

Joe Lombardo  
Governor



Richard Whitley,  
MS  
Director

**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**

 **NEVADA DIVISION of PUBLIC  
and BEHAVIORAL HEALTH**



Cody Phinney,  
MPH  
Administrator

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

**DRAFT MEETING MINUTES**  
**STATE BOARD OF HEALTH**  
June 2<sup>nd</sup>, 2023  
9:00 am

**MEETING LOCATIONS:**

This meeting was held in two physical locations as well as virtually via Microsoft Teams and by phone.

**Physical Meeting Locations:**

*Southern Nevada Health District (SNHD)*  
Red Rock Trail Rooms A and B  
280 S. Decatur Boulevard  
Las Vegas, Nevada 89107

*Nevada Division of Public and Behavioral Health (DPBH)*  
Hearing Room No. 303, 3<sup>rd</sup> Floor  
4150 Technology Way; Carson City, Nevada 89706

**Online Meetings Link:**

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_NGY3ZGM2ZjUtMmQ5NC00MzI2LWFhMDMtNmJhZmRjNzk1MWE3%40thre ad.v2/0?context=%7b%22id%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22oid%22%3a%22e2f9f008-841c-437d-b037-927c30ea003e%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_NGY3ZGM2ZjUtMmQ5NC00MzI2LWFhMDMtNmJhZmRjNzk1MWE3%40thre ad.v2/0?context=%7b%22id%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22oid%22%3a%22e2f9f008-841c-437d-b037-927c30ea003e%22%7d)

**Phone Number:**

+1-775-321-6111

Phone Conference ID Number: 286 562 031#

**1. CALL TO ORDER/ROLL CALL**

Dr. Jon Pennell, Chair, called the meeting to order at 9:02 a.m. He introduced and welcomed the new Administrator, Cody Phinney, and new Executive Assistant, Kelli Knutzon.

**BOARD MEMBERS PRESENT:**

Dr. Jon Pennell, DVM, Chair (In Person-Southern Nevada)  
Dr. Jeffery Murawsky, M.D. (In Person-Southern Nevada)

Dr. Trudy Larson, M.D. (online)  
Ms. Judith Bittner (online)  
Charles Smith (In Person – Southern Nevada)  
Dr. Monica Ponce, DDS (Phone)

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT:**

Kelli Knutzon, Executive Assistant, Division of Public and Behavioral Health (DPBH); Sherry Stevens, Administrative Assistant III, DPBH; Cody Phinney, Administration, DPBH; Kayla Villegas, Administration Assistant III, DPBH; Leticia Metherell, Health Program Manager III, DPBH; Teresa Hayes, Health Program Manager III, DPBH; Donielle Allen, Health Program Manager II, DPBH; Nathan Orme, Public Information Officer, DPBH; Bobbie Sullivan, Emergency Medical Representative II, DPBH; Melissa Peek-Bullock, State Epidemiologist; Jesse Wellman, Biostatistician II, DPBH; Michael Kupper, Health Facility Inspector II, HCQC, DPBH; Dr. Ihsan Azzam, State Chief Medical Officer, DPBH; Ashlyn Torres, Health Program Specialist I, DPBH; Tina Leopard, Health Facilities Inspection Manager, HCQC, DPBH; Tory Johnson, HIV/AIDS Program Manager, DPBH; Kayla Samuels, Management Analyst I, DPBH; Jen L. Thompson, Health Program Manager, DPBH;

**OTHERS PRESENT:**

Ovidia McGuinness, Sierra Specialty Pharmacy; Jeanne Bishop-Parise; David Varenaen, Sierra Specialty Pharmacy; Jeff Weed, Central Nevada Health District (CNHD); Wanda Hicks, Kevin Hayward; Dr. Troy Ross; Donna Laffery; Pierron Tackes, DAG; Kevin Dick, Washoe County Health District Officer; Mike Coster; Andria Cordovez Mulet, Southern Nevada Health District; Travis Allred; Dr. Tedd McDonald, Central Nevada Health District Health Officer; Dr. Colleen Lyons, Carson City Health Officer; Angela Simpson; Joseph Filippi, Jr.; Jennifer Howell; Heather Shoop; Keibi Mejia; Michael Wheable; Burton Hilton; White Pine County; Bret Norris; Ciera Reeder; Matthew and Kerry Martin; Rod Gamble; Joshua Vann; Victoria Perea; Kelcy Meyer, Regional Coordinator, ADSD; Dr. Fermin Leguen, Southern Nevada Health Officer; Shannon Ernst; Gretchen Batis, CQES

Roll call was taken, member attendance reflected above. The Board of Health had a quorum.

**2. ACTION ITEM:** Review and Approval of meeting minutes from April 28<sup>th</sup>, 2023

Chair Pennell asked if there were any additions or corrections to the April 28<sup>th</sup>, 2023, meeting minutes.

No corrections or additions heard.

CHAIR PENNELL REQUESTED A MOTION FOR THE APPROVAL OF THE April 28<sup>th</sup>, 2023, BOARD OF HEALTH MEETING MINUTES AS WRITTEN. MS. BITTNER MADE A MOTION TO APPROVE THE MINUTES. MOTION WAS SECONDED BY DR. PONCE. THE MOTION PASSED UNANIMOUSLY.

**3. INFORMATIONAL ITEM:** Quarterly County and District Health Reports

**Carson City Health District**

Dr. Colleen Lyons from Carson City Health District provided an overview report of the written report submitted. Dr. Lyons stated the district is having trouble in hiring for some positions. Dr. Lyons reported they were watching Senate Bill (SB) 118 to pass and hoped funds from it would not be in lieu of the tobacco dollars they expected to be funded. Dr. Lyon reported they applied for a state grant which would allow them to add personnel in the amount of 1.3 million through

December 2026. Dr. Lyons said Health and Human Services will continue to look at and will soon be contracting with the street outreach program to get started on their overall homelessness program. Dr. Lyon concluded by pointing out the additions in Epidemiology and environmental health which were in the same division together. Dr. Lyons said part of the increased funding to public health the health district was able to add an environmental health division manager, they have been able to improve the billing process for licensing which includes an online application and have been successful in getting all the restaurants to read up on their licenses and before the deadlines. Dr. Lyons said the division started public outreach events about water safety, school safety, food safety which are programs that didn't exist without that manager level position.

#### Washoe County Health District

Kevin Dick, Health Officer for Washoe County Health District, present some highlights from the written report provided. Mr. Dick said the district had their Fiscal Year (FY) 24 budget approved by the Board of County Commissioners and in that budget included seven new positions and three positions that are community health workers that have been moved off CDC equity grant, Health Equity grant, funding to local funds. Mr. Dick said the seven new positions include a senior public health nurse, a media and communications support specialists, two new air quality specialists, a registered environmental health specialist and a bilingual position to assist with translation for our registered environmental health specialist staff when they're in the field. Mr. Dick said the district budget is a deficit spending budget and they are also trying to work down some of the health fund accumulation the district had because of all the federal COVID funding. Mr. Dick also commented on SB 118 stating the bill would provide for public health improvement funds to be distributed by population. Mr. Dick said the funds would be non-categorical funds so they could be used for priorities the district identifies in the regions through their Boards of Health. Mr. Dick said the district board of health selected the new logo for Northern Nevada Public Health and they are working on the rebranding campaign. Mr. Dick concluded by stating with the CDC Health Equity funding the district is working with the Larson Institute and UNR to develop A six-hour asynchronous online cultural competency training that will be used to train staff but also to be a resource for health districts and health authorities throughout the State of Nevada. Mr. Dick final statements were regarding going to a red alert level due to HIV cases occurring in Washoe County stating the district had a high number of cases from March through mid-April, 13 cases were reported bringing the total of new cases through the end of the calendar year to 222.

