# NEVADA STATE BOARD OF HEALTH

with the DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)

## DRAFT MEETING MINUTES

September 11th, 2026
9:00 AM to Adjournment

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

## MEETING LOCATIONS

PHYSICAL LOCATIONS

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

Nevada Division of Public and Behavioral Health (DPBH)
4150 Technology Way, Room No. 303, 3rd Floor
Carson City, Nevada 89706

VIRTUAL INFORMATION

Meeting Link:
https://teams.microsoft.com/meet/2519709470008?p=9M0b8wk6ivo2xsZpC6

Phone Conference Number and ID:
+1-775-321-6111
856 364 182#

## 1. CALL TO ORDER/ROLL CALL

Before roll call was taken, Chair Pennell took a moment to introduce the new State Board of Health member, Dr. Choi, in attendance at his first official meeting of the Board.

Board Members Present:

- Dr. Jon Pennell D.V.M., Chairperson
- Dr. Jeffery Murawsky M.D., Vice-Chairperson
- Dr. Christopher Choi, M.D.
- Dr. Monica Ponce D.D.S
- Ms. Jennifer Belza-Vinuya
- Mr. Nathan Cartwright

Quorum was present.

Members Absent:

- Ms. Jennie Kim

Presenters:

Andrea Rivers (*DPBH*); Melissa Bullock (*DPBH*); Jeanne Freeman (*CCHHS*); Chad Kingsley (*NNPH*); Tedd McDonald (*CNHD*); Shannon Ernst (*CNHD*); Dawn Horton (*Guest*); Michelle Wright (*Guest*); Regina Ellis (*Guest*); Dr. Joseph Gent (*Guest*); Heather Strasser (*Guest*); Susan Keema (*Guest*); Tess Opferman (*Guest*); Tracy Russell (*Guest*); Sarah Swinnerton (*Guest*)

Others in Attendance:

Cinthia Cruz (*DPBH*); Faythe Baltisberger (*DPBH*); Courtney Leverty (*AG*); Raechel Freshman (*CCHHS*); Mary G. (*Guest*); Johanna S. (*Guest*); Cindy Beard (*DPBH*); Jessica Johnson (*SNHD*); Chrstine Forsberg (*Guest*); Nic Ciccone (*Guest*); Emma Rodriguez (*SNHD*); Ying Zhang (*SNHD*); Eric McIntyre (*SNHD*); Blaise Storey (*DPBH*); Andria Cordovez Mulet (*SNHD*); Brette Musser (*DPBH*); Mitch DeValliere (*DPBH*); Vickie Ives (*DPBH*); Sabrina Petrel (*Guest*); Julia Peek (*DPBH*); Renee Ruiz (*Guest*); Ana Adkins (*Guest*); Donielle Allen (*DPBH*); Drew Cross (*DPBH*); Kim Krumland (*Guest*); Shannon Bennett (*DPBH*); Victoria Burris (*SNHD*); Sarah Rogers (*DPBH*); Bre Taylor (*Guest*); Haley Blake (*SNHD*); Victoria Hughes (*Guest*); Emilee Hatch (*Guest*); Shyeda Steverson (*Guest*); Leomar Curameng (*Guest*); Petter Parelius (*Guest*); Kelsey Salazar (*Guest*); Danika Williams (*NNPH*); Liliana Wilbert (*NNPH*); Chantale Botsford (*Guest*); Breanna Burkett (*DPBH*); Amanda DiGoregorio (*SNHD*); Megan Nutt (*Guest*); Christopher Bordigioni (*DPBH*); Tina Caburnay (*Guest*); Chantelle Batton (*DPBH*); Dawn Evans (*NVHA*); Emmanuel Umunnakwe (*Guest*); Brandie Orr (*Guest*); Tracey Russell (*Guest*); Kevin Haywood (*DPBH*); Erin Dixon (*NNPH*); Kellie Watkins (*NNPH*); Christabell Sotelo-Zecena (*NNPH*); Bill Gorman (*DPBH*); Michael Bologlu (*DPBH*)

## 2. PUBLIC COMMENT

Chair opened the floor for public comment; none heard.

