

Draft Minutes
STATE BOARD OF HEALTH
December 6, 2019
9:00 a.m.

MEETING LOCATIONS:

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

Grant Sawyer Building
555 E. Washington Ave., Room 1400
Las Vegas, Nevada 89101

BOARD MEMBERS PRESENT:

Jon Pennell, DVM (Las Vegas)
Jeffrey Murawsky, M.D. (Las Vegas)
Charles Smith (Las Vegas)
Monica Ponce, DDS (phone)

BOARD MEMBERS EXCUSED:

Judith Bittner
Dipti Shah

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

Lisa Sherych, Administrator, Joseph Filippi, Executive Assistant, Jennie Belka, Administrative Assistant, Adrian Howe, State of NV Radiation Control, Karen Beckley, Bureau Chief, Meredith Epps, State of NV Radiation Control, Cece Flores, State of NV Radiation Control, Glen Gimenez, State of NV Radiation Control, Charlotte Andreasen, DPBH

OTHERS PRESENT:

Linda Anderson, Attorney General, Joan Hare, NRHP, Jessica Shorter, Renown, Tracy Duss, Renown, Fran Burhans, Renown, Aimee Nicks, Carson Tahoe Health, Amber Bocskon, Renown Health, Cheryl Remic, Carson Tahoe Health, Jeanette Green, Carson Tahoe Health, Lea Cartwright, Guardian Transportation, Blayne Osborn, Nevada Rural Hospital Partners, Jimmy Lau, FPH/Dignity Health, Nicki Aaker, Carson City Health and Human Services, Myung Chul Jo, University Nevada Reno, Tina Dortch, Nevada Office of Minority Health Equity, Delson Platt, Doris Abrego, AR Moran Yannis, Beth Louton, Becky Christensen, Chris Jones, Kim Moo Lenaar, Fermin Leguen, Adam Schaffer, Robyn Wallace

Joseph Filippi opened the meeting at 9:00 a.m.

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

1. Approval of Minutes:

Chair Pennell asked if there were any additions or corrections to the minutes from September 6, 2019 meeting. No recommendations were made.

Public Comment: There was no public comment.

A MOTION WAS MADE TO APPROVE THE MINUTES BY DR. MURAWSKY, SECONDED BY DR. PONCE AND CARRIED TO APPROVE THE MINUTES OF SEPTEMBER 6TH, 2019

2. Approval of 2020 Board of Health Meeting Dates:

A motion was made to approve the meeting dates by Dr. Murawsky, seconded by Dr. Shah and carried to approve the 2020 meeting dates.

- March 6th, 2020
- June 5th, 2020
- September 4th, 2020
- December 4th, 2020

3. Consent Agenda:

Chair Pennell asked if there were any objections to the consent agenda.

Public Comment: There was no public comment.

CHAIR PENNELL ENTERTAINED A MOTION ON ITEM 3, CONSENT AGENDA. A MOTION BY DR. MURAWSKY TO APPROVE THE CONSENT AGENDA WAS MADE AND SECONDED BY TOM SMITH; THE MOTION PASSED UNANIMOUSLY.

4. Consideration and approval of Proposed Regulation Revisions to Nevada Administrative Code 457 relating to Cancer and 459 relating to Hazardous Materials LCP File Number R 021-18. Mr. Adrian Howe, Manager of the Radiation Control Program with Ms. Karen Beckley Bureau Chief of Public Health and Preparedness.

Mr. Howe opened with the purpose of the proposed regulations to Nevada Administrative Code 457 relating to Cancer and 459 relating to Hazardous Materials, to repeal redundant and/or outdated regulations.

