

NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
RADIATION CONTROL PROGRAM  
RADIATION THERAPY AND RADIOLOGICAL IMAGING ADVISORY COMMITTEE  
MEETING MNUTES  
DECEMBER 4, 2023

Division of Public and Behavioral Health attendees:

John Follette, Program Manager, Radiation Control Program, Las Vegas  
Yvette Chapman, Supervisor, Radiation Control Program, Las Vegas  
Corey Creveling, Supervisor, Radiation Control Program, Carson City  
Ron Woodburn, Supervisor, Radiation Control Program, Carson City  
Bill Gorman, Administrative Assistant III, Radiation Control Program, Las Vegas  
Rebecca Davis, Health Program Manager, Radiation Control Program

Advisory Committee attendees:

Dr. Jason Jeager  
Dr. Vijay Sekhon  
Tatianna Gesundheit  
Jeremy Mangum  
Afton Heinzen  
Rowena Copeland

Meeting commenced at 12:30pm Microsoft TEAMS and teleconference phone number 1-775-321-6111  
Conference ID: 338 034 517#.

Beginning of Meeting

Bill Gorman: I just want to let everyone know that this is a recorded meeting.

John Follette: Well, hello everyone, and welcome to the Radiation Therapy and Radiological Imaging Advisor Committee meeting.

I am John Follette with the State of Nevada Radiation Control Program, and we have a couple of housekeeping things to address.

First this is a virtual meeting and if you have not joined via TEAMS, you can call in to participate by calling 1-775-532-6111 and conference ID number 338 034 517 pound.

So, one more time I will give you the call-in number 1-775-321-6111 and the conference ID number is 338 034 517# and as Bill mentioned earlier on this meeting is being recorded and we like to remind everyone who speaks to state your name and the organization you represent before starting your comments.

If you are not representing an organization, you can just state that you are representing yourself, and we

So, for the members Dr. Vijay Sekhon

Dr. Vijay Sekhon I am here.

John Rowena Copeland

Rowena Copeland I am here.

John: Dr. Jason O Jaeger

Dr. Jason Jaeger Here

John: Afton Heinzen pause

John Tatianna Gesundheit

Tatianna Gesundheit Here

John Jeremy Mangum

Jeremy Mangum Here

John: So, we have 5 out of 6 members, Dr. Jaeger we have a quorum. So, I will hand the meeting over to you.

Afton Heinzen joined the meeting.

Jason, Thank You very much.

Jason,

Jason,

Jason, No action may be taken on a matter raised under the items of this and agenda until the matter itself has been included specifically on the agenda as an item upon an action that may be taken due to time considerations, the chair, or at his or her discretion comment to move no more than 5 minutes, because there is no physical location for this meeting.

Public testimony under this agenda item may be presented by phone online via Microsoft Teams or with written comment when providing public comment, please remember to unmute your microphone or telephone and begin by stating your name.

For the record, those wishing to provide public comment by telephone, please dial the number that was previously given 775-321-6111 and then when prompted, enter the conference ID of 338 034 517#.

Again, that number 775-321-6111 enter conference ID 338 034 517# members of the public may also request comments by adding to the minutes of the meeting submitted to them, either in writing or

additional testifying additional. Additionally, in lieu of testifying, written comments may also be submitted before, during, or after the meeting.

And then for a last time, do we have any public comments?

Hearing none, we will move on beyond the public comment section.

Next item 3 for possible action, the division request recommendations regarding remote medical imaging remote medical imaging is when an operator controls the image acquisition from affiliation that is different from the patient's.

The American Society of Radiological Technologists has issued a position statement on June 25th, 2023, in opposition to remote medical imaging.

Remote medical imaging, unless radiological technologist is physically present with the patient when the procedure is being performed by a remote operator, the position statement may be accessed here, and there's a link on our agenda. <https://www.asrt.org/main/standards-and-regulations/professional-practice-standards-online>

The ASRT also survived their practice standards for medical imaging and radiation therapy to support this position, see this CT section standards 1/4 and 9. The practice standard can also be accessed in the link that is on the agenda.

<https://www.asrt.org/main/standards-and-regulations/professional-practice-standards-online>

Do we have a motion regarding this item?

John, I have some comments to make.

Jason, Chair recognizes Mr. Follette

John, I am going to go ahead and read these comments. I submitted them to the committee earlier.

