

Steve Sisolak
Governor



Richard Whitley, MS
Director

**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

STATE BOARD OF HEALTH
Meeting Minutes
December 10th, 2020
9:00 a.m.

MEETING LOCATIONS:

Pursuant to Governor Sisolak's March 22, 2020, Declaration of Emergency Directive 006, the requirement contained in NRS 241.023(1)(b) that there be a physical location is suspended in order to mitigate the possible exposure or transmission of COVID-19 (Coronavirus). Accordingly, all members of the public were encouraged to participate by using the web-based link and teleconference number provided in the notice.

1. Call to order/roll call – Dr. Jon Pennell, Chair

BOARD MEMBERS PRESENT:

Dr. Jon Pennell, DVM (Online)
Dr. Jeffrey Murawsky, M.D. (Online)
Dr. Monica Ponce, DDS (Phone)
Charles (Tom) Smith (Phone)
Judith Bittner (Online)

BOARD MEMBERS EXCUSED:

Dr. Dipti Shah, M.D.

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

Joseph Filippi, Executive Assistant; Rex Gifford, Administrative Assistant III; Dr. Ihsan Azzam, Chief Medical Officer; Cece Flores, Administrative Assistant III; Stephanie Herrera, Program Officer III; Shannon Bennett, Health Program Manager II; Glen Gimenez, Radiation Control Supervisor; Lindsey Doolittle, Environmental Health Specialist IV; Bobbie Sullivan, Emergency Medical Services Representative III; John Follette, Radiation Control Manager; Mandy Harris, Business Process Analyst III; Steve Gerleman, Health Facilities Inspection Manager; Teresa Hayes, Health Program Manager III; Stephanie Herrera, Program Officer III

OTHERS PRESENT:

Julie Slabaugh, Attorney General's Office; Pierron Tackes, Attorney General's Office; Heidi Parker; Breana Watson, The American Registry of Radiologic Technologists; Jody Daniels; Steve Messinger; Liana Watson, Sr. Pro; Lori O'Leary; Shawn Thomas; Jennifer Atlas; Ann-Marie Auger-An; Sydney Banks; Joelle Dodson; Leann McAllister, Nev;

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.

2. Public Comment

No public comments

3. Consideration and Approval of previous Board of Health Minutes from September 4th, 2020 – Dr. Jon Pennell, Chair

Chair Pennell asked if there were any edits to be made to the September 4th, 2020 meeting minutes. Ms. Bittner attended the meeting but was marked absent, she requested that the meeting minutes reflect that she attended the meeting.

CHAIR PENNELL REQUESTED A MOTION TO APPROVE THE SEPTEMBER 4TH, 2020 BOARD OF HEALTH MEETING MINUTES. A MOTION BY DR. MURAWSKI TO APPROVE OF THE SEPTEMBER 4TH, 2020 BOARD OF HEALTH MEETING MINUTES WITH THE ADDITION OF MS. BITTNER AS ATTENDING WAS MADE AND SECONDED BY DR. PONCE. APPROVAL OF THE SEPTEMBER 4TH, 2020 BOARD OF HEALTH MEETING MINUTES PASSED UNANIMOUSLY.

4. Taken out of Order, Agenda Item 5 - Item For Possible Action - Consideration and Adoption of Proposed Regulation Amendments to Chapters 392, 394, 432A and 441A of Nevada Administrative Code (NAC), LCB File No. R046-20 – Shannon Bennett, Immunization Program Manager, Immunization Program, DPBH

Presented by Shannon Bennett;

Ms. Bennett asked the Board for its consideration proposed amendments for LCB File R046-20 relating to public health revisions concerning the submission of certain forms related to immunization exemptions authorizing an audit of medical exemptions from immunization in certain circumstances requiring a child to receive certain immunizations for public school and other matters related to. These proposed regulations will move forward in accordance to NRS chapter 233B. Nevada Administrative Procedure Act has outlined that a new administrative staff memo be provided to Board members. Section 2 of this regulation requires that a written statement indicating that the religious beliefs of parents or guardians of a child prohibit immunizations to be submitted to the school district or charter school annual according to the enrollment schedule of the school and on a form provided by the Nevada Division of Public and Behavioral Health and the Department of Health and Human Services. Section 7.13 to 7.16 of this regulation propose similar requirements for children enrolled in private schools' children admitted into childcare facilities and accommodation facilities as well as students attending university respectively. Section 3 of this regulation requires a written statement including the medical condition of the child to be submitted to the perspective school district or governing body on a form provided by the Division. Sections 8, 14, and 16 of this provision imposes similar requirements for children enrolled in private schools. Children admitted into childcare facilities and accommodation facilities as well as students attending a university. Section 4 of this regulation authorizes a medial health officer to audit medical exemptions granted a pubic school in certain circumstances. Sections 9 and 15 of this regulation authorizes an audit of medical exemptions granted by a private school or childcare facility in accommodation in certain circumstances. This would list communicable diseases which a child must be immunized against before

