

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

**MEETING MINUTES
STATE BOARD OF HEALTH
March 4th, 2022**

MEETING LOCATIONS:

9:00 a.m.

This meeting was held online, or by phone. The online and phone meeting location is:

Meeting Link:

Join Zoom Meeting

<https://zoom.us/j/92537552135?pwd=aEQzR3BCMGJXLlZ6UnJkU21EcWVpdz09>

Meeting ID: 925 3755 2135

Meeting passcode: 818303

Join By Phone:

Phone: 1-669-900-9128

Meeting ID: 925 3755 2135

(Passcode: 818303)

1. CALL TO ORDER/ROLL CALL – Dr. Jon Pennell, Chair

BOARD MEMBERS PRESENT:

Dr. Jon Pennell, DVM (Online)
Mr. Charles (Tom) Smith (Online)
Ms. Judith Bittner (Online)
Dr. Trudy Larson, M.D. (Online)
Dr. Monica Ponce, DDS (Online)

BOARD MEMBERS ABSENT EXCUSED:

Dr. Jeffrey Murawsky, M.D.

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

Joseph Filippi, Executive Assistant, DPBH; Dr. Ihsan Azzam, Chief Medical Officer; Lisa Sherych, Administrator DPBH; Cody Phinney, Deputy Administrator, DPBH; Julia Peek, Deputy Administrator, DPBH; Pierron Tackes, Deputy Attorney General, Attorney General's Office ; Rex Gifford, Administrative Assistant III, DPBH; Bradley Waples, Health Facilities Inspector III, HCQC; Teresa Hayes, Health Program Manager III, EHS; Paul Shubert, Health Bureau Chief, DPBH; Kyle Devine, Bureau Chief, DPBH; Leticia Metherell, Deputy Bureau Chief, HCQC, DPBH; Lindsey Doolittle, Environmental Health Specialist VI, DPBH; Tammy Ritter, Community Health Nurse III, DPBH; Vickie Ives, Health Program Manager III, DPBH; Isabelle Eckert, Administrative Assistant III, DPBH;

OTHERS PRESENT:

Dr. Colleen Lyons, Health Officer for Carson City Health and Human Services (CCHHS); Nikki Aaker, Director, CCHHS; Kevin Dick, District Health Officer, Washoe County Health District (WCHD); Dr. Fermin Leguen, MD, MPH, District Health Officer for the Southern Nevada Health District (SNHD); Linda Anderson; Marena Works, MSN, MPH, RN University of Nevada Reno (UNR) Medical Office of Statewide Initiatives; John Peckham, Ph.D., UNR Medical Office of Statewide Initiatives;; Debra Songer; Brook Maylath; Carol Shank; Casey Rogers; Charlotte Stewart; Edith Duarte; Evelyn Dryer; Jonathon Fayeghi; Keibi Mejia; Ken Kubes; Megan Comlossy; Ofelia Gentscheff; Patrick Hughes; Patti Brouhard; Randi Ranae; Sean Applegate; Seres Sosnowski-Abueg; Shannon Ernst; Stephanie Van Hooser; Steve Messinger, NVPCA; Tedd McDonald; Tyler Shaw, FRPA; Cassie Hall; Kent Ervin; Troy Ross; Kat Simkowitz; Valerie Balen

Chair Pennell 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. ACTION ITEM: Review and Approval of meeting minutes from the December 3rd, 2021 Board of Health Meeting – Jon Pennell, Chair

Chair Pennell opened the meeting in accordance with the public open meeting laws and regulations. Chair Pennell asked if there were any comments or questions about the December 3rd, 2021, Board of Health meeting minutes.

CHAIR PENNELL REQUESTED A MOTION FOR THE DECEMBER 3RD, 2021 BOARD OF HEALTH MEETING MINUTES AS WRITTEN. A MOTION BY DR. LARSON TO APPROVE AS WRITTEN WAS MADE AND SECONDED BY DR. PONCE. THE DECEMBER 3RD, 2021 BOARD OF HEALTH MEETING MINUTES WERE APPROVED UNANIMOUSLY.

3. INFORMATIONAL ITEM – Health Department/District Regional Health Reports.

Carson City Health and Human Services – Dr. Colleen Lyons, Health Officer, Carson City Health and Human Services (CCHHS)

Nikki Aaker, Director of the Carson City Health and Human Services (CCHHS) presented the report for Carson City Health and Human Services. The report is attached hereto as Exhibit "A".

Ms. Aaker congratulated Dr. Larson and stated that National Public Health Month is April. April 4th through April 10th, 2022, CCHHS will celebrate National Public Health Month with a University of Nevada Reno (UNR) master's in public health student intern will lead the CCHHS project for that week. CCHHS is also collaborating with the Carson City School Districts Health Occupations Students of America Club (HOSA) to help gather pictures and displays to be displayed on the Health Department's story wall, in the lobby. Similar to what CCHHS did for World AIDS Day. All are invited to come to the Health Department to look at this book wall.

For the COVID-19 update, all of CCHHS community-based events offered in the quad counties are conducted only with CCHHS staff. The staff come out of the Public Health Preparedness Program. This program will go to four different counties, and although this is labor intensive, CCHHS is doing this program in house. CCHHS has secured 30,000 at home COVID-19 testing kits to be distributed among the quad county regions. CCHHS has worked with city managers, county managers, and emergency management to decide where the kits will go. CCHHS received the kits on Friday; February 4th and within 48 hours they were distributed to all the counties. Ms. Aaker thanked the two CCHHS staff members who helped with the distribution. She also wanted to thank Julia Peek, Deputy Administrator for DPBH, for her presentation to the Board of treatment options and what the state is providing on such short notice.

