

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*

MEETING MINUTES STATE BOARD OF HEALTH

September 6th, 2024

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, 3rd Floor

4150 Technology Way

Carson City, Nevada 89706

Online Meetings Link:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZjcxNGQzYjQtMzMlOS00MTNiLTg1ZWYtMmExODkwZTBkMTQ0%40thread.v2/0?content=%7b%22id%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22oid%22%3a%22768e443d-3be6-48f0-9bb0-7e72f1276b8d%22%7d

Phone Number:

+1-775-321-6111

Phone Conference ID Number: 382 183 728#

1. CALL TO ORDER/ROLL CALL

Dr. Jon Pennell, Chair, called the meeting to order at 9:00 a.m.

BOARD MEMBERS PRESENT:

Dr. Jon Pennell D.V.M., Chair (In Person – Southern Nevada)

Dr. Jeffery Murawsky M.D. (Online)

Mr. Charles Smith (Online)

Mr. Nathan Cartwright (In Person – Southern Nevada)

Dr. Monica Ponce D.D.S (Online)

Ms. Jennifer Belza-Vinuya R.N. (Online)

BOARD MEMBERS ABSENT:

All members were present

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

Cody Phinney, Administrator (Division of Public and Behavioral Health, aka DPBH); Pierron Tackes, Deputy Attorney General (DHHS); Dr. Ihsan Azzam M.D., Chief Medical Officer (DPBH); Kelli Knutzon, Executive Assistant (DPBH); Brette Musser, Administrative Assistant III (DPBH); Sara F. Baltisberger, Administration Assistant III (DPBH); Kyle Devine, Deputy Administrator (DPBH); Vickie S. Ives, Health Bureau Chief (CHS); Dawn Cribb, Management Analyst II (DP&I); Stephanie Cook, Deputy Bureau Chief (BHWP); Jennifer Tongol, Health Program Manager I (BHWP); Shannon Bennett, Health Bureau Chief (BHPW); Brooke Maylath, Health Facility Inspector (HCQC); Amber Hise, Health Program Manager II (CHS); Rebecca Davis, Health Program Manager I (R&PS); Bill Gorman, Administrative Assistant III (HCQC); Tina Leopard, Health Facilities Inspection Manager (HCQC); Mitch DeValliere, Agency Manager (DPBH); Steven Gerleman, Health Facilities Inspector III (HCQC); Preston Tang, Health Program Specialist II (DP&I); Bobbie Sullivan, Emergency Medical Services Representative III (R&PS); Kevin Haywood, Emergency Medical Services Representative II (R&PS); Teresa Hayes, Environmental Health Program Manager (R&PS); Leticia Metherell, Health Program Manager III (HCQC); Janice Hadlock-Burnett, Health Bureau Chief (DPBH); John Follette, Radiation Control Manager (R&PS); Bradley Waples, Health Facilities Inspector II (HCQC); Paul Shubert, Bureau Chief (HCQC); Julia Peek, Deputy Administrator (DPBH); Maria Janos, Social Services Chief III (DCFS); Justin Haghighi, IT Technician V (DPBH)

GUEST SPEAKERS PRESENT:

Nicki Aaker, Director CCHHS; Erin Dixon, Deputy District Health Officer NNPH; Dr. Fermin Leguen, District Health Officer (SNHD); Dr. Tedd McDonald, Interim Health Officer (CNHD); Jesse Wadhams, Nevada Hospital Association; Ron Sumbang, Chair of ECHO; Allison Genco, Director Government Relations with Dignity Health; Jake Cafferata, Representing ASL Training; Ricardo Rubalcava Paredes, Representing High Sierra Area Health Education Center (AHEC); Blaine Osborne, President of Nevada Rural Hospital Partners; Jessica Munger, Program Manager for Silver State Equality; Dorothy Domingo, President of ECHO; Felipe Albeza, Representative with ECHO

Note: Erin Dixon was present (in-person) speaking on behalf of Chad Kingsley, District Health Officer (NNPH).

OTHERS PRESENT:

Andrea Cordovez Mulet, Executive Assistant (SNHD); Kenny Sanders, EMS Coordinator (Eureka County); Sabrina Schnur, Government Affairs Associate (Representative for Belz & Case); Elyse Monroy Marsala, Program Manager (Representative for Belz & Case); Nicholas Chiang (High Sierra AHEC); Jimmy Lau (Dignity Health, SRDH); Linda Ashby, Counselor (NVNV); Nadine Kienhoefer; Jessica Burkybile (Health Care Academy); April Hoffman (Universal Health Services, Inc.); Tom Smith (Howard Hughes); Shawn Sullivan (SMRMC); Katherine McGarr (Encompass Health); Becky Bailey (NRHP); Elissa Secrist (McDonald Carano); Patrick Kelly (NVHA); Keibi Mejia

(Ferrato Co.); Kyree Weber (Consumer Direct Care); Steve Messinger (NVPCA); Amy Shogren (Black & Wadhams at Law); Maya Holmes (Culinary Health Fund); Corey Cunnington (SNHD); Areli Alarcon (Carrara NV); Jessica Fry (Consumer Direct Care); Marissa Brown (NVHA); Maria Menjivar (CNHD); Nancy Bowen (NVPCA); Tina Wilson (HG Hospital); Noel Madic R.N., Clinical Education Manager (UMCSN); Tonya Bryant R.N., Clinical Director (UMCSN); Rosemary Thuet R.N., (Valley Health System) Sherrie Barker; Shealene French; Dr. Troy Ross, M.D., M.P.H.; Jon Flancher; Corrine Epton; Anna; Craig Merrill; Tailor Price; James Stone

Roll call was taken, and member attendance is reflected above. The Board of Health did have a quorum.

2. REVIEW AND APPROVAL OF MEETING MINUTES FROM JUNE 7TH, 2024

Dr. Pennell requested this item be tabled for next meeting due to Dr. Pennell and Dr. Murawsky having questions for division staff to review before approval. As this item is part of the agenda, the floor was then opened to public comment. No comments were brought forward.

