



COMMONWEALTH of VIRGINIA
Office of the Governor

Janet Vestal Kelly
Secretary of Health and Human Resources

January 7, 2025

MEMORANDUM

TO: The Honorable Mark D. Sickles
Chair, Joint Subcommittee on Health and Human Resources Oversight

The Honorable R. Creigh Deeds
Vice Chair, Joint Subcommittee on Health and Human Resources Oversight

FROM: The Honorable Janet Kelly
Secretary, Health and Human Resources

SUBJECT: Electronic Health Records Interagency Workgroup Report

This report is submitted in compliance with the Virginia Acts of the Assembly – Item 267 B.1-3 (Special Session I, 2024), which states:

B.1. The Secretary of Health and Human Resources, in collaboration with the Secretary of Administration and the Secretary of Public Safety and Homeland Security, shall convene an interagency workgroup to oversee the development of a statewide integrated electronic health record (EHR) system. The workgroup shall include the Department of Behavioral Health and Developmental Services (DBHDS), the Virginia Department of Health, the Department of Corrections, the Department of Planning and Budget, staff of the House Appropriations and Senate Finance and Appropriations Committees, and other agencies as deemed appropriate by the respective Secretaries. The purpose of the workgroup shall be to evaluate common business requirements for electronic health records to ensure consistency and interoperability with other partner state and local agencies and public and private health care entities to the extent allowed by federal and state law and regulations. The goal of the workgroup is to develop an integrated EHR which may be shared as appropriate with other partner state and local agencies and public and private health care entities. The workgroup shall evaluate the DBHDS statement of work developed for its EHR system and the DBHDS platform for potential adaption and/or use by state agencies in order to develop an integrated statewide EHR.

2. The workgroup may consider and evaluate other EHR systems that may be more appropriate to meet specific agency needs and evaluate the cost-effectiveness of pursuing a separate EHR system as compared to a statewide integrated EHR. However, the workgroup shall ensure that

standards are developed to ensure that EHRs can be shared as appropriate with public and private partner agencies and health care entities.

3. The workgroup shall also develop an implementation timeline, cost estimates, and assess other issues that may need to be addressed in order to implement an integrated statewide EHR system. The timeline and cost estimates shall be used by the respective agencies to coordinate implementation. The workgroup shall report on its activities and any recommendations to the Joint Subcommittee on Health and Human Resources Oversight by November 1 of each year.

Should you have any questions or need additional information, please feel free to contact me at 804-786-7765

Enclosure

Pc: Mike Tweedy, Senior Legislative Analyst, Senate Finance and Appropriations Committee

Susan E. Massart, Legislative Fiscal Analyst, House Appropriations Committee Staff

Electronic Health Records Interagency

Workgroup Report

November 1, 2024

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Executive Summary

The Secretary of Health and Human Resources, in collaboration with the Secretaries of Administration and Public Safety and Homeland Security, established an interagency workgroup to oversee the development of a statewide integrated electronic health record (EHR) system. This workgroup included representatives from key state agencies, including the Department of Behavioral Health and Developmental Services (DBHDS), the Virginia Department of Health, the Department of Corrections, and the Department of Planning and Budget, along with staff from the House Appropriations and Senate Finance and Appropriations Committees, as well as other agencies as deemed necessary.

The primary goal of this workgroup was to evaluate and develop a unified EHR system that would promote interoperability across state and local agencies, as well as with public and private health care entities, in accordance with applicable federal and state laws. The workgroup also focused on defining standards for data sharing, ensuring that the EHR system could seamlessly connect with other health care entities and partner agencies. Additionally, it created a detailed implementation plan, including a timeline, cost estimates, and other considerations necessary for the statewide rollout of the system.

The workgroup provides an annual progress report, including recommendations, to the Joint Subcommittee on Health and Human Resources Oversight by November 1st of each year.

