

Joe Lombardo
Governor

Richard Whitley,
MS
Director



Cody Phinney,
MPH
Administrator

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

DRAFT STATE BOARD OF HEALTH
with the DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)
MEETING MINUTES
March 7, 2025
9:00 AM to Adjournment

Meeting Locations:

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

Physical 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

Virtual Information:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZWEINGZjMDAtM2JmZi00NjVjLWExMzYtNTRjZDFkZGRmY2Iz%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22768e443d-3be6-48f0-9bb0-7e72f1276b8d%22%7d

Phone Conference Number: +1-775-321-6111

Phone Conference ID: 679 573 018#

1. CALL TO ORDER/ROLL CALL

Board Members Present:

- Dr. Jon Pennell D.V.M, Chair
- Dr. Jeffery Murawsky M.D.
- Dr. Monica Ponce D.D.S
- Mr. Charles Smith
- Mr. Nathan Cartwright

Quorum was present.

Members Absent:

- Ms. Jennifer Belza-Vinuya

Others in Attendance:

Julia Peek (*DPBH*); Faythe Baltisberger (*DPBH*); Kelli Knutzon (*DPBH*); Andria Cordovez Mulet (*SNHD*); Bill Gorman (*DPBH*); Justin Haghighi (*DPBH*); Claude Wise (*UHS*); Kevin Haywood (*DPBH*); Brooke Maylath (*DPBH*); Doris F. Litman (*DPBH*); Irene Griffith-Thomas (*DPBH*); Cole Merrill (*External*); Rebecca Heidker (*DPBH*); Christopher Cordero (*UHS*); Sheralyn Hohman (*DPBH*); Brooke Conway (*UNLV*); John Follette (*DPBH*); Kelvin Rodriguez (*DPBH*); Devin Aschoff (*External*); Trinity Thom (*Carson City*); Steve Gerleman (*DPBH*); Tedd McDonald, MD (*CNHD*); Linda Anderson (*NPHF*); John Mittelman (*DPBH*); Amber Hise (*DPBH*); Aaron Wilson (*External*); Elyse Monroy-Marsala (*Carson City*); Lorain Orosco (*DHCFP*); Scott Weiss (*UHS*); Yvette Chapman (*DPBH*); Tim Keeler (*SimonMed, LLC*); Christina Burkhart (*SimonMed, LLC*); Mandeep Kaur (*Roots Indian Rest. & Bar*); Janice Hadlock-Burnett (*DPBH*); Bobbie Sullivan (*DPBH*); Mark Ports (*DPBH*); Teresa Hayes (*DPBH*); Nicki Aaker (*CCHHS*); Michael Kupper (*DPBH*); Jeanne Freeman (*CCHHS*); Courtney Leverty (*DAC*); Dr. Chad Kingsley (*NNPH*)

2. GENERAL PUBLIC COMMENT:

Chair opened the floor for public comment; No comments were heard at this time.

3. ACTION ITEM: DISCUSSION AND POSSIBLE APPROVAL OF MEETING MINUTES FROM JANUARY 17TH, 2025.

Chair Pennell asked for any comments or corrections from board members; no additional comments were heard. Chair opened the floor for public comment; No comments were heard at this time. Chair then asked for a motion.

MOTION: Mr. Smith made a motion for approval.

SECONDED: The motion was seconded by Dr. Murawsky.

PASSED: Passed unanimously.