Ms. Aaker updated CCHHS efforts on the Tobacco Control and Prevention Program. CCHHS is collaborating with the Southern Nevada Health District (SNHD) and Washoe County Health District (WCHD) to put out Attracting Addition social media posts. These are produced by an outside contractor. Vaping among youth has become an epidemic and CCHHS is trying get the word out to students and parents about how bad vaping is. CCHHS is still assisting Western Nevada Collage (WNC) with their tobacco free policy. WNC went tobacco free in 2017. WNC has reported to CCHHS that there is a problem with vaping in the restrooms. CCHHS is helping WNC do a survey to see if vaping detectors are needed in the restrooms. In the past there was some push back on placing vaping detectors in the restrooms, but now CCHHS is going to do a survey to see if they can help WNC with the issue.

There was a KOLO 8 interview with Nicole Dutra, the Tobacco Youth Prevention Coordinator. She showed many different devices and products on the show. Those devices and products were purchased with grant funds from a vaping shop. Ms. Aaker learned a lot from Ms. Dutra. Ms. Aaker commented that the industry grew fast. The devices and products were shown to students because many are deceiving. For example, they look like thumb drives or pens.

Environmental Health temporary events are returning. CCHHS is renewing the contract with Douglas County to provide environmental health in Douglas County. The contract will go to the CCHHS Board in June. The Human Services Division is working on a yearlong project to advance the health department into a trauma informed agency. CCHHS knows it will be difficult, but it is necessary. Between July 1st and February 14th, they have helped 28 households either get into housing or helped them stay in housing. This is very important with the current housing situation.

The WIC (Women, Infants, and Children) Program at the Carson City clinic has seen 344 participants for the 2021 calendar year. The Gardnerville clinic has seen 177 participants. The Public Health Preparedness Program of the Quad County Health Coalition completed its annual assessment. This identifies gaps in resources that CCHHS needs to work on. CCHHS is working on its third annual health needs assessment. This will be a collaboration between Carson Tahoe Health and Carson Tahoe Hospital. There will be a kick-off meeting next week with many different surveys and sessions that have people's feedback in the kick-off. Ms. Aaker would

like to get more community feedback because that was an issue last time. Ms. Aaker is also excited to work with the hospital. Ms. Aaker asked if the Board had any questions.

Dr. Lyons, Health officer with CCHHS, added that the Health Department is now interviewing for a Deputy Director. This will expand the CCHHS skill set and abilities by providing the Department of Epidemiology and Environmental Health with another Division Manager who will take over Environmental Health with Dustin Boothe continuing with epidemiology. As of the last Board of Health meeting CCHHS now has a health in all policy note to every new policy that will be initiated in the city and county. The mayor is taking part of this forward with a presentation she will be giving regarding CCHHS. As the mayor, and as a member of the CCHHS Board of Health, she will be sharing with the Chamber of Commerce next week. Included in the mayor's presentation is the seven ways that business can align with public health to create innovation and action

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

Mr. Kevin Dick, District Health Officer, Washoe County Health District (WCHD) presented the report for the Washoe County Health District (WCHD). His report is attached hereto as Exhibit "B."

Mr. Dick let the Board of Health know that Washoe County is now "low" for COVID-19 according to the new Centers for Disease Control and Prevention (CDC) guidelines for health and health care. The 7-day average of new cases is down to 31.9 which is tracking with the 32 new cases that WCHD reported today. This is down from 211 new cases per day upon preparation of the WCHD report on February 14th, 2022. On January 20th, 2022, WCHD was reporting more than 1,700 new cases on that day making this an exponential decline. 34 Hospitalizations for COVID-19 were reported as of March 3rd, 2022. COVID-19 cases are not impacting Washoe County's hospital system and the test positivity rate continues to decline. With the decline of cases, WCHD has seen a decline in the demand for COVID-19 testing and calls about COVID-19. People are being vaccinated. Therefore, WCHD is downsizing their COVID-19 testing operations at the Livestock Events Center. Testing will continue there, but staffing will be reduced. There will be additional staffing reductions in the call center too. The disease investigators are able to keep up with the caseload, but there is a lot of work to be done with Omicron data collection since there was a large Omicron surge. Disease investigator positions will gradually decline through attrition. WCHD is communicating with the community to rely less on the District for COVID-19 services in the future. One of the things WCHD has learned through the Omicron surge was to respond with flexibility to meet the testing needs of the community with the services provided by the WCHD. WCHD is encouraging vaccinations, boosters, and for residents to take advantage of the availability of the in-home test kits to use if there are symptoms.