attending public or private school and in NAC 392.105 and NAC 394.250. Sections 5 and 11 of this regulation prohibit a child from enrolling in grade 12 in a public or private school after June 30, 2022 unless the child has received a dose vaccine necessary for meningitis after reaching 16 years of age. Section 17 makes all other provisions of this regulation effective July 1, 2021. Ms. Bennett concluded by asking if any of the Board members had any questions.

Chair Pennell thanked Ms. Bennett and asked if there was any member of the public that would like to comment before the Board members. No comments by the public were made.

Dr. Murawsky asked if there was parity in the audit criteria between public and private schools

Ms. Bennett answered that there is complete parity between public and private schools.

CHAIR PENNELL REQUESTED A MOTION. A MOTION TO APPROVE LCB FILE NO. R046-20 BY DR. MURAWSKY WAS MADE AND SECONDED BY DR. PONCE THE REGULATION PASSED UNANIMOUSLY.

5. Taken out of Order, Agenda Item 4 – Item for Possible Action - Consent Agenda Items – Dr. Jon Pennell, Chair

Chair Pennell presented item number 4 the Consent Agenda before the Board of Health members and asked if there were any objections to the Consent Agenda.

Dr. Murawsky asked for clarification on sub item “n” consideration and approval of variance #713 regarding patient bathrooms and hand washing sinks pursuant to NAC 449.3154. If in approving this variance was there any consideration of setting precedence, waving this regulation for older buildings.

Mr. Gerleman, Health Facilities Inspection Manager DPBH answered that they are limited to different design criteria from when the code allowed hand sinks in the bathroom or the patient room itself, so there may be others that overtime may request variances or install the hand sinks as practical to do so.

Dr. Murawsky asked if this was a practical matter and Mr. Gerleman confirmed that it was.

Chair Pennell asked if there were any comments from the public or the Board members. There were no comments from the public or the Board members.

Hearing no objections Chair Pennell asked the Board of Health members for a motion

CHAIR PENNELL REQUESTED A MOTION TO APPROVE THE CONSENT AGENDA. A MOTION BY MR. SMITH TO APPROVE OF THE CONSENT AGENDA WAS MADE AND SECONDED BY MS. BITTNER. THE REGULATIONS PASSED UNANIMOUSLY.

6. Item For Possible Action - Consideration and Adoption of Proposed Regulation Amendments to Nevada Administrative Code (NAC) 457, NAC 459, and NAC 653 regulation changes LCB File No. R043-20 – Karen Beckley, Bureau Chief, Health Planning and Preparedness, DPBH

Presented by Karen Beckley;

Ms. Beckley yielded to Mr. John Follette, Radiation Control Manager, DPBH to present Item 6.

Mr. Follette stated for the record, my name is John Follette, Manager Radiation Control Program. Department of Health and Human Services, Division of Public and Behavioral Health. Also, with me is Karen Beckley, Chief, Bureau of Health Protection and Preparedness.

The proposed changes of regulations to NAC 457, NAC 459 and NAC 653 in LCB File No. R043-20 and errata and R074-19 include provisions that allow for a late fee, clarify the conditions to renew the late registration of radiation producing machines (RPM). Eliminate regulation regarding the use of Gonadal shielding. Address the licensing and regulations of persons who engage in radiation therapy and radiologic imaging. Address the deliberate misconduct of persons involved in activities related to the use or possession of radioactive materials and radiation producing machines.

These amendments modify existing language to make regulations more clear, current and compatible with the intent and scope of the Radiation Control Program (RCP). Introduction of new language which aids the RCP to carry out its regulatory role more effectively.

To clarify for the Board, LCB file No. R043-20 and errata were used for the posting of the 30-day public notice.

