

Minutes
STATE BOARD OF HEALTH
September 9, 2016
9:00 a.m.

Division of Public and Behavioral Health
4150 Technology Way, Room 303
Carson City, Nevada

Southern Nevada Health District
280 S. Decatur Blvd.
Las Vegas, Nevada 89107

Division of Aging and Disability Services
Early Intervention Services
1020 Ruby Vista Drive, Suite 102
Elko, Nevada

BOARD MEMBERS PRESENT:

Mason Gorda (Las Vegas)
Brian Saeman, ESQ (Carson City)
Dipti Shah, MD (Las Vegas)
Jon Pennell, DVM (Las Vegas)
Monica Ponce, DDS (Las Vegas)
Judith Bittner, (Carson City)
Jeffrey Murawsky, M.D. (Las Vegas)

DIVISION OF PUBLIC & BEHAVIORAL HEALTH (DPBH) STAFF PRESENT:

Cody Phinney, DPBH, Administrator, Julia Peek, DPBH, Deputy Administrator Community Services, Kirsten Coulombe, DPBH, Deputy Administrator Administrative Services, John DiMuro, DPBH, Chief Medical Officer, Chad Westom, DPBH, PAIS, Paul Shubert, DPBH, HCQC, Jason Lewis, DPBH, Program Officer III, Leticia Metherell, DPBH, Health Facilities Inspection Manager, RN, Karen Beckley, DBPH, Program Manager, Christine Pool, DPBH, Nevada Central Cancer Registry, Andrea Rivers, DPBH, Program Manager-OPHIE, Karissa Loper, DPBH, MPH, Immunization Program Manager, Beth Handler, DPBH, Bureau Chief, CFCW, Barrett Evans, DPBH, EHS, Shannon McGuinness, DPBH, Jessica Conner, DPBH

OTHERS PRESENT:

Linda Anderson, AG, Julie Slabaugh, AG, Jessica Brown, Desert Memorial
Chris Grant, Desert Memorial, Susan Zannis, SNHD, Matt Grimes, Desert Radiology
Jon Spencer, Valley Hospital, Heather Anderson-Fintak, SNHD
Janice Enriquez, Self, Sherry Agado, Infinity Hospice Care
Felicia Davidson, Infinity Hospice Care, Sally Johnson, Nathan Adelson Hospice
Nicole Kwon, Mountain View Hospital, Joe Gunther, Geotek, John Ellezaonma, Self
Cindy Lale, SNWD, Selena Gray, DCFS, Rocky Finsith, GSK, Josee Gill, Henderson Hospital

Gili Amaya, Sunrise Hospital, Nicki Aaker, Carson City HHS, Dr. Joseph Iser, Chief Health Officer, Southern Nevada Health District, Kevin Dick, District Health Officer, Washoe County Health District, Bryan Gregory, Reno Orthopedic, Brooke Maylath, Transgender Allies Group, Sherrie Scallid, Transgender Allies Group, Julie Kewanyama, GI Consultants, Cari Herington, Nevada Cancer Coalition, Tony Macaluso, WCHD, Amber English, WCHD, Joanna Jacob, Ferrari Public Affairs, Mary Skan, Immunize Nevada, Heidi Parker, Immunize Nevada, Melinda Hoskins, NV Affiliate ACNM, AABC, CABC, Lesley Pittman, Reno Diagnostic Centers, Renee Necas, DHCFP, Shelly Capurro, Kaempfer Crowell, Katie Ryan, Dignity Health, Catherine Omara, NSMA, Blayne Osborn, NRHP, Jenny Reese, Carrara Nevada

Chairman Saeman opened the meeting at 9:10 a.m. Chairman Saeman indicated the meeting agenda was posted at the following locations: Division of Public and Behavioral Health, Carson City; Washoe County Health District, Reno; Nevada State Library and Archives, Carson City; Grant Sawyer State Office Building, Las Vegas; Early Intervention Services, Elko; Legislative Building, Carson City; on the Internet at the Nevada Division of Public and Behavioral Health website: <http://www.health.nv.gov>; and the Legislative Counsel Bureau website: <http://www.leg.state.nv.us> in accordance with the Nevada Open Meeting Law.

1. Roll call was taken and it was determined that a quorum of the State Board of Health was present.

Public comment- Mr. Barry Lovgren provided a letter to be attached to these minutes, Exhibit "A".

Chairman Saeman informed that a couple of items were going to be taken out of order to accommodate the need for some of the staff to attend a Legislative meeting. The first item being Agenda item no. 10:

Consideration and adoption of proposed amendment to Nevada Administrative Code Chapter 440 Vital Statistics, LCB File No. R066-16. The proposed regulations relating to Vital Records amend and modify existing language to make the regulations more clear, current and compatible with the intent and scope of the Office of Vital Records program.

Mr. Westom provided a verbal overview of the proposed regulation. Changes include:

- New regulations for homebirths and requirements for filing a birth certificate
- Regulations regarding midwives to control access to electronic birth registry system
- Regulations regarding pronouncement of death
- Revisions to existing language to data and statistical requests
- Revisions to existing language regarding corrections and amendments to birth and death records through an affidavit of correction or a court order
- Revisions to existing language regarding issuance of certificates, both birth and death
- Revisions to existing language regarding the filing for a delayed birth certificate
- Proposed to repeal section 37 because of outdated language regarding the preparation of new birth certificates for a person having undergone sexual transformation

Dr. Murawsky had a question on, Section 25 subsection 3 regarding required timeframes for signing death certificate. After further discussion and for adoption of the regulation, "within 48 hours or the next business day" was agreed to be used in the specified section.

No public comment.