4. INFORMATION/DISCUSSION ONLY: 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:

- a) The district's strategic improvement plan and community needs assessment, contracted through Arc Dome, has been completed. During the development stage, the district received input from multiple sources such as staff, town hall meetings, key informant interviews with community partners, as well as feedback from city leadership. The resulting plans were first presented to the Carson City Board of Health on March 6th, 2025, with a period for edits and objective dates to be presented at the next State Board of Health meeting in June for approval.
- b) The Environmental Health Division manager position remains open for recruitment.
- c) Some successes the district had during 2024 were highlighted:

1. Within the district's surveillance area (listed as the Carson City, Douglas, and Lyon counties), Epidemiology staff were able to provide treatment to four pregnant individuals for syphilis, which led to the prevention of congenital syphilis.
 2. Staff conducted 51 flu and COVID vaccination events around the quad county region (which includes Storey County in addition to the previously listed surveillance area counties).
 3. In 2024, the district's family planning clinic has seen an increase in the number of patients; however, the number of visits continues to decline. The district has been researching possible causes.
 4. The district's long time Advanced Practice R.N. retired in May of 2024 and training of the new APR.N. is near completed, with a slight delay due to the lengthy insurance credentialing process.
 5. The number of vaccinations has fluctuated over the last 5 years with an increase in 2024 compared to 2023; however, the number is still below what was recorded in 2020.
 6. The district's grant-funded Tobacco Control and Prevention program has been used to give presentations to high school students in the quad county area on the dangers of Tobacco use, vaping, and opioids. Funding for the program comes from the CDC Tobacco Control and Prevention grant, SB118 & public funding, and a grant received from the Governor's Office for opioid use prevention.
 7. The district is in the process of negotiating a contract with Douglas County for the district to continue providing environmental health services to the area.
- d) Some challenges the district has been facing were outlined:
1. As the district is entirely grant funded, there are concerns among leadership about grant funding from the federal level. Currently, the district is waiting on the provision of two grants starting in April: one directly from the federal level, and a federal grant given to the state which is then sub-granted to the district.
- e) Nicki Aaker also announced she is retiring as of May 29th, 2025 and expressed gratitude for the Board's support during her time.

Dr. Pennell asked if the two grants mentioned were expected to be delivered by this time and have been delayed, and if there has been any contact regarding a timeframe of when funding will be received.

Aaker responded that there has been no communication from the resource officer regarding funding from the federal grants and that district leadership is currently strategizing around a lack of funding in the meantime.

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

Northern Nevada Public Health (Formerly Washoe County Health District)

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

- a) NNPH is currently handling multiple "outbreak level" illnesses effecting the Washoe County area and specifically the Washoe County School District with reports of Influenza as well as RSV and Pertussis mentioned. The county is committed to transparency with the community and, in order to provide more information with ongoing monitoring, have converted the previous online COVID response dashboard resources to a more generalized respiratory diseases focus.

- b) Kinglsey reports advances in the provision of rapid testing for congenital syphilis, having obtained proper equipment as well as CLIA waivers for pregnant clients to be tested and receive treatment as cases continue to rise.

Kinglsey concluded with a remark that overall, the district is seeing a stable and continued growth.

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

Southern Nevada Health District

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

- a) On January 14th an open house was hosted to showcase the expansion of the Southern Nevada Behavioral Health Clinic. The clinic, which is a federally qualified health center, had about 11,000 unduplicated clients last year, with 500 provided to by behavioral health services. The program is able to provide both primary care and integrated behavioral health services which allows the opportunity for patients with co-occurring conditions (i.e. Diabetes and depression or anxiety) to be treated for both at the same time.
- b) With the expansion, the clinic also now has the capability to provide family and couples as well as individuals with therapy sessions, with options for either in-person or online visits. The clinic also now has the ability to address substance abuse counseling with psychiatric evaluations and medication management.
- c) The district held a ground breaking ceremony on February 19th to commemorate the expansion of the Southern Nevada Public Health Laboratory. The lab, established in 2004, is responsible for disease surveillance of over 2.3 million residents and the 40 million plus tourists that live in and move around the area. The lab is expected to be approximately 12,600 square feet, and will enhance the district's capacity for testing, improves response and turn around times, and be able to address emerging health threats and foster academic collaborations. Lab expansion will be crucial going forward as the district is expecting an increased testing demand with the anticipation of Clark County's population to increase by 600,000 by 2035. Some dignitaries in attendance at the ceremony included: Congresswoman Susie Lee, the Southern Nevada District Board of Health Vice-Chair Scott Nelson, North Las Vegas Councilman Scott Black, Henderson Councilwoman Monica Larson, and representatives of the offices of Senator Alexandria Cortez Masto, Senator Jackie Rosen, Congresswoman Susie Lee, and Las Vegas City Councilwoman Shondra Summers-Armstrong.
- d) The district sent out a health advisory notice to providers to bring awareness to the severity of the measles outbreak in Texas among the unvaccinated community there.
- e) The district now has a new medical director for the Southern Nevada Community Health Center, with a dual role as Chief Medical Officer for the Southern Nevada Health District, Dr. Robin Carter. Dr. Carter earned her doctorate of Osteopathic Medicine from Des Moines University in Des Moines, Iowa, and her undergraduate degree from Regis University in Denver, Colorado. Other qualifications include: postgraduate training in family practice as a resident with Garden City Hospital in Michigan.