## 3. FOR POSSIBLE ACTION: Review and possible approval of the minutes for the Nevada State Board of Health June 5th, 2026, meeting

The written report can be found here: https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/9.11.26/draft-6.5.2026-boh-meeting-minutes.pdf

Chair asked board members for any questions or concerns; none were heard. Dr. Pennell requested a correction be made regarding agenda Item 7 to add a statement indicating he asked the board members for any comments before opening the floor for public comment. No public comments were heard.

Chair Pennell then called for a motion on the item.

MOTION: Mr. Cartwright made a motion for approval with the correction.

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

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) Staff Accomplishments:
Two disease investigators with the agency earned national certification from the National Board of Public Health Examiners, as well as having the deputy director Teneale Chapman, named to the NATO Immunization Subject Matter Expert Advisory Workgroup for the 2026 to 2028 session.
b) National Preparedness Month:
Freeman acknowledged that September is National Preparedness Month, noting that this year marks the 25th anniversary of the attacks that happened on the United States on September 11th, 2001. In honor of the month, the agency has been hosting a preparedness campaign with four emergency managers from the quad-county region of Carson, Douglas, Lyon, and Storey counties. The campaign will end at the end of the month with a preparedness fair, which will be held at the community center in Carson City, and this event will have a variety of vendors and companies in attendance to spread awareness how people can prepare themselves better. The first 100 families will have the opportunity to begin building go-bags, and as they go will learn different ways to make sure their homes are safe and sanitary after an emergency.
c) Family Planning:
During the COVID-19 pandemic, the numbers of clients for family planning dropped dramatically. They are happy to report that these numbers have been rebounding steadily and are getting closer to being the numbers they were prior to the pandemic.
d) Point-of-Care Syphilis Testing:
After starting the program in 2025, within the first year the agency completed almost 400 point-of-care syphilis tests. Numbers continue to increase and clients have appreciated having the test available. The tests are rapid, and if a case is found they can treat it at that time.

Chair Pennell asked board members for any questions or comments; none heard.

*Northern Nevada Public Health*
The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/9.11.26/nnph-quarterly-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:

a) Community Health Needs Assessment:
The agency recently published the results of their Community Health Assessment done in collaboration with Renown Health. One of the key points identified was the newly added economic instability option. Moving forward with development of the Community Health


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Improvement plan, the agency hopes to address concerns and look at how a meaningful impact can be made.

b) Strategic Planning:
Strategic planning has begun to set the agency's priorities and goals over the next three years, something the agency does in a cycle every 3 years.

c) Air Quality Monitoring:
6 months ago, a new station was set up in Verdi allowing the agency to better and earlier detect air quality information to better inform the public.

d) Respiratory Illness Season:
There were 26 deaths in the last respiratory illness season, and of those that were hospitalized 70% of the patients were unvaccinated.

e) WIC Program Consolidation:
A satellite office for the WIC program was closed due to budgetary constraints, though the agency was able to increase maintain caseload participation throughout the process.

f) Environmental Services Update:
The agency has seen an increase in food borne illness complaints; regarding population it's been identified that, since August, there have been 9 multi-state outbreaks where usually once a year there may be 1 to 2 outbreaks. 7 of the 9 still have no identified source as well.

g) Hawk Fire – Declaration of Emergency:
A local emergency declaration was issued to support the Governor's state declaration to help seek federal assistance. The county is currently working through FEMA's three-phase process to remove hazardous materials so restorations can begin and there are plans to share an emergency declaration template developed by the county with national partners and other states. Public health preparedness efforts enabled rapid coordination during the fire. The agency contacted 41 healthcare facilities (reaching 30 of the 41 contacted) and coordinated the evacuation and safe repopulation of 584 residents with no loss of life. In total, 274 healthcare partners were contacted about impacts and closures. Also, due to the fire, power outages affected water systems and food establishments, requiring re-inspections and additional public health interventions. The response identified areas for improvement, including requirements for mobile home park owners to provide alternative water or shelter when water systems fail. These issues will be addressed in a post-incident review.

Chair Pennell asked board members for any questions or comments; none heard.

