

Minutes
STATE BOARD OF HEALTH
May 4, 2018
1:00 p.m.

Division of Public and Behavioral Health
4150 Technology Way, Room 303
Carson City, Nevada 89706

Desert Regional Center
1391 S. Jones Blvd., Training Room
Las Vegas, Nevada 89146

BOARD MEMBERS PRESENT:

Jeffrey Murawsky, M.D. (Las Vegas)
Charles Smith (Las Vegas)
Dipti Shah, M.D. (Las Vegas)
Judith Bittner (Carson City)

BOARD MEMBERS EXCUSED:

Jon Pennell, DVM
Monica Ponce, DDS

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

Julie Kotchevar, Administrator, Julia Peek, Deputy Administrator, Kyra Morgan, Chief Biostatistician

OTHERS PRESENT:

Linda Anderson, AG, Catherine O'Mara, NSMA, Jim Wadhams, Nevada Hospital Association, Katie Ryan, Dignity Health, Lea Cartwright, NPA, Coleen Lawrence, Moxy Health, Jenny Reese, Carrara NV/PHRMA

Vice Chair Murawsky opened the meeting at 1:02 p.m.

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

Approval of Minutes:

A motion was made to approve the minutes by Dr. Shah, seconded by Mr. Smith and carried to approve the minutes of March 9, 2018.

Consideration and Adoption of Proposed Regulation, LCB File No. R053-18, Relating to Controlled Substances. Dr. Julie Kotchevar, DPBH Administrator, Kyra Morgan, DPBH Chief Biostatistician

Dr. Kotchevar provided an overview of the proposed regulation. The purpose of the amendment is to implement Assembly Bill 474, the Controlled Substance Abuse Prevention Act. Overdose reporting was developed to mirror the similar reporting required of communicable diseases. A memo was provided which includes a summary of the changes to the Nevada Administrative Code. The memo includes the definition of discharge and drug overdose. There are currently emergency regulations in place which became effective on January 17, 2018, and conclude on

May 17, 2018. Public comment was received, and a small business impact survey was conducted. Meetings with constituents took place to work out some of the concerns. There was a question on further detail of the definition of overdose. Clarifying language was added to the regulation. There was concern over the reporting timeframe of seven days of discharge. The Division recognizes the reporting creates additional workload for providers. The Division is striving to balance the need for reporting and the burden on providers. Additional data elements were removed which were not necessary for monitoring the data in real time. The Division also created several methods through which providers may report. The regulation does not prescribe the method by which the data is submitted, only what elements should be submitted. The goal of the reporting is to inform a public health response to an emergent community level issue. Providers have expressed concern over the penalty. The outcome the Division is seeking is to ensure the data is reported timely and not to penalize providers. Technical guidance and support will be released to ensure all providers have the tools and information necessary to be compliant.

Vice Chair Murawsky stated there was discussion around the PHI component being reported and attempts to duplicate. Vice Chair Murawsky inquired what other considerations were made in trying to create a different identifier to limit the PHI exposure.

Dr. Kotchevar replied the data was limited to name, address, telephone number, sex, race, ethnicity, date of birth, number assigned to the medical record of the patient, date, statement of disposition, and ICD ten code.

Vice Chair Murawsky inquired how the seven-day response timeframe was determined.

Dr. Kotchevar replied the earliest timeframe for reporting communicable diseases was reviewed and what would be administratively easy for the providers. Seven days seemed to be the most reasonable timeframe to get as real time as possible as well as not be a burden to providers.

Vice Chair Murawsky inquired on the volume of reporting compared to communicable diseases.

Dr. Kotchevar informed, currently under the emergency regulations, the reporting is significantly less than what is reported for Sexually Transmitted Diseases.

Public Comment:

Catherine O'Mara, Nevada State Medical Association- Ms. O'Mara stated the Association was involved in discussions and the public workshop. They appreciate the memo. The physician community has concerns with the impact on the patients and the method of extraction. The Association is very appreciative of the modifications made to the emergency regulations. Ms. O'Mara thanked Dr. Kotchevar and her team for working with the Association.

Vice Chair Murawsky asked Ms. O'Mara if she could make any changes to the regulations as proposed, what changes would she make.

Ms. O'Mara replied if she could make a change, she would make sure what is contained in Section 6 would be reportable through syndromic surveillance.

Ms. Anderson stated for the record, if any of the providers run into a problem with the regulations, the Board can grant variances or compliance agreements to further tailor the regulations.

Vice Chair Murawsky inquired if the syndromic surveillance system allows for all the data elements to be inputted as it stands right now.

Dr. Kotchevar informed not all the data elements are reported through syndromic surveillance. However, it is possible to have them included.

Jim Wadhams, representing Bill Welch from the Nevada Hospital Association- The Hospital Association supports the intent and collecting of information. Mr. Wadhams stated they do not want to discourage patients to come to responsible health care for these conditions.

Vice Chair Murawsky commended the Department on tackling a complex task, recognizing the barriers, and memorializing the intent of this regulation.

VICE CHAIR MURAWSKY ENTERTAINED A MOTION ON ITEM 3, LCB FILE NO. R053-18. A MOTION BY DR. MURAWSKY TO APPROVE THE PROPOSED REGULATION WAS MADE AND SECONDED BY DR. SHAH; THE MOTION PASSED UNANIMOUSLY.

Public Comment:

There was no public comment.

The meeting adjourned at 1:36 p.m.