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 using Survey Monkey was emailed to all Radiation Control Program licensees and registrants on March 23, 2020. Of approximately 3146 Small Business Impact Questionnaires distributed, 54 responses were received. Fourteen respondents indicated that there was a general adverse economic impact on business and twelve 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. Two provided specific concerns when contacted. Survey Monkey Respondent # 57 was contacted to discuss his concerns, his main area of concern with R043-20 is in Section 1, NAC 457.295 (3)(a). He takes issue with the 5-day allowance to “Stop operating the radiation machine”. The Radiation Control Program reviewed this regulation to determine if the requirement to stop operating the radiation machine and 5-day allowance for mail in registration renewal should be revised. The RCP addressed his concerns by removing the verbiage to stop operating the radiation machine and replaced the 5-day allowance for mail in registration renewal with “The renewal fee must be electronically received by the Division not later than the date on which the registration expires”. These revisions are documented in the errata.

Survey Monkey Respondent # 3 was contacted to discuss her concerns about a fee increase. The RCP explained there are no fee increases, only a proposed late fee for late registration renewals. She said she misread the proposed regulation.

A Public Workshop was conducted on August 21, 2020 by means of teleconference to allow for further input by the public and regulated community regarding the proposed regulations and how they will impact small businesses. There were 15 participants. No written comment was received from the public. Verbal comment was received from two members of the public. Both relating to the registration requirements for a rural authorization certificate and the review of supporting documentation adopted by reference. Their comments were taken into consideration and the proposed regulations were modified as indicated in the errata. One person called in late and was not able to voice his concerns as the meeting had ended. He contacted the RCP and his concerns were discussed and addressed in the errata.

Mr. Follette concluded his testimony respectfully requesting approval of LCB File No. R043-20 and errata and offered to answer any questions the public or the Board members might have.

Chair Pennell asked if there were any questions from the public or Board members. There were no comments or questions received.

Char Pennell asked Mr. Follette why gonadal protection was removed.

Mr. Follette explained that the use of gonadal protection started in 1950 and it was a protective measure back when we did not have a lot of information about the genetic or hereditary effects and since that time there has been more information obtained relating to the amount of exposure that people received from the medical administration of radiation. There have been many professional organizations, most notably the American Association of Physicists in Medicine that re-evaluated the use of gonadal shielding and they determined that the amount of radiation that people receive in a medical setting has not caused any genetic or hereditary effects. Also, technology has changed such as having automatic exposure devices. What automatic exposure devices do is when using a radiation machine and the radiation penetrates through a person's body it automatically stops increasing the radiation. The effect of that is if there is a larger person it will expose them to enough radiation to get a good image and if you have a smaller person it would use less radiation. The use of the gonadal shielding can affect the automatic exposure device, so the American Association of Physicists in Medicine re-evaluated this and in April of 2019 they recommended discontinuing the use of gonadal shielding. Since then several major consulting bodies have also endorsed not using the shielding. Some states have also removed the requirement for gonadal shielding regulations as well.

Chair Pennell thanked Mr. Follett for his answer and asked if any member of the public or the Board had any further questions. Having no questions by the public or the Board Chair Pennell asked for a motion.

CHAIR PENNELL REQUESTED A MOTION. A MOTION TO APPROVE LCB FILE NO. R046-20 BY DR. MURAWSKY WAS MADE AND SECONDED BY MS. BITTNER. THE REGULATION PASSED UNANIMOUSLY.

7. Taken out of Order, Action Item #8 Health Department Reports:

Carson City Health and Human Services – Nicki Aaker, Health Officer, Carson City Health and Human Services (CCHS)

Dr. Susan Pintar, Carson City Health and Human Services (CCHS) reported for Carson City Health and Human Services. The CCHS report is listed as Exhibit "A"

Dr. Pintar highlighted that the COVID-19 response is though the quad-county area which is Carson City, Douglas County, Lyon County and Story County. The emergency managers for those counties as well as the health officers and health directors are intimately involved and it is going well. Public COVID-19 drive thru testing was set up and during October and November the COVID-19 drive thru's also dispensed flu vaccines.

The amount of COVID-19 testing is currently exceeding the Department's expectations. The only difficulty is the backlog of tests at the Nevada State Lab. The test results are delayed but the Department is working through it.

Many of the other programs have had changes. The Tobacco Program has been suspended because of the inability to visit the agency. Clinical Services has continued to operate at the same levels, or higher. The Department is disappointed in not receiving the flu vaccine. The Department has gone out to the public in over 50 events, but because of the inability to have exclusively flu physical or drive-thru events the numbers of those inoculated have decreased. The visits for influenza like illness is different and has decreased since last year. For

example, there has only been one ILI hospitalization in the area compared to 19 in the same time period last year.

