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DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



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STATE BOARD OF HEALTH
with the DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)
MEETING MINUTES
December 5th, 2025
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_ZDk3MjdmNDctZjk4Ny00YTE4LWlxMTUtYWZkN2Q3M2ZIZmVi%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: 339 190 976#

1. CALL TO ORDER/ROLL CALL

Board Members Present:

- Dr. Jon Pennell D.V.M, Chair
- Dr. Jeffery Murawsky M.D.
- Dr. Monica Ponce D.D.S
- Ms. Jennie Kim
- Mr. Nathan Cartwright

Quorum was present.

Members Absent:

- Ms. Jennifer Belza-Vinuya

Others in Attendance:

Andrea Rivers (DPBH); Courtney Leverty (DAQ); Kelli Knutzon (DPBH); Faythe Baltisberger (DPBH); Andria Cordovez Mulet (SNHD); Leticia Metherell (NVHA); Michael Kupper (NVHA); Shannon Ernst (External); Vicki Ives (DPBH); Mitch DeValliere (DPBH); Marla McDade Williams (DCFS); Peter Heryford (DPBH); Andria Cordovez Mulet (SNHD); David Wuest (External); Joanne Putman (ADSD); Gillian Moritz (External); Katie Taylor (External); Linda Anderson (External); Keibi Mejia (External); Lea Case (External); Lea Cartwright (External); Andrea LaPel (External); Jesse Wadhams (External); Nicholas McNeely (External); Sabrina Schnur (External); Kylie Bartolome (External); Kody Smith (External); Julia Peek (DPBH); Johayra Villatoro (External); Ryan Mills (DPBH); Jennifer Carmona (External); Dr. Chad Kingsley (NNPH); Becky Bayley (External); Don Boyle (External); Todd Rich (NVHA); Elizabeth Gomez (External); Colleen Lyons (CCHHS); Raylene Stiehl (External); Brooke Maylath (NVHA); Donna Laffey (External); Jessica Fry (External); Allison Herzik (NVHA); YenH Long (External); Emilee Hatch (External); Elvia Ramirez (External); Steve Messinger (External); Jacie Peters (DPBH); A Gregg (External); Lashunda Marshall (External); Jazmin Orozco (External); Jennifer Sizemore (External); Logan Cayton (External); Cassius Lockett (External); James Wenzel (DPBH); Dorothy Sims (NVHA); Bradley Waples (NVHA); Ann DiBase (External)

2. PUBLIC COMMENT:

Dr. Pennell opened the floor for public comment;

Commenter: Jesse Wadhams, Attorney and Partner with Black & Wadhams, PLLC

Summary: Wadhams asked if the Board would be accepting public comment on the Regulation in Item 6 during that item or if it should be presented during the general public comment period.

Response: Dr. Pennell answered that the Board would accept public comment on each agenda item as it is heard.

There was no further public comment.

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

The written report can be found here:

<https://www.dpbh.nv.gov/siteassets/boards/boh/r-draft-9.5.25-boh-meeting-minutes.pdf>

Dr. Murawsky noted a correction to be made, “on the bottom of page 13, the last line reads milligram per eight based dosing, that was actually milligram per weight, W, based dosing. So we just missed the W.”

With no further corrections, Chair Pennell called for a motion on the item.

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

SECONDED: The motion was seconded by Dr. Ponce.

PASSED: Passed unanimously.

4. FOR INFORMATION 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/cchhs-cho-report.pdf>

Note: The report was set to be presented first; however, CCHHS representatives experienced technical issues and ended up giving the presentation after the SNHD report.

A verbal report was presented by Dr. Colleen Lyons, on behalf of the director who was absent due to illness, along with the written report attached in the meeting packet. Points that were highlighted include:

a) Flu Vaccine Outreach:

The agency had a successful outreach campaign, having conducted 47 different events and administering nearly 1,600 flu vaccines.

b) Job Fair Planning:

Another job fair has been scheduled for March, aimed at helping applicants meet Medicaid-related work or volunteer requirements put in place due to recent federal changes.

c) Clinic Services Update:

The agency introduced point-of-care syphilis testing in the clinic; the implementation of which involved careful product selection to be able to provide for both men and women, and navigating state-level CLIA regulations to ensure compliance.

There were no other 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/nnph-cho-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) Pertussis Outbreak:

Local region disease profiling is going well; however, a recent pertussis outbreak in several county school districts has exposed up to 600 students. Post-exposure prophylaxis was implemented successfully with strong community response.

b) Flu & Respiratory Illnesses:

Flu season is being monitored; respiratory illnesses are increasing slightly but remain at low levels.

c) General Health Services:

Environmental health, population health, and clinical services are operating normally. The agency is facing some ongoing challenges with federal partners, but services like WIC are stable.

d) WIC Program Funding:

Funding for WIC is secured through September 30th, 2026, despite earlier challenges during the recent federal government closure. Dr. Kingsley expressed appreciation for the support from state partners which helped to maintain the program at that time.