#### Southern Nevada Health District

Dr. Fermin Leguen, Health Officer for Southern Nevada Health District, reported on highlights from the written report provided to the Board. Dr. Leguen reported the district hired a workforce director as required by the Center for Disease Control (CDC) public health infrastructure grant. Dr. Leguen said it is a positive position that will help improve our internal environment, organize multiple activities for employees and focus on employee retention. Dr. Leguen reported the district had a public briefing on May 11th where the district discussed the end of the COVID-19 public health emergency declaration and provided an overview of the program, vaccine recommendations as well as a updates on access to vaccines. Dr. Leguen said they shared with the Community that the vaccines and antivirals will be available through the health district free of charge. Dr. Leguen stated testing for COVID will stop being offered at the main location, but we will continue to offer free testing at the two other locations in Southern Nevada. Dr. Leguen said the test vending machines are available in six locations in Southern Nevada and will be in use through March of 2024. Dr. Leguen highlighted a few other programs

currently going in Southern Nevada such as mosquito surveillance and education, a soda free summer challenge, and on April 18<sup>th</sup> the district celebrated National Transgender HIV Testing Day. Dr. Leguen stated the testing day was an opportunity to recognize the importance of regular HIV testing and prevention.

#### Central Nevada Health District

Dr. Tedd McDonald, Health Officer for Central Nevada Health District, began the presentation for the Central Nevada Health District. Dr. McDonald explained the health district will be following a report outline much like Carson City. Dr. McDonald stated that the district continues to provide vaccines, testing and appropriate education. Dr. McDonald said the immunization dates and schedules can be found on the Central Nevada Health District website. Dr. McDonald stated that they are compliant with the new CDC guidelines with monovalent vaccines being no longer available and cases of COVID in Mineral and Churchill County continue to be sporadic. Dr. McDonald said they are still recommending vaccination for those that are eligible. Dr. McDonald introduced Caleb Cage, the interim administrator for Central Nevada Health District (CNHD) and explained they would be providing reports together.

Mr. Caleb Cage continued the presentation for CNHD. Mr. Cage stated there were a few highlights to provide to the Board. Mr. Cage said the district is in the process of hiring the staff needed, including a family nurse practitioner and other necessary clinical specialists. Mr. Cage stated the district will be providing mandated services by July 1<sup>st</sup>. Mr. Cage said that Eureka, Mineral, and Pershing counties as well as the City of Fallon pay an annual assessment in order for us to operate, where also pursuing a number of competitive grants through the federal government, which we hope to hear back on several of those in the next few weeks. Mr. Cage said a major source of funding for CNHD is the grants provided to us by the Division of Public and Behavioral Health (DPBH). Mr. Cage expressed gratitude to DPBH for the support and mentorship as well as technical assistance. Mr. Cage said that funding for programs and services are a top priority. Mr. Cage said they are transitioning services from the state to the district and are identifying facilities and equipment that can be carried forward through the district. Mr. Cage concluded by stating the district is facing a significant challenge to be ready in a short time, but they are aggressively pursuing the goal.

Chair Pennell asked for comments or questions. None were heard.

#### State of Nevada

Dr. Ihsan Azzam, Chief Medical Officer for the State of Nevada, provided an overview of the report submitted to the Board. Dr. Azzam began with informing the Board that on May 3<sup>rd</sup>, the World Health Organization ended the COVID Global Health Emergency and is reporting that COVID is now an established ongoing health issue which no longer constitutes a public health emergency of international concern. Dr. Azzam stated the US public health emergency also ended on May 11<sup>th</sup>, ending of these declarations seem to be reflecting significant decline in cases. Dr. Azzam said even though ending the public health emergency significantly limited the state authority to continue collecting certain public health data, monitoring the impact of the infection and the effectiveness of our control strategies remained a high priority. Dr. Azzam stated that the related hospitalization became the primary indicator for tracking disease trends and severity and the percentage of COVID associated death is currently the primary indicator to monitor COVID mortality. Dr. Azzam said tracking COVID vaccine coverage, effectiveness, and safety will continue to be tracked and additionally, the public health lab will continue to conduct the genomic characterization of the circulating COVID variants. Dr. Azzam updated the Board

on Mpox by stating the Mpox outbreak seems to be under control, but CDC continued to receive reports of new cases currently and are investigating a cluster of Mpox cases in Chicago. Dr. Azzam said that none of these cluster cases required hospitalization, but it was important to emphasize that more than two-thirds of these cluster cases were vaccinated. Dr. Azzam said that even though vaccine induced immunity against Mpox is not perfect, vaccination for Mpox continue to be one of the most important prevention measures against these three emerging infections due to a relatively low vaccination rates among individuals at high risk for Mpox in the US and globally and the CDC is concerned that the risk of additional outbreaks is significant. Dr. Azzam said the Division of Public and Behavioral Health has issued several technical bulletins urging clinicians to be alert, encouraging vaccination for individuals at high risk and advising testing of suspect cases, even if such patients were previously vaccinated or had Mpox. Dr. Azzam gave a brief update on a Respiratory Syncytial Virus (RSV) vaccine for adults which is showing an overall efficacy of 82.6%. Dr. Azzam provided the final update on Candida Auris, more commonly referred to as C Auris, which has had a significant surge in cases. Dr. Azzam stated Division of Public and Behavioral Health has developed educational materials such as Technical Bulletins to assist healthcare professionals prevent and control C Auris in Nevada facilities. Dr. Azzam concluded by stating that the newly emerging fungus presents a very low risk to healthy individuals, and screening efforts are now focused on high-risk susceptible residents and hospitalized patients was incompetent immune systems at this time and that there is no evidence of community spread of C Auris.

Chair Pennell asked for questions or comments. None were heard.

Chair Pennell asked if there were any other health reports. Chair Pennell asked staff to reach out to health officers that have not provided reports recently and make sure contact information is correct.

#### 4. ACTION ITEM: Approval of the Following Consent Agenda Item

- a. Discussion and Possible Approval of Candidate Appointment of Kevin Grannis to the EMS Advisory Committee  
This item was not pulled for discussion.
- b. Discussion and Possible Approval of Candidate Appointment of Ryan McIntosh to the EMS Advisory Committee  
This item was not pulled for discussion.
- c. Discussion and Possible Approval of Variance #747 regarding NAC square footage required for clinic procedure rooms, submitted by Digestive Health Center/Corinne Whaley  
This item was not pulled for discussion.

CHAIR PENNELL REQUESTED A MOTION FOR THE APPROVAL OF ALL CONSENT AGENDA ITEMS AS SUBMITTED. VICE-CHAIR DR. MURAWSKY MADE A MOTION TO APPROVE THE CONSENT AGENDA. MOTION WAS SECONDED BY DR. PONCE. THE MOTION PASSED UNANIMOUSLY.

5. ACTION ITEM: Discussion and Possible Approval of Variance #746 regarding NAC 450B.320, licensing of attendants: qualifications, submitted by Victoria Perea

Bobby Sullivan, Emergency Medical Services (EMS) Manager, provided explanation for Variance #746 as requested from applicant Victoria Perea. Ms. Sullivan stated that the applicant was requesting approval to serve as an attendant on a permitted emergency medical services vehicle without having an ambulance attendant license issued by the Division of Public and Behavioral Health EMS office. Ms. Sullivan stated a requirement in order to apply for an ambulance attendant license is a valid class, A, Class B or Class C driver's license or its equivalent issued in this state or equivalent in another state per the applicant's variance request, she is unable to obtain a Nevada driver's license due to vision issues. Ms. Sullivan stated that after review of the requests by staff, it was determined there is a risk to the public to approve this request. Ms. Sullivan said the duties of a pre-hospital medical provider are not limited to the interior of an ambulance but also other environments that can be challenging and austere with significant vision issues. Ms. Sullivan said if the Nevada Department of Motor vehicles will not issue a driver's license to the applicant, it raises concerns about the applicant's ability to be situationally aware of the dangers present on scene and in the ambulance. Ms. Sullivan concluded by stating that at the time of the application, the applicant did not identify any exceptional or undue hardships and the DPBH staff recommended to the State Board of Health, in case number 746, Victoria Peoria variance to NAC 450 B .320 be denied as a risk to provider and public safety.