CHAIRMAN SAEMAN ENTERTAINED A MOTION ON AGENDA ITEM 10. A MOTION TO APPROVE WAS MADE AND SECONDED WITH RECOMMENDED AMENDMENT; THE MOTION PASSED UNANIMOUSLY.

Agenda item no. 11: Consideration and adoption of proposed regulation to Nevada Administrative Code Chapter 440 Vital Statistics fees, LCB File No. R077-16 by Administrator Cody Phinney. The proposed regulations related to Vital Statistics are to amend some existing fees and modify language to make the regulations more clear and compatible, and compatible with the practices of the Office of Vital Records.

Mr. Westom provided a verbal overview of the proposed regulation. Changes include:

- Proposed \$4 fee instead of \$1 fee for each death certificate
- Proposed clarifying language for birth and death certificate fees paid for by the health districts
- Proposed clarifying language for verification of certificates
- Proposed new \$2 fee for electronic verification of vital events
- Proposed decreasing the amendment fee to \$10 from \$40 for the Department of Welfare and Supportive Services to meet current practices
- Proposed decreasing the amendment fee to \$10 from \$40 for the certifier of a death record when it's determined that the correction is not the result of an error by the certifier

No public comment.

ADMINISTRATOR MS. PHINNEY APPROVED AGENDA ITEM 11.

Chairman Saeman informed that the last agenda item taken out of order would be Dr. Iser's report presentation.

Dr. Joseph Iser, MD, DrPH, MSc, Chief Health Officer for Southern Nevada Health District, provided a written report which is attached to these minutes, Exhibit "B". Dr. Iser's report provided an update on Zika, accreditation, Community Health Improvement Plan overview, partnering of the Health District with DETR to open up a cafeteria, the launching of mobile testing unit, and public health preparedness.

Chairman Saeman stated that the meeting is now going back to regular agenda, next item is approval of minutes for June 10, 2016.

2. Chairman Saeman asked if there were any additions or corrections to the minutes from June 10, 2016. Number eight, paramedic compliance agreements does not note that this was approved. In the minutes it doesn't note that it was discussed and contracts

were approved. Page two, remove Jones after Chairman Saeman's name. A motion to approve the minutes of June 10, 2016 was made, seconded and carried to approve the minutes with corrections. The motion passed unanimously.

3. REPORTS (Informational)

Ms. Nicki Aaker, MSN, M PH, RN, Director for Carson City Health and Human Services, provided a written and verbal report. Ms. Aker provided updates on community health needs assessments, healthcare coalition meeting, partnership with Division of Welfare and Supportive Services, environmental health, clinical services, public health preparedness, chronic disease prevention and health promotion, adolescent health education program, and human services. A written report is attached to these minutes, Exhibit "C".

Mr. Kevin Dick, District Health Officer for Washoe County Health District, provided a written and verbal report. Mr. Dick reported that there have been two more positive mosquito pools positive for the West Nile Virus. There has been an application of larvacide and they will continue with fogging for mosquitoes in that area. There have also been two additional cases of Zika Virus that have been confirmed positive. Mr. Dick also informed that he signed a permit for disinterment at Hillside Cemetary. Mr. Dick provided updates on the budget, West Nile Virus, Zika Virus, GI outbreaks, food establishments regulation adoption, special events, opioid situation, preparedness and emergency medical services, Truckee Meadows Health Communities, and Legislative Committee on healthcare. A written report is attached to these minutes, Exhibit "D".

Dr. John DiMuro, D.O., Chief Medical Officer started his position as the State Chief Medical Officer on July 1, 2016. Dr. DiMuro is dual board certified in anesthesiology and pain medicine. Dr. DiMuro provided updates on current projects, opioid crisis, preventive healthcare, working with Medicaid, planning for applying for oral health grants, mental health, and prison system involvement.

4. CONSENT AGENDA

Consideration and adoption of proposed amendments to Nevada Administrative Code Chapter 459, Hazardous Materials, LCB File No. R144-13RP5. (Karen Beckley, Manager)

Approval of revised Declaration of Paternity Form pursuant to NRS 126.053 (Jason Lewis, Vital Records)

Appointment of Anne R. Lindsay to the Dietitian Advisory Group pursuant to NAC 640E.300 (Jennifer Dunaway, Bureau of Health Care Quality and Compliance)

Appointment of Darryl Cleveland to the Emergency Medical Systems Advisory Committee. (Chad Westom, Bureau Chief, PAIS)

Approval of future meeting dates for the Board of Health: December 9, 2016; March 10, 2017; June 9, 2017; September 8, 2017; December 8, 2017.

No public comment.

CHAIRMAN SAEMAN ENTERTAINED A MOTION ON ITEM 4, CONSENT AGENDA. A MOTION TO APPROVE WAS MADE AND SECONDED; THE MOTION PASSED UNANIMOUSLY.

5. Approval of the regulations governing food establishments adopted by the Washoe County District Board of Health as required by NRS 439.366.

Ms. English provided a summary of the proposed changes which includes:

- Minor formatting in edits, corrections as well as incorporation of additional provisions from the U.S. Food and Drug Administration model food code to maintain consistency with the national standard
- Proposal of deletion of portions of regulations pertaining to grading and grades of food establishments in order to implement new rating system that more accurately reflects the occurrence of food born illness

No public comment.

CHAIRMAN SAEMAN ENTERTAINED A MOTION ON AGENDA ITEM 5. A MOTION TO APPROVE WAS MADE AND SECONDED; THE MOTION PASSED UNANIMOUSLY.

6. Consideration and adoption of proposed amendment of Nevada Administrative Code Chapter 449 Obstetric Centers, LCB File No. R059-16. The proposed changes to the regulation were designed with the intent to encourage applicants ease burdens on the development of small businesses in order to offer alternatives for birthing in Nevada.

