

Joe Lombardo
Governor

Laura Rich
Director



DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Andrea R. Rivers,
MS
Administrator

Ihsan Azzam,
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*Chief Medical
Officer*

STATE BOARD OF HEALTH
with the DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)
MEETING MINUTES
March 6th, 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_MzU0OWU5NGEtYTYyNy00MmJjLWI3NDAtMzc3NDMwZTJiYTM%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: 915 170 796#

1. CALL TO ORDER/ROLL CALL:

Board Members Present:

- Dr. Jon Pennell D.V.M., Chairperson
- Dr. Jeffery Murawsky M.D., Vice-Chairperson
- Ms. Jennie Kim
- Ms. Jennifer Belza-Vinuya

Quorum was present.

Members Absent:

- Mr. Nathan Cartwright
- Dr. Monica Ponce D.D.S

Others in Attendance:

In-Person: Andrea Rivers (DPBH); Kelli Knutzon (DPBH); Faythe Baltisberger (DPBH); Mitch DeValliere (DPBH); Shannon Ernst (CNHD); David Kelly (NNPH); Erin Dixon (NNPH); Jeanne Freeman (CCHHS); Teneale Chaption (CCHHS); Michael Kupper (NVHA); Dr. Tedd McDonald (CNHD); Andria Cordovez Mulet (SNHD); Yvette Chapman (DPBH); Kristy Ariotti (DPBH); Dr. Cassius Lockett (SNHD);

Online: Courtney Leverty (AG); Tabitha Mueller (External); Bill Gorman (DPBH); Julie Lindesmith (DPBH); Drew Cross (DPBH); Hope Bauer (External); Vickie Ives (DPBH); Joseph Monehin (DPBH); Vincent Valiente (DPBH); Jasmine Orozco (External); Jose Rivers (AG); Kristina Mihajlovski (External); Lea Case (External); Jennifer Lanahan (External); Lea Cartwright (External); William Horne (External); Keibi Mejia (External); Amy Hyne-Sutherland (External); Donielle Allen (DPBH); Colleen Lyons, MD (External); Troy Ross (External); Tammy Ritter (DPBH); Anne Davis (External); Cade Grogan (External); Julia Peek (DPBH); Tanya Liscio (DPBH); Daniel Vezmar (DPBH); John Packham (External); Nayesdi Badillo (External); Briza Virgen (DPBH); Tami Conn (DPBH); Lee McAllister (External); Janice Hadlock-Burnett (DPBH); Steve Gerleman (DPBH); Nathan Orme (DHS)

2. PUBLIC COMMENT:

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

3. FOR POSSIBLE ACTION: APPROVAL OF MEETING MINUTES FROM DECEMBER 5TH, 2025, MEETING

The written report can be found here:

<https://www.dpbh.nv.gov/siteassets/boards/boh/r-draft-12.5.25-boh-meeting-minutes.pdf>

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: Dr. Murawsky made a motion for approval.

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

PASSED: Passed unanimously.

Before moving on Dr. Pennell announced the decision to hear Items 5 through 8 before the Item 4 health reports.

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/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) Public Health Accreditation Board:

Freeman highlighted that their agency completed the PHAB required annual report for accreditation, noting that having the agency's quality improvement plan accepted by PHAB is essential. This is the second reaccreditation cycle, which began about a year ago, and PHAB now allows the agency to submit certain documents annually for early review; once approved, those documents don't need to be resubmitted during reaccreditation. This streamlined process has been helpful, and she is especially proud that PHAB had no comments on the submission, considering it a positive sign.

b) School District Measles Preparedness:

Freeman noted that their agency is beginning work with local school districts to model potential measles scenarios. The goal is to help schools understand how a measles case could affect the educational environment, including how to prepare for students who may need to be excluded for several weeks. This planning will also be shared with local healthcare providers so they can anticipate what to expect if a case occurs in the community.

c) CredibleMind:

Freeman shared that their agency adopted the CredibleMind platform, an idea borrowed from SNHD, to support staff wellbeing. While employee assistance programs already exist, CredibleMind offers additional tools and resources to help staff manage ongoing stress and explore different coping strategies. The agency launched a two-year pilot program and have partnered with Carson City Human Resources to evaluate whether this resource should eventually be offered to all city employees.