### *Southern Nevada Health District*

The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/9.11.26/snhd-quarterly-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:

a) Community Health Center Update:
The agency applied for and received a HRSA New Access Point (NAP) grant, with approximately $650,000 being awarded to their program. The funds will support the opening of a new Southern Nevada Community Health Center Clinic site, a third with two already existing in the Decatur and Fremont areas. The award indicates the third clinic must be located in an 89103-zip code and must be operational by December 10th, 2026. 2


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locations in the specified have been identified but need the Governance Board's approval before any work can be done. HRSA has also set a patient goal of 2,560 unduplicated clients to visit the clinic in a year; visits can be comprised of medical and/or behavioral services that SNHD offers. However, any ongoing funding is contingent on federal resources and meeting the requirement target of the 2,560 clients.

b) Public Health Laboratory Annex:
At the August 27th SNHD Board of Health meeting, the budget and general contract were approved to build the Southern Nevada Public Health Laboratory Annex. The project, initiated in 2022, has faced multiple funding challenges but is now moving forward. The new annex will be built in the existing laboratory's parking lot and will significantly expand SNHD's capacity to respond to public health threats as Clark county grows. The final design is a 12,800 sq ft. facility, including a major expansion of Biosafety Level-3 space from the current 600 sq ft. to 2,700 sq ft. About 8,300 sq ft. will be fully built out, with a remaining 4,500 sq ft. reserved for future growth. SNHD is also considering a future scientific or bioinformatics partner to use part of the space for real-time sequencing and regional support. Approximately $4 million has already been spent on pre-construction work. The SNHD Board approved a total budget of $21.4 million for construction, and the project is expected to begin soon.

c) Street and Field Medicine:
The Public Health Preventive Care Division's Street and Field Medicine program secured a major grant from Clark County Social Services through an interlocal agreement. The funding provides about $490,000 annually, including $50,000 specifically for heat-mitigation supplies, plus additional allocation for staffing and contracted psychiatric services in the field. In August, the team conducted 44 primary care visits, and the program aims to serve roughly 500 unduplicated patients each year.

d) Environmental Health Updates:
Cyclospora: CDC, FDA, and state and local health agencies are continuing to investigate the national Cyclospora outbreak linked to iceberg lettuce, which now appears to be declining. As of September 8, there have been 19,595 confirmed cases by the CDC nationwide, with 75% of cases occurring in Michigan, along with 1,043 hospitalizations nationally and two deaths, also in Michigan. Clark County has reported 11 cases in 2026, with three likely tied to travel. There is no evidence of increased local transmission.
West Nile: Regarding West Nile virus, Clark County reported one new invasive case as of September 5. Countywide surveillance involved 2,260 mosquito traps and the testing of 40,934 mosquitoes; 53 pools tested positive for West Nile virus, while none were positive for other arboviruses like St. Louis encephalitis.
Ebola: As of September 6th, the Bundibugyo Ebola virus outbreak in the Democratic Republic of Congo (DRC) has grown to 6,864 cases and approximately 3,312 deaths – a 48% fatality rate. The spread has reached seven provinces and is worsened by the lack of a vaccine, delayed early detection, limited diagnostic capacity, contact tracing gaps, strained healthcare systems, and conflict-related barriers. Although the risk to the U.S. and Europe remains low, SNHD is actively monitoring 17 travelers recently returned from Uganda or the DRC, with 43 individuals already completing monitoring for a total of 60 referrals.

Chair Pennell asked board members for any questions or comments;

Commenter: Mr. Cartwright



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Summary: Cartwright inquired whether either of the two proposed clinic sites in zip code 89103 could realistically open by the December 10th deadline, or if permitting requirements might cause delays. Lockett explained that one site is a turnkey sublease requiring no major tenant improvements, while the other would need construction work- such as installing additional sinks- that would trigger permitting and added costs. Locket concluded stating that final decisions on the site will only be made after approval from the Southern Nevada Community Health Center governing board, as is required by HRSA.

### *Central Nevada Health District*

The written report can be found here: https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/9.11.26/cnhd-quarterly-report.pdf

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

The following is a summary of the presentation by Dr. McDonald:

- The agency has been busy with recently completed office remodels, computer system upgrades, and organizational growth.
- In July, a Cyclosporiasis case was reported in Fallon, NV. Although the patient did not report travel, no source has been found and local hospitals are increasing testing with support from epidemiology and environmental staff.
- Mosquito abatement efforts in Churchill County have shown no positive West Nile pools and no human or equine cases.
- The agency supported environmental evaluations during Burning Man, while also dealing with some unusual public calls like ordering propane deliveries.
- The community health needs assessment is finished and out for public comment, with follow-up outreach underway across the represented communities.
- A family practice residency program planned for Fallon has secured funding and is preparing attending physicians, aiming to launch its first cohort next year.