Dr. Pennell followed up with a question on if there were any dairy farms left in Southern Nevada; Dr. Lockett responded that he would look into it but had no indication in meetings with the Department of Agriculture of any existing.

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

State of Nevada

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

- a) Seasonal Influenza: Activity has started to decrease in Nevada and nationwide, though the current season is described as, “the most severe in 15 years.”, and related ER visits are reportedly higher than previous seasons. The CDC reports that the flu vaccine has significantly reduced hospitalizations and continues to recommend annual vaccinations for eligible persons.
- b) Avian Influenza (H5N1) updates: ER visits due to COVID and RSV are expected to remain low this season; however, there have been 70 confirmed human cases of H5N1 across 11 states, including one case in Nevada. Staff at the Central Nevada Health District were able to early detect this first human case of H5N1 in a dairy farm worker in Churchill County on February 10th. The worker contracted a new variant called H5N1 D1.1 and reported experiencing mild conjunctivitis, though he is now in recovery. In an effort to prevent spread of this new variant, the CNHD tested 20 additional farm workers; however, no other cases were identified. The newly identified D1.1 variant is different from the variant which caused most of the dairy cow outbreaks and other human cases in the U.S. Dr. Azzam states, “Most H5N1 human cases were detected in three western states: California, Washington, and Colorado, with the highest number of 38 human cases and many infected dairy herds.” California declared a state of emergency and since has been able to prevent further spread of the virus. No person to person transmission has been identified by the CDC and immediate risk of the H5N1 virus to the public remains low. The DPBH is continuing to work with healthcare providers to ensure early identification, prompt reporting, and immediate response to any suspected H5N1 case or cases. The Division is requiring that all hospitalized patients with un-subtyped Influenza A positive tests have their specimen subtyped for AH5 at the state lab or other clinical labs.
- c) Texas Measles Outbreak: Starting in late January, as of 4th of March 2025, 159 measles cases have been identified in Texas. 22 of them are severe cases that required hospitalization; and several thousands may have already been exposed. Most of the cases were identified in unvaccinated persons, and so far there has been 1 fatality in a school aged unvaccinated child who required hospitalization due to severe complications from the disease. This was the first child to die from measles this year, and a second unvaccinated adult recently passed away as well. The outbreak is rapidly spreading, primarily affecting the unvaccinated population, and health departments have established drive-through vaccination clinics in an effort to contain it. Unfortunately, as of March 6th, 10 cases were identified in neighboring New Mexico. The virus is considered one of the most contagious, pathogenic biological agents ever discovered, and had been previously declared eliminated in the United States in 2000; however, due to the significant decline in immunization rates among school aged children, measles and many other vaccine preventable diseases are re-emerging. Healthcare providers are urged to be alert when evaluating patients with a history of exposure and/or symptoms consistent with the disease.

Dr. Pennell asked whether the State has its own individual plan for slowing the spread of the bird flu virus, or is it just following the federal program in place.