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/r-nnph-health-officer-report.pdf>

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

a) Community Health Assessment and Improvement Plan:

Dixon announced that the triennial Community Health Assessment has finished both the data collection and community-prioritization phases. The full report will be released soon, and the team will then begin developing the Community Health Improvement Plan.

b) Clinics and Community Resources

The agency's clinics are monitoring changes in clients' insurance status to understand how recent insurance shifts may affect service delivery and whether adjustments to services are needed based on available community resources. At the same time, there is ongoing instability in federal public health funding, and three specific funding sources are currently of concern, which the agency hopes to see resolved soon.

c) Pertussis Cases:

Dixon noted an increase in pertussis cases and contacts, marking one of the largest outbreaks seen in a long time. She also expressed appreciation for medical providers whose quick response has been crucial in helping contain the spread.

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/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:

a) Upcoming SNHD Board of Health Meeting:

Lockett announced that the SNHD Board of Health will hold a special meeting on March 11th at 9:00 a.m. to discuss and potentially act on whether to move forward with updating septic system regulations. This follows an outreach session that drew over 1,000 concerned permit holders. The last updates to these regulations were in 2009 and 1984, and the goal of the proposed changes is to modernize the rules and provide benefits to the community, such as an internal waiver process that could save permit holders significant costs.

b) Highlights from 2025:

o Youth Advisory Council Program – Spark

The SNHD Board of Health directed staff to create a Youth Advisory Council, which launched last year as the [SPARK](#) program (Students Promoting Awareness, Responsibility, and Knowledge). Twelve diverse youths aged 14 to 17 were selected and given stipends to work on group projects. They chose a tobacco-control initiative called “The Time Is Now,” a photo-advocacy campaign promoting a 100% tobacco-free College of Southern Nevada campus.

o Narcan Distribution Efforts

Additionally, the district exceeded its Narcan distribution goals in 2025, providing more than 229,000 naloxone kits, far surpassing Clark County’s annual target of about 83,950, through partnerships with 72 community agencies.

o Federally Qualified Health Center

The district’s federally qualified health center saw significant growth despite having fewer healthcare providers last year serving 15,093 unduplicated patients, a 12.8% increase from the previous year, and total encounters exceeded 48,000 which is up by 7%. The pharmacy supported over 7,500 patients, a 30% increase, and filled nearly 36,000 prescriptions, a 35% increase. Notably, Medicaid empanelment with managed care organizations grew from about 920 to 2,295 expanding consistent primary care access for residents.

o Public Health Lab:

The SNHD Health Lab can now test for Dengue in humans using FilmArray technology through the BioFire Warrior panel. This new capability provides results in about one hour, enabling faster public health response actions.

o Sexual Outreach Prevention:

The sexual outreach prevention program expanded express testing services to Mesquite, Henderson, and the UNLV campus. The program focuses on asymptomatic individuals, who make up as much as 70% of STI cases. It achieved an 11% positivity rate, allowing timely treatment and supporting efforts to reduce STI incidence, and there is hope for further expansion in the future.

o Nurse with the Backpack Program – St. Medicine:

The district launched the “Nurse with the Backpack” program, also known as Street Medicine, to bring primary care directly to unhoused individuals, done in partnership with groups such as Help of Southern Nevada, Shine a Light, local street outreach teams, and the cities of North Las Vegas and Henderson. Since launching in November 2025, the team completed 24 encounters within the first three weeks and most recently saw eight patients in a single day, showing strong momentum and expanding recognition for the program.

o Federal Funding Grants:

The agency is closely monitoring the situation involving the federal clawback of \$600 million in grant funding affecting four states: California, Colorado, Illinois, and Minnesota. These states hold the same four grants SNHD also relies on: Public Health Infrastructure, HIV Prevention, HIV Surveillance, and STD Prevention. A temporary restraining order in Illinois currently allows those funds to continue flowing, but the impact statements from affected states are severe, and there is no guarantee similar actions won't extend nationwide. The agency depends heavily on these grants, which support more than 70 positions and total about \$22 million, with roughly \$14 million still unspent. Given the potential risk to service continuity, district leadership maintains a high level of vigilance.

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

Summary: Dr. Pennell commended the district on the number of Narcan kits distributed in 2025, and asked if any feedback on the project had been received.

