STATE BOARD OF HEALTH
with the DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)
MEETING MINUTES
DRAFT June 5th, 2026
9:00 AM to Adjournment

Meeting Locations:

This meeting was held in two physical locations, 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_OTUwY2Q2NGQtNjJiYS00NGU2LWI1NjItMjcyMGJjNWU3NDcx%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: 239 762 069#

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

Board Members Present:

- Dr. Jon Pennell D.V.M., Chairperson
- Dr. Monica Ponce D.D.S
- Ms. Jennifer Belza-Vinuya
- Mr. Nathan Cartwright
- Ms. Jennie Kim

Quorum was present.

Members Absent:

- Dr. Jeffery Murawsky M.D., Vice-Chairperson

Others in Attendance:

In-Person: Andrea Rivers (*DPBH*); Cinthia Cruz (*DPBH*); Faythe Baltisberger (*DPBH*); Courtney Leverty (*AG*); Janice Hadlock-Burnett (*DPBH*); Bobbie Sullivan (*DPBH*); Kevin Haywood (*DPBH*); Cynthia Leech (*NVHA*); Chad Westom (*NVHA*); Jesse Wellman (*NVHA*); Jeanne Freeman (*CCHHS*); Dr. Chad Kingsley (*NNPH*); Tammi McDaniel (NVHA)

Online: Brette M. Musser (*DPBH*); CNHD Conference Room (*External*); Kelli Knutzon (*DPBH*); Matthew Dang (*External*); Bill Gorman (*DPBH*); Morgan Sollano (*External*); Tina Dortch (*DHS-DO*); Steve Simpson (*External*); Leslee Magnus (*External*); Kevin Herzik (*DPBH*); Sheryl Fontaine (*NDEP*); Reesa Roberts (*External*); Katherine Villasenor (*External*); Marla McDade Williams (*NVHA*); Katie Taylor (*External*); Julia Peek (*DPBH*); Lea Case (*External*); Sarah Rogers (*DPBH*); Kylie Bartolome (*External*); Lea Cartwright (*External*); Eduardo Martinez (*External*); Cindy Beard (*DPBH*); Marie Coe (*ADSD*); Purite Williams (*ADSD*); Steve Messinger (*External*); Jennifer Gallagher (*External*); Monica Cypher (*LCB*); Maddison Proctor (*External*); Emma Rodriguez (*External*); Ryan Muccio (*External*); Joseph Roche (*DPBH*); Amanda J (*External*); Claudia Joly (*External*); Daniel Mathis (*External*); Mason NLN (*External*); Mitch DeValliere (*DPBH*); Drew Cross (*DPBH*); Erin Lynch (*External*); Carol Pickard (*External*); Reagan Hart (*External*); Camille Moore (*ADSD*); Chinmay Chauhan (*External*); Jerry Hernandez (*External*); Madison Proctor (*External*); Kate Westfall Halen (*External*); Brooke Maylath (*NVHA*); Jesse Barrios (*External*); Chayna Corpuz (*DPBH*); Julie Peterson (*External*); Mistie Montes (*External*); Anne Lara (*DPBH*); Michael Kennedy (*DPBH*); Hailey Cornelia-Swift (*LCB*); Tina Gerber-Winn (*External*); Jazmin Stafford (*DPBH*); Daniel Vezmar (*DPBH*)

2. **PUBLIC COMMENT:**

Chair opened the floor for public comment; none heard.

3. **FOR POSSIBLE ACTION:** APPROVAL OF MEETING MINUTES FROM MARCH 6TH, 2026, MEETING

The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/approved-3.6.2026-boh-meeting-minutes.pdf

Chair asked board members for any questions or concerns; none were heard. Dr. Pennell requested a correction be made regarding the March 6th agenda Item 5, the consent agenda, shows no second when called for a vote; he stated Board Member Kim recalled seconding the motion. Chair then opened the floor for public comment; none were heard.

Chair Pennell then called for a motion on the item.

MOTION: Dr. Ponce made a motion for approval with the correction.

SECONDED: The motion was seconded by Ms. Kim.