Dr. Pennell asked for questions or comments.

Vice Chair Murawsky asked if the driver's license was a simple surrogate for a visual acuity test or it is required to be able to operate a motor vehicle.

Bobby Sullivan responded by stating that the driver's license is required and not a substitute for the visual test.

No further questions were asked from the Board. Dr. Pennell opened it to public comment, reminding those testifying they would be held to a three-minute time limit.

Courtland Hall, District Chief for White Pine County Fire, addressed the Board on behalf of Victoria Perea. Mr. Hall had sent in a letter after the time frame permitted for written public comments, so he elected to read it to the Board. Mr. Hall said it has been his pleasure to both know and work with Victoria since 2018. Mr. Hall continued saying he has been on several incidents and trainings with her and observed her work and patient care. Mr. Hall said had he not been told that she has any vision problems, other than the obvious glasses, he would have never known by her performance. Mr. Hall stated that he has yet to see a situation that she has been in where he would ever question her being there or be worried about any patient that she has cared for. Mr. Hall said Victoria currently serves as Station 2, McGill Volunteer Fire Department chief, where she performs her duties exceptionally. Mr. Hall said Victoria is also valuable instructor in our county and it his belief that the variance should be granted to her to hold a state EMS attendance license. Mr. Hall stated that it may look like her vision would be a liability on paper, but in reality, she has learned to be more attentive and pay closer attention than a lot of us who do not face her difficulties. Mr. Hall continued by saying that everyone applying for an EMS attendance license goes through a doctor's physical check and must be found fit to attend an ambulance. Mr. Hall stated that Ms. Perea has the doctor's sign off, so again, it is his opinion the variance be issued. Mr. Hall said in White Pine County there are huge number persons who have driver only licenses who have taken the driver only and civil classes

and worked around the system. Mr. Hall concluded by stating he highly recommended that the Board grant the variance for her and thanked the Board for their time.

Mr. Brett Norris was recognized for public comment. Mr. Norris stated that he was the White Pine County district fire chief for three years and would like to reiterate Mr. Hall's statements. Mr. Norris said Ms. Perea is the very conscience of an Emergency Medical Technician (EMT). Mr. Norris continued saying that Ms. Perea is observant and provides excellent patient care. Mr. Norris said he had never seen her unaware of her situation and he believes she more aware than most of us are. Mr. Norris stated it would be his recommendation to grant the variance as he feels White Pine County would lose a valuable advanced EMT. Mr. Norris said this would impact the McGill Station 2 the most because there are a lot of drivers only technicians there. Mr. Norris said he did not see a situation where Ms. Perea would have to drive. Mr. Norris concluded by saying that Ms. Perea is a good instructor and EMT and would recommend granting the variance.

Matthew and Kerry Martin read a letter they submitted for public comment which was received too late to be entered in as written comments. The Martins stated they recommend without reservation that the Nevada Department of Health and Human Services make a reasonable accommodation to recertify Victoria Perea's advanced EMT license on the grounds that she has proven her skills and ability to perform the incumbent duties separate from operating a vehicle during our myself and my husband Matthews tenure as volunteer EMT's in Baker NV. The Martins stated they had frequent interactions working with Victoria with emergency medical services during the years of 2016 to 2018, we observed her to be capable of performing any duty needed on EMS calls aside from driving a vehicle, we had driver only volunteers to fill the need for an ambulance driver. The Martins said that Victoria was an asset to EMS calls as she possessed the skills, abilities, and knowledge to fully operate as a licensed EMT. The Martins stated Ms. Perea took it upon herself to become a certified EMT and to volunteer in a rural area where there is a declining number of people that are willing to volunteer and has proven her capability to be an EMT by passing the Nevada State license requirements. The Martins said they fully support her license being reinstated and that people with a skill set such as Ms. Perea's are an asset to the community. The Martins concluded by saying they hoped the Board would consider the fact that she has been able to pass the licensing to be an EMT and they hoped Ms. Perea would not be discriminated against as they hoped the Board could find a reasonable way to accommodate her and help it to work together as a team as an EMT with a driver.

Mr. Buton Hilton was recognized to give public comment. Mr. Hilton stated that he is the White Pine County assessor and a 20-year volunteer EMT and instructor. Mr. Hilton said he has known Ms. Perea for over ten years and watched her pursue the passion to become an EMT and then an Advanced EMT. Mr. Hilton stated that he has worked with work with her numerous times and has complete trust in her ability to perform as a qualified EMT. Mr. Hilton said that Ms. Perea is extremely competent, provide excellent and compassionate care, and would trust her to treat any of his loved ones in any situation. Mr. Hilton stated that not having a driver's license should not disqualify her from serving our community as a reasonable accommodation should be made as they are accommodating her at Ely Fire Department. Mr. Burton said Ms. Perea has never been in a position, nor would she ever be in a position where her lack of license would be an issue. Mr. Burton stated that he was asking the Board to read the letter of support from the City of Ely Fire Department and explained that most of the EMS providers in their community are coming from an ever-shrinking pool of volunteers. Mr. Burton said there is only one career staffed ambulance to cover more than 10,000 square miles with three U.S. highways coming

through the community with a population of 11,000, there is a frequent need of two or three ambulances. Mr. Hilton concluded by asking the Board to not further inhibit the communities' ability to respond by not granting this waiver and depriving them of a willing, capable, and qualified volunteer.

Rod Gamble at White Pine County was recognized for public comment. Mr. Gamble stated he was an instructor of Ms. Perea's as well as worked with her as an Explorer and on through her career. Mr. Gamble stated they had treated hundreds of patients together and has no questions of skills and abilities. Mr. Gamble said that as an advanced EMT, it would be required that Ms. Perea be in the back of the ambulance. Mr. Gamble said Ms. Perea has verified his medications and he has verified hers before administration and vision was not a problem. Mr. Gamble said he knew Ms. Perea wore glasses but it was not until years later that he discovered she could not get a driver's license. Mr. Gamble concluded by saying that the county needs the volunteers, and that Ms. Perea should not be an issue.

Joshua Vann, Chief Ranger for Great Basin, was recognized for public comment. Mr. Vann stated that as a manager of search and rescue, fire, and EMS it is important to put the best people in charge where their capabilities are best utilized and putting Ms. Perea as a driver in an ambulance would be a waste of her abilities. Mr. Vann said that Ms. Perea is more capable and as an advanced EMT, she would be in the back of an ambulance because she would be providing a higher level of care. Mr. Vann said he did not know many advanced emergency medical technician of equal caliber. Mr. Vann reflected to the question from Vice-Chair Murawsky regarding the driver's license versus a visual acuity test and suggested that maybe the vision test be investigated than denying Ms. Perea's request. Mr. Vann stated that he cautioned against making a hasty decision on something that would impact the entire county of White Pine in a negative way.

