
Total:	3,886.5

Virginia Department of Health Appropriation by Fund 2016 - 2026

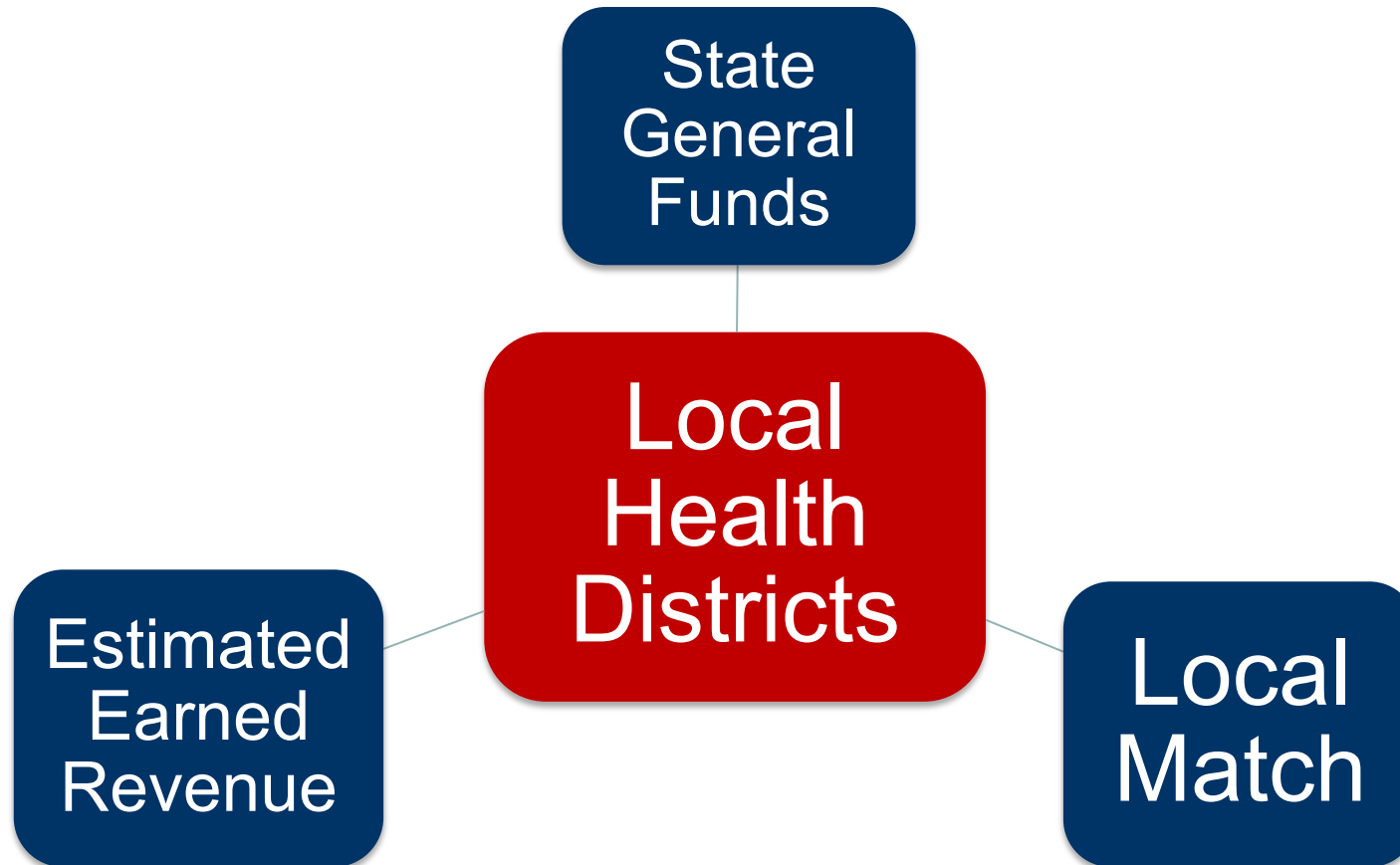


VDH Partners With and Receives Funding from These Federal Entities:

- Administration for Strategic Preparedness and Response
- Centers for Disease Control and Prevention
- Centers for Medicaid and Medicare Services
- Environmental Protection Agency
- Food & Drug Administration
- Health Resources & Services Administration
- Nuclear Regulatory Commission
- Substance Abuse and Mental Health Services Administration
- US Department of Agriculture - Food & Nutrition Service

Cooperative Local Health Budget

Local Health Districts (LHDs) are funded through a cooperative local health budget pursuant to § 32.1-34.3 of the Code of Virginia