Summary of those changes:

- Maintains compatibility and compliance with the requirements of the United States Nuclear Regulatory Commission.
- Amends and modifies existing language to make regulations more clear, current and compatible with the intent and scope of the Radiation Control Program.
- Increases the fee for issuance or renewal of a mammographer's certificate to be more commensurate with the cost of processing and to maintain compatibility with the requirements of Senate Bill 130.
- Modifies the language to provide alternative capabilities of providing images that are consistent with the current and evolving technology.
- Removes language that already exists in the Nevada Revised Statute due to a model modification of the NRS 457.
- Introduces new language that allows for the operation of invasive intervention radiation exchange used to perform federally exempt radiography.
- Provides for a charge of \$25 for a duplicate registration certificate.
- Provides for the conduct of additional radiation surveys if it is determined that conditions have changed since a previous survey was conducted and that such change may result in significant risk to public health and safety.
- Clarifies the requirements for periodic measurement of the exposure rate limits for fluoroscopy systems and exempts such systems used for radiation therapy simulation from certain requirements consistent with federal manufacturing requirements.
- Modifies language for filing of appeals to contest proposed disciplinary action to conform with pre-existing NAC requirements.

The Division of Public and Behavioral Health has presented several opportunities for the public, regulated community, licensees, registrants and stakeholders to provide input and comments regarding the proposed regulations, including the economic impact the proposed regulations may have on small business and the public. A Small Business Impact Questionnaire was mailed to all Radiation Control Program licensees and registrants in August 2019. Of approximately 4,810 Small Business Impact Questionnaires distributed, 126 responses were received. Six respondents indicated that there was a general adverse economic impact on business and four respondents indicated that there was a general indirect adverse effect on business. None of these provided specific effects. Respondents were contacted to provide specific concerns. None provided specific concerns when contacted. One respondent did indicate that there were beneficial and indirect beneficial effects of the proposed regulations, but provided no specifics.

A Public Workshop was conducted on Monday, October 28, 2019, via videoconference, in Carson City the Division of Public and Behavioral Health and in Las Vegas at the Radiation

Control Program Office. Six members of the regulated community attended the public workshop. No written or verbal testimony was provided during the workshop.

One stakeholder has provided written testimony for this hearing, expressing opposition to Section 9 (2)(c) and Section 10 (4). The stakeholder did reach out to the Radiation Control Program in a telephone conversation to discuss their concerns.

Section 9 (2)(c) taken in context requires that if tests performed in accordance with the frequency required by the manufacturer are determined to require corrective action, then that corrective action must be done prior to use on a patient. It is staff experience that these corrective actions can be completed within a day or two of service being requested. When these types of machines are used for mammography under the Federal Mammography Quality Standards Act, major corrections require that an evaluation of the corrective action be completed by a medical physicist prior to use on a patient. The proposed regulation for this use does not require this evaluation of corrective action by a medical physicist, therefore this is not a delaying factor. The stakeholder's recommendation only removes the requirement that the corrective action be completed before the use on a patient, thus removing some protection for the health and safety of the patient. Staff recommends the adoption of the proposed regulations as presented.

Following the presentation,

Dr. Murawsky requested additional information from Mr. Howe outlining the reasons and the methodology used for the increase in certification costs for mammographers from \$88 to \$200. Mr. Howe replied with an explanation of the costs associated and that there has been no fee increase for many years. He added the cost of maintaining those processes to issue those licenses is somewhat higher than \$88. DPBH provided testimony to make it more commensurate with Senate Bill 130. The budget has established that maintenance works out as nearly as we know right now to about \$100 per year, per license, based on an economy of scale. Ms. Beckley added that in addition, demographers and radiologic technologists will not be required to pay dual fees once they're licensed by the program. The license fee will cover them for any aspects of radiological imaging that they decide to pursue in the course of their employment.

Dr. Murawsky noted the change of arrangements with SB 130 is the requirement for certification by an external organization, that requiring that extra certification of verifying it costs adds a significant cost. Ms. Beckley stated that is correct. We're establishing a program to license these individuals across the board and therefore the mammography fees that have not been increased for many years are increased to be put in the same realm as everybody else based on the assessment that was done to be able to start this program.