Recommendations

1. Continue workgroup meetings where members can provide updates on EHR implementations and enhancements and share best practices.
2. Members should continue to share EHR best practices with one another.
3. While DBHDS, VDH and VADOC focus on separate implementations, each should seek opportunities for connectivity and interoperability across platforms.
4. Agency representatives should proactively explore and evaluate opportunities for enhancing interoperability within healthcare systems. This includes assessing platforms such as Health Information Exchanges (HIEs) — for example, Connect Virginia, CommonWell, and SmartChart — as well as direct data exchange mechanisms through Electronic Health Records (EHRs), such as Health Level 7 (HL7) messages and Fast Healthcare Interoperability Resources (FHIR) standards. Additionally, consideration should be given to secure communication protocols, including Direct Messaging, Application Programming Interfaces (APIs), and Secure File Transfer Protocols (SFTP), among other relevant technologies. By identifying and leveraging these solutions, agencies can facilitate seamless data exchange, improve care coordination, and ensure compliance with regulatory requirements.
5. Each Agency should review current & potential Clinical Use Cases with other Agencies to improve quality of care and health outcomes for clients engaging with multiple Agencies.

Opportunities may include shared information around Substance Use Disorder, Narcan training and distribution and family planning.

6. Future workgroup activities should include the identification of available data sources, if any, showing client overlap among the three agencies.
7. Each agency should identify funding and other resources needed to address interoperability dependencies, and resulting adjusted timelines, as they arise throughout implementation.

Background

The 2024 EHR workgroup focused on providing updates on agency EHR implementation, procurement, and enhancements, sharing lessons learned, and discussing interoperability activities within agencies and across public and private entities.

The EHR workgroup reviewed updates on the status of EHR procurements for Virginia Department of Corrections (VADOC), Virginia Department of Health (VDH), and Department of Behavioral Health and Disability Services (DBHDS). This review provided opportunities to share business and functional requirements and apply lessons learned from market research and vendor negotiations through contract modifications. The EHR workgroup met three times in calendar year 2024 to discuss the following: EHR procurement and implementation status updates for each workgroup member agency (DBHDS, VADOC, VDH), review of implementation and functionality roadmaps, data and information flow and interoperability within and between each agency, and procurement options, funding sources and budget updates.

EHR Implementation Updates

The purpose of the workgroup is to collaborate on the development of member agency EHR systems and to review the costs and benefits of using various vendors and products as long as all systems would be interoperable, and agencies can access and share data on individuals receiving medical care and health care services at multiple state facilities. Per the directive, the workgroup may consider and evaluate other EHR systems that may be more appropriate to meet specific agency needs and evaluate the cost-effectiveness of pursuing a separate EHR system as compared to a statewide integrated EHR. In discussions leading up to 2024, the workgroup recognized that member agencies were at different stages of EHR procurement and implementation, requiring separate procurements while still prioritizing system interoperability.

DBHDS EHR Update

DBHDS is working on a three-year sole source contract with Oracle Health for their EHR, as the current statement of work (SOW) expires September 9th, 2025, and an annual EHR version upgrade is underway as of October 2024. Additionally, DBHDS is in the early stages of planning the migration of the EHR to Oracle Cloud hosting, tentatively slated for mid Fiscal Year 2026 or early Fiscal Year 2027. The Data Exchange and Modernization Program is on schedule to launch the new data platform in Spring of 2025, integrating with the EHR scheduled to begin in July 2025.

DBHDS is also solidifying EHR Governance structures and processes as its ownership transitions to the business. Activities include the following:

- Transitioning to an MS Forms-based enhancement request process, along with developing a corresponding standard operating procedure for submissions, review, and prioritization.
- Defining Subcommittee membership roles and responsibilities: Chairs, co-chairs, primary (voting) members, proxy, advisors.
- Planning subcommittee charter development.
- Developing Clinical informatics DBHDS custom EWP for proposal and alignment of CI required "do, discuss, and decide".
- Planning to complete the [SAFER Guides](#) assessment for all facilities by 12/20/2024.
- Addition of the Chief Medical Officer consultant by administration and posting of the permanent position.
- Addition of the Director of Health Information Management position to oversee documentation and record keeping processes and requirements consistently across all facilities.
- Addition of the Chief Nursing Officer to help define and execute efforts related to nursing documentation processes and requirements across facilities.

Interoperability and Integration

Several facilities are live with the Pyxis Medication Automated Dispensing Cabinets. There will be new integration with a Registration/Revenue Cycle Application, which is currently out for Request For Proposal (RFP). Additionally, DBHDS is working on a new Discharge Assistance Program and integrations into the EHR. Several efforts are on deck to be scheduled including vital sign and glucometer integration to the EHR, EHR Medical Appointment Scheduling standard workflow definition, patient electronic signature, and E-prescribe orders for the training center (SEVTC).