Local Health Department Services

- The Local Health Director serves as the Chief Health Strategist
- Community Health Assessment (CHA)
- Community Health Improvement Plan (CHIP)
- Restaurant & Food Safety, Well & Septic Permitting, Environmental Health Services
- Family Planning Services
- Clinical Services
- Support for Local Management, Business, and Facilities
- Nutrition Services (Women, Infants, and Children (WIC))
- Maternal and Child Health Services
- Immunization Services
- State Tuberculosis (TB) Control
- Communicable Disease Investigation, Treatment, and Control
- Chronic Disease and Prevention Control
- Population Health

Certificate Of Public Need

Certificate of Public Need

- Certificate of Public Need (COPN) refers to the legal requirement that certain medical care facility projects be approved by the State Health Commissioner before such projects can begin.
- For a COPN to be issued, the Commissioner must make a determination that a public need for the project, or portion thereof, exists and has been demonstrated. Criteria used in determining whether a public need exists include:
 - The relationship of the project to the State Health Services Plan
 - The need for enhanced facilities to serve the population of an area
 - The extent to which the project is accessible to all residents in the proposed geographic area
 - The immediate economic impact and financial feasibility of the project
 - Institutional competition and the relationship to existing healthcare systems / facilities

Projects Requiring COPN Authorization

General Hospitals and bed additions, neonatal special care services

Open heart surgery, cardiac catheterization, outpatient surgical hospitals, addition of operating rooms, and organ transplant services

Psychiatric facilities and services, substance abuse treatment, some intermediate care facilities for individuals with intellectual disability

Diagnostic imaging facilities and services, (CT, MRI, PET)

Medical rehabilitation hospitals, beds and services

Radiation therapy, gamma knife surgery, linear accelerator based Stereotactic Radiosurgery, and diagnostic imaging equipment may be included

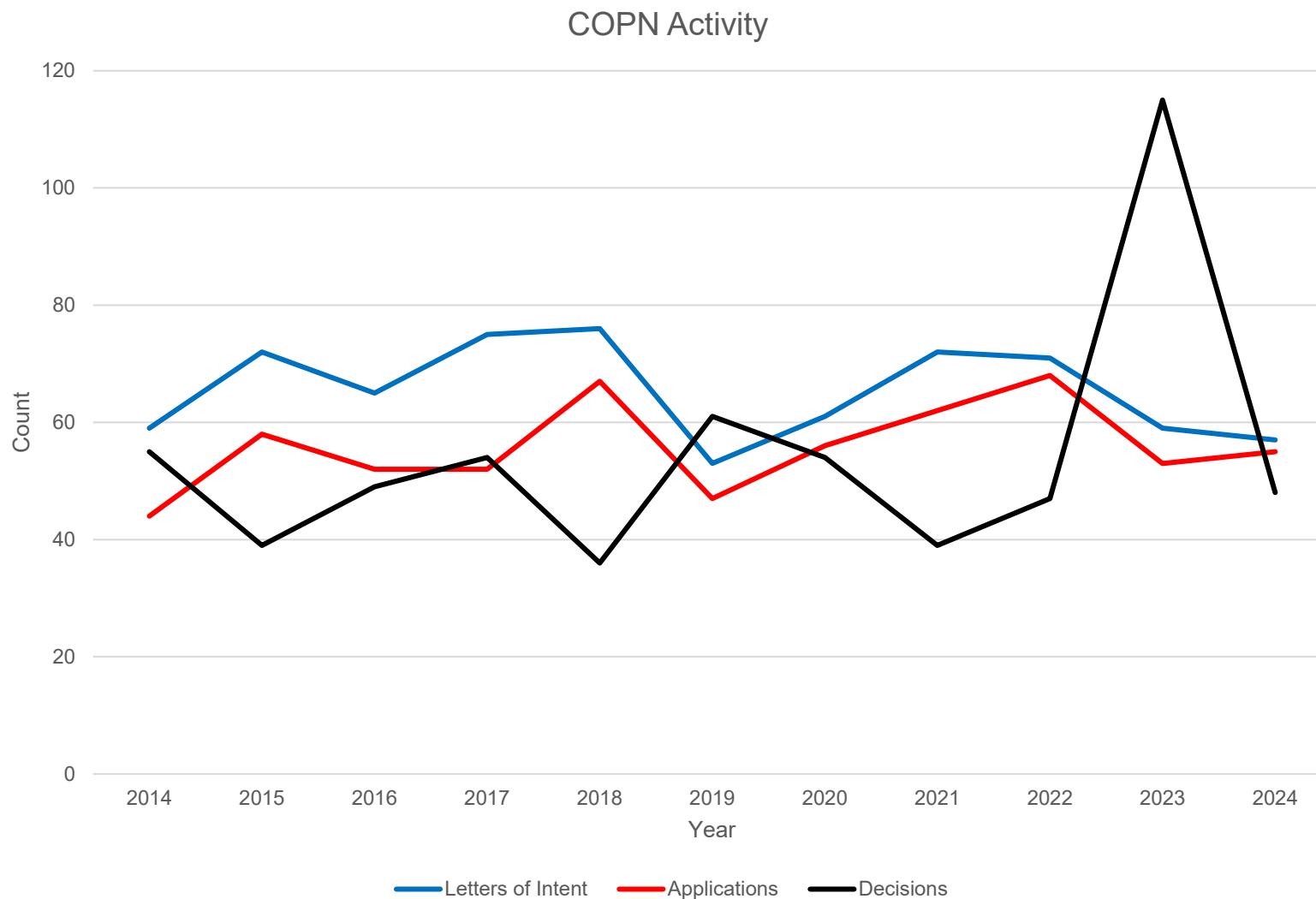
Nursing home facilities and bed additions, nursing home capital expenditures (Request for Applications)