The following is a summary of the presentation by Ms. Ernst:

- The district has gained movement filling key positions, including a new public health preparedness planner starting this month, which has been difficult in the rural frontier areas.
- Chronic disease education programs continue to grow across all four counties, and two newly awarded rural health transformation grants will help expand chronic disease education, management and resources, as well as strengthening much needed community health worker programs.
- The district completed its Community Health Needs Assessment and Public Health Preparedness plan and will begin developing its Community Health Improvement Plan soon.
- They are also addressing ongoing challenges with RV parks that struggle to maintain proper water and wastewater systems by creating educational resources to improve safety for residents.
- Burning Man operations were successful despite heavier-than-expected rain, with strong support from Northern Nevada Public Health, Carson City Health and Human Services,



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and the Department of Agriculture. Data from the event will be shared with the Board next quarter.

Chair Pennell asked board members for any questions or comments;

Commenter: Dr. Murawsky

Summary: Murawsky congratulated the agency on starting partnering for the new graduate medical education program, stating "Those are critical to helping us meet the needs of the folks in the state of Nevada and those rural areas in particular."

*Douglas County*
The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/9.11.26/douglas-quarterly-report.pdf

*Elko County*
The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/9.11.26/elko-quarterly-report.pdf

Chair Pennell asked that staff be sure to respond to a request in the report from the Health Officer concerning the Rural Health Transformation grant awardees.

*Esmeralda County*
The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/9.11.26/esmeralda-quarterly-report.pdf

*Lander County*
The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/9.11.26/lander-quarterly-report.pdf

*Lincoln County*
The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/9.11.26/lincoln-quarterly-report.pdf

*White Pine County*
The written report can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/9.11.26/white-pine-quarterly-report.pdf

5. **FOR DISCUSSION/POSSIBLE ACTION: Consent Agenda for Approval**

There were no items presented for the consent agenda. No action was taken.

6. **FOR DISCUSSION/POSSIBLE ACTION: Discussion and Possible Adoption of Proposed Regulation of Amendments of Chapter 441 of Nevada Administrative Code (NAC), LCB File No. R119-26 (formerly known as R174-24)**

Presenter: Melissa Bullock, State Epidemiologist (*DPBH – OSE*)


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Summary: LCB File No. R119-26 (formerly R174-24) proposes amendments to NAC 441 that would strengthen tuberculosis prevention through updated screening and testing in educational institutions and for healthcare workers and facility residents, update COVID-19 reporting and investigation rules, clarify terminology related to MPOCs, and establish new reporting standards for wastewater surveillance and certain infectious agents and biological substances. The regulation also expands public health outreach to individuals who have experienced a drug overdose, connecting them with supportive services, treatment, and other needed interventions.

A Small Business Impact Questionnaire was distributed beginning June 30th, 2025, with further outreach on July 16th, 2025, to healthcare facilities, private schools, and water reclamation facilities. Out of roughly 3,000 potential recipients, 215 questionnaires were sent, and two comments were received. Both comments indicated no negative economic impact from tuberculosis (TB) screening requirements; one noted TB screening is already standard practice, and the other stated the regulations would benefit their business by preventing disease transmission.

Multiple stakeholder meetings were conducted with education officials, school nurses, local health authorities, and wastewater surveillance teams prior to a public workshop held on January 20th, which had 48 attendees. Comments raised concerns that TB screening requirements for school employees could be administratively burdensome, overly broad, and unfunded. In response, the draft regulations were revised to reduce burden by offering schools either a TB risk questionnaire or TB testing, requiring screening only upon hire and every four years thereafter, narrowing who must be screened, allowing acceptance of recent screenings, and clarifying that individuals- not schools- bear testing costs.

DPPH has informed stakeholders that if school districts prefer not to incorporate TB screening into their existing employee and volunteer record-keeping systems, DPPH has developed a secure, HIPAA-compliant database that districts can use. This database allows individuals to enter their own information, upload documents with attestation of truthfulness, and provides reporting tools to identify non-compliant persons. DPBH plans to hire temporary staff to support implementation, training, and to minimize the burden on schools.