Dr. Murawsky asked if in Section 16 sub paragraph 6, there is any review or consideration of requiring a higher standard ACLS or PALS. Ms. Melinda Hoskins addressed concern regarding the requirement of facility guidelines and institute health guidelines for centers. Ms. Hoskins also addressed the concern of possible adoption of guidelines for transfers of planned home birth to hospital through the Board of Health. Dr. Pennell asked for clarification on Section 11, 2b and Section 21, 4a. Dr. Murawsky asked questions regarding Section 21, 4a in the errata and the comments that ACOG provided in their letter, which is attached to these minutes as Exhibit "E".

CHAIRMAN SAEMAN ENTERTAINED A MOTION ON AGENDA ITEM 6. A MOTION TO APPROVE WAS MADE AND SECONDED; THE MOTION PASSED UNANIMOUSLY.

7. Consideration and adoption of proposed amendment to the Nevada Administrative Code Chapter 457 Cancer Registry, LCB File No. R057-16. The main purpose of the amendment is to improve compliance with cancer reporting requirements to prevent a uniform application of standardized data definitions and codes.

Mr. Gorda asked about, regarding Section 15, part 1 and what impact that will have on the patient. Dr. Murawsky addressed concern how the NAC revision will deal with who is responsible for reporting.

Public Comment:

Ms. Cari Herington (Nevada Cancer Coalition) is in support of proposed regulation.

Ms. Lesley Pittman (Reno Diagnostic Centers) requested to be excluded from the reporting requirements in the proposed regulation.

Catherine O'Mara (Nevada State Medical Association) encouraged for the regulation not be passed, for another round of small business impact questionnaires be sent out, and for another workshop to be conducted.

Joanna Jacob (Ferrari Public Affairs representing Comprehensive Cancer Centers) is concerned with financial burden on independent practices. Ms. Jacob provided a letter to be entered in the record, Exhibit "F".

Blayne Osborn (Nevada Rural Hospital Partners) requested for an additional workshop to address concerns regarding hospitals.

Mr. John Ellerton (medical oncologist) asked to table regulation and do another workshop.

Sally Johnson (Nathan Adelson Hospice) addressed concerns relating to reporting requirements for hospices.

A MOTION TO RETURN REGULATION LCB FILE NO. R057-16, CANCER REGISTRY FOR FUTURE WORKSHOPS AND RETURN TO THE BOARD WAS MADE AND SECONDED; THE MOTION PASSED UNANIMOUSLY.

8. Consideration and adoption of proposed amendment to Nevada Administrative Code Chapters 392, 394, and 441A Immunization, LCB File No. R052-16. The purpose of the amendment is to add immunization against Neisseria meningitidis as a requirement for 7th grade public and private school enrollment in Nevada.

No public comment.

CHAIRMAN SAEMAN ENTERTAINED A MOTION ON AGENDA ITEM 8. A MOTION TO APPROVE WAS MADE AND SECONDED; THE MOTION PASSED UNANIMOUSLY.

9. Consideration and adoption of proposed amendment to Nevada Administrative Code Chapter 442 Maternal and Child Health, LCB File No. R033-16. The proposed amendments is to

align the transfer of the newborn screening program to the State Public Health Laboratory at the Univeristy of Nevada in Reno.

No public comment.

CHAIRMAN SAEMAN ENTERTAINED A MOTION ON AGENDA ITEM 9. A MOTION TO APPROVE WAS MADE AND SECONDED; THE MOTION PASSED UNANIMOUSLY.

PUBLIC COMMENT:

Ms. Londa Addington (MedSmart Staffing) asked for clarification of changes on agenda item 4a, LCB File No. R144-13RP5, Hazardous Materials.

A motion was made, seconded, and carried to adjourn the September 9, 2016 meeting of the Board of Health.

The meeting was adjourned at 11:30 am.

Barry W. Lovgren
PO Box 6744
Gardnerville, NV 89460
(775)265-2659
barrylovgren@yahoo.com

August 31, 2016

Dear Nevada Board of Health Member:

I will be unable to attend the September 9 meeting of the Board, and ask that this letter be considered written public comment and ask that it be attached to the minutes of the meeting.

1. Enforcement of NAC 458.336.

In my testimony before the Board at its June meeting I asked the Board to put enforcement of NAC 458.336 on the agenda this meeting to remedy the problem of the Division of Public and Behavioral Health's ongoing failure to enforce it. I am disappointed to see that enforcement of NAC 458.336 is not on the agenda.

When consolidation of behavioral health and public health was being considered, a study was commissioned to identify the challenges to be addressed, "Comprehensive Gaps Analysis of Behavioral Health Services". This study identified the longstanding problem of lack of public supervision of State behavioral health services. With the consolidation of public and behavioral health under the Board of Health's supervisory authority (NRS 439.150), it appeared that public supervision of behavioral health had finally been attained by placing it under the supervision of a public body.

In practice, however, public supervision of State behavioral health services remains woefully inadequate. The Board has ignored citizen complaint of the Division's continuing failure to enforce regulation adopted by the Board and approved by the Legislative Commission.

2. Compliance with NRS 629.053 and NAC 629.050.

NRS 629.053 requires the State Board of Health and many other boards which regulate health care to post on their websites notice of procedures for destruction of health care records of persons less than 23 years of age. In 2011 the State Board of Health adopted NAC 629.050 requiring that the notice posted on board websites pursuant to this statute must be titled, "Notice to Patients Regarding the Destruction of Health Care Records."