The Review Process

1. Letter of Intent (Serves as Public Notice)
2. Application
3. 190-day review cycle begins on the 10th of the month
4. Public Comment / Optional Public Hearing
5. Division of COPN (and Health Systems Agency of Northern Virginia)
Recommendation to the State Health Commissioner
6. Decision
 - a. Informal Fact-Finding Conference
 - b. Conditions

Note: Chapter 325 of the 2025 Acts of Assembly requires the Department to establish an expedited review process for certain psychiatric facility expansion projects.

COPN Volume Data 10 Yr Actual (2014 - 2024)



Average COPN Volume per Year:

Letters of Intent	66
Applications	56
Decisions	54

State Health Services Plan Task Force (SHSP-TF)

- The SHSP-TF was created by the General Assembly and tasked with recommending revised criteria for COPN reviews.
- SHSP-TF comprised of at least 19 volunteers from various aspects of health provision and administration.
- Statutory deadline was November 2022 but, due in large part to COVID, Task Force first met in February 2024.
- 2025 session of General Assembly enacted HB 2119/SB 1203, which further requires Task Force to develop expedited COPN review processes for projects in “medical deserts” (remote, rural and medically underserved areas).
- Task Force has now implemented a committee approach to the various facility/service categories. This approach is functioning smoothly and providing good momentum.
- Anticipate completion of recommendations for SHSP by July 2026.

Office of Emergency Medical Services

Office of Emergency Medical Services Update

Office of Emergency Medical Services (OEMS) Background

- During the new budget review process and subsequent internal audit, current VDH leadership uncovered fraud, waste, and abuse eventually amounting to \$33 million in misappropriation and fraud.
- OEMS had bypassed state procurement regulations and acted outside of VDH's chain of command.
- Former Assistant Director serving time in federal prison for fraudulent company affiliated with OEMS.
- Governor and GA appropriated Special Revenue to address overspend and fraud.