Mr. Dick also wanted to thank Ms. Julia Peek for helping WCHD get funding that was provided by the state legislature, and helping people explore the treatment options available through contacting the state's call center or the Nevada Health Response website. The WCHD formula going forward is vaccinations, self-testing, and pursuing treatment options. WCHD will continue to provide testing in the future, but they may be changing their filter criteria such as testing people who have tested positive with an at home kit, or who are symptomatic and want to confirm a false negative that they are receiving will continue. WCHD is testing and sending samples to the State Lab where they can be geologically sequenced for surveillance. Demand is extremely low, WCHD only tested 11 people on Wednesday. The WCHD is now only operating Monday, Wednesday, and Friday for testing and the testing hours have been reduced from 9:00 a.m. to 11:00 a.m. WCHD is continuing to provide vaccine pods to the community. The WCHD was in Gerlach on Monday providing COVID-19

vaccinations at the elementary school there. This week WCHD will be back to Gerlach for the second COVID-19 vaccinations. WCHD will be at the Foot Soul Sports Arena tomorrow morning to provide COVID-19 vaccinations for the largely Hispanic population there who enjoy soccer. Overall WCHD is encouraged with what they are seeing now in the level of cases, and there is hope that there will be some relief from COVID-19 going forward with the new capacities, vaccine, and treatment options.

WCHD is also working on their Community Health Needs Assessment. This was delayed a few years because of the response to COVID-19. The district will meet the once every five years requirement for accreditation by getting the assessment done in the expected time range for completion. This will be in May or June.

WCHD is also staffing for the Health Equity Grant Funding from the CDC. There is already a Health Equity Coordinator on board and a new Communications Specialist. In addition to working on getting two Community Organizers and three Community Health Workers being recruited and interviewed this past week.

WCHD held a Spanish language town hall to help educate the Hispanic community about food permitting requirements. WCHD has had problems with unpermitted food vendors. They are usually mobile vendors on busy streets that WCHD has received complaints about. The district found that these vendors are usually Spanish speaking Hispanic members of the community that are mostly serving the Hispanic members of the community. Therefore, the District set up the town hall to let them know what is required for them to operate legally and what assistance WCHD has for them. The town hall was well attended.

Last week WCHD took their fiscal year 2023 budget to the Washoe County Board of Health. The budget was adopted. The budget is \$31.6 million dollars of expenditures. Between grant funding and other positions that were added to the fiscal year 2023 budget, 23 additional full-time employees were added. Staffing was added to the Sexually Transmitted Disease (STD) Prevention and Control funding that was received through the CDC and the Health Equity Grant which provided the funding for that program with the COVID-19 response funding too. The district has tried to minimize staffing added to Washoe County by hiring new staff through the COVID-19 funding. The district has about \$2.5 million dollars for temporary staffing that they have been using for the COVID-19 response. The 8 new positions that are part of the 24 positions in the fiscal year 2023 budget address some additional supervisors and administrative support for Expand and Control as well as a Deputy Health Officer position. The WCHD budget goes to the County and is incorporated into the County Manager's Budget for approval by the Board of County Commissioners. WCHD did the budget presentation for the county, and it will be proceeding through their timeline with original presentation to the Commissioners in April. With the approval in May for submittal to the state by June 1st, 2022. WCHD requested funding from the County accounts for about 33% of the WCHD budget, so Mr. Dick is optimistic that the budget will move forward as is. Mr. Dick offered to answer any questions the Board members may have. No questions were asked.

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

Dr. Leguen, District Health Officer for the Southern Nevada Health District presented the report for the Southern Nevada Health District (SNHD). The SNHD report is attached hereto as the State of Nevada Board of Health hereto known as Exhibit "C".

Dr. Leguen reported that in southern Nevada they have been seeing similar trends that have been described before by his colleagues regarding COVID-19. The SNHD COVID-19 numbers have decreased exponentially. Right now, the positivity rate is about 5% for the seven-day average. The daily testing number is between 2,000 to 6,000 tests daily. Typically, weekends are lower and within the week there are 5,000 to 6,000 a day. This is

far from the 23,000 a day experienced in January. As you know right now there are a lot of COVID-19 home testing kits available in the community, so SNHD is not focusing on the number of cases reported since the trend is decreasing, but the positivity rate still remains important because it has kept the same decreasing trend observed before and right now has become the community sample. That is why SNHD follows it closely. The district is complying with the new CDC guidelines regarding community guidelines for surveillance.

In Clark County the vaccination rate is about 72% with about a 52% completion rate with the vaccination campaign. The SNHD team is offering anti-viral medication at the Decatur facility. This has been in place for the last 3 or 4 weeks. There is not much demand for medication, even so, SNHD has made it available for providers across the community, so they could send the patients to SNHD facilities.

SNHD in partnership with the state and Clark County are offering Molnupiravir through a contract that the state has with the company. The district is now starting the discussion with their team about the decrease in demand for testing and vaccination services in the community, as well as downsizing the districts presence in the community, but still keeping the services available.

Dr. Leguen shared that SNHD celebrated American Heart Month. There were multiple activities across the community such as a free hypertension education program that was offered to the community. There was also a self-monitoring blood pressure program, youth cooking class, and free diabetes self-management classes being presented online and in person. In addition, SNHD celebrated National HIV Awareness Day on February 7th, 2022. This was celebrated in partnership with the Southern Nevada HIV Awareness Consortium which provided multiple services across the community such as rapid HIV testing, screening, and education. Also, about pre-exposure, prophylaxis, and prophylaxis to HIV. This event was highly accepted across the community.

Dr. Leguen wanted to share with the Board that SNHD is working on developing a new facility now under construction on Fremont Street. This facility is expected to be functional by May this year. There the District will offer Primary Care Services, Environmental Health Services, and other health department services. Dr. Leguen offered to answer any questions the Board members may have. The Board members did not have any questions.

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. The report is hereto known as Exhibit “D.” Dr. Azzam gave a brief overview of his report.