Budget Update

The annual operations and maintenance costs outlined below total to \$3,881,467.27. This includes budget for IT resource costs but excludes business resource costs and Revenue Cycle system costs. DBHDS is currently renegotiating a statement of work with Oracle in preparation of the Oracle Health 3-year contract.

Exhibit 1: DBHDS Budget Update

	Monthly Millennium EHR Recurring O&M Fees	\$ 903,359.27
Line 1	Licensed Software Support per year	\$ 211,259.04
Line 2	Subscription Services per year	\$ 157,800.23
Line 3	Millennium Service Desk per year	\$ 64,800.00
Line 4	Application and Shared Computing per year	\$ 387,900.00
Line 5	Glucose Monthly Shared Comp	\$ 2,100.00
Line 6	eSignature Monthly Shard Comp Svcs	\$ 73,200.00
Line 7	Vital Signs	\$ 6,300.00
	Quarterly Millennium EHR Recurring O&M Fees	\$ 2,978,108.00
Line 1	Remote Hosting Fees per year	\$ 1,200,000.00
Line 2	Equipment and Sublicense Software per year	\$ 490,064.00
Line 3	AMS Maintenance per year	\$ 843,924.00
Line 4	MFA Remote Hosting Fee per year	\$ 21,600.00
Line 5	UCMS Fee per year	\$ 240,000.00
Line 6	Dragon Dictation Monthly Fees (Change Order 45) per year	\$ 182,520.00
	Total One Year	\$ 3,881,467.27

In Fiscal Year 2024, DBHDS expended \$500,000 for staff augmentation and change orders along with \$4,727,821 in personnel costs including 28 FTEs, some being manager positions.