Mike Wheable, County Manager for White Pine County, was recognized for public comment. Mr. Wheable stated that he was previously a volunteer firefighter as well as search and rescue and has been able to train and train with Ms. Perea. Mr. Wheable stated that a more dedicated would not be found but he also understood that there are laws and a process for variances. Mr. Wheable stated that while the black letter law seems to prohibit Ms. Perea from being an attendant, he believed this is the kind of kind of story we all need right now. Mr. Wheable said that despite her disability, Ms. Perea thrives and excels because of her passion, her love, and talent to serving the community. Mr. Wheable said that while the Board has concerns about liability, but he believed that a possible liability is not probable at all. Mr. Wheable said that what was probable is there will be a rollover accident north of McGill, over an hour away from the city of Ely, and there would be a child on the pavement, and there is an advanced EMT in McGill willing to serve, and she will be prohibit from serving that child because she doesn't have a driver's license. Mr. Wheable stated that the Board needed to grant the waiver and let White Pine County deal with the liability. Mr. Wheable concluded by urging the Board to exercise discretion and common sense to do what is right and understand why there is a variance process for cases like this.

Mike Coster with White Pine County was recognized for public comment. Mr. Coster said Ms. Perea is a remarkably dedicated contributor to our public safety and an enthusiastic member of our volunteer program. Mr. Coster stated that Ms. Perea is selfless in her duty, steadfast, and puts her personal interests or obligations second to the mission of service. Mr. Coster said the reason there is discretion in issuing variances is, so all cases are not simply filter through black



letter of the law and he felt there is no question that imposing the requirements is unfair to Ms. Perea or an act of discrimination. Mr. Coster stated that the community is in dire need of higher skilled emergency services and other than Ms. Perea there are only have two advanced EMTs in the county. Mr. Coster said that with Ms. Perea's proper training she can provide direct and immediate high-level care during long transports back to our rural hospital which can be a lifesaving difference to patients. Mr. Coster concluded by saying that in earnest he hoped the Board would see that their residents and visitors need access to a higher level of care, and that Ms. Perea has the training and dedication to deliver it.

Ms. Victoria Perea was recognized to provide comment. Ms. Perea started by thanking the Board for allowing her to speak about her position and variance and be able to provide greater detail on some application items she was unable to elaborate on. Ms. Perea provided a brief background on her interest and training as an Emergency Medical Technician (EMT). Ms. Perea stated that on the application it asked if there would be any hardship created if the variance was denied and Ms. Perea said there would absolutely be a hardship. Ms. Perea said that being an advanced EMT is her life and currently she is unable to help provide for her family, work, or pursue job in the EMT field. Ms. Perea said, as she looked over the materials for the meeting, it was hard for her to not feel discriminated against. Ms. Perea stated that she has been a volunteer for the county for seven years and four of the years has been as an advanced EMT for White Pine County as well the city of Ely. Ms. Perea said she wanted to address the matter of getting a driver's license. Ms. Perea stated that she made the decision, when she moved back to White Pine County, to not get a driver's license due to the hoops she would have to jump through and the fact that she would have to renew every year. Ms. Perea concluded her comments by saying that she understood that it is a unique request for a variance, expressed gratitude for the support received, and said if there were any questions or concerns, she would be happy to address them.

Chair Pennell asked Ms. Perea to clarify how she had previously obtained her EMT license without a driver's license.

Ms. Perea responded and stated that when she moved back to White Pine County, she had a Utah driver's license. Ms. Perea said when it was time to renew the EMT license, she was not made aware that there were any issues with her not having a current driver's license. Ms. Perea stated that she was able to apply for her advanced EMT license without being told she needed the driver's license. Ms. Perea said she was only made aware when she tried to recertify last year.

Vice Chair Murawsky asked for a clarification from program staff regarding the requirement of a driver's license as well as physical ability. Vice Chair Murawsky reiterated that Ms. Perea has chosen not to get her driver's license and questioned program staff whether approving the variance would mean a NAC change and create a situation where there is an attendant's license for a non-driver.

Bobbie Sullivan responded for the record. Ms. Sullivan said it would create another class of provider than that is referred to which requires a driver's license for an advanced emergency medical technician. Ms. Sullivan concluded by sharing Nevada Revised Statute (NRS) 450B.250, states technicians are prohibited from giving certain medical care without a valid license issued by the Health Authority. Please see [NRS: CHAPTER 450B - EMERGENCY MEDICAL SERVICES \(state.nv.us\)](https://www.nv.gov/nrs/chapter-450b-emergency-medical-services) for statute.

Ms. Perea stated that she was unable to put it in her application but said if she were to get her driver's license back there is a restriction to 40 miles per hour.

Chair Pennell asked if there were further questions from the Board. The Chair called a recess at 10:08 a.m.

Chair Pennell reconvened the meeting at 10:20 a.m. June 2<sup>nd</sup>, 2023.

Chair Pennell called for a motion on Variance #746 for Victoria Perea.

Vice-Chair Murawski stated that he would like to make a motion to deny the variance. Dr. Murawski said he would like to state the variance being requested is actually a variance 450B.321 (b) and not a request for variance on 450B.320 which is the physical abilities that are addressed in the physician statement. Dr. Murawski also stated that given the variance request is for the licensure and that the applicant stated she has chosen not to get a license, he would motion the Board to deny the variance. Dr. Murawski strongly encouraged the applicant to get the driver's license, even if it is a restricted license, and variance could be granted for the restricted license if there is a need.

CHAIR PENNELL CONFIRMED THAT A MOTION FOR THE DENIAL OF VARIANCE #746 IN THE CASE OF VICTORIA PEREA WAS ON THE FLOOR. DR. PONCE SECONDED THE MOTION TO DENY. THE VOTE WAS NOT UNANIMOUS. YEAS – 5, NAYS – 1 (DR. LARSON), ABSTAINED – 0 MOTION TO DENY THE VARIANCE PASSES.

#### 6. ACTION ITEM: Discussion and Possible Approval of Central Nevada Health District Public Health Regulations

- a. Invasive Body Decoration Establishment Regulations (Resolution No. 9-2023)
- b. Mobile Home and Recreational Vehicle Parks Regulations (Resolution No. 10-2023)
- c. Public Swimming Pools and Spas Regulations (Resolution 11-2023)
- d. Food Regulations (Resolution No. 12-2023)
- e. Sanitation and Safety of Public Accommodation Facilities (Resolution No. 13-2023)
- f. Infectious and Communicable Disease Regulations (Resolution No. 14-2023)
- g. Maternal and Child Health/Family Planning Regulations (Resolution No. 15-2023)

Caleb Cage, Interim Administrator with Central Nevada Health District (CNHD) was joined online by Dr. Ted McDonald, Interim Health Officer with Central Nevada Health District and Jeff Weed, Deputy District Attorney for Churchill County District Attorney's Office to introduce Central Nevada Health District's regulations. Mr. Cage stated they were asking for the Board's approval of public health regulations that are critical to the success of the Central Nevada Health District. Mr. Cage mentioned that his team had been developing the proposed regulations in recent months to meet the July 1<sup>st</sup>, 2023, deadline. Mr. Cage noted a special thank you to the Washoe County Health District, for allowing CNHD to use Washoe's public health regulations as the foundation for their own. Mr. Cage expressed gratitude for the support and acknowledged that the regulations presented are similar to the regulations the Board has approved for Washoe County. Mr. Cage noted they took the regulations through the administrative rulemaking process at the beginning of May and were available for open public comment on May 30th. Mr.

Cage stated that the Central Nevada Health District Board heard and approved the regulations being presented to the Board including invasive body declaration and establishment regulations, mobile home and recreational vehicles regulations, public swimming pools and spa regulations, food regulations, sanitation and safety, public safety of public accommodation facilities, infectious and communicable disease regulations, and maternal and child health family planning regulations.

Mr. Cage expressed to the Board that approving the regulations, the health district would be able to open their doors and serve the communities. Mr. Cage mentioned they will continue to update their regulations as they learn lessons but believe that these regulations provide an excellent starting point.

Chair Pennell stated that he reviewed the regulations and found them the regulations were quite detailed, which he was happy to see, especially the food and safety regulations. Chair Pennell stated it was understood that the regulations for family maternal health and family planning and infectious and communicable diseases follow the State's regulations.