Dr. Azzam responded that the State is following both the federal plan and an individual plan, which has been updated from its original conception in the early 90s with vigilance and early identification of human cases. Azzam states, “I personally am not satisfied of the federal response because we know that the non-pharmaceutical measures, while

effective, are necessary but insufficient, and in our national polls which we have at least twice a week, we insist that a vaccine has to be available at least to vaccinate individuals who are at higher risk, like dairy farm workers and other individuals who could be exposed.”

Dr. Azzam also notes that the CDC updated the risk for pandemic moderate, and the situation as it seems to be worsening as the virus started with birds and now has transmission between birds and humans and mammals and humans with new variants emerging as well. On a brighter note, the case severity has declined since the 90s when the fatality rate was as high as 50%; and, so far, the only U.S. reported death was infected with the D1.1 variant and had multiple comorbidities, indicating the patient passed away with H5N1, not because of it. There was also a teenage girl in Canada who has severe complications, who has recovered since then. Azzam concludes with a compliment to the Department of Agriculture for their efforts limiting the transmission between cows in the South and cows in the North as the Southern cows had contracted D 13, the original variant, while the cows in the North contracted variant D 1.1 from birds.

Dr. Murawsky followed up with a question regarding the vaccination rates for measles in Nevada and if anything is being done to, “ramp up and capture the unvaccinated populations here?”

Dr. Azzam responds with the theoretical herd immunity rate for prevention being at 94.8%, or closer to 93%, in Nevada; meanwhile, the country overall has a vaccination rate below 80% and some schools in Texas are below a 67% rate.

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

A public comment was presented by Dr. Chad Kinglsey, who provided insight into Northern Nevada Public Health’s experience with the H5N1 virus. The virus was first detected through their wastewater surveillance program, most likely coming from migratory bird’s discharge entering the water system, then it was detected 2-3 weeks later in Northern dairies by the State Department of Agriculture, and 2 weeks later the first human case was identified. Currently, NNPH continues to detect the H5N1 virus in the water systems through their wastewater detection process. Dr. Kingsley emphasized the importance of wastewater surveillance within the community as their program identified the disease before the Department of Agriculture detected it 3 weeks later; the same results were seen in cases with COVID previously. The district continues to monitor the diseases detected in Northern wastewater systems and plans to issue a travel advisory for the community to be up to date on the MMR vaccine for the upcoming spring break period.

Dr. Pennell praised the district for its vigilance and early detection and expressed appreciation for the insight into the detection process.

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:

- a) On the avian flu epidemic, currently the district is performing daily symptom monitoring for around 100 individuals working on dairy farms in the area. Churchill County has 14 of the 18 big dairies, all of which are being evaluated on a constant basis with meetings held twice a week in collaboration with the Nevada State Department of Agriculture, the USDA, the CDC, and the Nevada State Health Department. The county laboratory now has the capability to perform testing within 4 hours to determine whether samples contain the more regular seasonal flu, or if the H5N1 strain is detected. These rapid result tests can

then be quickly sent off for subtyping and determination of which mutation is present. The district is doing symptom surveillance for exposed individuals, providing PPE, testing and treatment with an antiviral treatment for close contacts of individual affected workers. CNHD has sent out various public notices in the community regarding the measles outbreak in Texas and other respiratory virus information; and, especially, in the case of agriculture workers, instructions regarding how to prevent and avoid contracting the H5N1 virus.

- b) The district has been treating an active tuberculosis case. The individual's contacts have been tested and returned negative, so they are moving forward with treatment and protocols as established by the State of Nevada and CNHD.
- c) The seasonal flu has been more intense this period than in the past; the district has had 4 individuals pass away from the flu or complications incurred by the flu. Dr. McDonald noted that none of the 4 individuals were vaccinated. 2 of the individuals were over 65 with respiratory issues, another 65 with respiratory issues, and another younger adult in their 40s that had multiple comorbidities.
- d) Dr. McDonald expressed gratitude to Dr. Kinglsey and NNPH for their assistance and collaboration in the improvement of district services as they (CNHD) continues to grow.
- e) Discussions have begun with the Burning Man Organization regarding fees for services, of which have not been changed since 2003. The district expects to provide a report proposal on fee changes to the CNHD Board of Health at their next meeting in April and will pass the informational report on to the State Board of Health as well.