3. QUARTERLY COUNTY AND DISTRICT HEALTH REPORTS

Carson City Health District

A verbal report was presented by Nicki Aaker, along with a written report attached in meeting packet. Points that were highlighted include:

- Announced the filling of several hard-to-recruit positions but noted one additional vacancy for an Environmental Health Division Manager, which has been posted.
- Community Flu Outreach Events: Discussed preparations for community flu outreach events scheduled for late September and October and noted that last year's absence from schools led to a decrease in vaccination rates among school-aged children. Plans are underway to re-enter schools for vaccination, though some schools are still hesitant.
- Vaccination Locations: Confirmed that vaccinations will also be available at senior centers, long-term care facilities, and private sector agencies, including DPPH in Carson City.
- Clinical Services Division Updates: Announced a recent retirement of a long-time employee but noted that a replacement has been successfully trained. They're also introducing a quality improvement project aimed at increasing patient visits by adjusting appointment times to include early mornings and late afternoons and remaining open during lunch.
- Chronic Disease Division Initiatives: Reported on the successful reintroduction of adolescent health programs in schools and other agencies and shared plans to integrate youth vaping prevention initiatives into presentations for parents and community members, funded through SB118.
- Environmental Health Division Updates: Announced that all inspectors are currently trainees but are progressing well, and noted the start of mosquito abatement efforts, highlighting the hiring of a seasonal vector control technician.
- Epidemiology Division and COVID-19 Updates: Updated on the expansion of the epidemiology program, which provides education in schools and to public health nurses, also noting a slight uptick in COVID cases within the agency but confirmed, "nothing that is alarming or of concern."
- Homeless Outreach Program: Discussed the introduction of a street outreach program in collaboration with a Reno-based company, focusing on daily engagement with the

homeless community to assess their needs, and highlighted cleanup projects involving the homeless population to address encampments. Also brought up Responsible Giving presentations being held for the public, which introduce the concept of responsible giving to the homeless by encouraging donations to social service agencies rather than directly to individuals to reduce litter and waste. Mentioned upcoming presentations that are being led by an individual with personal experience in homelessness and addiction.

- Strategic Plan Development: Reported on the ongoing development of a strategic plan for Carson City Health and Human Services, in partnership with contractor Arc Dome, led by Caleb Cage. The plan is expected to be completed by the end of December.

There were no questions or comments heard from board members at this time.

Northern Nevada Public Health (Formerly Washoe County Health District)

The verbal report was listed to be presented by Kevin Dick; however, he retired in July of this year, so the verbal report was given by Deputy District Health Officer, Erin Dixon, along with a written report attached in the meeting packet. Points highlighted in verbal report include:

- Back to School Immunizations: Reported on back-to-school immunization efforts, emphasizing the significance of this initiative. Shared that two Saturday events were held just before the school year began, in addition to regular community events and daily immunization clinics, and that approximately 450 students received vaccinations, totaling around 1,000 vaccinations administered. Expressed pride in the team's efforts to ensure students were ready to return to school on time.
- Public Health Preparedness: Updated ongoing training and exercises conducted by the public health preparedness team, with a highlight on the successful execution of a full-scale mass casualty incident exercise in collaboration with regional partners.
- Environmental Health Food Program: Announced the first-ever community resource fair organized by the Environmental Health Food Program for individuals interested in food permitting. Reported a high attendance and successful assistance offered for the permitting process, including:
 - Guidance on how to apply and obtain business licenses from various jurisdictions served by Northern Nevada public health.
 - Availability of staff to help attendees fill out applications.
 - Display of compliant food trucks and food carts for attendees to tour, which provided insights for applicants on how to meet regulations.
- Temporary Food Event Season: Discussed the current temporary food event season, noting the completion of the recent rib cook-off. Explained that inspections are conducted throughout the day beginning at 5:30 AM to monitor food cooling and reheating practices, and that evening inspections can extend past midnight to ensure safety. Extended appreciation to the team for their hard work in maintaining safety standards at community events for residents and visitors.

There were no questions or comments heard from board members at this time.

Southern Nevada Health District

A verbal report was presented by Dr. Fermin Leguen, along with a written report attached in meeting packet. Points that were highlighted include:

- Substance Misuse and Overdose Prevention Summit: Announced the successful 2024 Substance Misuse and Overdose Prevention Summit held on August 1. Noted attendance of over 200 participants from various regions, including Nevada and New York, and the collaboration with community partners, such as the PACT coalition, the Nevada High Intensity Drug Trafficking Area (HIDTA) Program, and the Nevada Institute for Children's Research and Policy (NICRP). Also mentioned that, due to the increasing attendance, plans are in place to secure a larger venue for next year's summit.
- National Community Health Center Week: Shared that from August 4th to 10th, the district celebrated National Community Health Center Week. Highlighted the dual role of the health center as a public health entity and a federally qualified health center and reported that in 2023, the health center served more than 9,800 patients, with 48% being uninsured. Emphasized the value brought to the community, as the center's services save over \$2.8 million in services for uninsured patients.
- Credible Mind Project: Introduced the Credible Mind project, which provides online access to behavioral health services and resources. This service is free and accessible to community members, with information available in English and Spanish. Users aged 16 and older can register, but resources are accessible without registration, and reported that over 300 users had been accessing services within the first few weeks of the program. The project is currently funded through the CDC Public Health Infrastructure Grant, with plans to continue the service beyond the grant's term.
- Mosquito Surveillance Activities: Provided an update on mosquito surveillance activities, noting a significant increase in West Nile virus cases this year with comparison of the current year's statistics to last year, where only two cases of West Nile virus were reported, highlighting the increasing problem and the need for resources to address it. So far there have been 24 reported human cases, with 10 requiring hospitalization due to severe symptoms. Confirmed that there have been 46 sick calls in Grant County related to mosquitoes infected with the virus. The environmental health team is partnering with community members and local authorities to explore additional mosquito control measures.

There were no questions or comments heard from board members at this time.