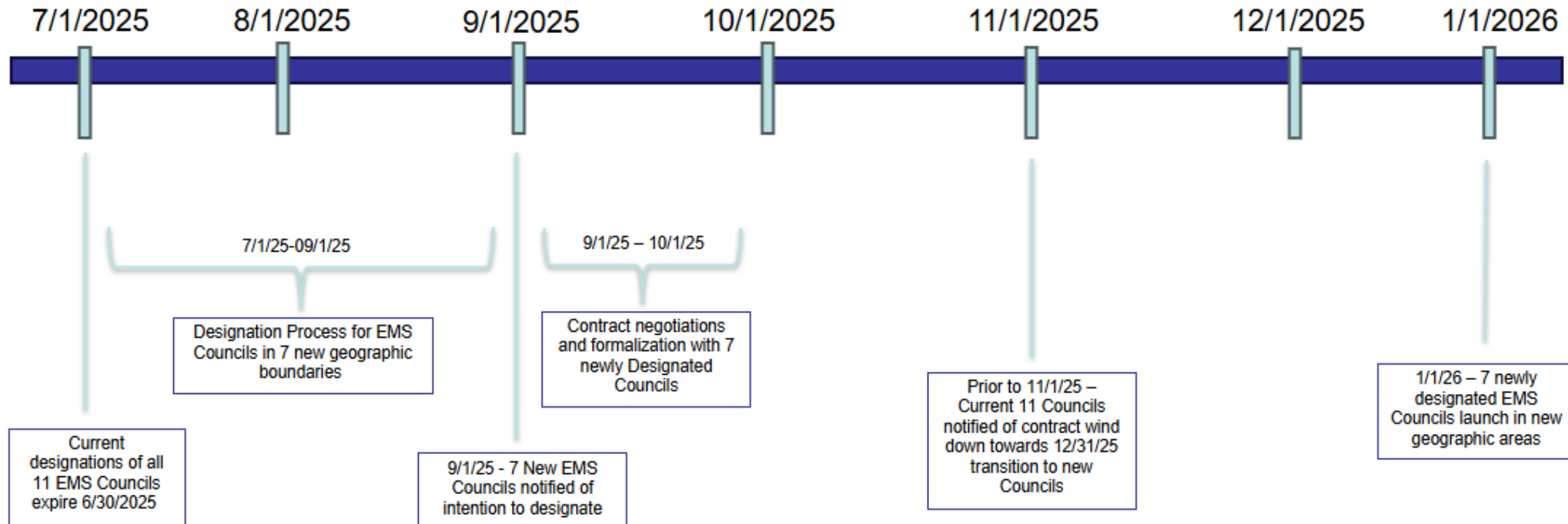
Actions Taken

- New leadership team (4/5 senior OEMS leaders are new in their roles) including a new Director
- Instituted new practices to manage \$4 For Life (Return to Localities and Rescue Squad Assistance grant program)
- Redesign of Trauma Fund program with more frequent and transparent payout to hospitals
- Placement of dedicated Business Manager
- Internal restructuring → improved service delivery and efficiencies of operations
- Greater alignment with VDH as a whole
- Reimagining EMS Council system

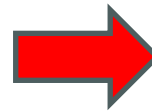
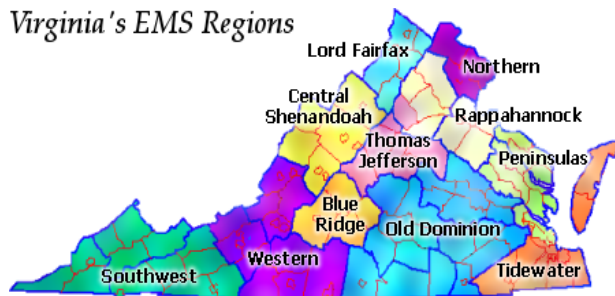
Office of Emergency Medical Services Update

- OEMS is budget neutral beginning FY2026.
- Community and EMS Advisory Board Engagement is a priority as we reimagine the role of OEMS.
- Rescue Squad Assistance Funds (RSAF) Spring 2025 Cycle: \$4.2M awarded to 118 agencies.
- Much greater transparency with municipalities with the Return to Localities Dashboard.
- Regional EMS Council infrastructure is in strategic planning and alignment.
- Regional EMS Councils will be shifting from 11 to 7 regions on January 1, 2026, as voted on by current Regional Council presidents and unanimously approved by the Governor's EMS Advisory Board.
- EMS Stakeholder input from current Councils, EMS Advisory Board, local governments, and EMS agency leadership.
- Beginning January 2026, the new Council Model will begin.

Regional EMS Councils Transition Plan



Virginia's EMS Regions



Planning Forward

- Assessing strategic and innovative needs of the system.
- Assuring customer service.
- Prioritizing core functions and empowering our system.
- Assessing funding.
- Data-informed decision-making.
- Community engagement.



Integration with VDH

Epidemiology / Vaccine

VIRGINIA REPORTABLE DISEASE LIST

Reporting of the following diseases is required by state law (Sections 32.1-36 and 32.1-37 of the Code of Virginia and 12 VAC 5-90-50 of the Board of Health Regulations for Disease Reporting and Control). Report all conditions when suspected or confirmed to your local health department (LHD). Reports may be submitted by Confidential Morbidity Report Portal (Epi-1 form), computer-generated printout, CDC or VDH surveillance form, or upon agreement with VDH, by means of secure electronic submission.