Chair Pennell opened the floor for questions or comments from the Board.

Dr. Murawsky stated he appreciated the similarities and drawing off the Washoe County Health District's documents. Dr. Murawsky said it made it easier for the Board to follow based on what they have reviewed before as well as being consistent with Southern Nevada District rules.

Chair Pennell called for any public comment. None heard.

CHAIR PENNELL REQUESTED A MOTION FOR THE APPROVAL OF CENTRAL NEVADA HEALTH DISTRICT PUBLIC HEALTH REGULATIONS. DR. PONCE MADE A MOTION TO APPROVE. MOTION WAS SECONDED BY DR. MURAWSKY. THE MOTION PASSED UNANIMOUSLY.

**8. ACTION ITEM:** Consideration and Possible Adoption of Proposed Regulation Amendments to Chapter 449 of the Nevada Administrative Code (NAC), LCB File No. R043-22. Existing law requires the State Board of Health to adopt regulations for the licensing and regulation of residential facilities for groups, including separate regulations for the licensing and regulation of such facilities that provide care to persons with Alzheimer's disease or other severe dementia.

Tina Leopard, Health Facilities inspection manager with the Bureau of Health Care, Quality and Compliance (HCQC) introduced the proposed amendments for Nevada Administrative Code (NAC), Chapter 449, Legislative Council Bureau (LCB) file #R043-22, and proposed errata. Ms. Leopard stated the regulations establishes standards for residential facilities. Ms. Leopard stated that the purpose of the regulations is to implement revisions that would both support best practices and recommendations for ensuring residents expression of self-determination, yet also establish as acceptable levels of mitigated risk. Ms. Leopard said the regulation would also establish a standardized method for application and approval of required medication management training. Ms. Leopard noted the implementation of these regulations presents an opportunity to provide expanded access to residential facilities for individuals diagnosed with Alzheimer's disease and other forms of dementia. Ms. Leopard stated the regulations would ensure caregiver training in all residential facilities inclusively addressing these conditions. Ms. Leopard stated the Division is provided several opportunities in accordance with NRS 233B for

facilities, industry, and public to comment regarding the regulations. Ms. Leopard stated that on July 15th, 2022, the Division sent small business impact questionnaires to all licensed residential facilities for groups with 150 or less employees and analysis was conducted and resulted in the following adverse economic effects anticipated regarding the requirements of Tier 2 training topics for staff in Section 7. However, Ms. Leopard noted the total training hours have not increased, and only specific topics have been outlined to be inclusive of Alzheimer's disease and other forms of dementia. Ms. Leopard mentioned the Division is developing a website with links to free and low-cost training available that will meet the mentioned topics. Ms. Leopard noted specific requirements Section 34 removes the criteria for facilities being required to obtain an endorsement to provide care to residents with Alzheimer's disease and related forms of dementia and revises the requirement of the endorsement for facilities with residents who meet the criteria prescribed in paragraph A of subsection 2 of Nevada Revised Statutes(NRS) 449-1845, which indicates if the provider of healthcare determines that the resident suffers from dementia to an extent, the resident may be a danger to himself or herself or others if the resident is not placed in a secured unit or in a facility that assigns not less than one staff member for every 6 residents, and if the healthcare provider assessment indicates the resident does not suffer from dementia as described in paragraph A, the resident may be placed in any residential facility for groups, this may encourage growth of small business that offers these types of services as it reduces the threshold for facilities who would require an endorsement to provide services for services to persons with dementia.

Ms. Leopard noted on December 6, 2022, the division held the public workshop on LCB file #RO43-22. Ms. Leopard said the public workshop resulted in the following development based on public feedback to update language as recommended and to modify training requirements to ensure consistency with current requirements. After the public workshop, the feedback was used to modify some language for consistency of care and current training requirements and errata was developed for this purpose. Ms. Leopard said other changes included minor verbiage from Section 6. The phrase 'suffering from' was replaced with 'suffering with'. Ms. Leopard stated that in Section 7, language was modified to include training used by facilities that is listed on the Division's website would be approved to meet the required criteria. Section 13 removed a medication label following instructions on a medication label in the list and did not add any additional language regarding medication change orders. Ms. Leopard said this way, it is not overly subspecific in other parts of the regulation that already addresses administering medications as prescribed, which would include if an order were to be changed by a physician, and modified the language to remove the necessity of an ultimate user agreement to acknowledge that it may not always be necessary in all cases and include consistent verbiage. Ms. Leopard noted that Section 20 was modified to include scheduled and unscheduled activity verbiage and Section 23 left language that had not been previously removed, which indicated the facility will provide at least 10 hours of facility wide activities. Ms. Leopard said that this would cover individually developed activities which could be scheduled or unscheduled to participate in at an individual's leisure, as well as ensure at least 10 hours of organized activities provided to the facility as a whole. Ms. Leopard noted that on April 28th, 2023, the Division posted the notice to the public hearing of this public hearing regarding LCB file #RO43-22 and accordance with the Nevada Open meeting law. Ms. Leopard expressed that her staff recommended the State Board of Health adopt the proposed regulations and concluded her testimony.

Chair Pennell opened the floor for any questions or comments from the Board.

Dr. Murawsky questioned that while looking into NAC 4492754, it had the definition for what Alzheimer is but patient with Alzheimer's disease as a danger to self or others was not as clarified. He mentioned that given the spectrum of Alzheimer's disease and how there are some waxing and waning courses that create the space for whether an endorsement is needed or not. Dr. Murawsky said a patient within a residential facility may have a lot of caring needs but may or may not be there and encouraged the department to provide some help for the residential facilities with what clinically may define the patient types that would require the services needed for an endorsement for clarity.

Chair Pennell called for any public comment.

Ovidiu McGinnis representing Sierra Specialty Pharmacy was recognized for public comment. Ms. McGinnis stated in regards to page 36, number 8, an employee of a residential facility shall not draw medication into a syringe or administer an injection unless authorized by law to do so., Ms. McGinnis stated that In the past year, the number of calls to the pharmacy from providers, nurses, Hospice owners, assisted living facility administrators and staff requesting alternative options to liquid morphine, Ativan, Haldol and other liquid medications requiring a syringe has increased dramatically. Ms. McGinnis stated there were reports that this is not allowed in the assisted living setting. Ms. McGinnis questioned why this is happening when the use of these medications was the gold standard for end of life with hospice care. Ms. McGinnis noted that these medications are FDA approved to be safe and effective with the oral dispensing device provided along with the medication. Ms. McGinnis said what the pharmacy is hearing is that med techs are not being allowed to administer the liquid morphine or Ativan or other liquids via oral syringe and that there are no clear guidelines, directions, or resources to refer employees to. Ms. McGinnis stated the most common medication used in Hospice cannot be repackaged prohibiting the pharmacy from prefilling syringes. Ms. McGinnis said nurses are being asked to prefill or pre-pour syringes, which is not allowed and relabeling is limited to a pharmacist. Ms. McGinnis concluded by asking for clarification and a clear indication of why liquid medications are not used in a specialty pharmacy.

Wanda Hicks, representing Senior Care, was recognized to give public comment. Ms. Hicks state she has worked in hospice for six years and was recently notified of the issue concerning the liquid medications being drawn up in plunger syringes. Ms. Hicks stated that in her assisted living agency they always been able to draw up medications in a plunger syringe with no needle attached. Ms. Hicks said however, recently the State has been telling auditors to advise the facilities that they cannot do this. Ms. Hicks said this has caused senior citizens who need the medication, unrelieved and in pain, that are at the end of life to wait until an RN can arrive and drop the medications. Ms. Hicks stated the corporations and management of these facilities are not going to change the way they are handling the drawing up of liquid medications and have staff calling for an RN until the agency receives written notification that they can proceed. Ms. Hicks said it was an error in Nevada allowing med tech to perform this function as it is a huge barrier to care for their seniors who have chosen to pass at home, which is the facility where they reside. She lastly noted that the increased loss of caregivers is due to burnout.