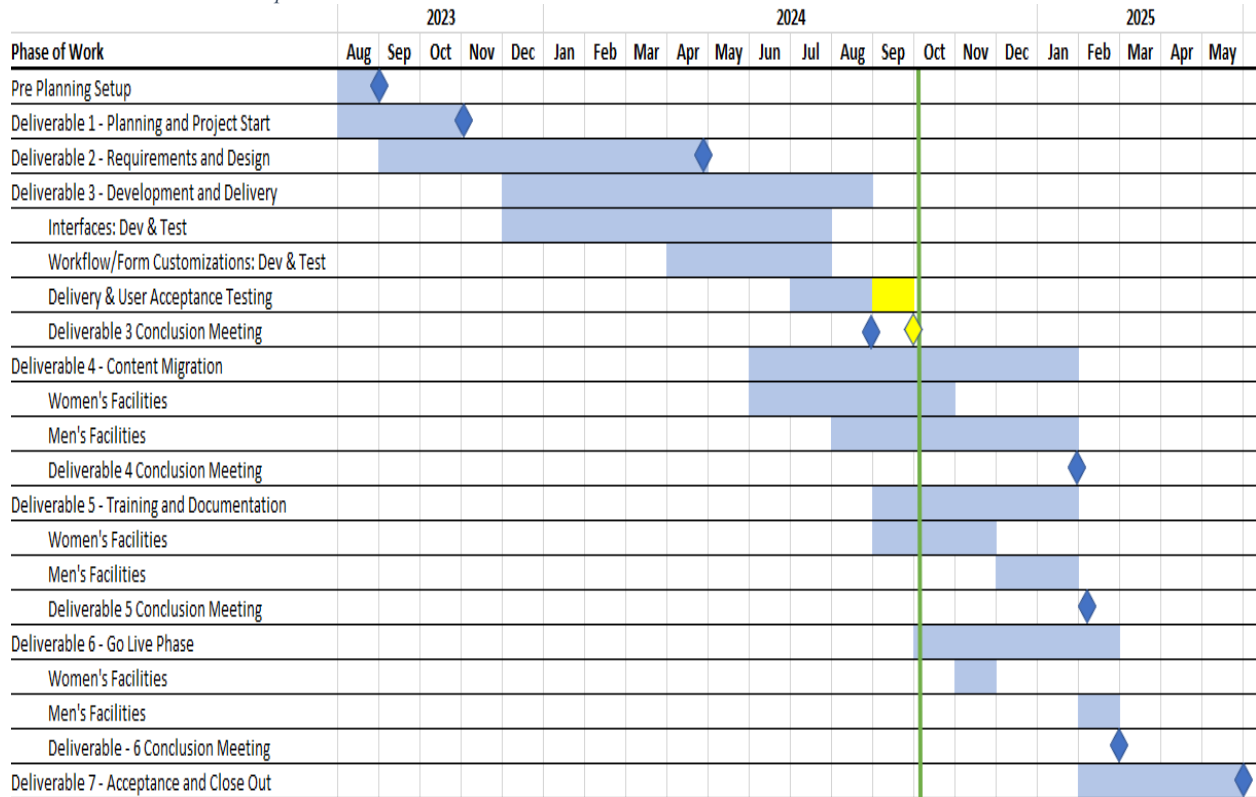
VADOC EHR Implementation Update

VADOC is underway with the EHR project implementation. User Acceptance Testing (UAT) has been completed as of July 2024, with fixes and retesting occurring in August of 2024. Content Migration is currently underway, with the scanning of paper records for Women's facilities completed and Men's facilities in progress. The Migration planning and resynch for Women's facilities commenced in November 2024.

GO-LIVE for the women's facilities was scheduled for November of 2024, and Men's facilities in February of 2025, with both Super User and End User training occurring in the weeks prior to the GO-LIVE's. VADOC is also planning for GO-LIVE support with an on-site war room, as well as post GO-LIVE support with a help desk, featuring a ticketing system, phone number, and mailbox.

Backlog refinement and negotiations are scheduled from December of 2024 through April of 2025, with acceptance and close out beginning in January 2025 and running through May of 2025.

Exhibit 2: VADOC EHR Implementation Timeline



*The yellow indicates User Acceptance Testing (UAT) extended due to customization for VADOC from baseline TechCare EHR; no impact to scope, schedule, or budget.

Budget Update

VADOC is expected to spend a total of \$43 million between Fiscal Year 2025 and Fiscal Year 2030 for the design and development of the EHR system.

Exhibit 3: VADOC EHR Project Financials

Item	FY25	FY26	FY27	FY28	FY29-30	1st 5 years
Milestone Payments						
Deliverable 1: Kick off	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 750,000
Deliverable 2: Requirements Gathering	\$ 1,000,000	\$ -	\$ -	\$ -	\$ -	\$ 1,000,000
Deliverable 3: Develop/Deliver	\$ 1,250,000	\$ -	\$ -	\$ -	\$ -	\$ 1,250,000
Deliverable 4: Data Migration	\$ 250,000	\$ -	\$ -	\$ -	\$ -	\$ 250,000
Deliverable 5: Training	\$ 300,000	\$ -	\$ -	\$ -	\$ -	\$ 300,000
Deliverable 6: Go Live	\$ 300,000	\$ -	\$ -	\$ -	\$ -	\$ 300,000
Closeout	\$ 150,000	\$ -	\$ -	\$ -	\$ -	\$ 150,000
Other Payments						
Software License	\$ 650,000	\$ 650,000	\$ 650,000	\$ 650,000	\$ 695,000	\$ 8,337,500
Additional Software Licenses	\$ 170,000	\$ 170,000	\$ 170,000	\$ 170,000	\$ 170,000	\$ 680,000
Cloud Hosting	\$ 150,000	\$ 150,000	\$ 150,000	\$ 150,000	\$ 150,000	\$ 675,000
Software Customization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Maintenance	\$ 96,250	\$ 770,000	\$ 770,000	\$ 770,000	\$ 793,100	\$ 2,406,250
Sub-Total	\$ 4,316,250	\$ 1,740,000	\$ 1,740,000	\$ 1,740,000	\$ 1,808,100	\$ 17,906,850
Non-Vendor Costs						
Internal Staff labor	\$ 1,248,000	\$ 1,248,000	\$ 1,248,000	\$ 1,248,000	\$ 1,248,000	
IV&V - Independent Verification and Validation	\$ 35,000	\$ 35,000				
VITA Supply Chain Mgmt. Consulting	\$ 500	\$ 250				
VITA Cloud Governance Oversight	\$ 5,740	\$ 5,740	\$ 5,740	\$ 5,740	\$ 5,740	
Additional Contractor Costs (16 positions)	\$ 1,310,400	\$ 1,310,400	\$ 1,310,400	\$ 1,310,400	\$ 1,310,400	
VITA Managed Infrastructure/Mobile Telehealth Costs	\$ 3,560,000	\$ 555,000	\$ 555,000	\$ 555,000	\$ 555,000	
Construction/Site Survey/Secure WAPs	\$ 65,000	\$ 65,000				
Sub-total	\$ 6,224,640	\$ 3,219,390	\$ 3,119,140	\$ 3,119,140	\$ 3,119,140	\$ 19,227,710
Contingency	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	
Grand Total	\$ 11,540,890	\$ 5,959,390	\$ 5,859,140	\$ 5,859,140	\$ 5,927,240	\$ 43,447,060