John, the radiation control program received a request to allow remote computed tomography CT imaging and is requesting the committees input and recommendations on whether this should be allowed and if so, under what conditions the program offers the following information for consideration.

- 1) A registrant who performs remote CT will have to request a variance from the scope of practice in Nevada Administrative Code (NAC) 653.400 for the assisting person unless both the assisting person and the remote technologist are licensed to perform CT. Pursuant to Nevada Revised Statutes (NRS) 653.630, CT must be performed within the technologist's scope of practice and requires certification by the American Registry of Radiologic Technologists (ARRT) to perform CT, or to practice in the areas of Nuclear Medicine or Radiation Therapy with additional training, or to be grandfathered for CT. Persons who meet these requirements are licensed by the State to perform CT.
- 2) Assisting persons must be licensed for radiologic imaging, radiation therapy, or nuclear medicine. A person with a limited license can assist but only with procedures that do not use contrast medium because NRS 653.520 prohibits a person with a limited license from

performing procedures using contrast medium. Persons with a rural authorization cannot assist with CT because they are limited to taking only x-ray photographs by NRS 653.620.

- 3) To ensure patient safety remote CT imaging must be performed consistent with the American Society of Radiologic Technologist (ASRT) position statements and their revised Standards of Practice for Medical Imaging and Radiation Therapy, which are referenced in the agenda. The ASRT position statement is "The ASRT opposes remote medical imaging of patients unless a radiologic technologist who is educationally prepared and clinically competent for the specific imaging modality is physically present to provide patient care and maintain safety of the environment where the procedure is being performed by a remote operator."
- 4) The ASRT uses the term radiologic technologist for the assisting person present with the patient. We are requesting a recommendation for licensing requirements for assisting persons. Should assisting persons be limited to radiologic technologists who hold a license for radiological imaging, nuclear medicine, and radiation therapy, or should it extend to those with a limited license for procedures that do not require contrast?
- 5) The ASRT requires the assisting technologist to be educationally prepared and clinically competent for the specific imaging modality. The ARRT has established educational and clinical requirements for registry in the modality of CT. Should assisting technologists meet the requirements of the ARRT for the specific tasks they perform or does the committee recommend an alternative training criterion?
- 6) We are requesting a recommendation for the duties the assisting person is allowed to perform:
  - a. Work that is within the scope of their practice,
  - b. Set-up of equipment for Quality Assurance (QA) testing,
  - c. Patient care, setup, and positioning,
  - d. Radiation safety for the patient and the facility during the exam,
  - e. Monitoring the patient and room throughout the CT exam
  - f. Handling emergencies if they arise, and
  - g. Patient discharge and postprocedural instructions.
  - h. All other duties are to be performed by a CT licensed person including, but not limited to, protocol selection, image acquisition, procedure documentation, and all activities that involve operation of the CT machine, including QA testing.
- 7) Clarifying points:
  - a. Remote imaging will not include remote operation for fluoroscopy or radiation therapy,
  - b. Radiologic technologists should not supervise or train unlicensed or uncertified persons.
  - c. The remote CT licensed person:
    - Must be licensed or registered in Nevada pursuant to NRS 653.620 and 653.630 to perform CT,
    - All work must be within the scope of their practice,
    - May only perform one CT exam at a time.
    - Must remain at the console and monitor the patient, room, and assisting person throughout the CT exam.
  - d. The remote site and technologist are subject to inspection.
  - e. We are requesting a recommendation regarding the location of the remote CT site and technologist. Must the technologist be in the State of Nevada when performing remote CT or can the technologist be located out-of-state.

- f. We are requesting recommendations for limiting the types of CT exams that can be performed remotely such as interventional CT where staff remain in the room to perform procedures on the patient.
- g. The registrant will be required to submit a radiation protection program and procedures describing remote imaging and training requirements for assisting persons.
- h. Does the Committee have any other recommendations or feedback.

This concludes our comments.

Jason, Thank you very much.

Jason, Are there any other comments or additions on this agenda item?

Afton, Radiation Therapist NO

Tatianna, – Yeah

Jason, all right, would you please state your name for the record?

Afton – Radiation Therapist, I thought everything sounded good.

Jason, Thank you very much. So, would you like to make a motion? are you making a motion and recommend and recommending allowing the remote technology or in in a?

Afton – Radiation Therapist Motion

Jason, that's perfect Miss Copeland, I'm sorry we lost you.