David Bozin, a pharmacist with Sierra Specialty Pharmacy, was recognized to provide public comment. Mr. Bozin stated the pharmacy is receiving phone calls from agencies looking for clarification, but their hands are tied from the pharmacy perspective on prefilling morphine syringes. Mr. Bozin mentioned it clearly states on the package and label that it is a dispensable product with the dispensing device included. Mr. Bozin clarified that once the package says

dispensed only in the specified bottle with its calibrated syringe it cannot be prefilled in syringes. Mr. Bozin stated that it is a huge expense to the facilities and hospices to do that on these products. Mr. Bozin said he believes the confusion is within the NRS where it was written that regarding an injectable product being prohibited from drawing syringes and inject into patients. Mr. Bozin stated there does not appear to be mention of oral dosing syringes and asked for clarification on the statute to clear up confusion.

Jeanne Bishop-Parise, Health Services Executive with the State, was recognized to give public comment. Ms. Bishop-Parise stated she has been an administrator since 1984 and was part of the group that worked extensively on the body of work before the Board to approve. Ms. Bishop-Parise said she does not understand how the issue that her colleagues have identified is being interpreted. Ms. Bishop-Parise stated it has been a long-standing practice of measuring into a syringe and providing orals to a Hospice resident within an assisted living facility. Ms. Bishop-Parise stated that in Section 18 of the proposed regulation explains when and how to administer a liquid medication, including without limitation, measuring the amount of a liquid medication. Ms. Bishop-Parise said for placement, models, and similar things as such are marked as a long-standing practice which leads her to be unsure where the interpretation has gone awry. Ms. Bishop-Parise said if the regulations are approved, the language will be clear what can be done as a practice. Ms. Bishop-Parise stated additionally that in the errata, section c' is problematic as it states "an assessment of persons with dementia" was not the intended language. Ms. Bishop-Parise said assessments can only be done by licensed persons and most of the staff that are willing to train are not able to assess and recommended to change the language to screening or looking at the needs of the person with unlicensed individuals that would be receiving Tier 2 training the specified area. Ms. Bishop-Parise concluded by recommending promoting language in Section 4 by stating required training to be provided by a nationally recognized organization that follows evidence-based standards.

Gretchen Bettis, owner of a POST secondary school in Las Vegas, Nevada, was recognized for public comment. Ms. Bettis stated she has been teaching for many years and would like clarification on where it says training needs to be nationally recognized and clarification on medication management. Ms. Bettis also expressed her concern on the portion of the eight-hour exam when staff does not have enough time to continue training plus added on an eight-hour exam as refreshers... Bettis stated she is not certain where nationally organizations could be more beneficial than something local for programs and ability to train.

Chair Pennell asked for the clarification if on whether can drop medication in oral syringe or if the regulation is just talking about injectables.

Ms. Leopard clarified that the intention is for injectables not for oral syringes.

Chair Pennell called for any final public comments. None heard.

Chair Pennell called on Pierron Tackes, Senior Deputy Attorney General, questioning if she believes the statement made in the record by the department is sufficient to clarify the question that received so many comments in Section 30, number 8 or would it be beneficial to amend the language to add the clarification prior to passage.

Pieron Tackes, Deputy Senior Attorney General stated she has not done a legal analysis on the language prior to the meeting and recommended to defer to the Board's judgment. Ms. Tackes noted that if there are any concerns about the clarity, the Board has the opportunity to request the regulation be amended prior to approving, or if the Board is comfortable approving the language that has been presented, they have the authority to do so. Ms. Tackes further clarified for the public that the process for approving regulations is, if approved, the regulations would be approved by the Board and then go to the Legislative Commission for approval. Ms. Tackes stated that going to the Legislative Commission is another level of approval and another opportunity for public comment and potentially another opportunity for them to get kicked back to the Division if there were concerns from the Legislative Council.

Cody Phinney, Administrator of the Division of Public and Behavioral Health, stated that another option is to issue a technical bulletin from the Division clarifying the issue about the use of a syringe for injectables versus oral medications. Ms. Phinney said the Division would be happy to do so in addition to the options that Ms. Tackes mentioned.

CHAIR PENNELL REQUESTED A MOTION FOR THE APPROVAL OF THE CONSIDERATION AND POSSIBLE ADOPTION OF PROPOSED REGULATION AMENDMENTS TO CHAPTER 449 OF THE NEVADA ADMINISTRATIVE CODE (NAC), LCB FILE NO. R063-21. DR. LARSON MADE A MOTION TO APPROVE. MOTION WAS SECONDED BY VICE CHAIR DR. MURAWSKY. THE MOTION PASSED UNANIMOUSLY

9. ACTION ITEM: Consideration and Possible Adoption of Proposed Regulation Amendments to Chapter 449 of the Nevada Administrative Code (NAC), LCB File No. R063-21. This regulation amendment falls in accordance with Assembly Bill 217 introduced during the 81<sup>st</sup> Legislative Session, which directs the State Board of Health to adopt regulations designating the types of facilities to which certain requirements to provide training to unlicensed caregivers apply; prescribing requirements relating to such training; prescribing the required content for the written plan for the control of infectious diseases developed by a designated facility; and providing other matters properly relating thereto. The proposed regulations LCB file R063-21 are designed with the intent to ensure free infection control training posted on the Division's website is accessible to all unlicensed caregivers.

Tina Leopard, Health Facility Inspection Manager with the Bureau of Health Care Quality and Compliance (HCQC) introduced and explained the proposed regulation of LCB File No. R063-21. Ms. Leopard stated the regulation is designed to ensure free infection control training is posted on the Division's website and accessible to all unlicensed caregivers. Ms. Leopard said the Division provided several opportunities for the facilities, industry, and public to provide comments on the proposed regulation. Ms. Leopard stated on December 8th, 2021, the Division sent small business impact questionnaires to licensed medical and non-medical providers. Ms. Leopard said analysis was conducted and resulted in feedback indicating the proposed regulation mandating unlicensed caregivers complete infection control training by a nationally recognized organization could impose financial burden on facilities needing to pay for caregivers to meet training requirements. Ms. Leopard said the Division has minimized financial impact by providing a web page that provides links to free or low-cost infection control training and resources. Ms. Leopard concluded by stating that on December 6th, 2022, the Division held the public workshop on LCB file #R063-21, which resulted in a request being made on the behalf of personal care agency providers to incorporate the training requirement under existing

personal care agency regulations. Ms. Leopard concluded by saying the statutory requirement to develop these regulations applies to all unlicensed caregivers and all licensed facilities and therefore the Division is unable to single out or modify requirements for individual facility types.

Chair Pennell asked for questions or comments. None heard.

CHAIR PENNELL REQUESTED A MOTION FOR THE APPROVAL OF LCB FILE NO. R063-21 AS SUBMITTED. VICE-CHAIR DR. MURAWSKY MADE A MOTION TO APPROVE. MOTION WAS SECONDED BY MS. BITTNER. THE MOTION PASSED UNANIMOUSLY.

10. ACTION ITEM: Consideration and Possible Adoption of Proposed Regulation Amendments to Chapter 450B in Nevada Administrative Code (NAC), LCB File No. R105-22. This regulation amendment would clarify the effect on criminal convictions on background checks and fingerprinting submissions for Emergency Medical Services professionals.