Dr. Azzam greeted the Board and presented his report by stating you already have a copy of my report, so I will just update you and summarize some most important points. COVID-19 case numbers in every county in Nevada and across the nation have dropped more than 85% from just a few weeks ago, and subsequently the mask mandate was discontinued in Nevada and almost every state. With the Omicron wave gradually receding, many states are in the process of lifting some other restrictions.

This shift toward “normalization” may have some positive social and behavioral health benefits including improvements in mental health, drug overdose, violent crimes and other miss behaviors. However, this rapid removal of all restrictions may have some negative sides, as sizable numbers of the unvaccinated remain susceptible to contracting the infection. On a more positive note, the virus may become less pathogenic. This is due to the wide availability of safe and effective vaccines, the availability of testing, the prompt use of effective antiviral medications, and a better understanding of the epidemiology of this pandemic. As the likelihood of

severe illnesses seems to be greatly diminishing, COVID-19 will be eventually regarded like any other endemic respiratory infection.

Here at the Division of Public and Behavioral Health (DPBH) we continue to provide support and guidance to vulnerable residents of skilled nursing facilities, shelters, prisons, and other institutions. While this pandemic has highlighted long-existing disparities in the national healthcare system, it has brought together partners across several sectors in Nevada who addressed community vulnerabilities and provided culturally competent services.

Now I will briefly update you on COVID-19 testing, case-load, hospitalization, death, and vaccination in Nevada.

Since the beginning of the pandemic, there have been almost 7 million testing encounters, and so far, one in five Nevada residents had already tested positive. The test positivity rate is rapidly declining, from more than about 35% in early January to 7.9% yesterday in Nevada. Since the start of the pandemic 646,000 COVID-19 cases were confirmed in Nevada. We are currently averaging between 195 to 400 newly diagnosed cases per day.

Treatment centers are actively providing easily accessible and timely therapy. These centers are specifically designed to decompress hospitals. The hospitalization rates are rapidly dropping and, most of those hospitalized with COVID-19 are unvaccinated, or under vaccinated. Cumulative COVID-19 deaths in Nevada continues to rise, but at slower rates. Since vaccines are keeping most people out of hospitals, death rates are currently half of those observed last summer. Consequently, the death rate in Nevada declined by more than 20% in the past three months. Since the beginning of the pandemic, there had been 9,774 COVID-related deaths in Nevada.

About 68% of Nevada residents aged five and older have already initiated the COVID-19 vaccine, and 58% are fully vaccinated. These vaccines continue to work well, preventing severe illnesses, hospitalizations, and deaths. Vaccines continue to be the most effective tools to prevent the spread of COVID-19. With most of the states already lifting the mask mandates, COVID-19 vaccines will be even more critical to reduce severe infections and prevent strains on the healthcare system. Unvaccinated individuals remain most susceptible to contracting COVID-19, and the priority should remain to have everyone fully vaccinated. Nationwide, and in Nevada influenza activity has decreased in recent weeks. So far 45 hospitalizations and five influenza-related deaths occurred in Nevada this flu season. Dr. Azzam asked the Board if they had any questions. The Board did not have any questions.

Chair Pennell acknowledged that there were several County Health Officers who have turned in reports to the Board of Health and apologized that their reports were not on the Board of Health agenda and asked that those reports be tabled for the June Board of Health meeting. Chair Pennell apologized that the Board of Health cannot take the reports at this time.

4. INFORMATIONAL ITEM – Presentation on the opportunities and challenges, including potential legislative changes, for creating a Rural Health District and the process established under NRS 439.4905. – Marena Works, MSN, MPH, RN University of Nevada Reno (UNR) Medical Office of Statewide Initiatives, and John Peckham, Ph.D., University of Nevada Reno (UNR) Medical Office of Statewide Initiatives.

Ms. Works gave a presentation to the Board and explained that she was hired to look at Churchill County and three other Nevada rural counties about their interest in forming a health district. This presentation is to show the Board what is happening now in the process to create the health district. We will discuss what is hoped to be

accomplished in the year, and our goal to return to the Board to officially request forming a health district. Ms. Works went over the health districts in Nevada, the authority for counties and cities to form health district, and the vision to form the Central Nevada Health District.

Ms. Works explained that in Nevada there are two health districts. Washoe County Health District (WCHD) and Southern Nevada Health District (SNHD). Other services are provided by Carson City Health and Human Services (CCHHS) through agreements in a quad county area for certain public health services. The four counties that are hoping to have a cooperative agreement are Churchill, Pershing, Mineral, and Eureka Counties.

Ms. Works explained that the formation of a health district can be accomplished under Nevada Revised Statutes (NRS) 439.370 by affirmative vote of the Boards of the county commissioners of two or more adjacent counties, governing bodies of two or more cities or towns within any county, or, the board of county commissioners and governing body or bodies of any incorporated city, town or towns, in such county and approval of the State Board of Health there may be created a health district with a health department consisting of a district health officer and a district Board of Health.

Ms. Works stated that for the Rural Health District to be successful there must be cooperation between the counties and that is seen in the four counties that will consist of the district. They all have a shared vision of what they want to see. One of the issues is that NRS 439.370 states that you must be an adjacent county to form a health district and Eureka County isn't adjacent to Churchill, Pershing, and Mineral County. If state law cannot be changed there are other options to include Eureka County in interlocal agreements. To make sure that the district would be able to meet the 10 essential services of public health; a draft organizational chart is provided in the presentation. Ms. Works then explained the chart organization with one county deciding to be the fiscal agent for the district which will be Churchill County, since the state doesn't define a health district's organization.