Staff emphasized that relying on TB exposure events is not adequate as it forces both schools and public health to respond reactively, creating significant logistical and emotional strain on students, families, and staff. Exposure events require two rounds of testing, large-scale contact tracing, and consume already limited resources that would otherwise support routine public health activities. Between 2004 and 2026, multiple TB cases in Clark County School District led to large contact tracing efforts. Statistical examples that were provided include:

- In 2023, five school cases led to 1,266 identified contacts, half of whom were students. A total of 1,232 tests were conducted, identifying 106 latent TB infections.
- In 2004, three school cases resulted in 445 contacts- mostly students- and 422 tests that revealed 40 latent infections.
- In 2026 so far, one school case generated 257 contacts, mostly students, and 214 tests that identified 21 latent infections.

Overall, these investigations consistently involve large numbers of students and staff and uncover numerous latent TB cases needing follow-up and treatment.

Public comment received from a former Southern Nevada District Director of Disease Surveillance and Control spoke in support of the regulation, explaining that TB spreads through prolonged close contact and noted that school-related TB investigations in Southern Nevada



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currently show about a 12% positivity rate. Each positive case triggers extensive follow-up activities such as contact tracing, medical evaluations, laboratory testing, case management, and continued monitoring, creating a heavy burden on public health agencies, healthcare systems, businesses, and schools. He'd stated that the proposed regulations offer a practical, evidence-based approach by requiring TB surveillance for individuals who have frequent or prolonged contact with students. The regulation allows flexibility by permitting either a TB test or a standardized risk-assessment questionnaire, which includes symptom checks. He emphasized that this approach would reduce costs for schools and public health agencies, since a single investigation can involve screening 500 to 1,000 people, and that proactive screening would be beneficial for both schools and public health.

To conclude, DPBH recommended adopting the proposed changes in LCB File No. R119-26 to maintain effective TB, COVID-19, and wastewater surveillance statewide.

Comments from Board members included:

Commenter: Dr. Murawsky

Summary: Dr. Murawsky asked two clarifying questions about the proposed TB screening process. First, he asked about the burden of completing the department's TB risk-screening questionnaire. It was explained that the questionnaire is simple, consisting of ten yes/no question, with five about TB exposure and five about TB-related symptoms.

Second, he asked whether the regulations require the person performing the screening to also provide TB treatment, noting that employee health staff typically do not treat TB due to its complexity. It was clarified that this is not the intent. The requirement is to ensure proper reporting and referral. Once reported, local health authorities will connect the individual with an appropriate provider and ensure correct treatment is given. Dr. Murawsky stated that he plans to propose an amendment to Section 9, Subsection 1, to clarify that providers must offer treatment, "or referral for treatment", for active tuberculosis. The goal is to ensure employee health staff are responsible only for reporting and referring individuals to appropriate medical providers, not for treating TB themselves.

He also raised a question about Section 13, item 18A regarding COVID-19 hospitalizations. He asked whether the intent is to report all hospitalized individuals who test positive for COVID-19, or only those hospitalized because *of* COVID-19. It was clarified that the intent is to track hospitalizations due specifically to COVID-19, so severity of the season can be monitored. Murawsky then suggested adding wording such as "for" or "because of" COVID-19 to make this intent explicit, noting hospitals can easily make that distinction.

Commenter: Mr. Cartwright

Summary: Mr. Cartwright asked whether the tuberculosis risk-assessment form referenced in the regulations was already available online. It was explained that the general TB risk assessment is posted, but the school-specific version is still in draft form and will be posted once the regulation is fully approved, including a final step to present the regulation before the Legislative Commission.

He then asked clarifying questions about how the regulation applies to independent contractors in school settings. Specifically, he raised scenarios involving construction work, where subcontractors work under a general contractor rather than directly with a school. The intent was clarified: the requirement applies only to individuals contracted



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directly by the school who spend at least eight cumulative hours in face-to-face contact with students.

At Mr. Cartwright's request, further clarification was provided regarding "face-to-face contact." Contractors such as HVAC technicians, electricians, or painters working near students, but not directly with them, would generally not be included. Only unusual situations where such workers are in a classroom with students for extended periods would potentially meet the definition.