Response: Lockett stated no feedback has been received yet, but he's encouraged by progress because Clark County has previously faced rising overdose deaths. The district teams monitor these trends monthly and are now seeing a positive downward shift. Working with first responders, EMS, law enforcement, and other agencies serving high-risk residents, they're focused on widely distributing Narcan throughout the community. Combined with other strategies in a multi-pronged approach, the goal is to continue driving overdose rates down.

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/r-cmo-health-officer-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) Federal Policies Impact:

Dr. Azzam warned that new federal work requirements could cause many vulnerable Nevadans to lose access to their SNAP and other public health services. Over 10% of Nevada's 433,000 food stamp recipients, about 44,000 people, are at risk of losing benefits because they may be unable to meet the new requirements. Declining healthcare enrollment following the end of enhanced ACA subsidies further threatens public health resilience. Additionally, the new Medicaid work requirements may reduce the number of enrollments, limiting access to essential preventive services like vaccinations, disease screenings, and early detection.

b) National Measles Outbreak:

Recent CDC data shows that COVID-19 vaccines significantly reduce emergency room visits in children, with a 76% reduction among those aged 9 months to 4 years and a 56% reduction among those aged 5 to 17.

Despite strong vaccine effectiveness, the U.S. is experiencing its highest measles levels in more than 30 years, with over 3,000 cases since early 2025. This surge threatens the nation's measles elimination status and is driven by declining vaccination rates, widening immunity gaps- especially in rural areas- and increasing vaccine hesitancy. In early 2026 alone, measles cases have already exceeded all cases reported in 2025, with over 90%

occurring in unvaccinated individuals. South Carolina is currently facing the largest state outbreak in three decades, mainly among unvaccinated school-age children. Nevada reported its first two measles cases since 2018 in 2025, with no cases so far in 2026. Nevada's current MMR vaccination rate is about 92%, slightly below the 95% level needed for strong herd immunity against measles. However, Nevada's rate remains higher than neighboring states such as Arizona, Utah, and Idaho. The MMR vaccine is safe and highly effective, much safer than the diseases it prevents as two doses provide about 97% protection against measles.

c) Respiratory Infection Season:

Influenza activity in Nevada and nationwide has been gradually declining since its mid-season-post-holiday peak, though it remains slightly above baseline compared to past seasons. Influenza is currently the dominant circulating virus, with over 100 southern Nevada hospitalizations reported this season. COVID-19 activity has stayed lower than expected, showing only mild, sporadic increases and no significant hospitalization surges. RSV cases have been gradually rising since mid-February. Overall, all major respiratory infections are following typical seasonal patterns with no unusual surges observed.

d) New World Screwworm:

The New World Screwworm, a parasitic fly causing major livestock outbreaks in Central America and Mexico, has resulted in about 150,000 animal cases and 1,200 human cases in those regions. Although the parasite is not present in the United States, one travel-associated case was recently identified in Maryland. Federal and state agencies are increasing surveillance to protect U.S. livestock and prevent potential spread. According to the CDC, the current domestic risk to the public remains low.

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

Summary: Dr. Pennell thanked Dr. Azzam for his presentation and specifically for including information about the new world screwworm, as it is major news within the veterinary profession.

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/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) Epidemiology Program:

Dr. McDonald highlighted strong progress in the epidemiology program, led by Victoria Sepcic. Over the past year, the team has effectively managed the H5N1 outbreak in Fallon, NV, expanded respiratory virus surveillance, strengthened school coordination, and initiated proactive measles preparedness. They've also investigated clusters of Q fever, Dengue, and Meningitis, and broadened efforts into chronic disease prevention across the Eureka, Mineral, and Pershing Counties.

b) Environmental Monitoring:

The district has collaborated with Churchill County on vector surveillance and [HABs](#) (Harmful Algae Blooms) monitoring. They also strengthened partnerships with state,

federal, health care, and education entities and developed an improved surveillance structure. A community assessment has been launched as well.

c) Clinical Services and Staffing

An advanced nurse practitioner recently transitioned to the Northern Nevada Health District. While recruitment is underway for a replacement, Dr. McDonald will temporarily resume serving as a provider for the local clinics and traveling to community sites.

d) Central Nevada Health District Board Meeting:

o Administrator Appointment

The Central Nevada Health District Board officially appointed Shannon Ernst as permanent administrator, transitioning her from the interim role.

o Modified Fee Schedule

The district has modified its fee schedule, presented it to the Board, and will soon enter a public comment period. The goal is to adopt and ratify the schedule in the second quarter.