PASSED: Passed unanimously.

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4. **FOR INFORMATION/DISCUSSION ONLY:** QUARTERLY COUNTY AND DISTRICT HEALTH REPORTS

Carson City Health and Human Services
The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-cchhs-health-officer-report.pdf

A verbal report was presented by Jeanne Freeman, along with the written report attached in the meeting packet. Points that were highlighted include:

a) Academic Health Department:
Freeman spoke enthusiastically about the agency's recent designation as an academic health department, something they have been working towards for the past 3 to 4 years. Currently, they have an academic health agreement with the University of Nevada Reno (UNR) and are looking forward to working with other academic health departments and educational institutions across the state.
b) Environmental Health Improvements:
   - Mosquito Control
     Freeman mentioned that in the past the environmental health program has used helicopters for mosquito abatement; this year, the agency has begun using drones within the community due to construction projects around the city. Community feedback has been positive, and the agency looks forward to continuing to use more advances in technology.
c) Whooping Cough Update:
   - Increased Local and Statewide Pertussis Activity
     Freeman shared that they have identified several cases of Pertussis (commonly known as whooping cough) within the local community, noting that this put their numbers twice as high as the last year and significantly higher than years previous. The agency has been working with the school districts and their head nurses as well as healthcare providers to provide immunization information to parents. While the school year is now out of session, this can still affect the community at any time of year. Freeman stressed the importance of making sure people are staying up to date on their vaccinations.
d) 2025 Communicable Disease Summary:
   - Notable Response Activity
     Freeman explained that the agency was notified of a yellow fever case within the agency's jurisdiction. While not endemic to Nevada, the agency was able to collaborate with federal partners, even securing a serum donation from the patient to be sent to the CDC helping them in developing additional treatments associated with the disease.

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

Northern Nevada Public Health
The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-nnph-health-officer-report.pdf

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

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a) Tuberculosis Clinic:
Dr. Kingsley announced the completion of the Tuberculosis Clinic building in Washoe County. The ARPA funded project finished on-time and below the projected cost, and DPBH leadership attended the ribbon cutting ceremony.
b) Community Health Assessment (CHA):
The agency also recently finished the Community Health Assessment collaboration with Renown Health. The report will be issued later this month and, while many points are similar to previous CHA reports, a new item- economic stability- ranked #3. This shows that many community members are concerned about the cost of healthcare and the economic instability it can cause in their lives.
c) Pertussis/Whooping Cough Cases:
Dr. Kingsley stated, "...in conjunction with CCHHS, we want to recognize the increase of pertussis and whooping cough within our community." Dr. Kingsley went on to compare the amount of cases in the last three years: 5 cases previously reported in 2024, 31 cases in 2025, and now 31 in cases within the first six months of 2026. Recent vaccination rates show a 90% average in schools, so the agency is looking to create a campaign as a way to make an impact. Staff is hopeful that the majority of cases occurred within the middle and high school age ranges, and plan to continue monitoring while creating a better outbreak procedure for these cases.
d) EMS System and REMSA Franchise Agreement:
Recently, the NNPS's EMS system has seen an increase in low-acuity calls. Other nations, counties, and nearby Sacramento have reported similar trends, though the evidence is still somewhat anecdotal; It remains unclear whether this rise is linked to changes in healthcare coverage, accessibility, or other factors, so it continues to be monitored with concern. Additionally, the recent renewal of the franchise agreement with REMSA in Washoe County aims to ensure that the community maintains reliable access to timely and appropriate emergency medical resources.
e) Chronic Disease Prevention:
Recently, the agency launched a new interactive dashboard for chronic disease and injury prevention that allows anyone to explore trends across the community over the past five years and identify areas where meaningful impact can be made. Dr. Kingsley adds that they are grateful for the informatics team and the opportunity this tool provides to better engage with the community while making valuable health data accessible and transparent.