Bill, Ms. Copeland dropped the call.

Jason, OK we'll wait a moment for her to log back in since she had a comment. The individual that stated they has a motion, would you like to make the motion. Would you please state your name for the record?

Afton, I thought everything sounded good my name is Afton Heinzen I am a Radiation Therapist

Jason, Thank You very much, are you making a motion and recommend and recommending allowing the remote technology

Afton, The licensure

Jason, ok

John, I guess what the program is asking is for the committee itself to develop some recommendations that are kind of present in here. Maybe form a work group and then give us a formal recommendation.

Jason, Thanks, Mr. Follette, Alright so if Miss Afton will you state out your exact motion what you're recommending that the committee do?

Afton, that there should just be a licensed CT technologist on the machine, I think there are too many people running the machine that don't have the background or that we're cross trained. So, if there was a licensed therapist or technologist, things would just get done. With the right protocol procedures, they're able to do, you know, any emergency situations that come up.

Rowena rejoined My phone went to my car and so I was talking then I got disconnected.

Jason, that's ok, so stand by just a minute, Ms. Copeland, and so what I would like to see because some of that got into a discussion is to go ahead and make a clearly stated motion for the record. And then from there we'll see if we have a second and then we can go into a discussion Ms. Rowena I will recognize you at that point so if you'll make a clear motion.

Afton, am I back on or we going to wait for Rowena?

Jason, You're back on

Afton, So I guess I just motioned that there is a licensed CT tech in person or remotely.

Jason, ok and you're motioning that a license CT tech be in person or remotely. I am good.

Afton, in person because I think they need to be troubleshoot emergency procedures if that happens and you can't do that remotely.

Jason, ok, so we have a motion that we require a license CT tech to be present in person do we have a second?

Jeremy, this is Jeremy Mangum I second.

Jason, Ok great We have a second for record, Mr. Jeremy Magnum

Jason, and then Ms. Rowena, I wanted to go ahead and recognize you for the discussion.

Rowena, well, since you All are motioning that we have a registered tech than I guess have you all are saying we are not going to do remote CT scans, because if you've got a text already on site, why would you do remote?

Jason, Yes

Rowena, That I am clear on that.

Jason, So you're clear. The motion is that there would be a license CT tech on site, not a remote

John, do you want to take some comments, maybe from some people on the call here, members of the public?

Jason, do we have comments from the committee members?

John, OK

Jason, during discussion we would take comments at that point we would take comments from the guest. Any other comments from the committee members before we vote.

Tatiana, Umm I just have a comment, or maybe more clarification. As far as I understand this is a bridge for an X ray technologist to be able to perform CT scan with a CT technologist. Remote am I understanding this correctly?

Jason, No it's the opposite of Ms. Tatiana.

Tatiana Gesundheit, Umm I just even understand why you will need to if you have a CT and registers Technologist and site, why do you need somebody remote?

Jason, I think that's the point of the motion. Was that to keep tech on site.

Tatiana, you will need a CT technologist remote. It may be an X-Ray technologist could to the city it stops maybe we should take some clarification because I am confused with it.

Jeremy, I just want to see if I can help clarify what my understanding is It's having the remote person being the licensed technologist, and I guess you know, moving forward, I think if we're requiring licensure across the board, then I don't believe we should be remotng anymore. Is that there would be either an X-Ray tech or a medical assistant of some kind getting the patient on and off the scanner and then the CT License. CT technologist would be sitting at home or in an office of some kind operating the CT remotely through video camera and communicating with that medical assistant. That is my understanding of how they anticipate this would work.

Tatiana, I believe that's they would make sense.

Jeremy, because

table. MS. Afton is that motion.

Afton, that is how I understand it as well. It's having the remote person being the licensed technologist, and I guess you know moving forward, I think if we're requiring licensure across the board, then I don't believe we should be remote anymore. I think that individuals need to be at the machine and need to address the patient. If anything came up, just being on a webcam and just be like, OK, this is the protocol or I don't know, it is losing the human touch and experience too, I think.

Jason, Sure people on

Afton, Sure, there are two people on the board, but when that patient has questions or concerns, I don't know if two other individuals can address them as well as the technologist can.

Jason, Thank You very much, for clarity the motion is to not support the license CT tech to be remote.

Afton Correct

Jason, do you want to withdraw your second?