After the presentation, Dr. McDonald expressed appreciation for the adoption of item 7 and reflected on his long experience in public health in rural Nevada, noting the importance of maintaining strong prevention processes even when things are working well.

Dr. Pennell congratulated the agency on their receiving national recognition and Shannon Ernst for her appointment as Administrator. There were no further questions or comments heard from board members at this time.

Douglas County

The written report can be found here:

<https://www.dpbh.nv.gov/siteassets/boards/boh/r-douglas-health-officer-report.pdf>

Esmeralda County

The written report can be found here:

<https://www.dpbh.nv.gov/siteassets/boards/boh/r-esmeralda-health-officer-report.pdf>

Lander County

The written report can be found here:

<https://www.dpbh.nv.gov/siteassets/boards/boh/r-lander-health-officer-report.pdf>

Lincoln County

The written report can be found here:

<https://www.dpbh.nv.gov/siteassets/boards/boh/r-lincoln-health-officer-report.pdf>

White Pine County

The written report can be found here:

<https://www.dpbh.nv.gov/siteassets/boards/boh/r-white-pine-health-officer-report.pdf>

5. FOR POSSIBLE ACTION: CONSENT AGENDA FOR APPROVAL

- a. Review and Approval of the [Artius Dermatology Associates PC, DBA Lux Dermatology Compliance Agreement](#)
- b. Review and Approval of the [Reno Tahoe Dermatology Compliance Agreement](#)
- c. Review and Possible Approval of [Variance #795](#), regarding Guidelines from Design and Construction of Hospitals requirements of NAC 449.3154(2), Section 2.2-2.2.2.2 “Space Requirements” submitted by Battle Mountain General Hospital

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: Dr. Murawsky made a motion to approve.

SECONDED: The motion was seconded by Ms. Kim.

PASSED: Approved unanimously.

6. **FOR POSSIBLE ACTION:** DISCUSSION AND POSSIBLE APPROVAL OF NORTHERN NEVADA PUBLIC HEALTH DISTRICT PUBLIC HEALTH SEWAGE, WASTEWATERM AND SANITATION REGULATION REVISIONS

The report documents can be found here:

<https://www.dpbh.nv.gov/siteassets/boards/boh/r-nnph-septic-regulation-changes-final.pdf>

Dr. Pennell asked for any comments from staff on the item. A representative from Northern Nevada provided a brief summary, the discussion after was as follows:

Presenter: David Kelly, NNPH-REHS Supervisor

Summary: Mr. Kelly stated that per [NRS 444.650](#) the Washoe County Health District, now Northern Nevada Public Health, has adopted their own regulations since the 70s. The District's Board of Health has adopted these updated regulations, as a formality these regulations have ben brought to the State's Board of Health to ensure it aligns with the State's 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: Dr. Murawsky made a motion to approve.

SECONDED: The motion was seconded by Ms. Kim.

RESULT: Approved unanimously.

7. **FOR POSSIBLE ACTION:** DISCUSSION AND POSSIBLE APPROVAL OF NEVADA ADMINISTRATIVE CODE (NAC) 441.200(1) REGARDING VACCINATION RECOMMENDATIONS

The report documents can be found here:

<https://www.dpbh.nv.gov/siteassets/boards/boh/r-vaccination-recommendations-letter-to-the-board.pdf>

Presenter: Dr. Ihsan Azzam, State Chief Medical Officer (*DPBH*)

Summary: Dr. Azzam expressed strong concerns about recent CDC changes to the childhood immunization schedule, going into detail how the CDC downgraded several routine vaccines- such as hepatitis A & B, influenza, RSV, rotavirus, and meningococcal virus from universal recommendations to high-risk only, shared decision making. He argued that these changes

contradict current scientific evidence and shift the burden of decision-making to families and healthcare providers without adequate guidance or resources, and risks worsening the already low vaccination rates especially in underserved and rural communities. Dr. Azzam warned that these weaker recommendations may impact public confidence, accelerate declines in vaccination rates, and increase the risk of serious infectious diseases reemerging. He went on to highlight the historic success of routine childhood vaccines, which have prevented millions of illness and deaths and emphasized existing evidence-based schedules, supported by organizations such as the American Academy of Pediatrics, which remain effective and safe. Collectively, Nevada's state and local health authorities recommend against adopting the new CDC schedule and plan to continue following the prior evidence-based guidelines. Dr. Azzam concluded his testimony, stating that reliable, science-based immunization policies are essential for maintaining public trust and ensuring the health of Nevada's children.

