



DAV

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Dermatology Associates of Virginia, P.C.

September 29, 2020

Email to: [jay.withrow@doli.virginia.gov](mailto:jay.withrow@doli.virginia.gov)

Jay Withrow, Director  
Division of Legal Support, ORA, OPPPI, and OWP  
Virginia Department of Labor and Industry  
600 E. Main Street, Suite 207  
Richmond, VA 23219

**RE: Comments on 16 VAC 25-220, Permanent Standard for Infectious Disease Prevention: SARS-CoV-2 Virus That Causes COVID-19**

Dear Mr. Withrow:

On behalf of the Richmond Academy of Medicine, its Board of Trustees, its nearly 2100 member physicians, nurse practitioners, physician assistants and medical administrators, and its numerous physician practices, I am writing to provide the following comments on 16 VAC 25- 220, the permanent standard for COVID-19 prevention and mitigation in the workplace.

We have several concerns with the draft permanent standard as written and the burden it will place on the health care system beyond the emergency period.

1. The requirement for employers to report positive SARS-CoV-2 test results to VDH should be eliminated. All clinical labs are already required to report all positive test results. This is duplicative reporting and unnecessarily burdensome.
2. The proposed draft standards are already out of touch with current CDC, NIH, and VDH guidelines. As an example, the test-based strategy for return to work is no longer advised because of new scientific information. Language throughout the document should be used which makes compliance with changing medical and scientific standards possible.
3. Language must be included that specifically limits application of these measures to a period of declared public health emergency due to COVID-19. As written, the proposed permanent standard will apply to Virginia businesses indefinitely, including beyond the time at which COVID-19 is no longer a critical public health emergency. Consequently, health care providers will still be required

to comply with the strict requirements in this standard years from now when most people have been immunized and effective treatments have been developed.

4. If these standards become permanent, access to health and medical care will be significantly negatively affected as the regulations will go on beyond the declared critical public health emergency. The current standards as written would limit patient access to providers by permanently requiring minimal number of patients in medical waiting rooms, spacing requirements for patients and staff (a large burden on physician offices with limited space), restricting staff team work, and continued cost to ensure all staff remain in PPE beyond a time when it is medically indicated. We are already seeing an increase in cardiac deaths, worsening cancer diagnoses, and increased emergent care due to lessened care capacity and patients delaying care.

We respectfully request the above changes to the draft permanent standard to provide clarity and certainty for health care providers and employers in the Commonwealth.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rachel K. Downey', with a stylized flourish extending to the right.

Rachel K. Downey  
Administrator