The Board adopted regulation for what the website notice must be entitled, yet the Board's website doesn't have the requisite notice. I brought this matter to the attention of the Division of Public and Behavioral Health some time ago. The Board's website can be

viewed at [http://dpbh.nv.gov/Boards/BOH/Board_of_Health \(BOH\) - home/](http://dpbh.nv.gov/Boards/BOH/Board_of_Health_(BOH)_-home/).

3. Assignment to the Board of duty to provide oversight of behavioral health professional licensure.

The Governor's Office has submitted Bill Draft Request (BDR) #228 for a bill which "Establishes the State Board of Health as the regulatory oversight body for behavioral health occupational licensing boards." It appears that the Legislative Committee on Health Care is considering a similar bill, which would call for dissolution of the Board of Psychological Examiners, the Board of Examiners for Social Workers, the Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors, and the Board of Alcohol, Drug, and Gambling Counselors. In the proposed bill the functions of each of those boards would be served by subcommittees of the Board of Health.

I encourage the Board to consider whether it would be able to meet this additional responsibility. I have pointed out to the Board on several occasions that with the integration of behavioral and public health in 2013 the Board was given the statutory duty to provide general supervision of all nonadministrative matters relating to State behavioral health services (NRS 439.150), yet the Board has yet to perform this duty. The Board has yet to receive, and has yet to request, any report to it regarding State behavioral health services. In addition, as pointed out previously in this letter, the Board appears to ignore citizen complaint of Division failure to enforce behavioral health regulation.

I encourage the Board to oppose legislation assigning to it the additional duty of providing overview of behavioral health professional licensing until it meets its current duty of providing overview of State behavioral health services.

Thank you,



Barry W. Lovgren

cc: Cody Phinney, Administrator, Division of Public and Behavioral Health
Legislative Committee on Health Care

Addendum

NRS 629.053 Disclosure on Internet website by State Board of Health and certain regulatory boards concerning destruction of records; regulations.

1. The State Board of Health and each board created pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 640, 640A, 640B, 640C, 641A, 641B, or

641C of NRS shall post on its website on the Internet, if any, a statement which discloses that:

(a) Pursuant to the provisions of subsection 7 of NRS 629.051:

(1) The health care records of a person who is less than 23 years of age may not be destroyed; and

(2) The health care records of a person who has attained the age of 23 years may be destroyed for those records which have been retained for at least 5 years or for any longer period provided by federal law; and

(b) Except as otherwise provided in subsection 7 of NRS 629.051 and unless a longer period is provided by federal law, the health care records of a patient who is 23 years of age or older may be destroyed after 5 years pursuant to subsection 1 of NRS 629.051.

2. The State Board of Health shall adopt regulations prescribing the contents of the statements required pursuant to this section.

NAC 629.050 Disclosure concerning destruction of records: Title of statement to be posted on Internet by State Board of Health and certain other regulatory boards. A statement required by NRS 629.053 must be titled "Notice to Patients Regarding the Destruction of Health Care Records."



DATE: September 9, 2016
TO: State Board of Health Members
FROM: Joseph Iser, MD, DrPH, MSc, Chief Health Officer
SUBJECT: Chief Health Officer Report

Vector Surveillance Update

As of August 11, 2016 the Southern Nevada Health District is reporting 11 cases of Zika virus in Clark County residents. Ninety-six people have been tested, with nine test results pending. All positive cases reported by the Health District are travel associated, and updates are posted at www.SNHD.info/zika/updates.php as they are confirmed. Additional information about Zika virus disease is available on the [Health District website](#) and on the [CDC website](#).

St. Louis Encephalitis and West Nile virus-positive mosquito pools continue to be identified by the Southern Nevada Health District's Vector Surveillance Program. To date, St. Louis Encephalitis-positive mosquito pools have been identified in 32 unique ZIP codes, West Nile virus-positive mosquitoes have been identified in two unique ZIP codes, and in a rare occurrence two mosquito pools containing both St. Louis Encephalitis and West Nile virus-positive mosquitoes have been identified in one ZIP code.

Accreditation Update

Identifying documents to demonstrate the Health District meets the standards and measures of the Public Health Accreditation Board is one of the most important milestones of the accreditation process. The Health District begins its document selection process this month and has created 12 teams for each of the 12 accreditation domains. Each team is composed of a team lead and three to five staff members from divisions and programs that represent subject matter covered by the domains. The objective of each team is to select documents that best illustrate the efforts of the Health District for their respective domains.

Access to Care - Health District Epidemiology and Informatics staff created maps that highlight gaps in the health care system in Clark County. The maps illustrate percentage of uninsured, number of dentists by ZIP codes, and percentage of residents enrolled in Nevada Health Link. The maps are available for viewing at www.HealthySouthernNevada.org.

The Healthy Southern Nevada website has undergone an extensive redesign. This includes introducing new indicators, improving the mini-dashboards, and allowing partners to publish the dashboards on their own websites. A unique benefit of this feature is that as dashboards are

published on a partner website, visitors who click on the Healthy Southern Nevada link for more information will be redirected to the Health District's website for resources. In order to promote the Healthy Southern Nevada website, a business card was created that features the website logo, address, community priorities, data dashboards, and tools and resources. The cards will assist with creating awareness of the website as a resource for community partners and stakeholders.

Community Health Improvement Plan

The first, multi-agency Community Health Improvement Plan (CHIP) was introduced at an event at the Clark County Government Center on Wednesday, Aug. 10, 2016. The plan serves as a template to address health disparities in Southern Nevada and represents the collaborative efforts of government agencies, health care providers, non-profits, and academia. The CHIP is the next step in a process that started with a Community Health Assessment completed earlier this year. The three priority areas identified by the CHIP are:

- Ensuring access to health care and human services to all residents
- Promoting health by addressing healthy behaviors that can impact chronic diseases
- Promoting health through informed policy making and appropriate funding for local public health

The CHIP will be implemented over a three-year period with updates available on the HealthySouthernNevada.org website.