Dr. Pennell then asked for any questions or comments from board members:

Commenter: Dr. Jeffery Murawsky M.D., Vice-Chair

Summary: Dr. Murawsky expressed appreciation for those involved in creating the report, highlighting his admiration for the displayed commitment to keeping Nevada's public health system aligned with current evidence, without removing individuals' ability to make singular decisions.

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

Summary: Dr. Pennell thanked Dr. Azzam and other health officers for this presentation, concurring with Dr. Murawsky's appreciation for following evidence-based science.

Dr. Pennell then opened the floor to public comment:

Commenter: Dr. Troy Ross, Lander County Health Officer

Summary: Dr. Ross spoke in support of the recent CDC updates noting that all medical treatments- including vaccines- carry risks, pointing to the more than 8,000 accepted claims through the Vaccine Injury Compensation Fund as evidence. He argued that the updated recommendations maintain access to these vaccines while giving parents and healthcare providers more flexibility and enabling informed consent. Dr. Ross expressed his belief that this shift away from mandates can help build public trust following recent controversies and encouraged the Board to support policies that increase choice without removing access.

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

MOTION: Dr. Murawsky made a motion to approve.

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

RESULT: Approved unanimously.

Note: Additional public comment was written and submitted by the Nevada Chapter of the American Academy of Pediatrics. The letter can be found here:

https://www.dpbh.nv.gov/siteassets/boards/boh/r-mcallister_nv-aap_letter_nac-441a-200-1_2026-03-06.pdf

8. FOR POSSIBLE ACTION: DISCUSSION AND POSSIBLE APPROVAL OF THE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH), PUBLIC HEALTH INFRASTRUCTURE AND IMPROVEMENT, REQUEST FOR RECRUITING AND RETENTION EFFORTS FOR HISTORICALLY HARD TO FILL POSITIONS

The report documents can be found here:

<https://www.dpbh.nv.gov/siteassets/boards/boh/r-dpbh-recruiting-efforts.pdf>

Presenter: Dr. Mitch DeValliere, Public Health Infrastructure Manager (*DPBH*)

Summary: Dr. DeValliere provided an update on DPBH's recruiting efforts, finalizing the information needed to report to the State Treasury regarding reimbursement for hard-to-fill public health positions. Current vacancy data shows only 41% of senior psychiatrist positions are filled, along with notable shortages among psychiatric nurses, licensed psychologists, health program workers, and mental health counselors. To address this, DPBH has been conducting extensive recruitment efforts. For psychiatric roles, Dr. Leon Ravin (DPBH Statewide Psychiatric Medical Director) partners with four residency programs- one in Reno and three in Las Vegas- to generate interest among residents while senior residents are placed in facilities for elective rotations. Dr. Ravin has also worked to secure access to interns for some of these positions, and also regularly attends major conferences. DPBH has hosted recruiting booths at events such as the annual National Psychopharmacology Update Conference, the annual American Academy of Psychiatry and the Law, and are in the process of posting a job advertisement in the AAPL Quarterly Newsletter. For broader public health positions, DPBH is having trouble with the retention of staff in earlier phases; specifically mentioned are the Clinical Social Worker and Mental Health Counselor positions, both ranging around an approximately 72% to 77% vacancy rate. To combat this issue, DPBH has been using a wide range of recruitment strategies including online advertising (LinkedIn, Facebook, Instagram), professional publications (Psychology Today), statewide career fairs, and more nontraditional outreach such as engagement with faith-based groups, high schools, colleges, tribal communities, cultural coalitions, and local community events.

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: Dr. Murawsky made a motion to approve.

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

RESULT: Approved unanimously.

Dr. Pennell announced returning to item 4 to hear the county and district health reports.

9. FOR POSSIBLE ACTION: RECCOMENDATIONS FOR FUTURE AGENDA ITEMS

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

10. PUBLIC COMMENT:

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

11. ADJOURNMENT:

Dr. Pennell adjourned the meeting at 10:03am.