Bobby Sullivan, Emergency Medical Representative II, present LCB File No. R105-22. Ms. Sullivan stated the regulation amendment would clarify the effect of criminal convictions on background checks and fingerprints submissions for the Emergency Medical Services (EMS) office. Ms. Sullivan said that after a review of existing regulations, it was determined that the portion of the regulation pertaining to certifications did not quantify or explain disqualifying events for criminal convictions on the certification. Ms. Sullivan stated that the regulations are clearly stated in the attendant licensing portion. However, not everyone who obtains a certification goes on to apply for an attendant license as most work in fixed facilities, hospitals, et cetera. Ms. Sullivan said the amendment would define this requirement as well as add the required frequency of fingerprint submissions to align with Nevada Revised Statute (NRS) 450B.800. Ms. Sullivan said at present, the only request for a background check is on initial application to the EMS office and there are individuals who have been in the system for decades without a follow-up background check. Ms. Sullivan concluded by saying the background check that was advised by the Legislative Council Bureau would mean that anyone in the system on the seventh or eighth year of renewal would need to provide a follow up background check.

Chair Pennell asked for questions or comments. None heard.

CHAIR PENNELL REQUESTED A MOTION FOR THE APPROVAL OF LCB FILE NO. R105-22 AS SUBMITTED. DR. LARSON MADE A MOTION TO APPROVE. MOTION WAS SECONDED BY MR. SMITH. THE MOTION PASSED UNANIMOUSLY.

11. ACTION ITEM: Consideration and Possible Adoption of Proposed Regulation Amendments to Chapter 439 of Nevada Administrative Code (NAC), LCB File No. R107-22. These regulation amendments stem from the passage of Assembly Bill 254 introduced during the 80<sup>th</sup> Legislative Session which establishes and maintains a system for the reporting and analysis of certain information on Sickle Cell and its variants. The proposed regulations will update and require Nevada-licensed health facilities to report to the Chief Medical Officer as it relates to Sickle Cell and its variants. Additionally, the Chief Medical Officer shall coordinate with the Sickle Cell Data Collection of the Centers for Disease Control and Prevention to establish and maintain the system for reporting.

Ashlyn Torres, Health Program Specialist with the Office of Public Health, Investigations, and Epidemiology, present LCB File No. R107-22. Ms. Torres stated the amendment will provide provisions to Chapter 439 of the Nevada Administrative Code (NAC) in accordance with



Assembly Bill 254 that was introduced during the 80th legislative session in 2019. Ms. Torres said that current regulations do not outline the requirement for establishing and sustaining a system of reporting for Sickle Cell and its variants. Ms. Torres said this bill would establish and maintain the system of analysis of certain information on Sickle Cell and its variance that will require Nevada licensed facilities to report to the Chief Medical Officer, addition of the Chief Medical Officer shall coordinate with Sickle Cell data collection of the Center for Disease Control and Prevention to establish and maintain the system for reporting. Ms. Torres stated a small business impact questionnaire was sent out on November 9th of 2022, then the outline of this was an online questionnaire that was sent out to four list-serve groups including Nevada Primary Care Association, the statewide medical listserv, the Nevada Hospital Association, and recipients from the Dreamsicle Sickle Cell Kids Foundation. Ms. Torres stated that the initial questionnaire received no responses and was sent again on November 30<sup>th</sup> of 2022.

Ms. Torres said the Small Business questionnaire of the Division does anticipate some adverse effects to small businesses upon review of the small business impacts as one respondent stated that their practice would not be able to meet reporting requirements because of lack of staff and the funding needed to cover the staff is dedicated to the medical records that were about \$9000 to \$9360 annually at .25 full-time employee. Ms. Torres said a public workshop was conducted on January 9th with seven attendees including myself, and there was no public comment on the proposed regulation so the Division will move forward with no changes. Ms. Torres concluded by stating the standard may allow for an increase in diagnosis and treatment of sickle cell and its variance to allow for increased opportunities for collaboration coordination with the Center for Disease Control and Prevention and other states with the established sickle cell data registry. Ms. Torres said that the data collected through the sickle cell registry will allow for the Division to better understand the needs of patients living with sickle cell throughout the state and will be imperative to developing programs and support systems for people living with sickle cells and the others impacted.

Chair Pennell asked for questions or comments.

Dr. Trudy Larson inquired as to where the diagnosis' come from other than newborn screenings.

Ashlyn Torres responded. Ms. Torres stated the other places they will receive data from would be the Cure for Kids Foundation as well as the Hematology Thematic Neurology Center run by Dr. Nick Abdul Rashid, who is also in charge of newborn screening.

Pamela White provided public comment regarding LCB File No. 107-22. Ms. White stated that she is a mother of two who have sickle cell disease and is now the CEO and founder of Bridging the Gap Adult Sickle Cell Foundation, a 501C3 foundation. Ms. White stated her foundation works with Doctor Nick Rashid and is a subrecipient of the newborn screening grant. Ms. White said the foundation also works with Cure for the Kids and Dreamsicle Kids. Ms. White said there is a need for the registry to show that Sickle Cell is growing in Nevada to qualify for grants. Ms. White said when the new screenings come through the Foundations go and talk to the parents, go to the hospitals, and go to the doctor's office with those parents. Ms. White said this is currently being done with our own money and time. Ms. White stated they do it because they care, but there are no statistics in Nevada to show how many Sickle Cell patients Nevada has and how many are dying from Sickle Cell.

No further questions or comments received.

CHAIR PENNELL REQUESTED A MOTION FOR THE APPROVAL OF LCB FILE NO. R107-22 AS SUBMITTED. MR. SMITH MADE A MOTION TO APPROVE. MOTION WAS SECONDED BY DR. POUNCE. THE MOTION PASSED UNANIMOUSLY.

12. ACTION ITEM: Consideration and Possible Adoption of Proposed Regulation Amendments to Chapter 439 of Nevada Administrative Code (NAC), LCB File No. R108-22. The proposed regulation amendments stem from the passage of Senate Bill 175 during the 81<sup>st</sup> Legislative Session establishing a system for the reporting and analysis of certain information on lupus and its variants. The proposed regulations will update and require Nevada-licensed health facilities to report to the Chief Medical Officer as it relates to lupus and its variants. Additionally, the Chief Medical Officer shall coordinate with the National Lupus Registry of the Centers for Disease Control and Prevention to establish and maintain the system for reporting.

Ashlyn Torres presented LCB File No. R108-22. Ms. Torres stated the regulation stems from the passage of Senate Bill (SB) 175 which was introduced during the 81<sup>st</sup> legislative session in 2021 and will update Chapter 439 of the Nevada Administrative Code. Ms. Torres said the bill would establish and sustain a system of reporting and analysis of certain information on Lupus and its variants. Ms. Torres stated there are no current regulations that outline the requirements for establishing or maintaining a system for the reporting of Lupus and its variants. Ms. Torres said this proposed regulation will update and require Nevada licensed health facilities to report to the Chief Medical Officer as it relates to lupus. Additionally, the Chief Medical Officer shall coordinate with the National Lupus Survey registry. Ms. Torres stated a small business impact survey, listserv questionnaire, and public workshop were all conducted with no responses or public comment. Ms. Torres said the Division does not anticipate any adverse effects from small businesses and the proposed regulation moved forward with no changes. Ms. Torres concluded by stating that Lupus and its variants that are difficult to diagnose but she believes Nevada will see an increase in diagnosis and treatment which will allow for increased opportunities for collaboration and coordination with the Center for Disease Control and Prevention, as well as other states within established stupid data registry. The data collected through the Lupus registry will allow the Division of Public and Behavioral Health better understand the needs of patients living with lupus and the data is imperative to developing programs and support system for people living with lupus and others impacted by it.

Chair Pennell asked for questions or comments. None heard.

CHAIR PENNELL REQUESTED A MOTION FOR THE APPROVAL OF LCB FILE NO. R108-22 AS SUBMITTED. DR. LARSON MADE A MOTION TO APPROVE. MOTION WAS SECONDED BY MR. SMITH. THE MOTION PASSED UNANIMOUSLY.