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

Comments from members of the public included:

Commenter: Dawn Horton, District R.N. – *Representing Nye County School District*

Summary: Horton thanked the presenters for the helpful background information but requested clarification on several sections of the proposed TB regulations. She noted that nurses were not included in the definition of tuberculosis healthcare providers, even though in rural districts nurses are often the primary personnel performing TB tests and screenings. She raised concerns about the four-year TB clearance cycle, questioning why documentation must be within 12 months if testing is only required every four years, and asked whether screenings refer to PPD tests. She also asked who determines what qualifies as "equivalent content" in Section 7 and reiterated concerns about the mismatch between annual healthcare screening practices and the proposed four-year interval. She also pointed out that Section 7 requires review by a tuberculosis healthcare provider, but nurses are not listed in that category. She highlighted the potential burden on rural employees if they are responsible for testing costs and asked whether schools would be expected to provide TB testing. Additionally, she noted that the regulations describe processes for new employees but do not specify requirements for current employees. Her testimony was cut off when her three-minute time limit expired.

Commenter: Michelle Wright, Director of Human Resources – *Representing Nye County School District*

Summary: Wright expressed significant concerns about the financial and administrative impact of the proposed TB regulation changes. She explained that the district covers 18,000 square miles with very limited healthcare access, making the new requirements difficult to implement. The regulations would delay hiring due to mandatory TB evaluations, create substantial administrative burdens for already overstretched staff, and require extensive manual recordkeeping and compliance tracking. She highlighted that follow-up testing would be especially challenging in remote communities with few or no healthcare facilities, and that long travel distances would divert district resources away from essential programs. Wright also warned that the added complexity could discourage substitutes, volunteers, and contractors from working in rural areas where staffing shortages are already severe.

She requested several revisions, including: a fully state-funded portal to manage TB evaluations and tracking; state funding and administration of all diagnostic testing;



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extended reporting timelines and simplified compliance processes tailored to rural districts; or waiving the regulations entirely for remote rural school districts.

Commenter: Regina Ellis, R.N. (Retired) – *Representing R.N.'s*

Summary: Ellis argued that the Board of Health should reject the changes and retain annual TB testing for healthcare workers. Ellis stated that adopting the CDC's 2019 guidelines would weaken Nevada's protections by eliminating routine yearly testing. She emphasized that annual TB testing is essential for early detection, outbreak prevention, and identifying failures in infection control.

Ellis warned that relying only on baseline testing and post-exposure testing is flawed because TB diagnoses are often delayed, and patients may visit healthcare facilities multiple times while infectious, and not yet isolated, leading to unrecognized exposures. She also argued that shifting to annual assessments based on personal risk factors is inappropriate, as employers cannot accurately identify all occupational exposures and should not collect sensitive personal information about workers' medical or travel history. She concluded by stressing the seriousness of TB, but her testimony was cut off when her three-minute time limit expired.

Commenter: Dr. Joseph Gent, Superintendent – *Representing Nye County School District*

Summary: Gent spoke about the impact of the proposed TB regulations on rural school districts. He emphasized that rural districts already face a heavy reporting burden, largely driven by requirements designed for Clark and Washoe counties. He noted that many mandated reporting tasks do not align with rural conditions and create unnecessary workload. He argued that the TB issues prompting these regulations come from a few outbreaks in densely populated areas over many years, and do not reflect the realities of rural communities, where he found no evidence of similar outbreaks. He stated that the proposed regulations would solve a problem that does not exist in rural Nevada while adding significant administrative strain. He urged the Board to amend the regulations to avoid placing unnecessary burdens on rural districts.

Commenter: Heather Strasser, Health Service Director – *Representing Clark County School District*

Summary: Strasser expressed major concerns, stating that while CCSD supports protecting students and staff from TB, the proposed amendments to NAC 441A would create substantial financial, operational, and instructional burdens. She explained that CCSD previously required TB testing every five years, which was costly, inefficient, and did not prevent TB exposures. The new regulations would require annual TB risk assessments and symptom questionnaires for over 60,000 employees, contractors, and volunteers. She noted that the proposed rules do not clearly define when follow-up testing is clinically necessary, creating potential liability issues for districts.

Strasser also said this was the first time CCSD learned about the state's secure data system. She stated that even with that system, hiring medical personnel to review screenings and covering testing costs for flagged individuals would be expensive. She added that existing collective bargaining agreements would likely require the district to



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pay for testing and additionally removing staff from classrooms while awaiting medical clearance would disrupt student instruction.