VDH EHR Implementation Update

VDH signed a contract with Oracle Health for their EHR system in August of 2024, with the official project kickoff occurring on October 15th, 2024. The bulk of costs associated with the development of VDH’s new system consist of ARPA (American Rescue Plan Act) funds. Project costs will be fully obligated with all amounts (including the system integratory) prior to the December 21st, 2024 federal obligation deadline mandated by ARPA.

Workshops will start in January, with the system fully configured by December of 2025.

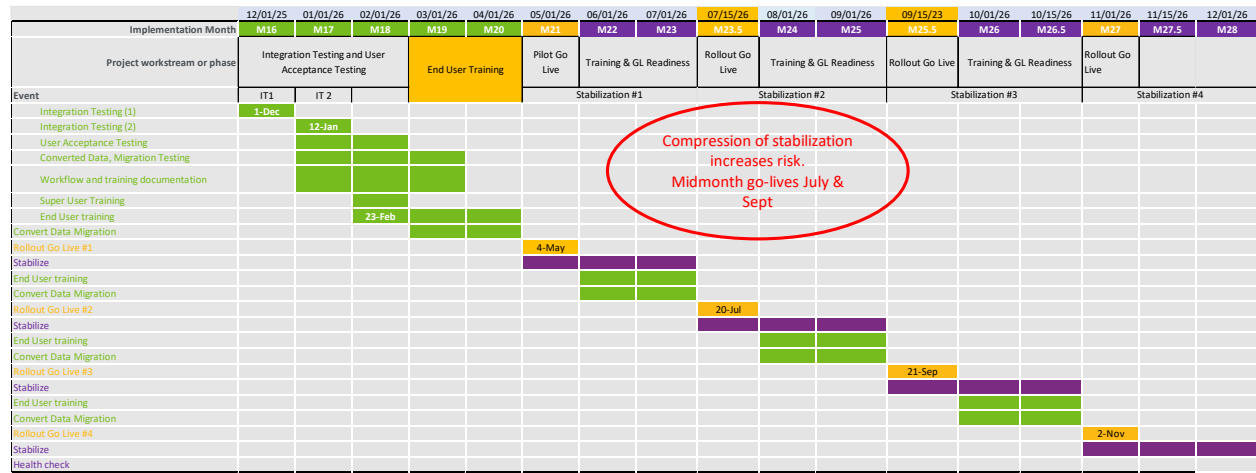
Exhibit 4: VDH EHR Implementation: Planning and Localization Schedule

Implementation Month	09/01/24	10/01/24	11/01/24	12/01/24	01/01/25	02/01/25	03/01/25	04/01/25	05/01/25	06/01/25	07/01/25	08/01/25	09/01/25	10/01/25	11/01/25
Project workstream or phase	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	M15
Event	Planning, Assessment and Analysis				System Localization (Design & Configuration)										
Planning and Initiation		KO			RevLate Preparation				Unit and System Testing						
Change Management (OCM)															
Assessment and Analysis		PTR													
Workshops (Workflow and Product Localization, Configuration & Requirements Validation)	IPKO	CSR			WS 1			WS 2	WS 3	WS 4	WS 5		WS 6	WS 7	WS 8
Product Application and Support Training	26-Sep	15-Oct			13-Jan			7-Apr	12-May	16-Jun	21-Jul		8-Sep	13-Oct	10-Nov
Data Migration extraction from current system															
Data Migration Design and build data conversion capabilities															

An issue with the network circuit installation delayed project workshops by 45 days as reflected in the GO-LIVE schedule below. In partnership with Oracle Health, the VDH Project team decreased the

stabilization period after each of the pilots and the GO-LIVE's, as VDH leadership would like the entire project to end by December 31st, 2026 to meet ARPA expenditure requirements.