Jeremy, second on the motion, no, I am still in favor of having a licensee, CT technologist in the control room as opposed to doing it remote.

Jason, OK and then Ms. Tatiana, do you have any questions?

Tatiana, Ok can I have a minute? I just don't make sense it the only way that this makes sense is that an extra tech/MA is on site. I guess controlling the machine while the CT tech is remotely performing the test would make sense and I am speaking as a tech.

Jason, Yeah

Tatiana, getting I agree. rming remotely. So, if it's like that

Jason, Alright the motion is to have a CT in person, so no remote.

Tatiana, OK

Jason, Alright

Vijay, Comment

Jason, Please

Vijay, I'm a radiologist at the Reno diagnostic center and I just wanted to kind if clarify and then you can tell me if mu understanding is incorrect., but I agree with everything that Jeremy said. and I can give some background on this issue because this is something that we have been considering at our center. I am basically, you know we]re dealing with major shortage of technologist across the board, Ultrasound, CT, and X-Ray. We've had to close rooms, we have a backlog of CT's that need to get done, MRI's as well. We're booking out several months and that's kind of the same with other centers in the Reno area as well. The way we do see T right now is we have a CT tech, obviously physically in the building and then we have a tech aid who helps out with positioning and does a lot of umm you know managing the patients, taking histories, getting the patient settled, answering a lot of their questions and a lot of times the CT tech is just sitting in the control room and doing the scan. And I know of other facilities across the country that are already implementing remote scanning with both CT and MRI and have been able to do it safely. With that constant, communication with the technologist to the tech aide who's very experienced. And there's been doing these cases for years, obviously not licensed. So that's thinking I'm not pushing this one way that I'm just kind of giving you that background, that there is somebody in the room to answer questions and deal with emergency situations and they're usually in a center where there is a physician or radiologist who's there on site, just down the hallway. So, it's not, you know, kind of where it's, you know, they're running on their own and don't know what they're doing. And it's mainly to deal with this shortage and take care of these patients who need these CT scans done but are being pushed out. You know, some of these are follow up of cancers after treatment, so it is impacting healthcare quite a bit in our area and we're seeing some cases where we should read that CAT scan three months ago rather than when the patient came in. So, I think there's some merits too, considering allowing remote scanning. Of course, with a lot of these provisions that John had read out, I think there's ways to do it and to do it safely, I would be my opinion.

Jason, thank you doctor.

Tatiana, I agree with the doctor. I have been in the diagnostic centers here in the Southern Nevada where either the memorial tech or the nuclear tech or the CT tech are in the room and I've been assured and by a tech aid or an X-Ray tech who has prepared me, laid me on the machine, taking the information. It



speeds up the procedures, so I agree with Dr. Vijay. I believe that there's something to consider here, it cannot be an AMA or cannot be somebody like that, it must be an X-Ray tech or a tech aid. I am saying his from the tech point of view. I've had students where we'll have, where we've had him at clinicals, that basically do that function go the patient, lay them down on the machine, explain set up by V, Pull IV's out, their monitored with the symmetry badge and the nuclear tag just basically is doing the test whether you were in a room or your elsewhere. These people are experienced, there is some merit and there's something to think about in computer.

Jason, ok, so before yes

Afton, I agree with Dr Sekhon.

with that. It sounds like Doctor Sekhon at your facility. There is that, you know, face to face Interaction. I mean, we are training them to do this job, but I guess the thing is they have us right there, not via webcam.

Jason Thanks

Afton, they have us in person to help answer questions or concerns or yeah, so I'm OK with AIDS.

Rowena, if we were to implement this and we have these guidelines because one thing that I would be concerned about his giving contrast where there's no dedicated CT tech on site for non-contract exams, I think this remote scanning is a possibility, but not for contrast exams.

Jason, Thanks

Rowena, and so again, I agree with the ASRT teams' guidelines for having an X-ray tech there on site. I know with some of the remote facilities they have limited license check and again, it would have to be a non-contrast exam if we wanted to set up the guidelines for this.

Jason, I'm going to suggest moving along. I think what I'm hearing is that there is interest in and looking at remote is where the direction of the committee is going and then to do that and following the comments that we read, we would need to form a work group to create those guidelines. So, it sounds like it if that is the direction that the committee is going, we would either need to withdraw the motion and restate it and then we could state exploring a remote tech and then setting up a work group to figure out what would and wouldn't be allowed is that the committee's going.