NRS 439.4905 was passed in the 2011 Legislature to "pass down" to the counties some services that the state provided, but previously didn't charge. Ms. Works provided the example of Environmental Health. The state used to do that in all the rural counties outside of Washoe County, Clark County, and Carson City. The state never charged the county for any deficits collected or the fees to run the program. In 2011 that changed when the assessment fee was added. Now the counties get charged and the state comes up with a formula that calculates the fees and what it takes to make the program whole and charges the county for the deficit. Included in this was NRS 441A in which counties were responsible to pay the state an assessment fee.

In developing a new health district, it should include Environmental Health and 441A. This means there is a process that needs to be done besides the State Board of Health approval. There has to be a proposal to the Governor requesting this forming district carry out the services described. Then the Governor, if he approves it, would submit a recommendation to the Interim Finance Committee (IFC). The IFC would approve for the exemption for the counties in the district to pay the fees to them. If the IFC approves it there must be a minimum 6 month waiting period before it can take effect. Ms. Works explained that this is why they are trying to get everything done this year so this can be moved forward in July of 2023.

Ms. Works explained the new district funding options. The new district may be eligible for state public health grants. Counties that are in the new district will have their funds assessed. Fees for service in which Environmental Health will be the largest, because of permit fees etc., and insurance billing for things such as the public health lab, community services, and nursing services that are provided.

Ms. Works explained the progress to date. There are ongoing meetings with the four-county work group as well as meetings with state leaders from DPBH. Last Friday, Ms. Works did a presentation to the Nevada Association of Counties (NACO) as well as draft suggestions, changing the “adjacent counties” wording in NRS 439. There are also county codes that need to be drafted to form the health district. Lastly the procedures for NRS 439.4905, drafting a letter to the governor, is being done.

Ms. Works explained the timeline that the district is looking at. January is when the monthly meeting with county partners began. February, they met with state leaders and presented the plan to the NACO and began drafting county codes needed to form a health district. March is this presentation to the Nevada State Board of Health. In April there will be a presentation to the legislative committee on Health and Human Services. This is courtesy since their decision is not needed for the creation of the new district. In May or June, the letter would be sent to the governor requesting an exemption for the counties to pay the state for services, and have the health district perform Environmental Health Services, as well as indigent Sexually Transmitted Disease (STD) and Tuberculosis (TB) testing and treatment. In October the request for the exemption for services under NRS 439.4905 would be filed. November onward, pending a positive outcome from IFC, procedures to transfer services to the new district would be put in place. In December the request formal approval of the Central Nevada Health District to begin on July 1, 2023, would be presented with January to June 2023 starting the implementation of the communication plan, developing policies, creating job descriptions, and hiring.

Ms. Works asked the Board if they had any questions.

Dr. Larson stated to Ms. Works and Dr. Packham that this was overdue and a really nice process and that she looks forward to hearing how things go and looking at the final proposal.

5. ACTION ITEM - Consent Agenda Items – State Board of Health Members

Chair Pennell asked the Board if they had any objections to the consent agenda items. Chair Pennell then pulled items 5d and 5f and asked for public comment before the Board makes a motion. Chair Pennell asked for a motion on the consent agenda items less 5d and 5f.

CHAIR PENNELL REQUESTED A MOTION. APPROVAL OF THE CONSENT AGENDA ITEMS LESS CONSENT AGENDA ITEMS 5D AND 5F WAS MADE BY DR. SMITH AND SECONDED BY DR. LARSON. THE MOTION WAS APPROVED UNANIMOUSLY.

Discussion of Consent Agenda item 5D, Variance #721 regarding use of chemical feeders and other disinfecting materials and methods in NAC 444.178 submitted by Carson City Holding, LLC – Teresa Hayes, Environmental Health Manager, Environmental Health Section (EHS), DPBH

Chair Pennell explained that this variance was pulled and tabled last meeting. Chair Pennell wanted to make sure there were not any questions from the Board members and Chair Pennell assumes that because there is a DPBH staff recommendation of approval that everything was worked out between the state and the parties involved. Chair Pennell then asked if Ms. Hayes was available.

Ms. Hayes was able to confirm that the state was able to agree to the series and that she was before the Board of Health to respectfully ask the Board to approve the variance application from Mr. Begich.

Carson City Hot Springs is requesting to modify the variance #694 provided in September of 2018, to be increased to 8 hours in variance #721. The increase from 6 to 8 hours is not significantly different based on the size of the pools and therefore does not increase the risk to public health.

Mr. Begich states that strict application of the regulations would be unduly burdensome and abridge his property rights. Mr. Begich has stated that modification of the previous variance would give him greater latitude to modify the temperatures in the pools and spas and to eliminate the costs of automated equipment which provides the regulated temperature to not surpass 104 degrees. He bases this on his facilities in New Mexico which are not required to have a turnover rate and are cleaned just every 72 hours. Also, in Wyoming there is no turnover rate and cleaning occurs every two weeks. The state will require that Mr. Begich drain and clean each pool by the end of the day, as well as maintain the cleaning records for review by the local health authority. Write and maintain a fecal accident policy and track incidents. Review and update policy annually. Ensure that filters are well maintained and replaced as required by the manufacturer. Ensure that flow meters are well maintained and working continuously. Increase coliform testing to at least weekly, on at least 5 pools, at the end of the day and include cryptosporidium and legionella testing at least monthly. Mr. Begich agrees to close the pool immediately when a fecal incident occurs and notify the health department. Mr. Begich also agrees to encourage showers before pool entry.