Health District Partners with DETR

The Health District and the Department of Employment, Training, and Rehabilitation (DETR) announced the grand opening of the Aroma Café at the District's main facility located at 280 S. Decatur Blvd., on Aug. 4, 2016. The Aroma Café is the result of collaboration between the Health District and DETR's Business Enterprises of Nevada (BEN) program. The BEN program provides clients of DETR's Bureau of Services to the Blind and Visually Impaired with training and on-the-job experience in managing food facilities, micro markets, and gift stores in public buildings. There are currently 19 businesses in Southern Nevada and 12 in Northern Nevada managed by BEN operators. The program operates under the Randolph-Sheppard Act, which gives people who are blind the priority right to run vending facilities in government buildings.

Mobile Testing Unit

On June 27, 2016 the Health District and AIDS Healthcare Foundation launched an HIV/STD mobile testing unit to coincide with National HIV Testing Day. The mobile testing unit was initiated as a method to increase testing throughout Southern Nevada and allows the organizations to offer rapid HIV screening as well as syphilis, gonorrhea, and Chlamydia testing in the unit during outreach events.

Public Health Preparedness

The Health District's Public Health Preparedness office provided three Ebola First Receiver and PPE training sessions on June 20-22, 2016. The three host facilities were Veterans Affairs Southern Nevada Healthcare System, Dignity Health System - San Martin Campus, and Desert Springs Hospital.

Multiple jurisdictional partners attended, including health care partners, city and county government representatives, and mortuary and coroner-medical examiner's office staff.

An Ebola Isolation and Quarantine Tabletop exercise was conducted on June 9, 2016. Participants included representatives from the local court system and legal and risk management from city and county agencies. Ebola assessment hospitals and Nellis Air Force Base personnel participated in observational and awareness roles. This exercise reviewed existing processes for issuing involuntary quarantine orders for a public health threat, which is the same process used for patients with active TB. The Health District has developed an Isolation and Quarantine Bench Book that outlines the legal authority of the local health officer during such an incident. The exercise included an Ebola scenario and was followed by discussion questions that provided participants with a refresher to plan content, limitations, and agency roles and responsibilities.

On June 7, 2016 the Health District hosted an Ebola Waste Management Tabletop exercise at the Clark County Government Center. Participants included UMC, Dignity Health System, Valley Health System, Summerlin Hospital, Spring Valley Hospital, Clark County Water Reclamation District, Republic Services, and representatives from the state's Division of Public and Behavioral Health.



Exhibit "C"

CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

State Board of Health
Carson City Health and Human Services Report
September 9, 2016

Community Health Needs Assessments

Carson City: CCHHS is working with Carson Tahoe Health (CTH) to complete different aspects of the assessment process. CTH has completed their components of their CHNA, including a phone survey of community members, an electronic survey of regional providers, and presented their findings in an executive summary document in July 2016 through meetings held at CTH and at the July meeting of the Carson City Board of Health. Meanwhile, CCHHS has completed a comprehensive list of quantitative data that outlines the health status of the community and surrounding counties, using the Nevada Core Health Indicators, v. 1.0. Additionally, a set of four meetings of community stakeholders to complete the Local Public Health System Performance Assessment (LPHSPA) are set to take place on October 10th and 11th of this year. So as to loosely follow the MAPP (Mobilizing for Action through Planning and Partnership) Process, the results from the activities completed by both agencies will be combined and will be further addressed during a "Forces of Change" assessment, wherein community stakeholders, interested members of the public, City governance, and others, will reconvene to discuss current disparities uncovered in these assessments, as well as to identify future obstacles and opportunities to navigate and capitalize upon. The date(s) for the Forces of Change assessment are yet to be determined.

Douglas County: All necessary components of the Douglas County CHNA have been completed and a summary document is currently in progress. However, due to limited staffing resources, progress has slowed.

Carson City Health & Human Services

900 East Long Street • Carson City, Nevada 89706 • (775) 887-2190 • Hearing Impaired-Use 711

Clinical Services (775) 887-2195 Fax: (775) 887-2192	Public Health Preparedness (775) 887-2190 Fax: (775) 887-2248	Human Services (775) 887-2110 Fax: (775) 887-2539	Disease Control & Prevention (775) 887-2190 Fax: (775) 887-2248	Chronic Disease Prevention & Health Promotion (775) 887-2190 Fax: (775) 887-2248
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CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

Carson City Healthcare Coalition

The inaugural Carson City Healthcare Coalition meeting was held on July 28th. It was very well attended by representatives of various organizations within Carson City representing Caron Tahoe Health, long term care facilities, service organizations, UNR School of Nursing, Eagle Valley Children's Home, and various Carson City Departments such as the Fire Department, Sheriff's Department and the Senior Center. The purpose of this coalition is to increase collaboration among public and private healthcare agencies, prepare for and respond to health hazards or health emergencies and share best practices among healthcare organizations. The mission/purpose is to develop and promote emergency preparedness and response capabilities of Carson City healthcare entities by:

- Strengthening medical surge capacity and capabilities
- Building relationships and partnerships
- Facilitating communication, information and resource sharing
- Maximizing movement and utilization of existing resources
- Coordinating training, drills, and exercises

The next scheduled meeting is October 27, 2016, 8:30 am – 10:30 am, at Carson City Fire Station 51.