She urged the State Board of Health to reconsider the amendments and collaborate with school districts and stakeholders to find solutions that protect school communities without imposing significant unfunded mandates.

Commenter: Susan Keema, Executive Director – *Representing the Nevada Association of School Superintendents*

Summary: Keema spoke in opposition to the school-based TB provisions of the regulation, noting that although earlier versions were narrowed, Sections 2 through 11 still impose a statewide compliance system without evidence of school-specific TB risk significant enough to justify the administrative burden. She explained that while TB is a public health concern, available data does not show school-based transmission or demonstrate that repeated statewide screening is more effective than responding to actual exposure. She argued that a targeted, exposure-based approach would better match the real level of risk.

Keema emphasized that the proposal creates extensive, unfunded record-keeping and monitoring responsibilities, conflicting with statewide efforts under SB-460 to reduce unnecessary reporting requirements for school districts. She also warned that the regulations could unintentionally create barriers for employees, contractors, volunteers, and even affect educator licensure if not coordinated with the Nevada Department of Education, noting examples such as grandparents volunteering for more than eight hours or contractors engaging with students during construction projects. She stressed that many districts, especially rural ones, lack school nurses, and superintendents already juggle multiple roles, making the added responsibilities unmanageable.

Keema stated that NASS supports appropriate public health protections but urged the Board to remove Sections 2 through 11 and work collaboratively with the Department of Education.

Commenter: Tess Opferman – *Representing Washoe County School District*

Summary: Opferman stated that while the district supports evidence-based public health measures, it opposes adopting the educational-institution TB screening provisions in the regulation as written. She explained that WCSD has over 9,000 employees, 15,000 volunteers, and many contractors, and the proposed requirements- such as tracking an 8-hour face-to-face threshold and managing four-year screening cycles- would create massive administrative challenges. WCSD does not currently track volunteer hours this way and does not have the capacity to manage confidential HIPAA-protected health records.

Opferman also noted that the district was unaware of the state's proposed database and does not have the medical staff required to review TB assessments, since the regulation specifies that only physicians, PAs, or APRNs can evaluate them. WCSD's nurses already cannot absorb additional duties, and the district has no on-site physicians. As a result, the regulation would force the district to limit volunteers, causing direct negative impacts on teachers, students, and school operations.



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She stated that Nevada law requires disease-control measures to be the least restrictive approach, but the regulation fails this standard because there is no Nevada-specific data showing acute TB risk in Washoe County, and the 8-hour face-to-face threshold lacks medical justification. For these reasons, WCSD opposes the regulation.

Commenter: Tracy Russell – *Representing a Home Health and Hospice Agency*

Summary: Russell, who works with a small home health and hospice agency in two rural communities, stated that her agency is willing to comply with whatever regulations are adopted; however, she emphasized that the TB testing and screening processes are very complex and often difficult to interpret because guidance is unclear or inconsistent. She explained that even when agencies believe they are in compliance, new rules or requirements frequently arise making it challenging to stay aligned with regulations.

Her primary request was that, regardless of the final decision, the state provide clear, easily interpretable guidance applicable across all levels of care. She stressed that straightforward, unambiguous instructions are essential for small agencies trying to follow the rules.

Commenter: Sarah Swinnerton, Industrial Hygienist – *Representing the National Nurses Organizing Committee and National Nurses United*

Summary: Swinnerton urged the State Board of Health to reject adopting the CDC's 2019 TB screening and testing guidance, which would replace annual TB testing with a risk-based approach. She argued that this change would weaken Nevada's TB protections, allow employers to avoid tracking occupational exposures, and increase infection risk for nurses and other healthcare workers. She emphasized that annual TB testing is essential for early detection, outbreak prevention, and ensuring employers investigate exposures and maintain strong infection-control measures. Swinerton pointed out that healthcare facilities often cannot identify all exposures because TB diagnoses are frequently delayed, and that patients may make multiple visits while infectious, creating unrecognized risks that would not trigger post-exposure testing under the CDC model.

She also criticized shifting from occupational surveillance to individual risk-factor assessments, noting this approach misdirects attention away from workplace exposure. Annual TB testing enables contact tracing, medical follow-up, and workers' compensation processes that help protect staff. For these reasons, NNOC and NNU urged the Board to maintain Nevada's current annual TB testing requirements.