Dr. Murawsky questioned if the licensure process was at \$88 before covered us to do our verification and now we're at \$200 and the additional work is to verify with an external body on a webpage? Ms. Beckley confirmed it also encompasses enforcement and highlighted that there are fees that are less in other states for this type of activity, but it does not include enforcement or follow up. It's a registration fee. They basically just register with the state, but there is no follow up. Dr. Murawsky stated the cost increases significantly to cover enforcement of the SB 130 section. Ms. Beckley replied correct. Mr. Howe added that in addition to that, it's not just

checking a website for an external agency. It also involves evaluating and verifying documents, documentation of their continuing education, to make sure that their current at that time that they make application to us. Dr. Murawsky noted a lot of boards have this and they have lower fees and was trying to put that fee in context of other board fees that have very similar requirements. Other boards have enforcement costs as well, and he was struggling with the cost jump and trying to understand all of that fee Dr. Murawsky questioned if a few thousand potential licensees. Mr. Howe stated the anticipation of somewhere between 2500 to 3500 new licensees throughout the state was expected.

Dr. Murawsky stated that's \$600,000. It's going to cost \$600,000 to do this?

Mr. Howe stated that's for a two-year period.

Dr. Murawsky stated okay, \$300,000 a year, okay.

Mr. Howe stated we're anticipating a low number right now because based on what we have available to us.

Dr. Murawsky stated he was still struggling with understanding the cost.

Dr. Murawsky asked about 92 and the concerns raised by the Medical Physicists in their letter. Looking at that section when doing tests on these machines there are variations that can result in patient safety or patient harm that I completely agree as a physician that you would not want to use that machine used. You would want to put it in service. But there are also findings in those regular, routine manufactures testing that are really about machine optimization and not about patient safety, so every time your machine got a little bit out of an optimization stand point but within the safety perimeters you could interpret that this means shut a machine down until you correct it. And then bring it back that means you stopped a good day, yes it might mean that you stopped for three or four hours or a day but then one group of patients will have to be cancelled now.

Mr. Howe states the concern that is expressed for the forward relates to tests that are required by the manufactures recommendations those are typically tests that affect patient, affect the image that is provided. The scenario that was provided in the testimony by the stakeholder was not one of those tests. The scenario that was provided is true that's not real significant on patient safety in the short term if patient care is primary. But that is not one of the tests that would be required. It's a test that would affect imaging and therefore you are correct. Staff experience has been that the facility will call the maintenance service people and typically get those repairs done within a day. The stakeholder was also under the impression that this was saying that if, much like when these machines are used for mammography it requires a medical equipment evaluation by a physicist to be conducted before it is used on a patient. That is not the case in the proposed

regulations if, basically all repairs would be done according to manufactures specifications and the equipment evaluation by a medical physicist is not required in this case.

Dr. Murawsky states he believes this depends on the machine, depends on the manufactures specifications some of them, who is in, the suggestion the medical physicist review the results of those retunes when they are done. So if you are referencing back to the manufacture certification then you are pushing it back to “well now you have to have a physicist come and check it because that’s the recommendation from the manufacturer.” In all of these cases. I am just worried the language requires a lot of interpretation when we will have a significant amount of money for enforcement, but we are going to end up in some situations in the lack of clarity in what “I’m supposed to do?” Do I add a physicist if the manufacture recommends the physicist recheck this calibration? Do I not have to have a physicist because the state says I don’t but the manufacture says maybe? I am just concerned that is going to create a lack of clarity in what people can do.

Mr. Howe states he was not himself aware of any manufactures recommendation in regard to having a medical equipment evaluation done by the medical physicist for these types of tests. Every manufacture is a little bit different. Mr. Howe stated the concern by the stakeholder, they are consulting physicists from out of state that there would be some delay before they could get here. Again, that is not a requirement for them to use it on a patient but in the interest of safety and the health of the patient it is a requirement that it is repaired before it is used on a patient.

Dr. Murawsky asked to hear public comment.

Dr. Pennell asked if Mr. Howe had contacted the stakeholder after the letter and what was the result of that conversation?

Mr. Howe replied, yes, we did reach out and discuss it. That one stakeholder still feels that it would impede patient care and delay patient care. The Division has no intent to impede or delay patient care.

Dr. Pennell asked if any other board members have any questions or comments? (no response from board members)

Dr. Pennell opened it up to public comment.