There were no questions or comments heard from board members at this time, and no motions were made.

5. ACTION ITEM: CONSENT AGENDA FOR APPROVAL

- a. Review and Approval of the CareFlight Compliance Agreement – *Bobbie Sullivan, Program Manager, Emergency Medical Services, DPBH*
- b. Discussion and Possible Approval of Candidate Appointment of Michael C. Randall to the Nevada EMS Advisory Committee, as a member representing an employee of an organization that provides air ambulance emergency medical services whose duties are closely related to such emergency medical services per NRS 450B.151(1) - *Bobbie Sullivan, Program Manager, Emergency Medical Services, DPBH*
- c. Discussion and Possible Approval on Variance #777 regarding requirements of NAC 450B.384, requesting approval to allow Paramedics employed by Applicant to perform prehospital Tube Thoracostomy, submitted by Rob Bryant, M.D. on behalf of Classic Air/MedX - *Bobbie Sullivan, Program Manager, Emergency Medical Services, DPBH*
- d. Discussion and Possible Approval on Variance #775 regarding Guidelines for Design and Construction of Hospitals requirements of NAC 449.3154(2), submitted by Spring Mountain Sahara – *Steve Gerleman, Health Facilities Inspection Manager, Health Care Quality and Compliance, DPBH*
- e. Discussion and Possible Approval on Variance #778 regarding Toilet Rooms: Number and Accessibility requirements of NAC 446.582(2), submitted by All Points Grill – *Mark Ports, Public Health Rating and Survey Officer, Environmental Health Services, DPBH*

- f. Discussion and Possible Approval on Variance #779 regarding Toilet Rooms: Number and Accessibility requirements of NAC 446.582 (2), submitted by Roots Indian Restaurant - *Mark Ports, Public Health Rating and Survey Officer, Environmental Health Services, DPBH*
- g. Discussion and Possible Approval on Variance #780 regarding Guidelines for Design and Construction of Hospitals requirements of NAC 449.3154 (2), Section 2.5-2.5.2.7 "Bathing Facilities" submitted by Northern Nevada Medical Center – *Michael Kupper, Acting Health Facilities Inspection Manager, Bureau of Health Care Quality and Compliance, DPBH*
- ~~h. Discussion and Possible Approval on Variance #782 regarding Scope of practice for radiologist assistants and persons who hold licenses or limited licenses requirements of NAC 653.400(1)(c) submitted by SimonMed Imaging, LLC – *John Follette, Manager, Radiation Control Program, Bureau of Health Protection and Preparedness, DPBH*~~
- i. Review and Approval of the Skin and Cancer Institute – Henderson Compliance Agreement – *John Follette, Manager, Radiation Control Program, Bureau of Health Protection and Preparedness, DPBH*
- j. Review and Approval of the Skin and Cancer Institute – Centennial Compliance Agreement – *John Follette, Manager, Radiation Control Program, Bureau of Health Protection and Preparedness, DPBH*
- k. Review and Approval of the Pahrump Dermatology and Skin Cancer Compliance Agreement – *John Follette, Manager, Radiation Control Program, Bureau of Health Protection and Preparedness, DPBH*

As discussed pre-hearing, Dr. Murawsky requested Consent Agenda item H be pulled from the list to be deliberated and discussed as a separate action item.

Chair Pennell asked if there were any other requests for items to be pulled by members; none were heard. Chair then asked for any public comments; with none heard, chair then asked for a motion on the consent agenda minus item 8 to be heard separately.

MOTION: Dr. Murawsky made a motion to approve the consent agenda minus item 8.