Chair Pennell then called for a 10-minute recess.

After returning, and with no further public comment, Chair Pennell asked board members for any questions or comments; none heard. Chair Pennell then called for a motion on the item.

MOTION: Dr. Murawsky made a motion NOT to adopt the item at this time and to have staff issue a new notice of intent based on impacts heard in public comment on rural communities and needing multiple clarifications in the language of the regulation.

SECONDED: The motion was seconded by Mr. Cartwright.

RESULT: Approved unanimously.



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For the record, there were two additional written public comments submitted; the submitted letters can be found here:
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/9.11.26/r119-26/csan-letter-nac-441a-tb-testing.pdf
https://www.dpbh.nv.gov/siteassets/boards/boh/meetings/2026/9.11.26/r119-26/public-comment-of-the-washoe-county-school-district.pdf

**7. FOR INFORMATION/DISCUSSION ONLY: DPBH Accreditation and Strategic Planning Update**

Presenter: Andrea Rivers, Administrator (*DHS – DPBH*)

Summary: Rivers opened with an acknowledgement of the 25th anniversary of 9/11 and honoring the lives lost during the tragic event. Beginning with her presentation, Rivers announced that on August 13, 2026, the division received national accreditation from the Public Health Accreditation Board (PHAB). She explained that achieving accreditation is a lengthy process that required meeting 232 rigorous, evidence-based standards and strengthening numerous internal systems, including creating the division's first strategic plan, a unified communication framework, a workforce development plan, and quality-improvement and performance-management systems. She emphasized that accreditation strengthens accountability, credibility, and continuous improvement, supporting the division's mission to protect and promote the health of all Nevadans. She emphasized that accreditation is an ongoing process and that the agency's work will continue as they build on this foundation. Rivers thanked staff, partners, and community members for their contributions and noted that DPBH has begun its next strategic planning cycle, which will include staff surveys, internal town halls, and stakeholder interviews, with results to be shared early next year.

Commenter: Dr. Murawsky

Summary: Murawsky thanked the agency for their extensive work on the accreditation process, noting that their dedication was evident during interviews and went beyond simply meeting standards to truly embracing the intent of the effort. He emphasized that accreditation marks the beginning of an ongoing journey and expressed confidence that the department is moving in the right direction, with this work creating positive ripple effects for public health in the state.

**8. FOR DISCUSSION/POSSIBLE ACTION: Recommendations for future agenda items.**

Summary: Dr. Murawsky noted that the board received a public comment requesting more detailed differentiation within the Asian American classification for public health purposes and asked that the state review this request and report back at a future meeting on its feasibility, implications, and any required actions.

Dr. Pennell asked board members for any other recommendations; none heard. Dr. Pennell then opened the floor for public comment; none heard.

Dr. Pennell determined the item for information only. No action was taken.

**9. FOR DISCUSSION/POSSIBLE ACTION: Proposed 2027 Meeting Schedule**

- March 5th, 2027
- June 4th, 2027
- September 3rd, 2027



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- December 3rd, 2027

Dr. Pennell called for a motion on the item.

MOTION: Dr. Murawsky made a motion to accept the dates with an amendment moving September 3rds meeting to September 10th to avoid possible quorum issues due to the holiday weekend.

SECONDED: The motion was seconded by Dr. Ponce.

RESULT: Approved unanimously.

## 10. PUBLIC COMMENT:

Dr. Pennell opened the floor for public comment.

Comments from members of the public included:

Commenter: Regina Ellis, Retired TBRN Case Manager

Summary: Ellis described her firsthand experience managing TB cases involving children and individuals connected to the Clark County School District. She explained that when children contract latent or active TB from school exposure, they often cannot attend school for a period of time and must take multiple medications for at least six months with public health staff observing them take each dose. Adding that, adults with active TB undergo similar intensive treatment. Ellis emphasized the importance of thorough TB testing and screening in both schools and healthcare settings. She noted that large contact investigations- sometimes involving hundreds of people- are extremely costly for public health and create significant disruptions for families, students, and workers who must miss school or work. She shared this perspective to highlight the real-world impact of TB exposure and the importance of strong public health protections

## 11. ADJOURNMENT:

Dr. Pennell adjourned the meeting at 10:50 AM.

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