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

Southern Nevada Health District
The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-snhd-health-officer-report.pdf

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

Update on Ebola Response Preparedness
Dr. Cassius Lockett provided an update on the ongoing Democratic Republic of Congo (DRC) Ebola virus strain, which remains challenging due to the lack of a licensed vaccine or targeted therapeutics, though a vaccine in partnership with Merck may be developed within two to three months. Ebola continues to spread through direct contact with infected bodily fluids, contaminated materials, or caregiving without proper PPE, and is not airborne, though it does have a low infectious dose and historically a 50% case fatality

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rate. Recent reports show 363 confirmed cases and 62 confirmed deaths in the DRC, along with additional suspected deaths and limited testing capacity. Uganda has reported cross-border cases as well. In response, enhanced passenger screening is underway at four U.S. airports, and SNHD is currently conducting active symptom monitoring for five Clark County residents returning from Uganda. Local readiness efforts include stakeholder meetings, refreshing Ebola response plans, assessing hospital capabilities, coordinating EMS transport procedures, preparing surveillance expansions, and revisiting waste management and rapid response protocols. While the situation requires vigilance, Ebola is considered containable, though sporadic global cases may continue to occur.

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

State of Nevada Chief Medical Officer
The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-state-cmo-report.pdf

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

a) Update on the DRC Ebola Outbreak:
On May 17, the World Health Organization declared the rapidly growing Ebola outbreak caused by the Bundibugyo Ebola virus (BDBV) a Public Health Emergency of International Concern. Although the outbreak is expanding geographically, particularly into Uganda, the World Health Organization (WHO) reports that it remains serious but not yet out of control, with an estimated fatality rate of 25–50 percent, similar to past outbreaks such as those in 2014 and 2015. The CDC has issued travel health notices for the DRC, Uganda, and South Sudan, and since May 22 has restricted entry for non-U.S. citizens who have visited these countries, while American travelers are routed through designated screening and monitored for three weeks. Clinicians are advised to ask symptomatic patients about recent travel to affected areas, isolate suspected cases, use proper PPE, follow infection-control procedures, and notify local and state public health authorities immediately. To date, one American physician has been diagnosed after exposure in the DRC and is being treated in Germany; though his condition is improving, he is considered critically ill. Overall, the current risk to the American public remains low. as no Ebola cases have been confirmed within the United States.
b) Update on the Hantavirus Cruise Ship Outbreak:
On May 2, the WHO received reports of a cluster of passengers on a cruise ship experiencing severe respiratory illness, which was later identified as being caused by the Andes hantavirus - the only hantavirus known to spread from person to person, in addition to transmission through rodent droppings. The CDC tracked all American passengers, with 18 quarantined at the University of Nebraska Medical Center, and so far no cases have been detected among U.S. travelers.
c) Nevada Drug Overdose Deaths:
Recent data shows that drug overdose deaths in Nevada are not declining as quickly as national trends. In 2025, the United States saw a 15.6 percent decrease in annual overdose deaths, while Nevada experienced only a 2.2 percent decline during the same period. Because most overdose deaths are occurring in Clark County, the Southern Nevada Health District has requested support from the Centers for Disease Control and Prevention to enhance surveillance and investigative activities related to overdoses.

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Arizona has faced similar challenges and benefited from a CDC-supported investigation, which has strengthened and informed its public health response.

d) Chronic Wasting Disease in Wildlife in Neighboring States:
Chronic wasting disease has not been detected in Nevada, but concerns remain high due to its presence in neighboring states such as California, Idaho, and Utah. Because deer and other wildlife frequently migrate across state borders, the Nevada Department of Wildlife has expanded monitoring and surveillance to watch for potential spread into local populations. While there is no confirmed evidence that chronic wasting disease can infect humans, the Nevada Division of Public and Behavioral Health is collaborating with wildlife agencies to closely monitor the situation, given potential transmission risks and the long-term ecological impacts on wildlife.