Afton, NO

Rowena, I think this is where we want to go.

Jason, OK So we're happy with the motion as stated.

Tatiana Yes

Jason Yeah, and was that was your motion because what I understood your motion was to not allow a remote CT tech.

Afton, that's correct. That's kind of how I feel. I would like a person on the site, and they can be there can be multiple aids, but they still need to be a point person who needs to be licensed.

Jason, so the motion stands. Mr. Mangum has seconded the motion, all in favor of the motion, as stated, say aye, and raise your hand, aye.

Afton Aye

Jeremy, Aye

Jason, Aye

Jason, and all those opposed say Aye and raise your hands.

Tatiana, Aye

Vijay Aye

Rowana Aye

Jason, do we have an abstention? None No abstentions for the record, Mr. Follette the motion does not pass.

Rowena, I would like to make a motion to Revise this and come up with a work group to really examine if this is possible, along with creating a backlog.

Jason, ok Mr. Follette we're good on the clear on the motion.

John, yes, the motion is the form a Work Group

Jason, that is correct, do we have a second.

Vijay, Second

Jason, we have Dr. Vijay is the second one to open the floor to committee members for discussion. Jeremy, I'm open to the idea of learning more about it, but I still have the same concern with signs and those that having an individual licensed individual on site. I don't care if you have three CT scanners and you have one tech there and somebody setting you up and the tech going from scanner to scanner, I'm OK with that, but I struggle with the idea of not having a licensed individual on site personally, and if we want to  
But if you only have one CT scanner, your site I struggle with that concept of not having a licensed person. But if you only have one CT scanner, your site I struggle with that concept of not having a licensed person. I was a nuclear medicine tech for 10 years. I'm a physicist. Now I know I can train people to push buttons and do things but having that background knowledge and that understanding and that credentialing, proving that you've been able to sit for your board exam or whatever, having that knowledge, that understanding gives you just a better well rounded, I don't know, uh, understanding in general of everything that's going on. And so that's my personal belief is it would be nice to have a license individual in the room or within the facility

being able to push those buttons and get it ready to go and answer questions and so forth. I understand the discussions can be made and communication can be brought between individuals via remote as well.

Jason, NO

Jeremy, But I am just more comfortable with an individual on site period.

Jason, Thank You Jeremy

Vijay, yeah sorry I cut out for a second.

Jason, Yeah, all the records

Vijay, or you can repeat that again.

Jason, that's ok you had your hand up, I believe that you wanted to make a comment for discussion on the motion.

Vijay, I think I did that advertently.

Jason, Ok no problem, Any discussion from the committee members?

Jason so hearing none, the motion is that we form a work group to explore the possibilities of a remote license tech. So, we have a second, all in favor raise your hands and Say Aye.

Tatiana, Fine

Rowena, Aye

Jason, I hope.

Vijay, Aye

Afton Aye

Jeremy, Aye

Jason, and then all those opposed raise your hands and say Aye, No abstentions? NONE The motion passes, the motion to set up a work group to explore a remote technologist.

Jason Discussion on selecting or next meeting, April 18<sup>th</sup>2024 or May 16,20024, does anyone have a<sup>th</sup>?

Rowena April 18 me.

Jason April 18 alright

Jeremy April 1

Afton, April 18<sup>th</sup>

Tatiana, OK

Vijay, April 18

John, and I have one other item to add to the agenda, which is the approval of the minutes for the last meeting on September 23, 2022. Has everyone had an opportunity to review the minutes?

Tatianna, Yes

Jason, Yes

Afton, Umm

Jeremy, Yes

John does anyone have any corrections to those minutes.

Afton, No

Tatianna, No

Jeremy, No

Jason, so do we have a motion for approval of the September 2022 minutes?

Tatianna, Yes

Jason, Ms. Tatiana, did you motion?

Tatiana Yes

Jason Great any discussion, none

Jeremy, Second the Motion for approval of the September 2022 minutes

Jason all in favor of approval of the September 2022 minutes say Aye.

Afton, Aye

Tatianna, Aye

Jeremy, Aye

Rowena, Aye

Jason, Aye

Jason, any abstentions, None

Jason the Minute is approved.

Jason, Mr. Follette will notify us by email on Next meeting.

Tatiane, can we do the same time? 12 or 12:30

Jeremy, that works.