5. Public Comments:

Mrs. Hall from Nevada Rural Hospital Partners (in Carson City) stated she would like to discuss the fee portion that was talked about earlier. From our membership we turned a lot of worry and angst about the \$200.00 licensing fee as well and especially because I think the short time frame of the notification that has to be done by the end of this year people have some concern.

Mrs. Moran-Yannis who works at one of the hospitals in Vegas Valley. Stated she would like to add some further commentary to the comment made from the rural hospital representative. The concern has been brought up in addition to the abbreviated time frame is that there has been no grace period. Considering that currently you must register all the equipment online and use a credit card the payment for the reservation fee you do not have the option of doing it online nor using a credit card. Concerns about notification delays using the physical mail system during holidays

Mrs. Abrego who is a Supervisor at the Sienna Hospital in Henderson. Stated her concern is we have surrounding states that don't have to pay as much as we having to pay right now and they also have governing bodies which they have to respond to as far as any sort of negligence or enforcement of the laws. California, I believe has two licensures and they pay \$104.00. Arizona, correct me if I am wrong but I think it is \$77.00, so why are we all of a sudden having to pay \$200.00 and for all this time I understand that Nevada has been a right to work state and I am all for getting a licensure but this is ridiculous. This amount to roll out some sort of SB130 Bill is not ok. It puts a burden on many people including rural places, and I think they should reconsider that fee. The SRT is like \$65.00 its nowhere near the amount they are asking us to pay.

Mr. Schaffer questioned if dental hygienists, dental assistants, medical assistants are going to be required to get medical licenses?

Mr. Schaffer asked how many members there are going to be are there going to pay that 200 fee? It seems quite excessive just for enforcement because what's in place now is any decent equipment that the techs are using produces radiation is already registered with the state, is already inspected every year by the state. So, during that same inspection which takes one or two days a 20 minute task to verify the licenses of personnel seems a very minimal addition to those types of inspections perhaps you can increase that much revenue and require a CD score inspection and enforcement, So there is a concern of how much time it is actually taking and how much revenue that asking requires.

Mr. Schaffer asked a question about the limited licensures and what type of personnel are required to get limited licensures? dental assistants, hygienists, and then without medical assistants within these offices podiatrist that type of thing. Do have the figures or numbers?

Mr. Howe stated some of this testimony is regarding senate Bill 130 which is a separate regulation package that will be forthcoming at a later date. We did make a statement in this particular package that we are trying to bring the mammographers certification fees to be commensurate with the fees that are required under Senate bill 130 keeping in mind that the mammographers certificate authorization fees are for 3 years and that if a mammographer is also licensed as a radiologic technologist their fees would be waved for the mammographers certificate. In specific answer to your question under Senate Bill 130 the pediatric, hygienist, chiropractic assistants, the dental assistants and dental hygienists are all exempt from Senate Bill

130 they are not required to have licensure they are required under other statutes and regulations to have some training. That leaves only those people who are performing in diagnostic radiology, radiologic imaging and therapy of which right now under the American Registry of Radiologic Technologists (AART) there are just under a little over 2,400 registrants. The AART is a registration, not a license. Of those 2,400 we expected a certain amount of those are not active, not actively employed, or activity performing those duties. We do anticipate that there are additional offices that conduct imaging in private offices such as an orthopedic clinic or a orthopedic office or a pulmonary office or something like that subject to limited licensure that's the full training and registration with the AART. We have no way of knowing how many those are, but the calculations that were done I think we anticipated to be about 10 % more so, again somewhere between 2500 to 3500. The budget to run the program under Senate Bill 130 has been established and approved by the Legislative Committee. And when we divide that between the anticipated numbers of 2500 to 3000 that's under that budget, we come up with close to \$100.00 per year which is the \$200.00 and again that \$200.00 is for two years.

Dr. Pennell asked does that answer your question sir?