Central Nevada Health District

A verbal report was presented by Dr. Tedd McDonald, along with a written report attached in meeting packet. Points that were highlighted include:

- School District Outreach and Vaccination Efforts: Noted successful outreach to school districts across four counties and the City of Fallon regarding vaccination initiatives.
- Personnel Changes: Announced the hiring of new personnel, specifically in environmental health and emergency management planning. Introduced Olivia Diaz, a Master of Public Health, who will serve as the new environmental health inspector.
- Burning Man Environmental Health Process: Provided an overview of the recent Burning Man event, describing it as a challenging yet rewarding experience for the small team involved. The environmental health team worked for nine days in the desert, despite some initial controversies, including the unfortunate death of a participant on the first day. Commended Maria, the environmental health manager, for her effective supervision and communication efforts during the transition of responsibilities from the state to the Central Nevada Health District. Announced plans to conduct an evaluation of the event

and present findings to the board in October, with the intention to communicate any recommendations to the State Board as well.

- **Building Bridges and Cooperation:** Highlighted a common theme of collaboration within the community over the past three months, working closely with the state agricultural departments, Mineral County Board of Directors, and entities in Churchill County and Banner Hospital. Discussed efforts to improve communication and facilitate efficient laboratory services and patient follow-ups.
- **Mosquito Abatement and West Nile Virus Monitoring:** Reported on collaboration with the mosquito abatement district in Churchill County to monitor West Nile virus activity. Acknowledged the county's partnership in providing regular reports on mosquito pools, including those in adjacent areas. Mentioned the importance of communication mechanisms established with local clinics, hospitals, and veterinary services to stay updated on virus activity.
- Offered a special acknowledgment to Dr. Azzam for his support and mentorship regarding potential cases of congenital syphilis in the counties and expressed gratitude for the responsiveness of public health officials, particularly Julia Peek, for facilitating connections that provided guidance and reassurance.

There were no questions or comments heard from board members at this time.

Department of Public and Behavioral Health Chief Medical Officer

A verbal report was presented by Dr. Ihsan Azzam, along with a written report attached in meeting packet. Points that were highlighted include:

- **Impacts of the epidemic in the Democratic Republic of Congo:** Highlighted the increasing cases of impacts (Mpox) in Africa, particularly in the DRC. Noted that the current outbreak is caused by clade 1, affecting primarily women and children, contrasting with the previous outbreak caused by clade 2, which predominantly affected men who have intimate relations with men. Announced that on August 14 the World Health Organization (WHO) declared the outbreak in the DRC a public health emergency of international concern. Dr. Azzam went on stating, "According to CDC, the risk for Mpox spreading in the U.S. is low due to a limited number of travelers and direct flights from the DRC and its neighboring countries. However, in mid-August, Sweden confirmed the 1st clade 1 case outside the African continent, and a week later Thailand confirmed the second case. Both cases had recent travel to-"

Note: At this time during the meeting, audio from the northern location was lost for 30 seconds due to technical difficulties. Once audio was restored, Dr. Azzam continued with his report moving on with the next talking point.

- **Highly Pathogenic Avian Influenza Update:** Provided a brief update on the highly pathogenic avian influenza virus, specifically strain H5N1. Reported that the virus has been circulating among wild birds and causing outbreaks in poultry, with recent reports of human cases among farmworkers in the US. Confirmed 14 human cases have been reported this year, with four of those linked to infected cows and poultry. Noted that while Nevada has not reported any H5N1 human cases or cow infections, the virus was detected in raw milk from sick cows, but emphasized that pasteurization inactivates the virus, ensuring the safety of commercial milk supplies. According to the CDC public risk is low, but the division urges healthcare providers to consider avian influenza in their differential diagnoses for patients with compatible symptoms who have recent farm animal exposure.

- **Enhanced Wastewater Surveillance Plans:** Discussed the ongoing opioid overdose epidemic in Nevada, highlighting the rising levels of substance abuse and related deaths. Identified challenges in current data collection, including delayed analysis and the stigma surrounding drug use, which hampers effective policy implementation. Stressed the need for real-time surveillance tools to identify dangerous substances in communities and reverse overdose trends, explaining that wastewater surveillance can also detect emerging biological agents and harmful chemical substances, aiding in early intervention for serious illnesses. Noted that this surveillance method helps target responses to high-risk populations while maintaining individual anonymity.

There were no questions or comments heard from board members at this time, and no further verbal health office reports to be presented. The written reports from Douglas County and Lander County can be found in the meeting packet for more information.

4. ACTION ITEM: Approval of the Following Consent Agenda Item(s):

- a. Discussion and Possible Approval on Variance #765 regarding NAC 444.116(4)(5), requesting that the water level be maintained one inch below the gutter-weir overflow lip, submitted by The Elko Boys & Girls Club Recreation Center – *Teresa Hayes, Health Program Manager III, Environmental Health Section, DPBH*
- b. Discussion and Possible Approval on Variance #769 regarding requirements of NAC 459.556(1)(c) and (d), requesting approval to use a portable x-ray machine in lieu of a stationary x-ray machine to provide imaging services for professional and collegiate athletic events held at the T-Mobile area, the Lee’s Family Forum, and other sporting venues, submitted by Black Knight Sports and Entertainment, LLC – *John Follette, Manager, Radiation Control Program, DPBH*
- c. Discussion and Possible Approval on Variance #759 regarding requirements of NAC 450B.384, requesting approval to allow Paramedics employed by Applicant to perform prehospital Tube Thoracostomy, submitted by Joey Loehner on behalf of Rural Medevac Alliance – *Bobbie Sullivan, Program Manager, Emergency Medical Services, DPBH*
- d. Discussion and Possible Approval on Variance #767 regarding NAC 450B.384 and NAC 450B.461, requesting approval to allow Advanced Emergency Medical (AEMTS) employed by Eureka County EMS to administer Morphine for pain management, Ativan for seizure control and perform endotracheal intubation, submitted by Kenneth Sanders on behalf of Eureka County EMS – *Bobbie Sullivan, Program Manager, Emergency Management Services, DPBH*
- e. Discussion and Possible Approval of Candidate Appointment of Marc Pinkas, MSTs, to the Committee on Emergency Medical Services – *Bobbie Sullivan, Program Manager, Emergency Management Services, DPBH*
- f. Discussion and Possible Approval of Candidate Appointment of Nancy Abrams to the Committee on Emergency Medical Services - *Bobbie Sullivan, Program Manager, Emergency Management Services, DPBH*
- g. Discussion and Possible Approval of Candidate Appointment of Sandy Wartgow to the Committee on Emergency Medical Services – *Bobbie Sullivan, Program Manager, Emergency Medical Services, DPBH*