Medicaid Enrollment

CCHHS is partnering with Nevada's Division of Welfare and Supportive Services to provide services at CCHHS. Richard Zemke is onsite on Thursdays to meet with individuals and determine eligibility on the Assistance Application for Medicaid and food stamps, as well as the Qualified Medicare Beneficiary and Specified Low-Income Medicare Beneficiary applications. When he is not on site, inquiries are being logged in order to evaluate if he should be onsite additional days.

Environmental Health

Carson City and Douglas County's Interlocal Agreement was approved by both the Carson City's Board of Supervisors and Douglas County's Board of Commissioners. We are presently recruiting for one Environmental Health Specialist due to a vacancy. The Environmental Health Specialists have been very busy with temporary events in Carson City and Douglas County this summer.

CARSON CITY, NEVADA
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Brendon Gibb, CCHHS Environmental Health Specialist, presented his research project which examined the awareness of food safety risk due to "quat binding" when using a cotton or viscose cloth to sanitize surfaces at the Western Association of Food and Drug Officials National Conference. He has been asked to present at other national conferences. A summary of his research was presented at the June 10, 2016 meeting.

Clinical Services

Back to School Immunizations – In August, CCHHS vaccinated 443 individuals with 970 vaccinations. Two-thirds of them were VFC and 1/3 were privately insured. Douglas County Community Health (DCCH) vaccinated 94 individuals with 184 vaccinations. The breakdown of VFC and private insurance is consistent with CCHHS.

CCHHS is implementing a Breastfeeding Friendly Employers Program through the MCH grant. Letters have been sent to all the businesses in Carson City announcing this new and exciting program. The nurses heading up this program will be collaborating with our WIC program, when appropriate.

Douglas County has decided to provide nursing services within the county. We are assisting them with the transition.

Public Health Preparedness

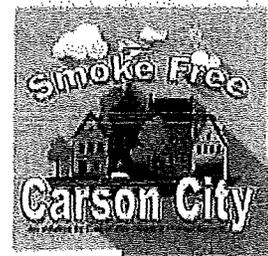
The following activities were conducted May – June 2016:

- Participated in 3 Crisis Standards of Care Public Engagement Meetings
- Hosted a quarterly statewide Medical Reserve Corps Meeting
- Participated in statewide Medical Surge table top exercise
- Participated in Family Assistance Center planning with Douglas County Sheriff's Office and Douglas Emergency Management
- Conducted a Personal Preparedness Presentation to the Methodist Men's Group
- Coordinated with Carson City Fire/EMS on the Epic Rides First Aid Booth
- Presented the POD and Regional Medical Surge Plans at the Rural Preparedness Summit in Fallon
- Judged UNR Medical Students' Public Health Posters

CARSON CITY, NEVADA
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- Participated in Carson, Douglas and Storey County LEPC meetings; Douglas County Healthcare Coalition; Immunization Community Outreach meetings; Infectious Disease Task Force; Northern Nevada Access and Functional Needs Workgroup
- Coordinated the unannounced Ebola exercise between Carson City EMS, Carson Tahoe Urgent Care and ER, and CCHHS
- Participated in the statewide Immunization Conference
- Presented Draft Bench Book to Carson City Courts
- Developed Zika educational materials and updated Website on reportable diseases

Chronic Disease Prevention and Health Promotion



Tobacco Prevention and Control Program – Staff are continuing to work with Western Nevada College’s task force to move toward a smoke-free campus which will be in 2017. CCHHS assisted with training the staff on the new smoking policy which includes designated smoking areas for this school year. Eighteen signs have been installed, 10 A-frame signs have been placed, a number of back to school events will be conducted providing education on the policy and effects of tobacco use, and Tobacco Cessation signage are being put on the windows.

Carson Tahoe Hospital has agreed to adopt new electronic cessation evidenced-based discharge instructions and will gray out other options.

Sandy Wartgow, the coordinator, is working with National Tobacco Prevention Coalition to prepare for the upcoming legislative session.

CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL



Adolescent Health Education Program (AHEP) – Education at China Springs has been completed. The new curriculum “Making Proud Choices” starts at Bishop Manogue on September 6th for 2 weeks. The budgets for the new grant cycle have been submitted. Thank you to Andrea Skewes and Jennifer Quihuis.



Western Nevada Safe Routes to Schools
Carson City • Douglas County • Lyon County • Storey County



Safe Routes to School Program – A Learn to Bike class was conducted for teachers. The SRTS bike trailer is scheduled to go to various schools for bike rodeos and bike safety lessons.

Walk to School Day is October 5th and currently 25 schools are scheduled to participate.

Ryan White Program – Frances Ashley was selected by her peers and awarded the Excellence in Support Innovation Award. She will present her Care Binder Customer Satisfaction Quality Improvement project in September.

Human Services

Events upcoming include:

- Job Readiness Seminar, September 19th - 21st (Flyer is attached)
- Job Fair, Carson City Community Center, September 23rd (Flyer is attached)
- Financial Literacy workshops discussing approaches to financial stability are provided by Nevada State Bank every other Wednesday.
- Financial Guidance Center provides confidential counseling on financial matters every other Thursday.

Carson City Health & Human Services
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CARSON CITY, NEVADA
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- A Safelink cell phone service representative is available at CCHHS to assist low income individuals with no telephone service complete an application for a free cell phone and answer any questions.
- Aging and Disability Resources are onsite every Tuesday and Wednesday
- WIC services will be provided at FISH in Gardnerville on Fridays in the near future
- WIC is implemented the "Baby Behaviors" program
- We are researching funding opportunities for a mobile WIC clinic
- On October 25th, the Housing Forum will be conducted in Fallon. This is an opportunity for developers and investors together to discuss housing issues and solutions in rural Nevada.