Environmental Health Specialists have resumed their health inspections and they are also dealing with any COVID-19 non-compliance issues. Human Services has continued its pace, there was a dip because people are staying at home, but it has returned to normal levels. The visits by Human Services are also being used to address the housing issues that have come up because of COVID-19.

Dr. Pinter wanted to thank the state for advocating for the CARES funding for those working on the COVID-19 response. They have great employees and crucial to the mission. The Department will be taking the contract between the city and the University of Nevada Reno (UNR) to the Board of Supervisors in order to continue to retain these employees.

Chair Pennell asked Dr. Pinter about a botulism case.

Dr. Pinter responded there were two botulism cases and that they are very rare. One case was due to environmental conditions that were favorable to botulism.

Washoe County Health District – Kevin Dick, Health Officer, Washoe County Health District (WCHD)

Mr. Kevin Dick, District Health Officer was unable to present the report for the Washoe County Health District (WCHD). His report is attached hereto as Exhibit “B.” Mr. Dick let the Board know that if anyone had questions, they could contact the Division and he would answer them.

Southern Nevada Health District – Dr. Fermin Leguen, Health Officer, Southern Nevada Health District (SNHD)

Dr. Leguen, Chief Health Officer for the Southern Nevada Health District gave a report on updates with the State of Nevada Board of Health hereto known as Exhibit “C” Dr. Leguen gave a brief overview of his report.

Dr. Leguen stated that there was an increase in the number of cases of COVID-19 for the last 6 or 7 weeks as the whole state has been suffering. The Departments average, for the 7 day moving average for COVID-19, is over 1,700 cases a day. The infection positivity rate has increased to 22% compared to the lowest rate of 7% in September. The Department has also been monitoring syndrome surveillance, this is the surveillance of COVID-19 like symptoms by hospital emergency departments and urgent cares. It was noticed that in the last 6 or 7 days there is a decrease in the number of infections coming to the ER with COVID-19 like syndromes. About 10% of the patients coming to the ER were for that reason in November it was 24%, now it is at 8.2%. This is a good indication that we might see a decrease in the cases identified in the community. SNHD has been working with the county and their community partners in educational interventions in the community with emphasis on the African-American and Hispanic communities because of the intensity of the number of cases reported in those communities. SNHD is preparing for the deployment of the COVID-19 vaccine because the Food and Drug Administration (FDA) is close to approving the vaccine within days, so the Department is expecting the deployment as soon as next week. The nursing staff is working with community providers and hospitals in order to prepare for that.

The Department has been doing influenza vaccinations in the community. The flu vaccinations sites are also being used for COVID-19 immunization campaign that will be deploying to the whole community after SNHD has completed with inoculating the health care providers.

Dr. Leguen asked if there were any questions about the report.

Chair Pennell asked if there were any comments by the public or the Board members. There were no comments. Chair Pennell expressed to Dr. Leguen that he had been tested twice and that the testing looked orderly and well run then Chair Pennell thanked Dr. Leguen.

State of Nevada, Division of Public and Behavioral Health - Ihsan Azzam, Ph.D., M.D., Chief Medical Officer

Dr. Ihsan 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.” Dr. Azzam gave a brief overview of his report.

Dr. Azzam stated Good morning Mr. Chairman; and esteemed members of the board - Good morning everyone. For the record; Ihsan Azzam, Chief Medical Officer for the Division of Public and Behavioral Health. You already have a copy of my report so I will just summarize some important points.

In the next few minutes or so, I will try to update you on the ongoing COVID pandemic, including:

- Incidence
- Testing
- Hospitalization and
- Mortality

I will also briefly discuss some demographics and will conclude with a brief update on the current flu season.

COVID-19 cases are rising in a record high in Nevada and nationwide.

This is mostly due to a “COVID-fatigue,” - Unfortunately, the pandemic is still ongoing and continues to worsen, overwhelming our public health resources and the healthcare system.

Nevada is facing an alarming surge among all age groups and in every community - with high and rapidly increasing number of cases, hospitalizations, and deaths.

It seems that the effectiveness of our non-pharmaceutical interventions is rapidly eroding and the level of adherence to infection prevention measures is rapidly declining.