e) Influenzas Season Update:
At the close of the influenza season, the CDC classified it as a moderate-severity season, with an estimated 32 million respiratory illnesses, 380,000 hospitalizations, and 23,000 influenza-related deaths. Notably, the cumulative hospitalization rate among children 18 and younger was the second highest since 2010 and 155 influenza-associated pediatric deaths occurred, about 85 percent of which involved children who were not fully vaccinated. Interim CDC data from March 2026 indicated moderate vaccine protection, with reduced effectiveness largely due to an antigenic mismatch between the circulating H3N2 subclade K variant and the seasonal vaccine strain. Despite this mismatch, the vaccine still moderately reduced medical visits and hospitalizations for both children and adults. As always, maintaining high vaccination rates remains the most important strategy for preventing infections and protecting against vaccine-preventable diseases such as hepatitis A and B, measles, pertussis, influenza, COVID-19, and others.

Commenter: Dr. Jon Pennell D.V.M., Chair

Summary: Dr. Pennell thanked Dr. Azzam for his presentation, adding that from a veterinary perspective, chronic wasting disease remains a concern, and another significant issue has emerged with the detection of New World screwworm in Texas - the first in 60 years. The parasite, believed to have moved north from Central America and Mexico, previously caused severe damage to wildlife populations. Efforts are underway to control its spread, including the release of millions of sterile flies, and the situation is being closely monitored. Texas is the nation's largest cattle-producing state, but the threat is also relevant to Nevada's substantial cattle industry.

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

Central Nevada Health District

The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-cnhd-health-officer-report.pdf

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

a) A New Public Health Preparedness Planner:
In the first quarter, the public preparedness program continued to strengthen regional readiness and response capabilities through collaboration, planning, training, and resource development. A new public health preparedness planner, Scott, will officially start in June 2026, bringing valuable expertise to the team.

b) Update on Immunization Report Cards:

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Dr. McDonald stated he has been filling in as the APR and MD evaluator for the past three months. After spending such significant time in all of the regions rural clinics, he is proud to announce the agency has now opened the new clinic in Eureka; the first visit will be taking place in March and continued outreach is planned. Using the immunization report card as a guide, CNHD is focusing on improving vaccination rates by working closely with school nurses and clinics, especially targeting towards middle and high school students. Report cards show that the greatest need is addressing non-compliance among older age groups, and while measles vaccination rates in some counties are at 92%, the agency's goal is to raise coverage above 95% to return to a stronger level of community protection.

c) New Community Education Program
CNHD also finished their first community education program for heart health and stroke prevention in their surveillance area. They found that the measured outcomes have been increased knowledge of heart disease and stroke risk factors, improved understanding of preventative lifestyle behaviors, greater motivation to make positive changes related to diet, exercise, and overall heart health and a strengthened community engagement in chronic disease prevention efforts. Building on this, they are moving into a diabetes education program with a similar format.

With no further questions from the board regarding his presentation, Dr. McDonald introduced Shannon Ernst to supply an update on the agency's Environmental Health Program.

Environmental Health Program Updates:
CNHD recently had their environmental health manager transition to a new role, so the agency is working closely with the state of Nevada for inspector oversight while beginning recruitment, with interviews scheduled for next week. The community health needs assessment is complete and will be released at the July 8th regional Board of Health meeting, allowing the agency to begin developing their community health improvement plan. Construction at the Churchill offices location has been finished, and the agency will be hosting a ribbon-cutting event to showcase the fully remodeled space. CNHD staff are also preparing for Burning Man, collaborating with the Burning Man Project to finalize their mass gathering permit with appropriate conditions for release in the next two weeks. In addition, their new dashboard will launch on the website in July, offering expanded community education and accessible data.

Esmeralda County
The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-esmeralda-health-officer-report.pdf

Lander County
The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-lander-health-officer-report.pdf

Lincoln County
The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-lincoln-health-officer-report.pdf

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White Pine County
The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-white-pine-health-officer-report.pdf