- h. Discussion and Possible Approval of Candidate Appointment of Caden Randall to the Committee on Emergency Medical Services – *Bobbie Sullivan, Program Manager, Emergency Medical Services, DPBH*
- i. Discussion and Possible Approval of Candidate Appointment of Dustin Holland to the Committee on Emergency Medical Services – *Bobbie Sullivan, Program Manager, Emergency Medical Services, DPBH*

The board did not pull any items for discussion and no public comments were brought forward. DR. PENNELL REQUESTED A MOTION FOR THE APPROVAL OF THE CONSENT AGENDA ITEMS A. THROUGH O. DR. MURAWSKY MADE A MOTION TO APPROVE THE CONSENT AGENDA. THE MOTION WAS SECONDED BY MR. SMITH. THE MOTION PASSED UNANIMOUSLY.

5. ACTION ITEM: Discussion and Possible Approval of Variance #770, regarding requirements of NAC 459.556(1)(c) and (d), requesting approval to use a portable x-ray machine in lieu of a stationary x-ray machine to provide imaging services for patients at his office, submitted by James Dettling, M.D on July 22nd, 2024.

Presenter: John Follette, Manager, Radiation Control Program, DPBH

Summary of Discussion:

Mr. John Follette presented the variance to the Board with a recommendation to deny the variance as submitted, citing reasons which are listed below:

Health Risks:

- Emphasized the importance of limiting the use of portable or mobile x-ray machines to appropriate clinical situations due to increased risk of radiation exposure. Portable machines produce poorer image quality compared to stationary machines, which increases need of repeat imaging leading to higher radiation exposure, and that portable machines offer insufficient radiation protection for technologists and nearby individuals.

No Exceptional or Undue Hardship:

- Stated that current limits are consistent with regulations in other states and the position statement from the Council of Radiation Control Program Directors.
- Added that the financial burden of purchasing a stationary X-ray machine is not unique to the applicant, with over 200 similar medical practices face the same cost.

Impairment of Regulation Purpose:

- Noted that granting this variance could undermine the regulation's intent, potentially creating inequities among medical practices and further weaken regulatory enforcement.

Dr. Pennell asked for questions or comments from the Board, no questions were brought forward.

Dr. Pennell then opened the floor for public comment. No public comments were heard.

DR. PENNELL REQUESTED A MOTION ON AGENDA ITEM #5, VARIANCE #770. DR. MURAWSKY MADE A MOTION TO DENY VARIANCE #770 AS PRESENTED. THE MOTION WAS SECONDED BY MR. SMITH. THE MOTION TO DENY THE VARIANCE PASSED UNANIMOUSLY.

6. ACTION ITEM: Discussion and Possible Approval of Variance #760 regarding NAC 450B.384., requesting approval to allow paramedics and nurses employed by Rural Medevac Alliance to perform Escharotomy as submitted by Joey Loehner on behalf of Rural Medevac Alliance.

Presenter: Bobbie Sullivan, Program Manager, Emergency Management Services, DPBH

Summary of Discussion:

Ms. Bobbie Sullivan presented the variance to the Board with a recommendation to deny the variance as submitted, citing reasons which are listed below:

Health Risks:

- Stated that necessitation of performing escharotomies under sterile conditions in a pre-hospital setting is unlikely, and that such procedures could cause delays in care and transport of critically ill patients.

No Exceptional or Undue Hardship:

- Stated that performing escharotomies at the paramedic level is not recognized by the National Highway Traffic Safety Administration (NHTSA) for pre-hospital care.
- Added that staff were unable to find industry support for the performance of escharotomies by paramedics in pre-hospital setting. Reference provided by the applicant strongly recommend that the procedure only be performed in a surgical suite.

Dr. Pennell asked for questions or comments from the Board, no questions were brought forward.

Dr. Pennell then opened the floor for public comment. No public comments were heard.

DR. PENNELL REQUESTED A MOTION ON AGENDA ITEM #6, VARIANCE #760. MR. SMITH MADE A MOTION TO DENY VARIANCE #760 AS PRESENTED. THE MOTION WAS SECONDED BY MR. CARTWRIGHT. THE MOTION TO DENY THE VARIANCE PASSED UNANIMOUSLY.

7. ACTION ITEM: Consideration and Possible Adoption of Proposed Regulation Amendments of Chapter 449 of Nevada Administrative Code (NAC), LCB File No. R004-24RP1, **that revises LCB File No. R016-20AP, relating to cultural competency training (CCT) for employees of health care facilities by establishing new standards in accordance with AB267 of the 2023 legislative session.**

Presenter: Paul Shubert, Bureau Chief, Bureau of Health Care Quality and Compliance, DPBH

Summary of Discussion:

1. Introduction of Proposed Regulations

Mr. Paul Shubert presented the proposed regulations with errata regarding Cultural Competency Training (CCT) for employees of licensed healthcare facilities, highlighting that the proposed regulations were processed in accordance with NRS and NAC Chapter 233B. Shubert stated the proposed regulations were drafted to align NAC Chapter 449 with changes made to NRS Chapter 449.103 due to the passage of AB267 during the 2023 legislative session. The proposed regulation also addresses issues identified since the initial adoption of the existing cultural competency regulations. Mr. Shubert explained,

“...such as, it was determined unnecessary for facilities to provide the agency with a particular training program being used by the facility.”