REPORT IMMEDIATELY	REPORT WITHIN 3 DAYS
<ul style="list-style-type: none"> Anthrax (<i>Bacillus anthracis</i>) Batulism (<i>Clostridium botulinum</i>) Brucellosis (<i>Brucella</i> spp.) Cholera (<i>Vibrio cholerae</i> O1/O139) Coronavirus infection, severe (e.g., SARS-CoV, MERS-CoV) Diphtheria (<i>Corynebacterium diphtheriae</i>) Disease caused by an agent that may have been used as a weapon Haemophilus influenzae infection, invasive Hepatitis A Influenza-associated deaths if younger than 18 years of age Influenza A, novel virus Measles (Rubeola) Meningococcal disease (<i>Neisseria meningitidis</i>) Outbreaks, all (including foodborne, healthcare-associated, occupational, toxic substance-related, waterborne, and any other outbreak) Pertussis (<i>Bordetella pertussis</i>) Plague (<i>Yersinia pestis</i>) Poliovirus infection, including poliomyelitis Psittacosis (<i>Chlamydia psittaci</i>) Q fever (<i>Coxiella burnetii</i>) Rabies, human and animal Rubella (a), including congenital rubella syndrome Smallpox (<i>Variola virus</i>) Syphilis (<i>Treponema pallidum</i>), congenital, primary, secondary, and other Tuberculosis, active disease (<i>Mycobacterium tuberculosis</i> complex) Tularemia (<i>Francisella tularensis</i>) Typhoid/Paratyphoid infection (<i>Salmonella</i> Typhi, <i>Salmonella</i> Paratyphi [all types]) Unusual occurrence of disease of public health concern Vaccinia, disease or adverse event Vibriosis (<i>Vibrio</i> spp.) Viral hemorrhagic fever Yellow fever 	<ul style="list-style-type: none"> Amebiasis (<i>Entamoeba histolytica</i>) Arboviral infections (e.g., CHIK, dengue, EEE, LAC, SLE, WNV, Zika) Babesiosis (<i>Babesia</i> spp.) Campylobacteriosis (<i>Campylobacter</i> spp.) <i>Candida auris</i>, infection or colonization Carbapenemase-producing organism, infection or colonization Chancroid (<i>Haemophilus ducreyi</i>) Chickenpox (Varicella virus) Chlamydia trachomatis infection Coronavirus disease 2019 (COVID-19 or SARS-CoV-2) Cryptosporidiosis (<i>Cryptosporidium</i> spp.) Cyclosporiasis (<i>Cyclospora</i> spp.) Ehrlichiosis/Anaplasmosis (<i>Ehrlichia</i> spp., <i>Anaplasma phagocytophilum</i>) Giardiasis (<i>Giardia</i> spp.) Gonorrhea (<i>Neisseria gonorrhoeae</i>) Granuloma inguinale (<i>Calymmatobacterium granulomatis</i>) Hantavirus pulmonary syndrome Hemolytic uremic syndrome (HUS) Hepatitis B (acute and chronic) Hepatitis C (acute and chronic) Hepatitis, other acute viral Human immunodeficiency virus (HIV) infection Influenza, confirmed Lead, blood levels Legionellosis (<i>Legionella</i> spp.) Leprosy/Hansen's disease (<i>Mycobacterium leprae</i>) Leptospirosis (<i>Leptospira interrogans</i>) Listeriosis (<i>Listeria monocytogenes</i>) Lyme disease (<i>Borrelia</i> spp.) Lymphogranuloma venereum (<i>Chlamydia trachomatis</i>) Malaria (<i>Plasmodium</i> spp.) Mumps Neonatal abstinence syndrome (NAS) Ophthalmia neonatorum Rabies treatment, post-exposure Salmonellosis (<i>Salmonella</i> spp.) Shiga toxin-producing <i>Escherichia coli</i> infection Shigellosis (<i>Shigella</i> spp.) Spotted fever rickettsiosis (<i>Rickettsia</i> spp.) Streptococcal disease, Group A, invasive or toxic shock <i>Streptococcus pneumoniae</i> infection, invasive and <5 years of age Syphilis (<i>Treponema pallidum</i>), if not primary, secondary, or congenital Tetanus (<i>Clostridium tetani</i>) Toxic substance-related illness Trichinosis (<i>Trichinella spiralis</i>) Tuberculosis infection Vancomycin-intermediate or vancomycin-resistant <i>Staphylococcus aureus</i> infection Yersiniosis (<i>Yersinia</i> spp.)
<p>LEGEND</p> <ul style="list-style-type: none"> Reportable by directors of laboratories. Additional condition-specific requirements for directors of laboratories available here. These and all other conditions listed must be reported by physicians and directors of medical care facilities. Laboratories must submit initial isolate or other initial specimen to the Division of Consolidated Laboratory Services (DCLS) within 7 days of identification. All specimens must be identified with patient and physician information, and the LHD must be notified within the timeframe specified below. Include available antimicrobial susceptibility findings in report. <ul style="list-style-type: none"> Laboratories report AFB, <i>M. tuberculosis</i> complex or any other mycobacteria, and antimicrobial susceptibility for <i>M. tuberculosis</i> complex. Includes submission of <i>Candida haemulonii</i> specimens to DCLS. Laboratories that use EIA without a positive culture should forward positive stool specimens or enrichment broth to DCLS. Includes reporting of <i>Photobacterium damselae</i> and <i>Grimontia hollise</i>. By culture, antigen detection by direct fluorescent antibody (DFA), or nucleic acid detection. 	
<p>ALL REPORTS ARE CONFIDENTIAL AND SHOULD INCLUDE -</p> <ol style="list-style-type: none"> the disease or condition diagnosed or suspected patient's name, date of birth, age, sex, race/ethnicity, pregnancy status, address, and telephone number physician's name, address, and telephone number method of diagnosis, if available 	
<p>Effective January 2023</p> <p>For more info, please visit https://www.vdh.virginia.gov/clinicians/</p>	

Reportable Conditions

VDH Information on Disease Reporting and Control Regulations:

<https://www.vdh.virginia.gov/clinicians/disease-reporting-and-control-regulations/>

Virginia Regulations for Disease Reporting and Control: <https://law.lis.virginia.gov/admincode/title12/agency5/chapter90/>

Public Health Informatics and Data Management

VDH collects healthcare related data from multiple sources every day.