SECONDED: The motion was seconded by Mr. Cartwright.

PASSED: Passed unanimously; there was no further public comment.

CONSENT AGENDA ITEM H: DISCUSSION AND POSSIBLE APPROVAL ON VARIANCE #782 REGARDING SCOPE OF PRACTICE FOR RADIOLOGIST ASSISTANTS AND PERSONS WHO HOLD LICENSES OR LIMITED LICENSES REQUIREMENTS OF NAC 653.400(1)(C) SUBMITTED BY SIMONMED IMAGING, LLC – JOHN FOLLETTE, MANAGER, RADIATION CONTROL PROGRAM, BUREAU OF HEALTH PROTECTION AND PREPAREDNESS, DPBH

Presenter: John Follette, Radiation Control Manager (*DPBH – Radiation Control Program*)

Summary: Follette starts by explaining the process of remote CT, where 1 CT Technologist is at a remote location and a technician qualified in radiological imaging is at the imaging location. During a regular CT procedure, there is a Radiological Technologist that conducts a CT exam within a facility. Follette notes that there is a large shortage of CT technologists in Nevada, and

this new remote CT technology would allow a CT tech to remotely operate setting the parameters for a CT exam. The variance submitted by SimonMed requests to allow CT technologists with the company to be at a remote location during a procedure, where they would set the parameters for the exam. The CT technologist will be in contact, both visually and audibly, communicating with the qualified technician at the imaging site with the patient. The technician will be trained to the same level as a CT technologist for the tasks they perform. The technician will prepare the patient for a CT exam, and if anything goes wrong they will be able to intervene.

Follette states that the program has approved this variance previously for another registrant, then asks for questions from the Board.

Dr. Murawsky, who had the item pulled, expresses that since a similar variance has already been granted what is being done to amend the NAC to accommodate the emerging technology. Murawsky expresses that he is fully supportive of and believe it's the right thing to do to allow for this kind of practice for all services that would be able to provide this. Murawsky stated, "It sounds like we're moving past variance into regulatory change or at least administrative code change."

Follette responds that the program has already requested and gained approval for the authority to revise the regulations and are in the process of drafting the regulations to be submitted after July 1st.

Murawsky asks if the Board can expect to see that (the regulation) submitted in the fall.

Follette states that he is unsure when the program will be able to get the regulation in for review; currently, the plan is to get the regulation drafted after July, to then be able to go through the process of gathering information and public comments.

Murawsky thanks Follette for the information, stating he wanted to make sure that a regulation is drafted because, "this appears to be something where we're now in a trend [of] basically approving variances to get around an NAC that hasn't evolved the way it need[s to]."

Chair asks for other questions or comments from board members.

Mr. Cartwright takes the opportunity to ask if the approval of this variance should be less than the standard 10 years, which Dr. Murawsky steps in to add that due to the regulation in progress which would remove the need for the variance. Murawsky adds that he would support an amendment to the length of the variance and asks the DAG present, if this regulation would just be a change to the NAC or if there would need to be changes made to the NRS?

The DAG in attendance, Courtney Leverty, advises that it would be up to the program as they are working with an outside counsel with regard to the regulation; though, she suggests a 3 year amendment due to the ongoing legislative session as it might need a length of time to be modified and adopted by the legislature.

MOTION: Dr. Murawsky made a motion to approve the variance case number 782 for SimonMed Imaging with staff recommendation for a period of three years, with the condition the applicant will implement the compliments in attachment B.

SECONDED: The motion was seconded by Mr. Cartwright.

Chair Pennell asks if the Board has any additional discussion or comments; with none heard Chair then opens the floor to public comments. There was no public comment.

PASSED: Passed unanimously.