2. Background and Intent

- Explained modifications aimed at streamlining the approval process and reducing burdens on healthcare facilities by establishing minimal training standards.
- Noted that employees required to receive Cultural Competency Training include layperson caregivers, while those with licensing requirements as part of continuing education are exempted.
- Also mentioned statutory changes made to ensure timely review of courses by state agencies, which must approve or deny programs of instruction submitted within 10 days of receiving the application.

3. Small Business Impact Study and Public Workshop Recommendations

- A small business impact study concluded the implementation of proposed regulations should result in a decrease in cost to small businesses, while the statutory requirements and intent of mandatory training remain unchanged limiting the department’s ability to further reduce costs of training to small businesses.
- A public workshop was held on November 14, 2023, resulting in multiple recommendations, including:
 - No requirement for repeating Cultural Competency Training.
 - Support for current established training hours and periodicity.
 - Number of hours spent in CCT training should count towards employee training requirements within specific facility regulations.
 - Adjustment of training hours be 45 minutes to one hour, and to expand the time from hiring to receiving the training from 90 days to 180 days.
 - Recommendations to streamline the course approval process, and continuing approval of already approved courses.
 - CCT have a annual requirement maximum of 2 hours.
 - Allow electronic record keeping of training certificates.
 - Courses that don’t receive approval require the agency to identify reasons for the denial.
 - Instructor qualifications should not require years of experience in CCT to provide it in modular format.
 - The State produce free training and have it be available online.
 - Level of training be equal to level of education of trainees.
 - Training does not exceed 2 hours.
 - 2 hours training every other year.
 - Training certificates should be transferable between facilities.
 - 45-minute courses annually.
- Mr. Shubert addressed that some recommendations were incorporated into the proposed regulations, though there were difficult decisions regarding instruction required hours and periodicity. Taking in consideration of recommendations with currently approved courses resulted in a requirement of at least 2 hours of instruction.

4. Details on Proposal

- Explained proposed errata adjustment to Section 13.1.C removing “one or more of” to ensure all statutory requirements are included in the training curriculum.

- New verbiage reads as, “a course or program on cultural competency training must include, without limitation, the following course materials: instruction on preferred approaches to providing care for people who fall within the categories of paragraphs A to F inclusive of subsection 1 of NRS 449.103.”
5. Compliance with Nevada Statutes
- Reassured the board that the proposed regulations comply with NRS 449.103 as modified by AB267 including reference to the statute in several sections of the proposed regulations to affirm alignment with laws and their intent.
 - Went on to explain agency’s receipt of written comments, submitted by Healthcare Services Group Inc., that both applaud the reduction in the training time requirements and argue that the intent of NRS 449.103 can still be achieved through less frequent training.
 - The aforementioned group desires further reductions of instruction time and periodicity from a period of once every 2 years to once every 4 years, and the duration be reduced from 2-hours to 1 hour.
6. Public Comments and Feedback
- Mr. Shubert acknowledged the previously submitted written public comments attached in the meeting packets from June 7th. Below are the oral testimonies given during the Public Comment period concerning this action item:
 - Jesse Wadhams (Nevada Hospital Association): Thanked Mr. Schubert and his team for their thorough work on regulations. He emphasized that Section 14.2, which allows for discretionary approval of compliant courses, is unnecessary and contradicts the intent of AB267, which aims to streamline the approval process. Wadhams argued that compliant programs meeting statutory requirements should be approved promptly, referencing the goal of AB267 to create a comprehensive library of courses usable across different facilities. Wadhams criticized the three-year reapproval requirement in Section 14.6 as arbitrary, suggesting that courses should only be reevaluated when there are changes in law or regulation, and concluded that while these concerns are not major, further discussion may be beneficial.
 - Ron Sumbang (ECHO): Highlighted the challenges of implementing regulations intended to prevent discrimination in admissions and services. He noted that these regulations require facilities to gather detailed information about residents’ gender identities, sexual orientations, and other personal details during the admission process. Sumbang argued that this approach may be counterproductive, particularly for older residents who may not be comfortable answering such questions, and pointed out that asking sensitive questions about pronouns or sexual orientation can lead to misunderstandings and accusations of insensitivity, ultimately contradicting the intent of promoting cultural sensitivity.
 - Allison Genko (Dignity Health): Dignity Health Saint Rose Dominican, as well as representing seven acute care hospitals in Southern Nevada, currently has a 90-minute training program that meets all required elements. However, the new regulations would require a two-hour training for new hires, which they believe is unnecessary since their existing program covers all essential content. Genko emphasized that enforcing the two-hour requirement would

impose significant financial and administrative burdens on Saint Rose. Saint Rose proposed an amendment to Section 11-1 to apply the two-hour requirement only to ongoing training, not new hires, as in Section 11-1B and requested the board delay action on the regulation for further discussion with stakeholders or adopt the regulation with the proposed amendment, as proceeding without it would be detrimental to Saint Rose.

- Jake Cafferata (ASL Training): Highlighted concerns regarding proposed regulations. He noted that the removal of Section 9, which dealt with public notice for complaints, creates barriers for individuals wanting to file complaints. He expressed particular concern about Section 16, which allows outdated training courses created in 2021 to remain valid for three years after the new regulations are approved, prioritizing industry needs over up-to-date information essential for patient care. Cafferata criticized the regulations for neglecting critical topics such as health care disparities and social determinants of health, arguing they undermine efforts to protect marginalized patients and their families. He asserted that the regulations prioritize industry interests over patient advocacy and noted discrepancies in training requirements, pointing out that while Saint Rose can deliver cultural competency training in 90 minutes, he has been required to provide a nine-hour course, putting him at a disadvantage. Overall, he called for more focus on patient-centered training standards.
- Ricardo Rubalcava Paredes (AHEC): AHEC is dedicated to promoting health equity and cultural competency in Nevada. They collaborated with Senator Spearman on legislation and launched a cultural competency training program in partnership with the Nevada Primary Care Association to address the needs of the state's diverse patient population. Regarding the proposed regulations, AHEC emphasizes the importance of maintaining comprehensive training that covers current competency areas. In response to concerns about the costs and time commitment of mandatory training, AHEC has adapted its approach by developing a "train-the-trainer" program and making self-paced training options available for license. These initiatives allow health facilities to effectively implement required training while maintaining compliance.
- Blaine Osborne (Nevada Rural Hospital Partners): Expressed agreement with the comments offered by the Nevada Hospital Association and Dignity Health.
- Jessica Munger (Silver State Equality): Urged the board to reconsider any reductions in cultural competency training and accountability, emphasizing the negative impact on public health, particularly for LGBTQ+ individuals, including gender-expansive and transgender populations. Ms. Munger highlighted that many in these communities avoid seeking healthcare due to discrimination, misunderstanding, and poor treatment from providers. Munger argues that reducing training will lead to less competent healthcare providers and further marginalize these groups, worsening health disparities