It is the opinion of DPBH staff that this variance should be approved as it would not cause detriment to the public welfare. Mr. Begich has agreed to all of this. We will come back in a year and reassess the testing requirements to ensure that it is not burdensome and then he can give us the list of items in the agreement.

Chair Pennell asked the Board members for any questions or comments then he asked if the public had any comments. Since no comments were given Chair Pennell asked the Board for a motion.

CHAIR PENNELL REQUESTED A MOTION ON CONSENT AGENDA ITEM 5D. APPROVAL OF THE CONSENT AGENDA ITEM 5D VARIANCE #721 WAS MADE BY DR. SMITH AND SECONDED BY DR. LARSON. THE MOTION WAS APPROVED UNANIMOUSLY.

Discussion of Consent Agenda item 5F, Variance #731 regarding hospital elevators and prerequisites to approval of licensure set forth in NAC 449.3154(2) submitted by Northern Nevada Sierra Medical Center – Steve Gerleman, Health Facilities Inspections Manager, Bureau of Health Care Quality and Compliance (HCQC), DPBH

Chair Pennell explained to Mr. Gerleman that he pulled this variance to clarify that he understands that one part of this is for new construction and that they are going to add 90 future rooms in addition to what the variance is asking for today. Chair Pennell asked if those were a part of a separate wing and if that is included in this variance. Chair Pennell asked if it is a new wing, are they going to get the correct elevators?

Mr. Gerleman explained that the hospital has three operating cars now and they will add a fourth. The hospital won't be able to fix it. They are adding another layer on one wing of the hospital down the road, so the elevators are fixed for the life of the building.

Chair Pennell asked Mr. Gerleman if the 90 rooms are going on top of what is existing? It is not a new building?

Mr. Gerleman stated that is correct. Mr. Gerleman doesn't know how many beds they are increasing by because they were focusing on the building opening operations as soon as possible. Mr. Gerleman clarified that in the future they will build another story on top. There is a two-story section and there is a four-story section, and they will build on top of the second-story section.

Chair Pennell thanked Mr. Gerleman for the clarification and asked the Board members if they had any questions. The Board members didn't have any questions for Mr. Gerleman and Chair Pennell asked for a motion on consent agenda 5f, variance #731.

CHAIR PENNELL REQUESTED A MOTION ON CONSENT AGENDA ITEM 5F. APPROVAL OF THE CONSENT AGENDA ITEM 5F VARIANCE #731 WAS MADE BY DR. SMITH AND SECONDED BY DR. PONCE. THE MOTION WAS APPROVED UNANIMOUSLY.

6. ACTION ITEM: Consideration and Adoption of Proposed Regulation Amendments to Chapter 422A of Nevada Administrative Code (NAC) relating to child care; prescribing the procedure to apply for a grant of money from the Diapering Resources Account; requiring a grantee to enter into an operating agreement with the Division of Public and Behavioral Health of the Department of Health and Human Services and to submit certain reports; prescribing the procedure for a grantee to draw money from a grant; authorizing the Administrator of the Division to take certain actions upon a determination that a grantee no longer needs a grant or a portion thereof or is using grant money for an unauthorized purpose; and providing other matters properly relating thereto. LCB File No. R086-20 – Vickie S. Ives, Deputy Bureau Chief, Child, Family and Community Wellness, DPBH

Ms. Ives said that we respectfully ask the Board's consideration and adoption of regulation amendment LCB File No. R086-20P. These proposed changes would revise Chapter 422A of the Nevada Administrative Code (NAC) and detail the processes by which the Division of Public and Behavioral Health (DPBH) Administrator or their designee will approve and administer grants made pursuant to Nevada Revised Statutes (NRS) 422A.660 related to the Diapering Resources Account of the DPBH. The proposed regulations detail the requirement to enter into an operating agreement with DPBH, detailing specific reporting needed, procedures for drawing down funds, and details administrative processes for cases where funds need returned or for non-compliance with the operating agreement. The proposed regulation was properly noticed and posted, and two positive responses were provided in the Small Business Impact process. Ms. Ives let the Board members know that she would be happy to address any questions or provide additional information.

Hearing no questions from the Board members or the public Chair Pennell asked for a motion

CHAIR PENNELL REQUESTED A MOTION ON ACTION ITEM 6. APPROVAL OF REGULATION R086-20 AS SUBMITTED WAS MADE BY MR. SMITH AND SECONDED BY DR. PONCE. THE MOTION WAS APPROVED UNANIMOUSLY.

7. ACTION ITEM: Consideration and Adoption of Proposed Regulation Amendments to Chapter 442 of Nevada Administrative Code (NAC) relating to health care; revising requirements concerning the screening of infants for preventable and inheritable disorders and the management of such disorders; and providing other matters properly relating thereto. LCB File No. R088-20 – Vickie S. Ives, Deputy Bureau Chief, Child, Family and Community Wellness, DPBH

Ms. Ives said we respectfully ask the Board's consideration and adoption of the proposed newborn screening regulation amendment LCB File No. R088-20RP (Revised Proposal)1.