Mr. Schaffer stated I guess what you're actually regulating are technologists and facilities that are currently readily themselves at a higher standard that what seems being proposed. They get inspected by JCAHO (Joint Commission on Accreditation of Health Care Organizations) they self-regulate and certify that each technologist is licensed by a national appropriate board so I think it is still throughout the radiology community hard to swallow the amount of the fees for what is going to be essentially an easy task to do because some of these facilities, hospitals imaging centers, self-regulate at a high level right now. So, I still think that there could be an evaluation about how many FTEs (Full Time Employees) and what kind of budget is going to be required to enforce this.

Mr. Howe stated he understood the comments and that was considered, the FTEs to run the Senate Bill 130 again has been established at a very minimal amount, there is, as Mrs. Beckley indicated, an inspection and enforcement component. Maybe other states don't have that enforcement or inspection components *per se*. and it is true a lot of hospitals especially the JCAHO hospitals are somewhat self-regulating but not every major facility is JCAHO accredited and again we have many offices out there with radiologic imaging that have individuals participating in imaging in there.

Mr. Schaffer stated each facility that has a piece of equipment already from the facilities that are affected already has equipment that is inspected every year by the state. So, they already have into place a system for inspecting and enforcing you know.

Mr. Howe stated yes sir, the equipment is inspected that is correct.

Mr. Schaffer asked if they already have a place for inspecting and then enforcing on that equipment. It seems like it's a very small jump an additional task for that same inspection to

inspect the personal, see their credentials and enforce it just the same within that same inspection, correct?

Mr. Howe stated that within that inspection that is correct. The maintenance of the licensing and the accreditation database etc. It goes even further if there is enforcement required then the evaluations have to be made with recommendations to proceed with enforcement procedures.

Mrs. Beckley stated she thinks it is important to note that there were discussions in the development of this bill and the Division was asked to put together a budget of what it would take to implement. We did commit to putting everybody on to time and effort sheets and should we find that we can reduce those fees we will after the startup of the program but we were tasked with putting together a very minimal budget to start up the program. Based on that we came up with some numbers but please be rest assured we are required to continue to evaluate if those fees are appropriate.

Mr. Schaffer requested clarification and asked. Is the inspection going to be done with the equipment inspection?

Mr. Howe stated, as the program for Senate Bill 130 is implemented that is how we kept the FTEs down is to incorporate that inspection of licenses with the inspection of the equipment at those facilities.

Mr. Howe stated I think it's important to assure you that for the implementation of Senate Bill 130 the regulation package for that there will still be a public workshop forthcoming in the future and everyone who has registered in the meantime or put an application in in the meantime will be notified of those public workshops, as will all of our typical standard licensees and registrants. So, there will be an opportunity for public comment at those workshops as well and we are certainly open to the referral of affected individuals.

Dr. Murawsky stated ok, I retain the motion. Isn't it interesting I relayed my concerns on sections 9 and 10 and "C" and merely asked that when we come back at the next review take a look at any patient delay impacts were from equipment closures that were reported do deviations from the manufacture specs that I want to see all of those closures and certify with not just our smaller vendors but our larger radiation centers how many patients did they have to displace where the image could have been taken but they processed later or used some other way? I'd like to say given the short time frame to implement this for January 1st, which is less than a month, the increase in fees and all the questions surrounding that and very clearly their close tie to the SB130 Bill again we don't have regulations for that yet. Id like to move that we approve this without the fees at this time. And then have the SB130 regulations brought forward at the meeting at that point.

Dr. Pennell stated the motions been made. Under the following conditions that Dr. Murawsky has stated. Is there a second?

Dr. Ponce seconded the motion.

Dr. Pennell stated it is noted that it has been seconded.

Linda Anderson stated she wanted to comment on Dr. Murawsky's issues about delays for patients results on our compliance agreement or variance process so that if someone has manufacture instructions that are very specific that say it has to be done they should approach the division early and get either a variance or compliance agreement so that we can accomplish that as we are seeing that. That's the only thing I would add to your comment.

Dr. Murawsky thanked Linda for her clarification.

Dr. Pennell opened it up back for discussion and put a motion on the floor.