Respectively submitted,



Nicki Aaker, Director
Carson City Health and Human Services

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

August 26, 2016

To: State Board of Health Members
From: Kevin Dick
Washoe County District Health Officer
Subject: September 2016 Washoe County District Health Officer Report

Budget

The budget outlook continues to improve. The Health District finished the previous fiscal year with a budget surplus in the amount of \$699,242. That will positively impact ending fund balance into the future.

West Nile Virus

Aerial application of larvacide to wetland areas continues with a helicopter application scheduled for September 8, in addition to July and August applications. Mosquito pools that were collected in Washoe Valley, Lemon Valley and Damonte Ranch areas have been identified as positive for WNV. Fogging with adulticide was conducted following the identification of these positive pools.

Zika Virus

As of August 26, Washoe County has had 4 people test positive for Zika virus, including one positive result for a pregnant woman that had traveled in an area with active Zika transmission.

GI Outbreaks

The Health District has been working with the Washoe County School District Staff to develop new protocols for ensuring exclusion and proper sanitation during Gastrointestinal Outbreak Events. These were agreed to during a meeting August 11. The goal is to reduce the duration of outbreak status in individual schools during Noro-type outbreaks in Washoe County public schools.

Food Establishments

In an effort to promote active managerial control of risk factors most commonly associated with foodborne disease in food establishments, amendments to the food regulations were adopted by DBOH on August 25. These include:

- Incorporation of additional provisions from the most current version of the U.S Food and Drug Administration (FDA) Model Food Code.
- Deletion of portions of the Regulations pertaining to grades and grading of food establishments in order to implement a system that accurately reflects the occurrence of foodborne illness risk factors in food establishments.

Special Events

Health District staff have been busy providing regulatory oversight of food vendors at numerous special events occurring during this time of the year. These include the Reno Rodeo, Red, White and Tahoe Blue (in Incline Village), Star Spangled Sparks, the Barracuda Championship, the Biggest Little City Wingfest, Hot August Nights, The Best in the West Rib Cook-off, vendors associated with Burning Man, and other smaller ancillary events.



Subject: September 2016 Washoe County District Health Officer Report

Date: August 26, 2016

Page 2 of 2

Opioid Situation

A workgroup has been formed between the Health District, Social Services, and Washoe County Sheriff's Office to develop a response to prevent and address non-medical prescription drug use. A second meeting was held on August 10 and a September meeting has been scheduled. We will be working to engage other community partners in areas of medical and public outreach and prevention, intervention, and treatment.

District Board of Health Member Dr. George Hess and I are registered to attend Governor Sandoval's Summit on Prescription Drug Abuse. The Community Opioid Response Alliance met on July 26.

Preparedness and Emergency Medical Services

Health District and REMSA personnel conducted a hospital evacuation training at Saint Mary's Regional Medical Center on August 9, 2016. The training included a presentation and tabletop exercise where participants were able to walk through the evacuation process of 10 patients.

The Health District participated in the Great Reno Balloon Race tabletop exercise on August 10, 2016. The exercise was designed to increase the community's ability to respond to a mass casualty incident.

Truckee Meadows Health Communities (TMHC)

TMHC conducted a Strategic Planning meeting on August 11.

The first interviews were held for an independent contractor to provide support. In time that person will likely become the Executive Director of TMHC.

Legislative Committee on Health Care

The Legislative Committee on Healthcare met on August 24 to identify committee BDRs for the session and make recommendations on other legislation. They determined they will utilize two of their BDRs. The first will be used for reinstatement of student height and weight measurement in schools in Counties with a population of over 100,000. The second will be used to include vaping in the Clean Indoor Air Act and establish packaging and labeling requirements for vape products, as recommended by the local health authorities and the Nevada Public Health Foundation.

Additional Information

Detailed monthly reports from each of the WCHD Divisions are available in the District Board of Health monthly meeting packets at:

https://www.washoecounty.us/health/board_committees/dboh/index.php.

Exhibit "E"

American College of Obstetricians and Gynecologists (ACOG) Nevada Section

March 30, 2016

TO: Division of Public and Behavioral Health

FROM: Káith R. Brill, MD, FACOG, FACS Chair, Nevada Section of ACOG

RE: Proposed Regulation Changes of The State Board of Health regarding Obstetric Centers

The Nevada Section of ACOG does support the proposed regulations along with some proposed amendments. I have provided data that supports the regulation changes. To summarize:

1. We agree with the need for accreditation by a national organization that follows the American Association of Birth Centers (AABC) Standards for Birth Centers.
2. We agree with the change to have the clinical director be an APRN or a physician trained in obstetrical care. APRNs are licensed independent practitioners in the state of Nevada, and section 2301 of the Affordable Care Act requires states that recognize freestanding birth centers to provide coverage and separate payments for freestanding birth center facility services and services rendered by certain professionals providing services in a freestanding birth center, to the extent the State licenses or otherwise recognizes such providers under state law.
3. Regarding Sec. 8.6, we ask for clarification regarding whether an APRN is considered to be a "medical practitioner." We request that the language be changed to:

"The governing body shall require each licensed Advanced practice registered nurse and licensed physician who practices in the obstetric center to carry liability insurance in an amount of \$1,000,000 or more."
4. The definition of a term pregnancy is generally accepted as the completion of at least 37 weeks and not more than 42 weeks of gestation. As such, we recommend that Sec 2.1 be changed to:

"She has completed at least 37 weeks and not more than 42 weeks of gestation;"
5. We would prefer that a written agreement be made between a birth center and a receiving hospital, as per the ACOG/SMFM Obstetric Care Consensus on Maternal Levels of Care (see below). However, the American Association for Birth Centers recommends written agreements and/or policies and procedures for interaction with other facilities (see below). Since the Commission for the Accreditation of Birth Centers (CABC) does not require written agreements, we will simply prefer that there be a written agreement, but we do not feel this must be mandatory.