Afton that works for me

Rowena, that works.

Tatiana, that works for me.

Jason is good for me as well.

John, if you would like someone from our program or if you want someone that's participating in the meeting to participate or give feedback or input to it, our programs are willing to help.

Jason, Mr. Follette that would be great if you guys could help coordinate. We're going to head up the individuals to be on the working group and some timelines which I believe we can handle also by email.

John, OK

Jason, Great and uh, agenda item number five, public comment, no action may be taken as a on any matter or raised under this agenda item.

Jason, are there any public comments?

David Addington, q from MED Smart, Echo Dr Vijay, however, that there is a shortage of technologists and it's not expected to get better. So, I think doing something responsible that's controlled in a regulatory manner to enable people to get their imaging done is just going to I'd also like to volunteer for the root work group. I literally just got back from Brazil a couple weeks ago. There was a company in Brazil that has now just recently partnered she healthcare and then they perform remote scanning in both CT and MRI all over the country of Brazil. They've been doing it since about 2019. They do hundreds of thousands of studies a year, so I visited three of their command centers. It works beautifully. There is patient communication between the technologists and the patient. Umm, they are as hail radiology person, though less skilled than the CT technologist. Getting them on and off the table and explaining the examinations for them and it works beautifully. I've seen it in action. I've seen them performing this. I don't know that we're necessarily in competition with some other states, but other states are looking at this as well. It would be great if Nevada was leader on this and just did not do something because it's maybe a little bit uncomfortable or has never been done before. Great news is this was done before this technology was developed. Our Phillips has it developed and there's a few other companies as well. These are, you know, major healthcare companies that are putting an

emphasis on this place in this space because they see the shortage as well. So, I guess one of the questions we're going to have to really ask ourselves is it better just to close the facility and not perform available and that situation hours right now.

Afton, I just had a question, are these X ray texts that are carrying out the ACT exams?

David, they're usually.

Afton, so you're just training any individual that comes off the street essentially.

David, Because you still won't

Afton, so my whole thought moving forward is why even go to get your degree in any one of these modalities if this is what's going to be allowed just for a clinic to stay open?

Jason, I'm going to do a call to order quickly just because this isn't a discussion section, But Mr. Addington anything else to add?

David, Sure You're not replacing the technologist. The technologist is not going anywhere. There is a limited number of technologists. This is essentially trying to find the right person for the right job. The technologist doesn't need to bring them into the room and put them on the table. The technologist doesn't need to monitor them. Post and pre the procedure. This can be done in other avenues, and I would argue that it's currently being done and a lot of medical institutions, including in Nevada today, are not remote, but they have the right level of person to watch the patients. If we go to an error right now, there's people in the waiting room where literally the receptionists are monitoring the patients in that waiting room. They're all in an emergency room. They're not monitored by the physician or an RN until they're pulled back into the apartment. Now they're triaged and everything else but the radiology departments that I'm a part of all already have a protocol to escalate emergencies.

Jason, Thank You Mr. Addington, I appreciate your comments. I'm going to go ahead and stop the comment for the moment. Would you like to make a public comment and closing?

Afton, I'm sure this will be continued this conversation.

Jason, yes, we will

Afton, I don't think we're gone to solve anything right now. So, the work group needs to be implemented to get some answers.

Jason Yeah, the work group will need to be implemented to get some answers where the discussion will be able to happen. So that's good. Are there any other public comments before we get ready to adjourn the meeting? Any public comments? And any public comments? Thank you to everyone who attended the hearing. I would like to take a motion to Adjourn the meeting.

Rowena, 2<sup>nd</sup>

Afton, again

Jason all in favor?

Jeremy Aye

Rowena I

Afton I

Jason Thank you everyone for your participation and we'll be in touch with the work group.

Rowena, Thank you.

Jeremy, Thank you.

Afton, Ok Thanks

Jason bye

The recorded minutes on the link below:

[https://nv-my.sharepoint.com/:v:/g/personal/bgorman\\_health\\_nv\\_gov/Eeif1NjgNwBlj8ALtKcFeI4BPT4qSYePUF9tbJaCbRDjHQ](https://nv-my.sharepoint.com/:v:/g/personal/bgorman_health_nv_gov/Eeif1NjgNwBlj8ALtKcFeI4BPT4qSYePUF9tbJaCbRDjHQ)