6. Public Comments:

Mrs. Moran-Yannis stated in a previous statement, I did ask a couple of questions. The first question that I asked is currently all of the equipment registration with the state is an online process using a credit card so my question is as with before with the fees and the registration my question is why can't that as well be processed online since the mechanism has already been established with the Radiation Control Program? Question number one, and then a comment; currently I understand and respect that not all hospitals in Nevada are joint commissioned however any hospital that provides service to Medicare patients have to comply with the Medicare conditions of participation which is a higher level of self-governing and self-regulation as it pertains to competency of staff and requirements of staff and my ask is has that been considered? if so, are you going to leave out leads higher credence to the increase in fees when hospitals who have a Medicare population, which is all of us, the additional oversight for CMS regulation's I contend the \$200.00 fee is oppressive.

Mrs. Anderson stated lets identify for the record right now they are not talking about an increase in fees so to answer your question maybe, and I appreciate you putting that on the record, but that is better answered by the division directly rather than as part of the regulation discussion today but I appreciate that you brought that forward and made that very clear for the record.

Dr. Pennell stated thank you, this will bar our public comment.

CHAIR DR. PENNELL FAVORED A MOTION BY DR. MURAWSKY TO APPROVE AB130 AT THIS TIME WITHOUT FEES BEING INCREASED AND BRING SB 130 REGULATIONS BROUGHT FORWARD IN A FUTURE MEETING; THE MOTION PASSED UNANIMOUSLY.

Dr. Murawsky stated, Mr. Chairman, I would like to see the SB130 regulations as soon as we can resolve this very complicated highly technical issue and I do appreciate the work that the department put into writing the remaining forty-eight and a half pages of these regulations which are quite good and quite standard and effective, but we need to resolve these two together. Thank you.

Linda Anderson stated, to clarify, for the record the fees will remain where they have been. Until that further change may come for people who have already did it.

7. County Health Reports:

- **Carson City Health and Human Services:** Mrs. Nicki Aaker, Director for Carson City Health and Human Services. reported for Carson City Health and Human Services. She gave a report on updates with the Carson City Health and Human Services Department. Her report is attached hereto as Exhibit “A”. Highlights from the report are that the Department was accredited by the Public Health Accreditation Board in May of 2016 and has recently hired a part time accreditation coordinator to help with the documentation efforts to recertify before 2021. In the tobacco control and prevention program they have been educating parents and students about vaping and vaping products. Highlighted efforts identify many new vaping products and devices on the market and efforts to understand and be aware of new products on the market. Clinical Services is conducting outreach to increase vaccination rates for the flu. Clinical staff is also in collaboration with the senior center providing flu shots to those receiving Meals on Wheels. Within the community there are two certified behavioral health clinics, Community Counseling Center and Vitality Unlimited. Criminal Justice collaboration has hired a community health worker in the human services division that goes to FAST group meetings and helps with offender transition to the community. Public Awareness has developed a pocket resource guide in case anyone is in a crisis or need help there is a more extended resources guide on the partnership Carson City website. Triage Subcommittee adopted the Columbia Suicide Screening. Training is conducted a train the trainer type training. When training materials are received further education will be done in the community. Work first housing is collaborating with the property management division. Carson City owned land proposals submitted for organizations to submit proposed affordable housing complexes. Two applicants selected to develop a work housing project on the land. New standard for restaurant inspection highlighted. Opening highlighted for an Environmental Health Specialist position for Carson City, this is a re-opening. The clinic has a program

to go out to the schools and vaccinate students 4,500 students and staff vaccinated against the flu within Carson City, Douglas and Lyon Counties. Human Services; Job fair scheduled February 21st at Western Nevada Collage. Point and time count will be in January. Mobile outreach safety team reported that bicycles were recently purchased to help homeless and those who are in crisis. Bikes were considered a better option because a patrol car was considered intimidating.