Exhibit 5: VDH EHR Implementation Timeline. Testing and GO-LIVE Schedule



Oracle Health facilitated two important pre-implementation workshops with VDH Project Leadership in September. The VDH Oracle Health Leadership Workshop focused on several key objectives. It introduced participants to change management methodologies and explored the concepts of organizational adaptability and complacency. The workshop also aimed to define the project vision and guiding principles, while preparing the case for change. Additionally, it introduced the project's goals and key performance indicators (KPIs). The VDH/Oracle Health Governance Workshop focused on several important objectives as well. It aimed to validate governance and define success criteria for effective governance. The workshop included a review and ratification of the proposed governance structure and its members, along with a discussion of the escalation pathway. Participants outlined the next steps for executing governance and explored the concept of a change network, as well as the communication strategy for managing change.

Exhibit 6: Key VDH Implementation Events

ALIGN		ENGAGE		ACTIVATE		MEASURE	
Key Event	Dates of Event						
Customer Readiness - Kickoff	10/15/24						
Current State Review (Workflow Review, targeted site visits)	Workflow Review 9/27, On-Site* 10/28 – 11/22						
Pre-Workshop Design Event	Week of 12/2/24						
Workshop 1	Week of 1/13/24						
Workshop 2 – RevElate Design Team Engagement & Education	Week of 4/7/25						
Workshop 3	Week of 5/12/25						
Workshop 4	Week of 6/16/25						
Workshop 5	Week of 7/21/25						
Measurement Workshop	Week of 7/28/25						
Workshop 6	Week of 9/8/25						
Workshop 7	Week of 10/13/25						
Workshop 8	Week of 11/10/25						
Maintenance Training	11/17/25 – 5/4/26						
Integration Testing 1	12/1/25 – 12/12/25						
Integration Testing 2	1/12/26 – 1/23/26						
User Acceptance Testing (UAT)	2/16/26 – 2/20/26						
End User Classroom Training Events	3/9/26 – 11/2/26						
Go Live(s) – Pilot, GL #2, GL #3, GL #4	Pilot – 5/4/26, #2 – 7/20/26, #3 – 9/21/26, #4 – 11/2/26						
Health Check	2/1/27						

VDH continues to closely coordinate with the other VDH ARPA projects that may have an impact on EHR implementation, including Digital Imaging of clinical records, Broadband expansion to clinical locations, and LHD facility upgrades.

Budget Update for VDH – Vendor-only

There is some uncertainty around projects including the likelihood of recurring transactional costs and potential vendor fee increases for years four through ten. VDH will have produced detailed budget requests for all ongoing costs during budget development in the summer of 2025. Preliminary projections suggest that in Fiscal Year 2027, VDH will need approximately \$10,000,000 General Fund to support the standup of ongoing support for the project as well as the cost of operating the system in the local health districts where it is operational. In Fiscal Year 2028 and beyond, the annual operating cost of the system including staff, licensing, and software costs is projected to be near \$8,500,000.

Exhibit 7: VDH EHR Financials Years 1-5

Cost Areas	Base Contract Years					
	Year 1	Year 2	Year 3	Year 4	Year 5	Years 1-5 Total
Implementation and Licensing:						
Implementation Costs	\$6,289,317.14	\$6,382,934.82	\$3,783,062.99	\$0.00	\$0.00	\$16,455,314.95
Contractor Software License Costs	\$200,455.91	\$542,740.90	\$684,569.98	\$684,569.98	\$684,569.98	\$2,796,906.75
Patient Portal Licenses (if not)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Third-Party Software License Costs	\$327,539.78	\$106,667.48	\$170,500.48	\$170,500.48	\$170,500.48	\$945,708.72
Hosting Fees	\$720,630.00	\$960,840.00	\$960,840.00	\$960,840.00	\$960,840.00	\$4,563,990.00
Application Management Services	\$0.00	\$186,097.80	\$476,284.20	\$504,672.00	\$504,672.00	\$1,671,726.00
Subtotal	\$7,537,942.83	\$8,179,281.00	\$6,075,257.66	\$2,320,582.47	\$2,320,582.47	\$26,433,646.43

EHR Lessons Learned

During workgroup meetings, DBHDS, VDH and VADOC shared lessons learned from recent EHR procurements, implementations, and ongoing enhancements and modifications.