- In SFY2023, 155,660,986 electronic messages flowed through VDH.
- Reporting messages included cancer registry data, electronic case reports (eCR), electronic laboratory reports (ELR), immunization data, newborn screening orders and results, and syndromic surveillance (ED data).
- On average, VDH disease surveillance systems manage over 50K messages a day—these messages are submitted by physicians, laboratories, infection control practitioners and others.
- Our VDH disease surveillance and informatics teams are over 90% federally funded.

Disease Investigations-Cases and Outbreaks

VDH and its Local Health Departments receive reports of disease cases and suspected outbreaks, and in response, epidemiologists conduct disease investigations.

Interview persons with suspect reportable conditions.

Gather information from health care providers.

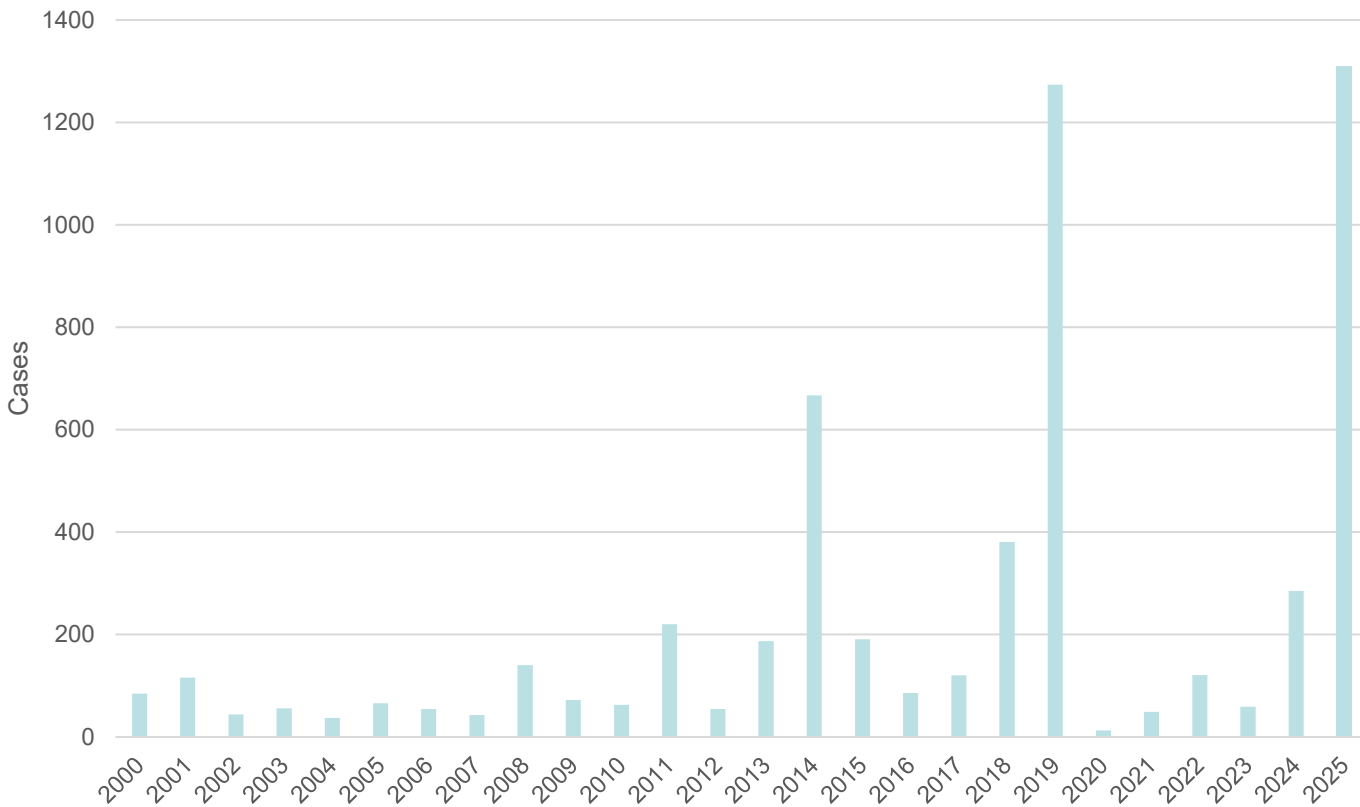
Classify cases and confirm outbreaks and report to CDC to assist in monitoring trends at both state and national levels.