- **Washoe County Health District:** Mr. Kevin Dick, Washoe County District Health Officer (by phone) reported for the Washoe County Health District. He gave a report by telephone on updates with the Washoe County Health District. His report is attached hereto as Exhibit “B”. Highlights from the board discussion Mr. Dick noted that the Department is working with high schools specifically Bishop Minogue and Diamante with pertussis outbreaks. The outbreak at Bishop Minogue is wrapping up and they are approaching the end of the exclusion period at Diamante High School. The vast majority of students and staff have returned to school after receiving vaccinations. With the ease of the religious exemption in Nevada the perceived impact of so many vaccinated citizens of Nevada was positively noted. PODs (Point of Dispensing) was done with many regional partners. Update on flu; rapid uptick early in the season currently at 3.7% above the baseline of 2.4%. About double the rate from previous years. Noted was a significant preponderance of a new subtype of flu being recorded. They also participated in the statewide Crucible Exercise and the health department had a significant role. The exercise was a simulated attack that happened in multiple locations. The Department exercised the following plans; the Mass Casualty Evacuation Plan, and the Alpha Plan and also worked with Medical Examiner’s office and their mass fatality plan and family assistance center to facilitate identification of families and notification to families of decedents. November was the strategic plan retreat, an annual get together with the District Board of Health to come up with a strategic plan. This retreat is to create a plan that outlines goals to achieve and to continue to improve the Health District. The updated plan will be sent by the board to the November meeting to the District Board of Health for adoption. Truckee Meadows Healthy Communities on several items all noted in the report. Worked with Truckee Meadows Regional Planning and Truckee Meadows Healthy Communities to develop a regional strategy for housing affordability as an update adapted to the regional plan in October. The Department received a grant from the Robert Wood Johnson Foundation for a project to address senior suicides. The senior suicide rate in the region is four times the national rate. The proposal is in conjunction with community partners. The Robert Johnson Foundation requires the entity that applies for and receives funding from the proposal be community-based organization; therefore, Truckee Meadows Community Health organization applied. The grant requires a health district hospital to participate so they are participating with Renown Health and they require a matching the contribution from Renown, so they are providing the matching \$250,000.00 that is being provided by the Robert Wood Johnson Foundation. This is a two-and-a-half-year project with the requirement to create more linkages and social connections for seniors in the 89512 area.

- Southern Nevada Health District:** Dr. Fermin Lequen, Acting Chief Health Officer reported for the Southern Nevada Health District. He gave a report by video conference on updates with the Southern Nevada Health District. His report is attached hereto as Exhibit “C”. Fast Track Nevada: Sunday December 1st noted as a holiday therefore another date was used for the meeting. Officials and a representative from the state were gathered along with local community partners to offer a great event. Currently Fast Track’s priority is looking at ending the HIV epidemic is a global initiative with Paris. The purpose of the program is to make sure those people who are affected with HIV know about HIV conditions. Over 90% of those who have HIV were acknowledged and identified as HIV positive patients. The Department is making sure that at least 90% of them receive anti-viral treatment. The third goal is to make sure that are work in the community to reduce the stigma of HIV in patients. Flu: in the last few weeks of the earliest days of the season we have several hospital nurses that contracted the flu and there were three deaths because of the flu. Please note last year; at this time, there was only one death. The flu epidemic is referenced in the community health report. It was acknowledged the department working with the CDC and referenced CDC report on Antibiotic Resistance Threats. There was expressed excitement about a new U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) implementing a new Federally Qualified Health Care Center (FQHC) in the district. Expressed working with community partners against the Hepatitis “A” outbreak found in hospitals and the community. It was also expressed that technically they can’t say the Hepatitis “A” outbreak is over. They must have two or less reports in a six-week period and currently they are at three in six weeks, however; they are very close to saying the epidemic has ended. Noted; they have offered the homeless vaccinations both regular and oral.
- State of Nevada Department of Health and Human Services:** Dr. Ishan Azzam, Chief Medical Officer reported for the State of Nevada Board of Health. He gave a report. On updates with the State of Nevada Board of Health. Hereto known as Exhibit “D”. Joseph Filippi let the chairmen know that Dr. Ishan Azzam is on vacation and that the report was submitted. Joseph Filippi also let the board know that Dr. Ishan Azzam requested that any questions be forwarded by Joseph Filippi to him

Meeting adjourned at 10:15 am.