3000 Americans are dying everyday due to this pandemic – And as of yesterday morning, 15,263,000 COVID-19 cases were confirmed, and more than 288,000 Americans died due to this infection - with a case-fatality rate among confirmed cases of 1.89%.

More than 176,000 cases were diagnosed, and 2,384 patients already died in our state due to COVID. And more than 1,774,000 molecular tests were completed in Nevada.

The 14-day test positivity rate has reached 22.3% and is expected to continue rising because of the Thanksgiving-related surge.

Hospitalization: intensive care and mechanical ventilation started to increase in an alarming manner. The healthcare infrastructure in Nevada and nationwide started showing signs of serious strains. - Nevada hospitals are currently treating the largest number of severe COVID cases since the start of this pandemic. And, should the surge continue, they may reach maximum capacity before the end of December.

COVID patients are being treated within alternative care sites in Northern Nevada, as some hospitals are functioning under crisis standards of care. Additionally, some intensive care level patients from rural communities in the north are being transferred to hospitals in neighboring states for definitive treatment.

Just in one-month period, the number of hospitalized COVID patients have increased in Nevada by more than 230% and the need for mechanical ventilation has increased more than 250%, overwhelming the healthcare system.

Currently, more than 103,000 COVID patients are hospitalized in the U.S. - 1,800 of those are hospitalized in Nevada. And, more than 43% of all ICU patients in Nevada are critical COVID patients.

COVID has been so far five times as deadly as the deadliest flu season

While the number of dying COVID patients is rapidly rising – the rate of death due to COVID is significantly decreasing due to newly developed medications and more frequently used life-saving procedures.

So far 2,384 confirmed COVID patients died in Nevada - with a Case Fatality Rate of about 1.35% which is significantly lower than the national Case-fatality Rate of 1.89%.

Significant disparities were identified as the pandemic is unequally impacting

- Racial/ethnic minorities.
- Older age groups.
- Institutionalized groups such as nursing home residents; and prison inmates and staff

More expanded description of these demographics is included in my written report.

It seems that the Messenger RNA vaccines developed by Pfizer and Moderna are more than 94 percent effective; safe, and strongly protect against serious illness.

Each of these two vaccines requires two intramuscular shots with a 3 to 4-week interval between doses.

FDA will be meeting today to grant Emergency Authorization Use for the 1st Pfizer Vaccine and it is expected to approve the Moderna vaccine next week.

The Advisory Committee on Immunization Practices recommends that health care personnel and residents of long-term care facilities be offered the vaccination in the initial phase of the program (Phase 1a).

Nevada is ready to carry mass vaccinations in accordance with the ACIP set priorities.

I will also briefly update you on Seasonal Influenza

Due to an increasing intake of the influenza vaccine; compliance with facemasks use and continuing to practice physical distancing; regular hand-hygiene, environmental disinfection and other prevention measures this current flu season has been mild.

So far, the percentage of persons seen with Influenza Like Illnesses continues to be below the regional baseline.

However, it is difficult to predict as we are still early in the season, and flu viral activity usually starts to peak around the holidays and again in February.

In closing I want to highlight that this pandemic has exposed serious gaps in our national public health infrastructure, and, now is more than ever, we need a strong public health surveillance system that detects and facilitates more immediate response and containment of emerging and re-emerging health threats.

With this I am concluding this update and will be happy to answer your questions.

Thank you for giving me the opportunity to address your board.

Chair Pennell thanked Dr. Azzam and asked if there were any questions from the public or Board Members.

Dr. Murawsky asked if Dr. Azzam could clarify the tiering system for the COVID-19 vaccination roll-out and the expected vaccination timeline as well as are there other measures the Board should be communicating given the over increase in cases seen.

Dr. Azzam replied that the vaccine is very safe, and it seems to be very effective so far. The tiers, which are the priorities, were determined by the Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP). The tiers are reflecting the lack of vaccine availability. There is not enough of the vaccine to vaccinate everyone especially that everyone in order to be fully immunized have to receive 2 doses, so the ACIP made tier 1 starting with the people who are serving such as health care providers because they are taking care of us and the patients. Health care providers were at the highest risk for COVID-19 so they are listed in tier 1.

Residence of long term care facilities demonstrated the highest incidents of death nationally. Between 40% to 45% of those who died of COVID-19 died in nursing homes while only 6% of the population lives in nursing homes. We need to have immediate benefits from the limited amount of vaccine that we have. The second part of tier 1, which is tier 1-b, talks about essential employees such as those in education, and first responders such as firefighters and law enforcement. We need to be able to provide vaccines and immunize those who keep our economy working and certainly in tier 1-c ACIP advised that we need to immunize individuals that are older than 65 with pre-existing conditions.