6. **ACTION ITEM: DISCUSSION AND POSSIBLE ACTION TO ELECT A BOARD OF HEALTH CHAIR FOR A TERM OF TWO YEARS, PER BOARD OF HEALTH BYLAWS – STATE BOARD OF HEALTH MEMBERS**

Due to conflict of interest, Dr. Pennell passes the position to Dr. Murawsky for purposes of nomination and election. Dr. Murawsky nominated Dr. Pennell for a continued service term of another two years, stating he believes Dr. Pennell has done an outstanding job and would appreciate his continued service if he was willing. Dr. Pennell responds he would be happy to if the board agrees.

Dr. Murawsky, as acting Chair for this item, opened the floor to any public comment on the nomination of Dr. Pennell as Chair. No public comments were heard. Dr. Murawsky extended the floor to the board for any comment. With none heard, Dr. Murawsky called for a vote on action item 6 to elect Dr. Pennell as chair for another term of two years.

PASSED: Vote passed unanimously.

7. **ACTION ITEM: DISCUSSION AND POSSIBLE ACTION TO ELECT A BOARD OF HEALTH VICE-CHAIR FOR A TERM OF TWO YEARS, PER BOARD OF HEALTH BYLAWS – STATE BOARD OF HEALTH MEMBERS**

Dr. Pennell nominated Dr. Murawsky for a continued service term of another two years, stating he believes Dr. Murawsky has been outstanding and in the way he contributes to this board. Dr. Murawsky responds he would be honored to if the board agrees.

Chair opened the floor to any public comment on the nomination of Dr. Murawsky for Vice Chair. No public comments were heard.

SECONDED: The motion was seconded by Mr. Cartwright.

PASSED: Passed unanimously.

8. **INFORMATION/DISCUSSION ONLY: PRESENTATION AND UPDATE OF THE NEVADA STATE ENVIRONMENTAL COMMISSION – CHARLES SMITH, STATE BOARD OF HEALTH MEMBER**

Presenter: Mr. Charles Smith, Board Member (*State Board of Health*)

Summary: A verbal report was presented by Mr. Charles Smith, along with a written report attached in meeting packet. Points that were highlighted include:

- a) Report Item 3: Regulatory Petition R138-24
Mr. Smith commended the Bureau of Air Quality Planning and Nevada Energy for their plan which will reduce haze in the area while being able to continue operation of the power plants that they had planned foreclosure of there.

b) Report Item 4: Regulatory Petition R144-24

Mr. Smith also wanted to recognize the efforts of the Bureau of Air Quality, again, in their efforts to begin providing incentives for the conversion of fossil fuel vehicles to more clean, green energy. They've worked on a number of programs for converting commercial vehicles and buses. These programs are open to both public and private entities.

c) Report Item 5: Regulatory Petition R161-24

The state has been receiving more hazardous materials in from California, so amendments were added to revise hazardous materials regulations. This allows opportunities for private companies and provides resources for the recycling of these materials.

Mr. Smith concluded with an anecdote about a conversation with his 12-year-old daughter who asked him about his role within the Department of State Environmental Commission and, after explaining about 'waste materials' she asked, "Are you going to do anything about all the space junk?" He stated his response was that he thought it was "a little bit outside of our opportunities, but certainly a good question." Mr. Smith then opened the floor for question from board members.

Dr. Murawsky thanked Mr. Smith for his service on the committee, and commented that, regarding item 7 (that is, report item 5), he's pleased to hear waste rule changes were made to address the issues. Murawsky stated, "California has some very aggressive waste programs going in place and I'm sure we'll see Nevada consider as things and I think this sets us up for success."

No other questions or comments were heard.

9. ACTION ITEM: RECCOMENDATIONS FOR FUTURE AGENDA ITEMS

Dr. Murawsky reiterated wanting to see the NAC changes for the Radiation Safety Board come back on the board's agenda, preferably before the end of the year, even if just to receive an update on progress.

10. GENERAL PUBLIC COMMENT:

Chair opened the floor for public comment; No comments were heard at this time.

11. ADJOURNMENT

With nothing further, chair adjourned the meeting at 10:01am.