These proposed regulations relate to changes that would revise NAC Chapter 442 and detail processes by which the State Public Health Laboratory (SPHL) can request information and payment related to laboratory and non-laboratory tests. As well as examinations, specific blood sample processes, and standardized criteria. These regulations specify how the SPHL, and primary care physicians will share relevant information and examination, testing results, and ensure proper referral and care for infants suspected of or diagnosed with specific conditions. This would create a means for a public process which the SPHL can include examinations and non-laboratory tests related to newborn screening. This is needed as part of diagnostic screening for all required conditions. It also establishes clear processes for parental or guardian information sharing. As well as referral and care transition from SPHL and the newborn screening program to health care providers and

families. Also, for information sharing to the Department of Health and Human Services Chief Medical Officer and local health officers.

Concerns were voiced during the public workshop from home birthing persons. One of the concerned was a midwife based out of state but practicing in Nevada and groups concerned with a perceived mandatory aspect to participating in newborn screening. Specific areas of concern mentioned focused on the process of newborn screening as opposed to the specific proposed amendments in the regulation. Some callers believed that home births were not covered under existing law; however, Nevada midwives are required to report currently as are hospitals and obstetric centers.

Additional concerns voiced include indefinite retention of blood spot cards by SPHL, possible genetic use, and selling of infant blood spot data. The need for codified opt out language such as concerns about having to perform and pay for the blood spot screening fee with a home birth. The need for the informed consent information and the opt out form to be paired with the blood spot collection kit, but also having it available so parents do not have to pay for the kit to access the refusal form. The need for free blood spot screening and only one screen as opposed to the two required in Nevada; questioning the utility of amino acid screening; concerns about relying on federally determined Recommended Universal Screening Panel conditions and local ability to add conditions; and a request for more public and provider education about the refusal form and some suggestions to the Newborn Screening Program's booklet. The ability and process by which to opt out of newborn screening are codified in NRS and NAC, respectively, NRS 422.008(7) states "An infant is exempt from examination and testing if either parent files a written objection with the person or institution responsible for making the examination or tests." And NAC 442.050(2) states "A hospital or obstetric center shall complete a newborn screening collection form obtained from the State Public Health Laboratory if a blood sample is not taken from an infant before his or her discharge from the hospital or obstetric center, unless the infant is transferred to a hospital that provides a higher level of neonatal care. The hospital or obstetric center shall send the newborn screening collection form indicating that a blood sample was not taken from an infant to the State Public Health Laboratory within 2 working days after the infant is discharged from the hospital or obstetric center."

Information is widely available from the University of Nevada, Reno, Nevada State Public Health Lab (NSPHL), which has parent resources on informed consent posted online. They also have posted parent facing dos and don'ts materials for premature or ill infants with newborn screening frequently asked questions (FAQ's) online.

A copy of the parent refusal form in English and Spanish is included as part of the packet of materials associated with R088-20RP1. There is no mention of selling of genetic materials in existing or proposed NAC language related to Newborn Screening or codified in NRS.

The Health Resources and Services Administration's Recommended Uniform Screening Panel being adopted by proposed regulation provides guidance, but it recognizes the authority of the state to determine the needs of Nevada's children and there is a pathway by which individuals can suggest additions to the panel to be considered at the federal level as well.

The State Board of Health (BOH) retains the authority to make changes to the regulations or to grant variances for any hardship or change per NRS 439.200. Therefore, the regulations do not need a specific "opt out" provision as there is already a path by which to seek a variance from the requirements and/or simply opt out using the parent refusal form.

The proposed regulations and the associated Public Workshop highlighted the importance of sharing information to families to empower them to make the best decisions for their child by providing information and education. Continued discussion on the need for education and about form elements going forward were highlighted as opportunities which could take place outside of codification in regulation. The bonus of ensuring testing occurs is on any physician, midwife, nurse, obstetric center, or hospital of any nature attending or assisting in any way any infant, or the mother of any infant, at childbirth to ensure that a blood sample is taken from the infant (Section 5 of revised proposed draft regulation R088-20RP1), unless subsection 7 of NRS 442.008 is exercised. Ms. Ives let the Board know that she would be happy to provide additional information or answer any questions.

Chair Pennell thanked Ms. Ives for the presentation and asked if there were any questions from the Board members. Chair Pennell noticed that there were members of the public that wanted to comment on this regulation and instructed Mr. Filippi to restate the rules for public comment and call on the members of the public wishing to give comment and time each comment for not more than 2 minutes per comment.

Casey Rogers, newborn blood screening. The State Board of Health is considering an update to the existing NAC. Current law states that blood samples be taken from every infant in the hospital and be submitted to the state lab for testing for preventable or inherited disorders. This proposed update would include every infant born in the state. There is no new NRS to prompt this update and we have been unable to determine the origin or origination of these changes. Why is this necessary and why now? Does this not provide the mother or the parents the ability to opt-out? Blood samples are kept indefinitely in the State Newborn Screening Lab at UNR. The California Newborn Screening Program stole genetic lab data and sold it to private corporations. There is no safeguard against this happening in Nevada. There must be a clear opt-out for mothers and parents before expanding this program to include every infant. There must also be a mechanism for the protection of the private genetic DNA data of all citizen's babies.

Charlotte Stewart, first off it sounded like a lot of the concerns that we called in were actually listened to and written down. I respect that. I agree there definitely needs to be an opt-out and it sounds like you are working on that. However, the one thing that gets me is that we need to have some kind of law protecting the genetic DNA of Nevadans. Mainly because of what happened in California, as Casey was saying. Just because there is nothing saying that they can't sell the DNA that means they could if they wanted to. This is what is concerning about the whole thing.