Coordinate with other jurisdictions or other state agencies as needed (e.g. VDACS).

During CY2024, VDH conducted 1,588 Outbreak Investigations.

Example of Epidemiology Impact: Measles

United States Measles Cases (July 15, 2025)



Despite the United States reaching 1,309 measles cases, VDH has only reported **three cases of measles in Virginia so far in 2025.**

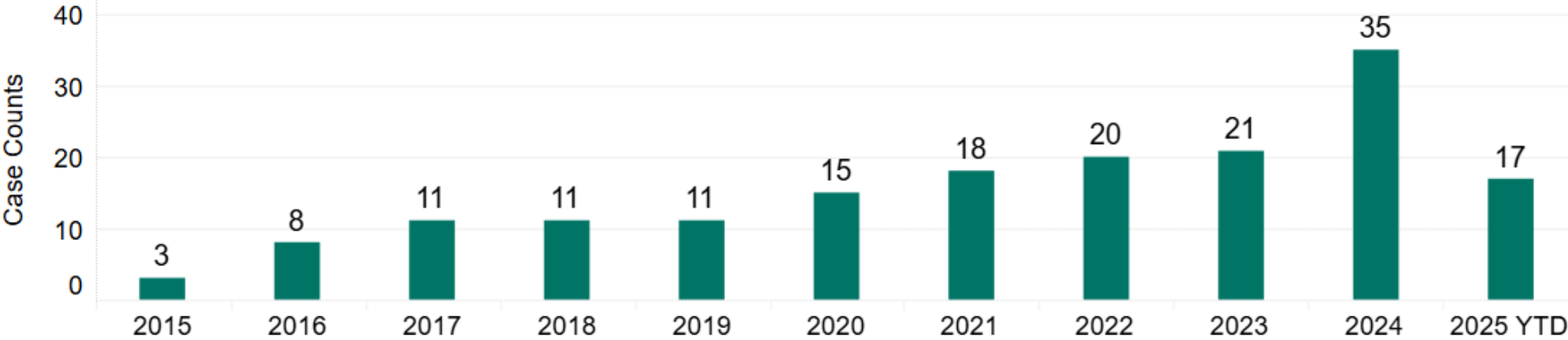
VDH also continues to report public exposure locations in Virginia related to confirmed cases to measles in travelers.

Example of Epidemiology Impact: Syphilis

Total Congenital Syphilis Cases 2025 YTD (Year To Date) : 17

Congenital Syphilis Cases by Year in Virginia

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



Congenital Syphilis Cases by Region in Virginia

Clinical Epidemiology

Healthcare Associated
Infections/Antibiotic
Resistance

Healthcare-Associated
Infections Epidemiology

Infection Prevention
and Control (Technical
Assistance)

Antibiotic Resistance
and Antibiotic
Stewardship

Education and
Outreach

Data (Healthcare-
Associated Infections
Annual Report)

Newcomer Health
Program

Tuberculosis Program
(Disease Surveillance,
Clinical Guidance,
Case/Outbreak
Investigation Support)

Immunization Programs

Mission: Reduction of morbidity and mortality associated with vaccine-preventable diseases.



Immunization Record
Request



Virginia Immunization
Information System



Find a COVID-19, Flu,
or RSV Vaccine



Vaccine-Preventable
Diseases



What vaccines do you
need?



Vaccine Safety



VVFC Providers

Virginia Vaccines for Children



VVFA Providers

Virginia Vaccines for Adults



Virginia Immunization
Attitudes & Beliefs
Surveys

HIV and STI – Surveillance, Prevention and Clinical Guidance



STD PREVENTION
AND SURVEILLANCE



HIV CARE SERVICES
(RYAN WHITE)



HIV AND HEPATITIS
PREVENTION



HIV AND HEPATITIS
SURVEILLANCE

Water Quality Oversight

Office of Drinking Water

- Regulates 2,870 public water systems throughout Virginia.
- Completes over 750 sanitary surveys per year (multi-day inspections).
- Provides over \$75 million per year in loans and grants for infrastructure improvements.
- Provides oversight and project management to over 50 construction projects per year.
- Evaluates over 110,000 water samples per year.
- Provides over 20,000 technical assistance interactions per year.
- Issues over 1,500 Notices of Alleged Violation per year for regulatory issues.
- Responds to over 20 emergency events per week (Emergency Support Function (ESF-3) responsibilities) including power outages, flooding, vehicle accidents, water quality concerns

Source of Funds to Support Program

Fund	\$(In Millions)	% Total
Public Water System Supervision Grant (PWSS)	3.3	8%
State General Fund	6.3	15%
Waterworks Fees (WW Fees)	4.8	12%
Drinking Water State Revolving Fund (DWSRF)	27.1	65%
Total:	41.5	100%