These tiers are up to each state to comply with or not. The tiers seem to be very reasonable and they seem to be the best way to get control of this out of control pandemic while we have limited amounts of the vaccine. It is expected that Nevada will receive about 465,000 doses which will be enough for about 87,000 individuals to be vaccinated. We are ready to start the vaccination of individuals and health care providers. Nursing homes will be vaccinated by Walgreens and CVS Pharmacy.

Dr. Murawsky asked if there is any timeline that the public will see with these tiers.

Dr. Azzam replied that currently we do not have any information on any shipment except the first one. It all depends on how much vaccine we have. We have shared with the CDC that we are ready to immunize 2 million Nevadans as fast as possible, but it seems that the only response is an acquired immunity. The vaccine is very effective because it was developed under a new concept which seems to be state of the art. It all depends on when the federal government will give Nevada the vaccine.

Dr. Murawsky thanked Dr. Azzam and everyone for all their work.

Dr. Pennell asked Dr. Azzam that if Nevada was to receive 160,000 doses would the division split the doses or use all the doses and hope for a second shipment.

Dr. Azzam stated either way it will be that the people would not be immunized by the second dose until about 35 days from the first dose. So, within the 35 days the federal government has assured Nevada that we will receive weekly shipments, so it is unknown how that will be determined. The doses will be given, and we will wait on

the next shipment. My recommendation is to use all of the 160,000 doses on 160,000 individuals. Those that have received the vaccine from Pfizer will continue to receive the second dose from Pfizer.

Dr. Pennell asked if there were any more questions. No more questions were asked. (1:01:26)

8. Taken out of Order, Agenda Item# 7 Item For Possible Action - Consideration and discussion regarding letters submitted by Senator Pat Spearman, Chair of the Sunset Subcommittee of the Legislative Commission regarding the need to address death reporting – State Board of Health Members

Chair Pennell opened the agenda item for discussion and asked Dr. Murawsky if he had continued concerns.

Dr. Murawsky stated that Senator Spearman expressed his concerns succinctly. Dr. Murawsky highlighted that there is a lack of clarity in who the ultimately responsible signer of the death certificate is. Patents in a health care system is helped by multiple people so determining who is ultimately responsible is critical. There is also a technology challenge of working with an external system when the individual physicians are working inside the hospitals. This includes issues with ransomware and taking security seriously to make sure you can access the system, which has become difficult. Dr. Murawsky suggested looking at the NRS to clarify who can sign the certificate. One issue is that we have moved from the hospitals issuing the certificate to a system where the death certificate is issued by the physician or provider and the provider is working directly with the state to submit the information and the hospital is a secondary body in trying to clarify information.

Mr. Filippi did let the Board know that Stephanie Herrera, Program Officer III for the Office of Vital Statistics is available for any questions.

Dr. Murawsky thanked Ms. Herrera for the memo that will help to overcome some of the issues. Dr. Murawsky suggested making it more specific as to who is responsible to sign so there is less confusion

Ms. Herrera did inform the Board that they are looking at doing some regulation changes to clarify that. Currently they are getting together with the Medical Board and the Fetal Board trying to get some stakeholders to figure out the challenges and get the regulations ready.

Future Agenda Items

Chair Pennell asked the board if they had any suggestions for future agenda items. None of the board members suggested any future agenda items. Chair Pennell asked if there were any public comments.

Public Comment

Chair Pennell asked if there were any public comments. There were no public comments.

Mr. Filippi introduced Pierron Tackes and Julie Slabaugh from the Attorney General's Office. They are working together with Public Health and they will be regularly attending the Board of Health meetings.

Ms. Tackes introduced herself and said that she would be fulfilling the role Linda Anderson held. Ms. Tackes stated that she is excited to join the team. She was formally with the Carson City District Attorney's Office working in civil law. Ms. Tackes did represent some health departments such as the Carson City Health Department and is excited to represent public health. Ms. Tackes has a background in public health because she has a law degree with a master's in public health and has always been impassioned about law and policy being a tool for public health.

Chair Pennell thanked Ms. Tackes and is excited to see her joining the team. Chair Pennell thanked everyone for their hard work and time on the front lines.

There was no further public comment.

Meeting Adjourned at 10:11 am