attributed to a lack of cultural understanding, stressing that even minor adjustments to training requirements can significantly harm underserved communities. While some may focus on cost-saving measures, Munger emphasizes that maintaining and enhancing cultural competency standards is crucial for the health and safety of LGBTQ+ Nevadans, as inadequate training can lead to negative health outcomes and increase distrust in healthcare providers. They call for a commitment to retaining and improving training standards to ensure providers are equipped to serve all patients effectively.

- Dorothy Domingo (ECHO): Addressed concerns about the impact of cultural competency training requirements on providers and their staff, highlighting that many training programs are online and may not be suitable for staff, who are often older and may lack technical skills. Despite having extensive training requirements, the quality of care remains low, and the industry faces a caregiver crisis. Domingo argues that excessive regulations deter potential investors, limiting the growth of care homes despite the state's increasing population. She emphasizes the need for balanced, sensible compliance rather than simply adhering to stringent regulations that do not necessarily lead to better care for vulnerable populations. She urges the board to consider the real-world implications of their policies rather than just what appears effective on paper.
- Felipe Albeza (Representative with ECHO): Shared their experience as a small business caring for Alzheimer's patients since 2010, noting they have never received complaints about discrimination based on pronouns or gender identity. Recently, they faced a citation for not providing annual cultural competency training, even though their staff was trained the previous year. Albeza expressed concern that asking certain questions related to gender identity can be perceived as insensitive, especially for their elderly residents, who may not understand the inquiries. Expressed that respect should be inherent in all interactions and emphasized the importance of being sensitive to individuals' backgrounds. Overall, Albeza wanted to assert that their facility is inclusive and does not discriminate against anyone.

7. Concluding Remarks

- Dr. Pennell closed the period for public comment after there were no more brought forward. Dr. Pennell called for a motion on the item, but Dr. Murawsky interjected to ask Mr. Shubert **what the “...justification for the three-year approval process” was and to clarify on whether already approved content would be considered compliant going forward until that three-year period was up.**
 - Mr. Schubert responded that, while the three-year requirement was arbitrary (as described in the first public comment by Mr. Wadhams), the HCQC bureau felt that it was an “amount of time wherein things change within our environment or our culture” and so that those changes may be recognized within that period. Shubert went on to say that it is the bureau's intent to continue approval for the next three-year period for programs that have already been approved to meet requirements and statute.

- After, Dr. Pennell called for further questions and Mr. Cartwright went forward to ask (based on the public comment from Allison Genko), that as Saint Rose has an already approved program, why would 30 minutes need to be added?
 - Shubert responded that, the bureau's decision was based on the need to create a balance from the information received through the Public Workshop that was hosted.

DR. PENNELL REQUESTED A MOTION ON **LCB FILE NO. R004-24RP1 AMENDING THE NEVADA ADMINISTRATIVE CODE (NAC) CHAPTER 449**. MR. CARTWRIGHT MADE A MOTION TO APPROVE ADOPTION OF THE PROPOSED REGULATION WITH THE PROPOSED CHANGES BY DIGNITY HEALTH TO SECTION 11 OF R004-24RP1.

- At this time, another question from Dr. Murawsky was brought forward requesting clarification from Mr. Schubert regarding his earlier answers. The question posed asked that, if post approval of the regulation, without the errata presented by Saint Rose, would Saint Rose still be able to continue delivery of their current training program for the next three years?
 - Shubert responded that yes, the intention is to allow already approved training programs to continue and be considered in compliance for the three-year period post adoption of the regulation. However, once the three-years has passed they would need to make adjustments to the program in order to comply with the 2-hour requirement. Mr. Shubert also wanted to present that a small erratum was proposed by the agency as well for consideration.
- Dr. Pennell called for a 5-minute recess for confirmation with the Deputy Attorney General. Upon return the DAG requested another roll call; quorum was re-confirmed and the meeting called back to order.

THERE WAS NO SECOND TO THE MOTION AS ON TABLE. THE MOTION AS STATED DIED.

- Dr. Pennell then asked Mr. Shubert to explain the two errata proposed, the one from Dignity Health, and the other from the division.
 - Mr. Shubert went on to explain that the errata for Section 11 as presented by Dignity Health seeks to remove the requirement for how long the initial training should be, allowing them "... to continue their already approved program that is 90 minutes that meets the requirements.". Then continues with the errata presented by the HCQC division for section 13, which would remove the language "one of" or "each of" and instead requiring that all the requirements within statute are part of the training to assure all programs approved are in compliance with the law.
- Dr. Pennell then asked Mr. Cartwright to re-state his earlier questions. Carwright re-phrased the question as, "...why are we adding arbitrary time limits to a program that already has been deemed to meet the statutory requirements?"
 - Schubert responded stating that the intent was to establish a specific, minimum time-frame as based on existing language in the statute; but the three-year timeframe as presented is arbitrary in recognition that the courses can be conducted in a lesser time frame and still meet all requirements such as the course from Saint Rose.
- Dr. Pennell opened the period for other board members which had questions or comments to Mr. Shubert. One such question was brought forth by Dr. Murawsky for clarification that, any institution with an already approved training may continue to utilize

that training and employees would be in compliance, then in three years when re-applying would need to make the shift to the new requirements?