5. **FOR POSSIBLE ACTION:** CONSENT AGENDA FOR APPROVAL

    a. Discussion and possible approval of candidate appointment of Charles Ballew, a volunteer fire fighter to the Nevada Emergency Medical Services Advisory Committee as member, representing the volunteer member appointment, pursuant to NRS 450B.151(1).
    b. Discussion and possible approval of Variance Case #796, regarding Guidelines for Design and Construction of Hospitals, pursuant to NAC 449.3154(2) and NAC 449.0105 submitted by Northern Nevada Regional Hospital.
    c. Review and possible approval of candidate re-appointment of Dr. Andrew Thomas Reyes to the Nevada Office of Minority Health and Equity (NOMHE) Advisory Committee representing the interest in health issues related to minorities/healthcare provider member appointment, pursuant to NRS 232.482.
    d. Review and approval of candidate appointment of Tiara Flynn NOMHE Advisory Committee, representing the nonprofit member appointment, pursuant to NRS 232.482
    e. Discussion and possible approval of the Petition for Approval of the National Abortion Federation (NAF) as an accreditor for outpatient facilities.

Dr. Pennell asked board members for any items they would like to be pulled from the consent agenda, none heard. Dr. Pennell then opened the floor for public comment; none heard.

Dr. Pennell then called for a motion on the item.

MOTION: Mr. Cartwright made a motion to approve the Consent Agenda items A through E.

SECONDED: The motion was seconded by Dr. Ponce.

PASSED: Approved unanimously.

6. **FOR POSSIBLE ACTION:** CONSIDERATION AND POSSIBLE ADOPTION OF PROPOSED REGULATION OF AMENDMENTS OF NEVADA ADMINISTRATIVE CODE (NAC) 441, LCB FILE NO. R174-24.

    The report documents can be found here:

- https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-r174-24-division-staff-documents.pdf
- https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-r174-24rp2.pdf

It was decided before the meeting date the item would be postponed to be heard at the September 11th, 2026 meeting.

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7. **FOR POSSIBLE ACTION:** CONSIDERATION AND POSSIBLE ADOPTION OF PROPOSED REGULATION OF AMENDMENTS TO NAC 449, LCB FILE NO. R071-26.

   The report documents can be found here:

- https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-r071-26-division-staff-documents.pdf
- https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-lcb-r071-26p-002.pdf

Presenter: Chad Westom, Agency Manager (*NVHA – HCQC*)

Summary: LCB File No. R071-26 proposes adjustments to fees for most facility types licensed under NAC 449, following Nevada's Administrative Procedures Act. A public workshop was held on May 13, 2026, where two individuals provided testimony, summarized in the accompanying report documents. The Bureau of Health Care Quality and Compliance, funded primarily through licensing fees, has not seen fee changes in more than 15 years despite significant increases in operating costs including a 39 percent inflation, 10 new unfunded programs, higher salary obligations, and growing inspection and investigation demands. To maintain effective oversight and protect patients, residents, and the public, a fee increase is necessary. The proposed regulations amend NAC 449 to raise fees by 7 percent; this reflects only a portion of the inflationary impact and provides a measured approach that supports HCQC's operational stability while minimizing financial burden on licensed facilities. Staff recommends the State Board of Health adopt the proposed amendments.

Dr. Pennell then asked for any public comment, none heard:

Dr. Pennell then called for a motion on the item.

MOTION: Mr. Cartwright made a motion to approve.

SECONDED: The motion was seconded by Dr. Ponce.

RESULT: Approved unanimously.

8. **FOR POSSIBLE ACTION:** CONSIDERATION AND POSSIBLE ADOPTION OF PROPOSED REGULATION OF AMENDMENTS TO NAC 652, LCB FILE NO. R072-26.

   The report documents can be found here:

- https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-r072-26-division-staff-documents.pdf
- https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-lcb-r072-26p.pdf

Presenter: Chad Westom, Agency Manager (*NVHA – HCQC*)

Summary: LCB File No. R072-26 proposes updates to fees for medical laboratories and laboratory personnel licensed under NAC 652, following Nevada's Administrative Procedures Act. A public workshop was held on May 13, 2026, with no public testimony submitted. The Bureau of Health Care Quality and Compliance, funded primarily through licensing fees, has not seen fee changes in more than 15 years despite significant increases in operating costs including a 39 percent inflation, 10 new unfunded programs, higher salary obligations, and growing inspection and investigation demands. To maintain effective oversight and protect patients, residents, and the public, a fee increase is necessary. The proposed regulations amend NAC 652 to raise fees by 7 percent; this reflects only a portion of the inflationary impact and provides a measured approach

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that supports HCQC's operational stability while minimizing financial burden on licensed facilities. Staff recommends the State Board of Health adopt the proposed amendments.