American College of Obstetricians and Gynecologists (ACOG) Nevada Section

Supporting literature (bold emphasis added by me):

From the **Joint Statement of Practice Relations Between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives**, which is a document that was jointly developed by the American College of Nurse-Midwives (ACNM) and the American College of Obstetricians and Gynecologists (ACOG):

"ACOG and the ACNM recognize the importance of options and preferences of women in their health care. Ob-gyns and CNMs/CMs work in a variety of settings including private practice, community health facilities, clinics, hospitals, and accredited birth centers.

Accredited birth centers—a birthing center within a hospital complex, or a freestanding birthing center that meets the standards of the Accreditation Association for Ambulatory Health Care, the Joint Commission, or the American Association of Birth Centers, or is accredited by the Commission for the Accreditation of Birth Centers (CABC)."

From **ACOG/SMFIM (Society for Maternal-Fetal Medicine) Obstetric Care Consensus on Maternal Levels of Care** published in the American Journal of Obstetrics and Gynecology in 2014:

"Birth centers provide peripartum care to low-risk women with uncomplicated singleton term pregnancies with a vertex presentation who are expected to have an uncomplicated birth. Cesarean delivery or operative vaginal delivery are not offered at birth centers.

In a freestanding birth center....medical consultation should be available at all times. These facilities should be to initiate emergency procedures (including cardiopulmonary and newborn resuscitation and stabilization) at all times, to meet unexpected needs of the woman and newborn within the center, and to facilitate transport to an acute care setting when necessary. To ensure optimal care of all women, a birth center should have a clear understanding of its capability to provide maternal and neonatal care and the threshold at which it should transfer women to a facility with a higher level of care. A birth center should have an established agreement with a receiving hospital and have policies and procedures in place for timely transport. These transfer plans should include risk identification; determination of conditions necessitating consultation; referral and transfer; and a reliable, accurate, and comprehensive communication system between participating facilities and transport teams. All facilities should have quality improvement programs that include efforts to maximize patient safety."

The AABC Standards for Birth Centers (copyright 2008) states:

"10. There are agreements and/or policies and procedures for interaction with other agencies,

American College of Obstetricians and Gynecologists (ACOG)
Nevada Section.

institutions and individuals for services to clients including but not limited to:

- A. Obstetric/newborn acute care in licensed hospitals
- B. Transport services
- C. Obstetric consultation services
- D. Pediatric consultation services
- E. Laboratory and diagnostic services
- F. Childbirth education/parent education support services
- G. Home health care services

11. All contracts, agreements, policies and procedures are reviewed annually and updated as needed."

Thank you,



Keith R. Brill, MD, FACOG, FACS

drkbrill@whasn.com



COMPREHENSIVE
CANCER CENTERS
OF NEVADA

Cody Phinney, Secretary
Nevada Board of Health
Nevada Division of Public and Behavioral Health
4150 Technology Way
Carson City, NV 89706

Dear Administrator Phinney and Ms. Pool,

On behalf of Comprehensive Cancer Centers of Nevada (CCCN), we would like to thank you for the opportunity to comment on R057-16, the regulation implementing Assembly Bill 42 from the 2015 legislative session relating to cancer registries.

The public health of Nevada is important to our practice and we share the Department's goal of fostering a healthier state. We commend the State for its efforts to achieve this goal through the acquisition of healthcare data. CCCN will continue to work with the Division of Public and Behavioral Health to provide information in a way that is efficient and effective, and provides data needed to help the citizens of Nevada.

We share the concerns of other providers that testified at the workshop in July, that the State will implement regulations that require a significant financial burden on independent practices that are not currently equipped to extract detailed levels of data from patient charts while maintaining patient confidentiality. We have seen examples in other states where, due to the amount of information required to extract, practices incurred nearly two hundred thousand dollars in annual expenses, often requiring the practice to hire additional full-time employees or contract the work out to a third party vendor. For example, in Texas, our affiliated practices hired a costly third-party vendor in their efforts to comply with the state statute. The vendor must manually screen and abstract each case once it has been identified as appropriate for their state's registry. In New York, our affiliated practice hired two full-time cancer registrars adding a significant cost to the practice. Some states have realized the potential burden such reporting requirements can have on independent practices and have created systems that meet the needs of both the state and providers. For example, Florida, permits practitioners to send their CMS Claims data electronically through a secure FTP file to the state, in lieu of separate reporting requirements.

Physician practices of all sizes have taken a significant financial hit the last few years with decreased reimbursement and increased required compliance expenses. Given the financial changes many practices have experienced in the last several years, we hope the Division of Public and Behavioral Health will

Executive Director
James R. Kilber, MBA

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Fadi Bralleh, MD
Khoi Dao, MD

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Muhammad S. Ghanji, MD
Russell Gollard, MD, FACP

Oscar B. Goodman, Jr., MD, PhD
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Clark S. Jean, MD

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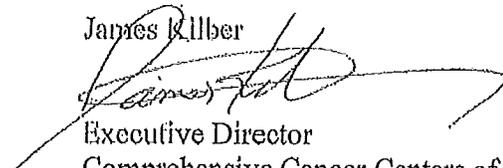
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work with Nevada practices to maximize the efficiency of the reporting, while minimizing the financial burdens on practices, both of which, we believe can be achieved while still fulfilling the intent of a comprehensive registry. Again, thank you for the opportunity to comment of these important regulations. Our practice looks forward to working with you as the implementation of the rules are finalized.

James Kilber



Executive Director

Comprehensive Cancer Centers of Nevada