Kat Simkowitz, with Health Freedom Nevada, I did participate in the public workshop that was held in early January and as Ms. Ives just listed there were many concerns in the workshop. None of which were addressed with any updates to these proposed NAC changes, so literally the proposed NAC changes that were reviewed in the public workshop are today being submitted for approval without any of those concerns having been addressed or updating the language of these proposed changes. As the other ladies, and Ms. Ives have indicated in her summary of that public workshop, the two main factors for us are the failure of a specific and clear opt-out for parents because this now changes the newborn screening to include not just those babies that are born in a hospital or a birthing center, but to every infant in the state so it dramatically increases the number of families that are impacted. Further, to mention there is no specific safeguard to protect the DNA data that is being stored at the state lab. In our opinion the data needs to be protected before this update moves forward.

Ofelia Gentscheff, Nevada State Newborn Lab Coordinator, I just wanted to comment about the issue of genetic testing. What we do is under the retention of blood spots the newborn screening test kit required is kept for 1 year from the date of submission to the Nevada State Lab, then it is destroyed. The newborn screening required

health records are protected by law NRS 629.101-110 Genetic Information, and as such cannot be used for purposes other than newborn screening except as allowed by law.

Randy Renae, my comment is to the last lady that just spoke. Using an NRS code to protect, that is funny because the NRS codes are what can be changed, and we all know how everyone loves to go behind closed doors and write those in. So the minute that you say something is protected under an NRS code doesn't make me feel comfortable. I have watched how these people who are supposed to be medical professionals on here have an NRS code that means that they don't have to have a Nevada license anymore, but yet, they are our health advisors, so protection from an NRS code doesn't protect the people. From my understanding it protects you guys and as fast as you might secure rights, or claim to secure them, is as fast as you go in and take them away with another code. That's my comment.

With no other comments from the public, Chair Pennell closed the public comment period and asked for a motion from the Board.

CHAIR PENNELL REQUESTED A MOTION ON ACTION ITEM 7. DR. LARSON ABSTAINED BECAUSE OF HER PARTICIPATION IN THE WRITING OF THE REGULATION AFTER THE NRS WAS PASSED BY THE LEGISLATURE. APPROVAL OF REGULATION R088-20 AS SUBMITTED WAS MADE BY MR. SMITH AND SECONDED BY MS. BITTNER. THE MOTION WAS APPROVED UNANIMOUSLY.

Chair Pennell verified with Mr. Filippi that with Dr. Larson's abstention and Dr. Murawsky's excused absence that there was still a quorum for a motion. Mr. Filippi verified that there was quorum, and a decision could be made by the Board of Health this meeting.

8. ACTION ITEM: Update to the State Board of Health on the State Environmental Commission. - Mr. Charles Smith, State Board of Health Member

Mr. Smith presented the update to the State Board of Health on the State Environmental Commission. The written update is attached hereto as the State Environmental Commission update to the State Board of Health as Exhibit "E".

Mr. Smith read his prepared statement. Mr. Smith offered to answer any questions from the Board. They did not have any questions for Mr. Smith.

9. ACTION ITEM – Recommendations for future agenda items. – *State Board of Health*

Chair Pennell reminded the Board that the next Board of Health meeting will have reports from the Rural County Health Officers and Chair Pennell apologized that their reports were not included in this Board of Health meeting agenda. Chair Pennell asked the Board if they had any recommendations for future agenda items. No recommendations were made.

10. GENERAL PUBLIC COMMENT- Action may not be taken on any matter brought up under this agenda item until scheduled on an agenda for a later meeting.

Chair Pennell opened the meeting to public comments. Chair Pennell reminded everyone that public comments are open to any topic and discussion is limited to 2 minutes. All of the written and emailed comments have been received by the Board of Health members as mentioned earlier. Use of obscenities or other behavior that disrupts the extent that it is disorderly conduct as made impractical may result in forfeiture of the opportunity to

provide public comment and removal from the meeting. The public comment period is now open for any subject.

Casey Rogers stated that in the United States (U.S.) Senate Senator Ron Johnson did a round table with COVID-19 experts about the efficacy of it, and they found that there were several increases in hypertension 2,181%, increase of disease in the nervous system 1,048%, increase in malignant neo-plasma of the esophagus 894%, as well as female infertility and many others listed with female infertility listed as a 472% increase. Migraines had an 452% increase. Ovarian dysfunction 437% increase. Testicular cancer 359% increase. I can go on and on. I would like to know when you guys are going to do an investigation into this. I keep wondering why you keep trying to coerce the population to get vaccinated and you still speak nothing of therapeutics and/or natural immunity. You just keep pushing the vaccine for the Omicron variant. They are already saying the vaccine doesn't affect the new variant if there is a new variant. You guys keep trying to get people to vaccinate. Mr. Dick said it today, Dr. Azzam keeps reading his script to you guys. It is all about vaccinating and inoculating the population and yet there is people dying, having increased issues and I don't feel like any of you are addressing it. I am saying we need to halt this vaccination. Also, you guys keep pushing it on our children who have a 99.98% survival rate. Insanity.

Chair Pennell closed the general public comments after no other members of the public requested to comment.

11.-Adjournment – Jon Pennell, Chair

Chair Pennell thanked the Board Members and those who attended the meeting. Chair Pennell then adjourned the meeting.

Meeting Adjourned at 10:30 a.m.