Dr. Pennell asked board members for any questions or concerns; none heard. Dr. Pennell then opened the floor for public comment; none heard.

Dr. Pennell then called for a motion on the item.

MOTION: Ms. Kim made a motion to approve.

SECONDED: The motion was seconded by Mr. Ponce.

RESULT: Approved unanimously.

9. **FOR POSSIBLE ACTION:** CONSIDERATION AND POSSIBLE ADOPTION OF PROPOSED REGULATION OF AMENDMENTS TO NAC 652, LCB FILE NO. R116-25.

   The report documents can be found here:
   https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-lcb-file-no.-r116-25-full-packet.pdf

Presenter: Tina Leopard, Health Facilities Inspection Manager (*NVHA – HCQC*)

Summary: LCB File No. R116-25RP1 establishes new regulations for rehabilitative residential mental health care facilities to implement AB 514 from the 2025 legislative session, updates renewal dates for facilities licensed under NAC 449 in accordance with AB 544, and revises regulations for businesses that provide referrals as required by SB 260 from 2023. Processed in accordance with Nevada's Administrative Procedure Act, Sections 2 - 35 of the proposed regulations establishes new Rehabilitative Residential Mental Health Care (RRMHC) facility regulatory framework with Section 38 defining licensing fees, Sections 36, 39, and 40 update requirements for referral businesses, while Section 37 adjusts renewal dates for NAC 449-licensed facilities. A small business impact study concluded minimal impact, and a public workshop held on April 28, 2026, produced no recommended changes. Staff recommends that the State Board of Health adopt the proposed regulations.

Dr. Pennell asked board members for any questions or concerns; none heard. Dr. Pennell then opened the floor for public comment; none heard.

Dr. Pennell then called for a motion on the item.

MOTION: Mr. Cartwright made a motion to approve.

SECONDED: The motion was seconded by Dr. Ponce.

RESULT: Approved unanimously.

10. FOR POSSIBLE ACTION: Discussion and vote to designate a member of the State Board of Health to provide quarterly updates from the State Environmental Commission to the State Board of Health, pursuant to NRS 445B.200(f)

    The report documents can be found here:

- https://www.dpbh.nv.gov/siteassets/boards/boh/r-dpbh-recruiting-efforts.pdf
- https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-state-environmental-commission-packet_082024sf.pdf

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Presenter: Sheryl Fontaine, Executive Secretary (*NSEC*)

Summary: The State Environmental Commission, established in Nevada statute, is responsible for adopting regulations and updates to the Nevada Administrative Code for the Division of Environmental Protection, reviewing air quality penalty assessments, and hearing variance requests from entities statewide. The commission has 11 members, six of whom are defined by statute, including one representative appointed from the State Board of Health under NRS 445B.200(1)(f). Without this Board of Health member, the commission lacks essential public health expertise, which is particularly important when considering cases like a recent variance request from a small rural public water system exceeding nitrate maximum contaminant levels. The commission meets quarterly, typically in Carson City with one meeting per year in Las Vegas, and sessions generally last between one and three hours, with occasional additional meetings for appeals.

Dr. Pennell asked board members for any questions or concerns; none heard. Dr. Pennell then opened the floor for public comment; none heard.

Dr. Pennell opened the floor for nominations, then cast his nomination for Mr. Cartwright. With no other nominations, Mr. Cartwright accepted the nomination on behalf of the Board of Health.

Dr. Pennell then called for a motion on the item.

MOTION: Ms. Kim made a motion to approve.

SECONDED: The motion was seconded by Ms. Belza-Vinuya.

RESULT: Approved unanimously.