- Mr. Shubert answered yes, they would be able to continue their current training curriculum as of now, but in three-years, to be re-approved, they would need to make adjustments to add 30-minutes to be compliant with the biennial requirement of two hours for retraining. Shubert then recommended the board adopt the amendment from Dignity for more clarity, and suggested seeking guidance from the DAG how to ensure the language is clear for facilities and the division going forward.
- Ms. Tackes stated, for clarification, her understanding of the question brought to her being what the effect of compliance would be depending on whether the errata from Dignity is adopted or not, and to include Dr. Murawsky's question, that if the time-limit is removed then Saint Rose is still in compliance, if not removed they will need to use the next-three years to come into compliance. Meaning, they will not be out of compliance initially, but will need to update their training to be in compliance after the three-year time period.
- Mr. Shubert in response stated that adopting the errata from Dignity Health may help clarify the language of the amendment which would ensure Saint Rose, and other facility's presented programs, would remain in compliance regardless of the time frame for initial training, which is set at an arbitrary time frame, but then for subsequent training would need to retain the two-hour minimum.

DR. MURAWSKY MADE A MOTION TO APPROVE ADOPTION OF THE PROPOSED REGULATION WITH ACCEPTING THE ERRATA AS PROPOSED BY DIGNITY HEALTH AND THE ERRATA AS PROPOSED BY THE DEPARTMENT OF PUBLIC AND BEHAVIORAL HEALTH. THE MOTION WAS THEN SECONDED BY MR. SMITH, AND THE MOTION TO ADOPT THE PROPOSED REGULATION PASSED UNANIMOUSLY.

8. ACTION ITEM: Consideration and Possible Adoption of Proposed Regulation Amendment LCB File No. R055-24, reflecting an amendment to omit a statement that will best align with the Governor's Executive Order for Regulations to the Application for Certification of a detoxification technician in NAC 458.342.

Presenter: *Stephanie Cook, Deputy Bureau Chief, Behavioral Health and Wellness Program, DPBH*

Note: Stephanie Cook is presenting on behalf of the Bureau Chief, Shannon Bennett.

Summary of Discussion:

1. Introduction of Proposed Regulations

Ms. Stephanie Cook presented the proposed regulation reflecting an amendment to omit a statement in NAC that will best align with the Governor's Executive Order for Regulations to the Application for Certification of a detoxification technician in NAC 458.342., highlighting that the proposed regulations are in response to the Governor's Executive Order 2023-003, wherein state agencies were asked to review their regulations and consider removing certain regulations deemed unnecessary to streamline their processes.

2. Background and Intent

- The Bureau certifies substance use prevention and treatment programs and introduced the certification for detoxification technicians in 2015. Detoxification technicians play a crucial role in 24/7 residential treatment and withdrawal treatment by screening and monitoring clients through the detoxification period.
- The proposed changes aim to enhance the efficiency of the certification process, while maintaining safety and compliance standards, by removing the requirement for a complete set of fingerprints for criminal history records as outlined in NAC 458.342.

3. Details on Proposal

- Request is for the removal of fingerprint requirement as current Regulation: NRS 458.342 mandates fingerprints for background checks.
- The Deputy Attorney General advised that, “because the authority to seek background checks does not exist in statute, the program is unable to access background checks conducted under this regulation and thus the program does not utilize this section.”
- Further feedback from the Bureau’s branch agencies indicate that this process is redundant as the agency already conducts an initial background check on individuals prior to hiring.

4. Concluding Remarks

- In removal of this requirement, the individual applying for a detoxification technician would only need to submit documentation that confirms a background check was completed.
- Individual’s information should meet the same criteria in which a person may be deemed eligible for hire, as used in other certification instances.
- The certifying agency will be tasked with maintaining records with any background documentation for their employees.

Dr. Pennell asked for questions or comments from the Board, no questions were brought forward.

Dr. Pennell then opened the floor for public comment. No public comments were heard.

DR. PENNELL REQUESTED A MOTION ON AGENDA ITEM #8, **LCB FILE NO. R055-24 AMENDING THE NEVADA ADMINISTRATIVE CODE (NAC) CHAPTER 458.342.**, MR. SMITH MADE A MOTION TO APPROVE ADOPTION OF THE PROPOSED REGULATION AS SUBMITTED. THE MOTION WAS THEN SECONDED BY MR. CARTWRIGHT, AND THE MOTION TO ADOPT THE PROPOSED REGULATION PASSED UNANIMOUSLY.

9. ACTION ITEM: Consideration and Possible Adoption of Proposed Regulation Amendment of Chapter 228 of Nevada Administrative Code (NAC), LCB File No. R121-24, to establish fees for the licensing and regulation of domestic violence treatment programs.

Presenter: Leticia Metherell, RN, CPM, Health Program Manager III, Bureau of Health Care Quality and Compliance, DPBH

Summary of Discussion:

1. Introduction of Proposed Regulations

Ms. Leticia Metherell presented the proposed regulations reflecting an amendment to establish fees for the licensing and regulation of domestic violence treatment programs.

2. Background and Intent

- Proposed regulations will introduce licensing fees for domestic violence treatment programs, which currently have no fees.
- Fees are based on feedback from small business impact questionnaires and public workshops, indicating minimal financial impact on the industry.

3. Small Business Impact Study and Public Workshop Recommendations

- Small Business Impact Study questionnaires were sent to programs for domestic violence treatments. Results showed that there would be a financial impact to programs as currently there is no existing fee and post-adoption of the regulations will require these programs to pay the applicable fees.
- The division also held two public workshops, one on April 2nd of this year, the other on July 31st of this year. At both workshops, there were questions and clarifications requested regarding the fees; however, there was no verbal or written comment from the public indicating the proposed regulations would pose a financial hardship on these programs.

4. Details on Proposal

- Section 1 would establish a \$598 fee for the initial application, a \$245 fee for an abbreviated application to operate another program, and a renewal fee of \$299 per year. This section also establishes a \$150 fee for certification of a program located out-of-state with an additional renewal fee of \$75 per year.
- Section 2 of the regulations would establish a \$39 processing fee pursuant to this section with an additional fee of \$39 for programs who notify the division of any required changes made after more than 30 days.