DBHDS Successes and Lessons Learned

DBHDS provided the workgroup with a report on detailed lessons learned regarding implementation. Updates included a focus on additional training budget, to include resources, material development, and someone to manage those. DBHDS recommends establishing a governance process and engagement and identifying super users, business owners, and leads. Further, DBHDS created two different ways that people could submit feedback on lessons learned, through a Microsoft Form and email, to keep track of lessons learned throughout the duration of the project.

VADOC Successes and Lessons Learned

VADOC provided several lessons learned as it related to project management. These lessons learned include ensuring all oversight committee members are aware of requirements, clearly defining all project roles, duties, expectations, and responsibilities, and starting OCM activities early that continue throughout the life of project. VADOC also recommends focusing on testing, and ensuring participants understand the expectations and commitments.

VDH Lessons Learned and Project Challenges.

While VDH is still undergoing implementation, work group members highlighted several challenges the team is taking into consideration moving forward. These challenges revolve around the unique needs of local health districts, billing challenges, pharmacy functionality and change to clinical culture.

Interoperability

The work group discussed the establishment of an “Interoperability Advisory Council” that would allow for informal meetings to discuss use cases, interoperability opportunities and challenges, data sharing opportunities and shared best practices.

Workgroup Recommendations

During the final workgroup meeting, members expressed interest in continued collaboration to develop recommendations related to EHR procurement activities going forward. These recommendations include:

1. Continue workgroup meetings where members can provide updates on EHR implementations and enhancements and share best practices.
2. Members should continue to share EHR best practices with one another.
3. While DBHDS, VDH and VADOC focus on separate implementations, each should seek opportunities for connectivity and interoperability across platforms.
4. Agency representatives should proactively explore and evaluate opportunities for enhancing interoperability within healthcare systems. This includes assessing platforms such as Health Information Exchanges (HIEs) — for example, Connect Virginia, CommonWell, and SmartChart — as well as direct data exchange mechanisms through Electronic Health Records (EHRs), such as Health Level 7 (HL7) messages and Fast Healthcare Interoperability Resources (FHIR) standards. Additionally, consideration should be given to secure communication protocols, including Direct Messaging, Application Programming Interfaces (APIs), and Secure File Transfer Protocols (SFTP), among other relevant technologies. By identifying and leveraging these solutions, agencies can facilitate seamless data exchange, improve care coordination, and ensure compliance with regulatory requirements.
5. Each Agency should review current & potential Clinical Use Cases with other Agencies to improve quality of care and health outcomes for clients engaging with multiple Agencies. Opportunities may include shared information around Substance Use Disorder, Narcan training and distribution and family planning.
6. Future workgroup activities should include the identification of available data sources, if any, showing client overlap among the three agencies.
7. Each agency will identify funding and other resources needed to address interoperability dependencies, and resulting adjusted timelines, as they arise throughout implementation.

Appendices

Appendix A: Workgroup Participants

EHR Work Group Participants	
Entity	Representative(s)
Office of the Secretary of Health and Human Resources	Lanette Walker, CFO Anjali Jarral, Special Assistant
Office of the Secretary of Public Safety and Homeland Security	Josh Humphries, Deputy Secretary Office of the Governor and Cabinet Secretariats
Office of the Secretary of Administration	Deputy Secretary Bradley Phillips, Deputy Secretary
Department of Health	Dr. Susan Fischer Davis, Chief Deputy Commissioner CHS Suresh Soundararajan, CIO Bill Edmunds, Director
Department of Behavioral Health and Developmental Services	Dr. Fabio DeSouza, Director of Clinical Informatics Erin Loar, Deputy Chief Information Officer Anna Smith, Director of Enterprise Applications
Department of Corrections	Joe Walters, Deputy Director for Administration Russell Murphey, VADOC Health IT Program Manager; Susan Tinsley, Delivery Services Manager
Department of Planning and Budget	Mike Shook, Associate Director (Robert Borge, representing Shook) Kelly Richards Maddie Campbell
Virginia Information Technology Agency	Richard Matthews Chief Customer Experience Officer, Virginia IT Agency
House Appropriations Committee	Susan Massart, Legislative Fiscal Analyst Amy Cochran, Associate Legislative Fiscal Analyst
Senate Finance and Appropriations Committee	Mike Tweedy, Legislative Analyst Catie Robertson Sydney Pottebaum, Legislative Fiscal Analyst
Other / Additional Participants	
VDH	Dawn Strang (PM)
VDH	Hannah Durden (Admin)