13. ACTION ITEM: Consideration and Possible Adoption of Proposed Regulation Amendments to Chapter 441A of Nevada Administrative Code (NAC), LCB File No. R148-22. This proposed regulation amendment stems from Senate Bill 275 during the 81<sup>st</sup> Legislative Session establishing HIV Criminal Modernization.

Melissa Peek-Bullock presented LCB File No. R148-22. Ms. Peek-Bullock stated that the proposed regulations stem from the passage of Senate Bill (SB) 275 and Assembly Bill (AB) 192,

which were both introduced during the 2021 Nevada 81st Legislative Session and signed by Governor Steve Sisolak on June 4th, 2021. Ms. Peek-Bullock said SB 275 revises provisions relating to communicable diseases, including isolation and quarantine of a case or suspected case of a communicable disease, and removal of duplicative references to HIV and or AIDS. Ms. Peek-Bullock added that AB 192 revises provisions governing the testing of pregnant women for certain sexually transmitted infections. Ms. Peek-Bullock said that the proposed regulation will update and require that a report of a pregnant woman who has or is suspected of having syphilis must include, without limitation, the fact that the case occurred in a pregnant woman and treatment was provided, the type of treatment that was provided or if the pregnant woman refused treatment and the fact that the pregnant woman refused that treatment. Ms. Peek-Bullock stated the Center for Disease Control (CDC) recommends all pregnant women in the United States be screened and women who test positive should be treated using the most current treatment recommendations. Ms. Peek-Bullock said the bill revises or proposes revisions including the procedures followed by a county or city Board of Health or health authority when isolating quarantining or treating certain persons provisions governing the investigation of a case or suspected case of communicable disease and in order for a person with a communicable disease to submit to examination and treatment provisions concerning certain offenses relating to communicable diseases. Ms. Peek-Bullock said the regulation would revise provisions concerning court ordered testing for communicable disease provisions prohibiting the disclosure of information about certain persons investigated by the health authority. Ms. Peek-Bullock also said there would be provisions requiring that alleged victim of a crime involving sexual penetration to be provided with information concerning sexually transmitted diseases revising certain terminology used to refer to HIV and related matters reestablishing the advisory task force on HIV exposure, modernization, and setting forth the duties of the task force to abolish certain crimes relating to HIV, repealing certain additional provisions relating to communicable diseases, providing a penalty and providing other matters properly. Ms. Peek-Bullock said, additionally, to the changes brought forth in SB 275 and AB 192 the proposed regulation will update NAC 441A by adding of the following conditions as reportable communicable diseases to align with CDC's nationally notifiable conditions: Cyclosporiasis, Candida Oris, COVID-19 and impacts update reporting requirements for Hemophilus Influenza Invasive disease and removes the requirement for only Hepatitis B to be reported by requiring acute and chronic Hepatitis C to be reported as well. Ms. Peek-Bullock stated that in reference to persons under 18 years of age, there is an addition for electronic case reporting requirements and the addition of reporting requirements for medical laboratories to report negative results for hepatitis C and HIV as well as requiring healthcare providers to provide negative results or proof of treatment for a person if requested by the health authority. The regulation amendment would require schools to inform parents or guardians of children who might have been exposed to communicable disease, update reporting requirements for tuberculosis testing, and treatment update investigation requirements for chlamydia and gonorrhea. Ms. Peek-Bullock concluded by stating the regulation would specify that the health authority may investigate a case rather than shall investigate a case, update treatment language for sexually transmitted infections, update investigation criteria for Lyme disease to better align with CDC guidance, and provide additional exclusion criteria from school for individuals who test positive for measles as well as prohibit the exclusion of workers from sensitive occupations should exclusion of that person be prohibited by the Americans with Disability Act of 1990 and prohibit the exclusion of children from a childcare facility or school as a person prohibited by the Americans with Disability Act in 1990.

Chair Pennell asked for questions or Comments.

Dr. Trudy Larson stated that she commended the staff for the huge amount of work conducted on the inclusiveness and modernization of the regulation.

Vice-Chair Murawsky asked if COVID-19 was still on the notable infections chart given the end of the public health emergency and the Chief Medical Officer's earlier statement that COVID-19 has moved more into an endemic situation.

Melissa Peek-Bullock responded by saying COVID-19 remains reportable on CDC's national notifiable list at this time, so these regulations still align with CDC guidance despite the lifting of the public health emergency.

Public comment was heard from Jennifer Howell with the Governor's Advisory Task Force. Ms. Howell stated that she and a previous task force member on HIV Modernization worked closely with staff to draft the regulation and they look forward to further modernizing HIV laws in the next session.

No further questions or comments heard.

CHAIR PENNELL REQUESTED A MOTION FOR THE APPROVAL OF LCB FILE NO. R148-22 AS SUBMITTED AND REQUESTED THE MOTION INCLUDE THE CHANGE OF MONKEY POX TO M POX. DR. PONCE MADE A MOTION TO APPROVE WITH THE INCLUSION OF THE M POX CHANGE. MOTION WAS SECONDED BY DR. LARSON. THE MOTION PASSED UNANIMOUSLY.

#### 14. ACTION ITEM: Review, Discussion, and Possible Adoption of Revised Board of Health Bylaws

Deputy Attorney General, Pierron Tackes clarified the agenda item for the Board members by stating the bylaws were discussed and approved at the last regularly scheduled meeting however there were some clarifications needed. Ms. Tackes said the clarification that needed to be made was that the state fiscal years run July 1 to June 30<sup>th</sup>, however, the fiscal year that starts July 1st of 2023 is referred to as an even numbered fiscal year, that is considered fiscal year 24. Ms. Tackes stated that the clarification is if the changes that are in the draft as presented are still with the Board those elections will be held at the first meeting following an odd fiscal year. Ms. Tackes said it would mean elections would be the first meeting following July 1st of 2024. Ms. Tackes said alternatively, if the Board would prefer to hold elections sooner, it could be put on an agenda after this meeting and the bylaws could be amended to have elections on even numbered fiscal years. Ms. Tackes stated that it wasn't entirely clear after the last meeting, and a staff member did point out that the fiscal year beginning following July of 2023 is considered an even numbered fiscal year.

Mr. Charles Smith responded saying that he was fine moving forward with the bylaws as previously amended and the election to take place next year.

Dr. Trudy Larson agreed with Mr. Smith, stating that as long as Chair Pennell is fine with continuing, she is happy with him being Chair.

Ms. Judith Bittner agreed.

Vice-Chair Murawsky stated that the Board appreciates the service of Chair Pennell and believed that all the Board members concur with the desire to see Chair Pennell continue as Chair.

Chair Pennell expressed gratitude for the Board members' appreciation. Chair Pennell stated that he is happy to continue to serve. Chair Pennell asked if there was public comment regarding this agenda item.

None heard. No action taken.

**15. INFORMATIONAL ITEM:** Update on Sentinel Events according to NRS 439.843

Jesse Wellman, Biostatistician with the Office of Analytics, presented the Sentinel Events report to the Board. Please see [2023 Sentinel Events Registry Summary Report \(nv.gov\)](#) for Power Point presentation.

Chair Pennell asked for questions or comments on the agenda item. Chair Pennell asked about staffing levels being a challenge and whether the levels change or remain more constant.

Mr. Wellman stated that staffing has always been part of the reporting factors with sentinel events but since COVID-19, it has increased as a factor.

No further questions or comments heard.

**16. ACTION ITEM:** Recommendations for future agenda items.

No agenda items recommended. No public comment.

**17. 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)

No public comments heard.

**18. ADJOURNMENT** – Jon Pennell, Chair

Chair Pennell adjourned. 11:48 a.m.