11. FOR POSSIBLE ACTION: DISCUSSION AND POSSIBLE APPROVAL OF SOUTHERN NEVADA HEALTH DISTRICT PUBLIC ACCOMMODATIONS FACILITIES REGULATION UPDATES.

    The report documents can be found here:

- https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/1.-public-notice.pdf
- https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/2.-boh-final-presentation-1.13.26.pdf
- https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/3.-summary-of-major-changes.pdf
- https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/4.-2026-pa-regulations.pdf
- https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/5.-bis-09.15.25-final.pdf
- https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/6.-snhd-boh-approved-mintues.pdf

Presenter: Vivek Raman, Environmental Health Supervisor (SNHD)

Summary: Updates for the Public Accommodation Facilities regulations were first drafted and enacted in 2006; now, 20 years later, the agency has identified areas for improvement to these regulations, including reducing the language as well as simplifying some requirements and adding important public health protections.

Dr. Pennell asked board members for any questions or concerns; none heard. Dr. Pennell then opened the floor for public comment; none heard.

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Dr. Pennell then called for a motion on the item.

MOTION: Dr. Ponce made a motion to approve.

SECONDED: The motion was seconded by Mr. Cartwright.

RESULT: Approved unanimously.

12. **FOR INFORMATION/DISCUSSION ONLY:** PRESENTATION OF THE 2025 SENTINEL EVENTS REGISTRY SUMMARY REPORT ACCORDING TO NRS 439.843.

    The report documents can be found here: https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/r-ser-boh-presentation-june-2026.pdf

Presenter: Jesse Wellman, Biostatistician 2 (*NVHA - OOA*)

Summary: The presentation outlined the purpose and process of Nevada's Sentinel Events Registry, beginning with the definition of a sentinel event as a serious, largely preventable, and harmful clinical incident. This definition is based on National Quality Forum criteria, which will be updated in 2027 to include revised groupings and a new "severe harm" category. Wellman clarified that sentinel events are not synonymous with medical errors and described which facilities must report under NRS 439.803. Investigating these events, particularly through root cause analyses, helps facilities learn from mistakes, improve patient safety, and implement meaningful corrective actions. Reporting occurs through the Research Electronic Data Capture (REDCap) platform, with timelines for initial notification, root cause review, and annual summaries required from all licensed facilities. Data from the past five years shows gradual increases in facility participation, with falls and pressure ulcers consistently being the most commonly reported events. Contributing factors most often involve patient issues, staffing, communication, and technical or organizational concerns. Most facilities met statutory expectations for patient safety meetings. The Sentinel Events Registry continues in developing a dashboard, improving instructional materials, and addressing website limitations following the 2025 Nevada network attack. Overall, the program aims to support healthcare facilities in identifying and reporting serious preventable incidents, emphasizing that improving patient safety is a shared responsibility across the healthcare system.

Commenter: Ms. Jennie Kim

Summary: Ms. Kim inquired whether Mr. Wellman would be able to disclose which types of facilities are having the incidents. Mr. Wellman stated that NRS prohibits disclosure of individual facilities regarding any event, as well as being undiscoverable by courts, in an effort to encourage the facilities to come forward without concern. Ms. Kim then clarified that her question regarded types and not individuals, to which Mr. Wellman directed Ms. Kim to the annual summary report where counts are taken by facility group types.

Commenter: Dr. Jon Pennell

Summary: Dr. Pennell expressed being glad to see more participation by the facilities this year compared to last year's report and asked whether participation is mandatory, to which Mr. Wellman affirmed. Dr. Pennell then inquired if the program has a category to

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show which facilities are not reporting. Mr. Wellman responded saying certain categories do participate more than others, giving the example of there being "room for improvement" with skilled nursing facilities.

13. **FOR POSSIBLE ACTION:** RECCOMENDATIONS FOR FUTURE AGENDA ITEMS

Dr. Pennell asked board members for any recommendations; none heard.

14. PUBLIC COMMENT:

Dr. Pennell opened the floor for public comment; none heard.

15. ADJOURNMENT:

Dr. Pennell adjourned the meeting at 10:27am.

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