Operational Costs Per Year

Operational Costs	Cost	% Total
Personnel	\$12,472,518	78.2%
Contractual	\$2,579,001	16.2%
Supplies & Materials	\$48,948	0.3%
Transfer Payments	\$503,183	3.2%
Continuous Charges	\$310,931	2.0%
Equipment	\$26,491	0.2%
Total:	\$15,941,072	100%

Types of Waterworks in Virginia



Community waterworks

- Serving homes, year-round residents



Non transient noncommunity waterworks (NTNC)

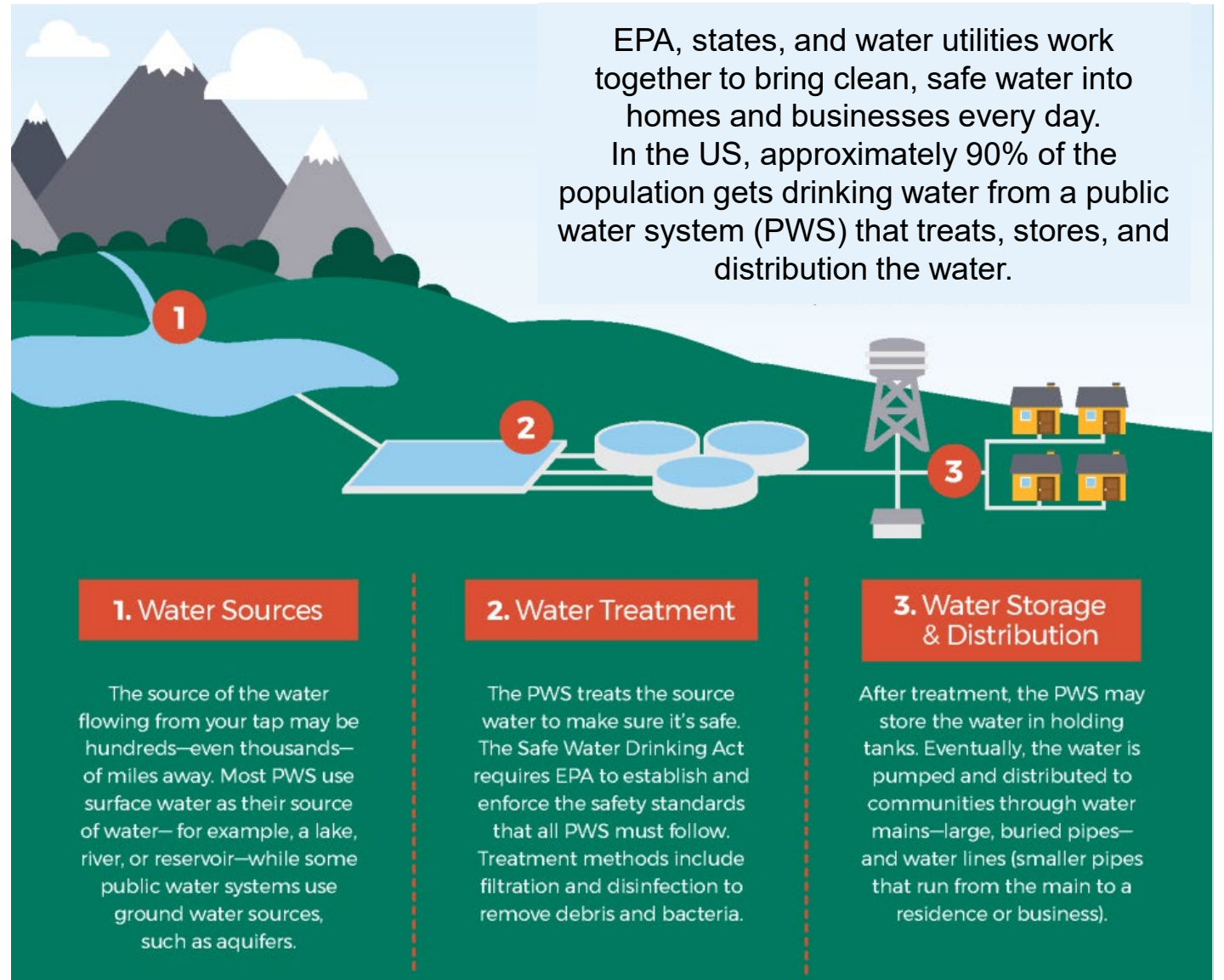
- Schools, hospitals, factories, office buildings



Transient noncommunity waterworks (TNC)

- Restaurants, convenience stores, campgrounds, marinas, wineries, breweries

How Clean Water Gets to Your Faucet



Water Sector Challenges



Algal Blooms

Lead & polyfluoroalkyl substances (PFAS)

Emergency Response

Aging Infrastructure



Questions

Thank You!