5. Concluding Remarks

- Staff recommends the adoption of the proposed regulations as submitted under LCB File No. R121-24.

Dr. Pennell asked for questions or comments from the Board, no questions were brought forward.

Dr. Pennell then opened the floor for public comment. No public comments were heard.

DR. PENNELL REQUESTED A MOTION ON AGENDA ITEM #9, **LCB FILE NO. R121-24 AMENDING THE NEVADA ADMINISTRATIVE CODE (NAC) CHAPTER 228**, DR. MURAWSKY MADE A MOTION TO APPROVE ADOPTION OF THE PROPOSED REGULATION AS SUBMITTED. THE MOTION WAS THEN SECONDED BY MR. SMITH, AND THE MOTION TO ADOPT THE PROPOSED REGULATION PASSED UNANIMOUSLY.

10. ACTION ITEM: Consideration and Possible Adoption of Proposed Regulation Amendment of Chapter 652 of Nevada Administrative Code (NAC), LCB File No. R145-23, to revise current language that refers to completing applications for laboratory licensing or laboratory personnel licensing or certification.

Presenter: Bradley Waples, Health Facilities Inspection Manager-Medical Laboratory Services, Bureau of Health Care Quality and Compliance, DPBH

Summary of Discussion:

1. Introduction of Proposed Regulations

Mr. Bradley Waples presented the proposed regulation reflecting an amendment to revise current language that refers to completing applications for laboratory licensing or laboratory personnel licensing or certification.

2. Background and Intent

- Proposed regulations were drafted to update the language for NAC Chapter 652, outlined as follows:
 - Inclusion of licensed optometrists as recognized laboratory directors.
 - Updates to qualifications for laboratory personnel.
 - Updates to the laboratory application submission process and requirements.
 - Removal of doctoral degree requirement for laboratory technician certification.
 - Allow licensure retainment for current license holders previously approved.
 - Update qualifications for laboratory directors.
 - Adjustment of certification qualifications for histotechnologists.
 - Reduction of the maximum temporary employment period.
 - Updates to the application completion timeline.
 - Addition of molecular biology certification as an acceptable qualification.
 - Repeal of regulation 652.600.

3. Details on Proposal

- The proposed regulation changes were drafted to align state regulations with upcoming federal Clinical Laboratory Improvement Amendments (CLIA) requirements, effective December 31, 2024, and Governor Lombardo's executive order 2023-003, with a focus on qualifications for laboratory personnel.
- Section 1 clarifies requirements for laboratories regarding application submissions, name changes, and methodology changes.
- Sections 2 – 7, 17, and 23 – 25 update application submission language to specify online forms, aligning with current practices.
- Sections 8, 9, 11, and 12 propose removal of the educational doctoral degree requirement for clinical laboratory technologist certification, aligning with federal guidelines.
- Section 26 allows current license holders with previously acceptable qualifications to retain their licensure if other criteria are met.
- Sections 8 and 9 update qualifications for laboratory directors, recognizing certification from the American Society of Clinical Pathologists for high complexity testing.
- Section 10 adds licensed optometrists as qualified laboratory directors of laboratories for laboratories performing FDA-waived tests pursuant to NRS 652.210.
- Sections 13 and 14 adjust qualifications for histotechnologists and technicians to reflect changes in certification processes. Section 16 adds that persons qualified for a Point of Care Analyst certification would be those who are enrolled in a practical School of Nursing or graduated pending the results of their licensing examination scheduled by the Board of Nursing.

- Section 17 reduces the maximum temporary employment period from 12 months to 6 months. In addition, Applicants will have 30 days to submit any missing documentation.
- Section 18 updates language to address that laboratory directors are responsible for ensuring testing personnel also meet federal CLIA requirements **found in code 42 of the Code of Federal Regulations 493.**
- Section 19 updates what information is provided in notice to person holding a laboratory personnel certification or licensure for the renewal of their certification.
- Section 20 adds molecular biology certification as an acceptable qualification.
- Section 27 repeals NAC 652.600, which has not been utilized in over 12 years, in accordance with Governor Lombardo's executive order 2023-003.

4. Concluding Remarks

- In removal of this requirement, the individual applying for a detoxification technician would only need to submit documentation that confirms a background check was completed.
- Individual's information should meet the same criteria in which a person may be deemed eligible for hire, as used in other certification instances.
- The certifying agency will be tasked with maintaining records with any background documentation for their employees.
- Staff recommends the adoption of the proposed regulation amendments, LCB File No. R145-23.

Dr. Pennell asked for questions or comments from the Board, no questions were brought forward.

Dr. Pennell then opened the floor for public comment. No public comments were heard.

DR. PENNELL REQUESTED A MOTION ON AGENDA ITEM #10, **LCB FILE NO. R145-23**

AMENDING THE NEVADA ADMINISTRATIVE CODE (NAC) CHAPTER 652, MR.

CARTWRIGHT MADE A MOTION TO APPROVE ADOPTION OF THE PROPOSED REGULATION AS SUBMITTED. THE MOTION WAS THEN SECONDED BY MR. SMITH, AND THE MOTION TO ADOPT THE PROPOSED REGULATION PASSED UNANIMOUSLY.

11 & 12. ACTION ITEM: ELECTION OF BOARD CHAIR, AND BOARD VICE CHAIR:

For purposes of the Open Meeting Law, the two board members experiencing technical difficulties are unable to participate and will not be counted towards quorum.

Dr. Pennell elected to pull items 11 & 12 for next meeting where board is fully present.

13. RECOMMENDATIONS FOR FUTURE AGENDA ITEMS. – State Board of Health Members

Dr. Pennell asked for questions or comments from the Board, no questions were brought forward.

Dr. Pennell then opened the floor for public comment. No public comments were heard.

14. GENERAL PUBLIC COMMENT

Dr. Pennell asked for questions or comments from the Board, no questions were brought forward.

Dr. Pennell then opened the floor for public comment. No public comments were heard.

15. ADJOURNMENT

Chairperson, Jon Pennell adjourned the meeting at 2:31 p.m.

DRAFT