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

Southern Nevada Health District

The written report can be found here:

<https://www.dpbh.nv.gov/siteassets/boards/boh/snhd-cho-report.pdf>

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

a) Federally Qualified Health Center (FQHC):

In 2025 the FQHC has so far served 11,922 unique patients, surpassing 2024's total of 11,501 in a single calendar year even with fewer resources. The agency is pleased with the achievement and views it as a reflection of growth and a continuing expansion to increase access to care.

b) Grants & Public Health Recognition:

The district recently received the 2025 Dr. R. Neil Lori Grant, a \$5,000 grant awarded by the Pool & Hot Tub Alliance, in recognition of SNHD's Aquatic Health Program for implementing risk factor surveys to reduce violations and closures in high-risk recreational water facilities.

c) Community Support & Nutrition:

- Food Distribution Events: The agency partnered with Three Square Food Bank to provide assistance to 1,031 households, distributing 72,000 lbs. of food (approximately 70 lbs per family). The next event is scheduled for 10:00am December 12th at SNHD's Decatur location, 280 S. Decatur Blvd., which will be open to public and SNHD staff.
- Pop-Up Produce Stands: The district's office of Chronic Disease Prevention and Health Promotion (CDPHP) continues to host pop-up produce stands to help families among rising food costs and SNAP benefit changes, as well as supporting local growers and promoting healthy nutrition. In comparison to last year, in 2024 the program distributed 2,471 lbs. of produce. Held at the Bonneville Transit Center, the stands are open between 11:00am and 2:00pm and accept SNAP/EBT, cash, debit, and credit card payments and the final event for 2025 is scheduled for December 9th.

d) Disease Surveillance:

- Measles Case: On November 7th, the health district confirmed the first Measles case since 2018, involving an infant too young for MMR vaccine. The child was hospitalized and has since fully recovered. Over 100 contacts were identified, most were vaccinated and reported no symptoms. A health alert was issued to providers on November 10th; active surveillance continues.
- Flu Season: The district's first flu-related death was reported on November 6th involving an 80-year-old male. As of November, there have been 49 flu hospitalizations reported; The dominant strand, Influenza A (H3N2 subclade K) is being monitored for potentially increased infectiousness. Overall, respiratory illness trends show RSV, COVID-19, and influenza are currently declining, though the agency is expecting post-holiday increases.

Dr. Pennell expressed appreciation for the agency's food security assistance.

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/cnhd-cho-report.pdf>

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

- a) Community Outreach & Services:
CNHD continues monthly activities across communities to ensure access to CNHD services, e.g. reporting infectious disease rates and testing data and extensive flu outreach conducted in multiple communities over the past two months.
- b) Infectious Disease Status:
There are no notable infectious diseases to report at this time, though CNHD is continuing the monitoring of health trends within their area of surveillance.
- c) Upcoming Developments:
The agency is preparing for a new brothel that is expected to open in Mineral County in January 2026.
- d) Health Dashboard Launch:
A new health dashboard will be launched in February 2026 to improve transparency and community awareness of health trends.
- e) H5N1 Preparedness:
Planning is underway for a potential H5N1 outbreak in spring, with a focus on readiness among farm workers, based on last years' experience.
- f) Leadership Updates:
CNHD is still seeking a permanent administrator. Shannon Ernst remains in the interim role until the position is filled.

After the presentation, Dr. Tedd McDonald, who usually would give the verbal report, apologized for joining late due to technical issues and expressed appreciation for Ernst's presentation in his stead.

There were no 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/douglas-county-cho-report.pdf>

Lincoln County

The written report can be found here:

<https://www.dpbh.nv.gov/siteassets/boards/boh/lincoln-county-cho-report.pdf>

Lyon County

The written report can be found here:

<https://www.dpbh.nv.gov/siteassets/boards/boh/lyon-county-cho-report.pdf>

White Pine County

The written report can be found here:

<https://www.dpbh.nv.gov/siteassets/boards/boh/white-pine-county-cho-report.pdf>

5. FOR POSSIBLE ACTION: CONSENT AGENDA FOR APPROVAL

- a. Review and approval of Candidate Reappointment of Kennedy Ukadike, MD, MS, FACR to the Medical Laboratory Advisory Committee (MLAC) to the position of a

licensed physician in private practice, pursuant to Nevada Revised Statute (NRS) 652.170(4)(b)

- b. Review and approval of Candidate Reappointment of Taylor L. Noyes, MT, to the Medical Laboratory Advisory Committee (MLAC) serving as a medical technologist, pursuant to Nevada Revised Statute (NRS) 652.170(4)(b)
- c. Review and approval of Candidate Appointment of Nassreen Fontanilla Manliswe, MSHS-CLS, MLS (ASCPi CM), to the Medical Laboratory Advisory Committee (MLAC) to the vacant position of Medical Technologist, pursuant to Nevada Revised Statute (NRS) 652.170(4)(b)
- d. Review and approval of Candidate Appointment of Daniel Mockler, MD, FCAP, to the Medical Laboratory Advisory Committee (MLAC) to the vacant position of pathologist, pursuant to Nevada Revised Statute (NRS) 652.170(4)(b)
- e. Review and approval of Candidate Appointment of Damon Samrao, MD, to the Medical Laboratory Advisory Committee (MLAC) to the vacant position of pathologist, pursuant to Nevada Revised Statute (NRS) 652.170(4)(b)
- f. Review and approval of Candidate Appointment of Ann DiBiase, BSN, RN-CLC, to the Maternal and Child Health Advisory Board (MCHAB), pursuant to Nevada Revised Statutes (NRS) 442.133
- g. Review and approval of Candidate Appointment of Sheri Garland, BSN, RN, to the Maternal and Child Health Advisory Board (MCHAB), pursuant to Nevada Revised Statutes (NRS) 442.133
- h. Review and approval of Candidate Appointment of Jenna Dykes, MS, BS, to the Maternal and Child Health Advisory Board (MCHAB), pursuant to Nevada Revised Statutes (NRS) 442.133
- i. Review and approval of Candidate Appointment of Megan Lopez, MS, to the Maternal and Child Health Advisory Board (MCHAB), pursuant to Nevada Revised Statutes (NRS) 442.133

Chair Pennell asked board members for any items they would like to be pulled from the consent agenda, none were heard. Chair then opened the floor for public comment; no comments were heard.

Chair Pennell then called for a motion for approval of the consent agenda.

MOTION: Mr. Cartwright made a motion.

SECONDED: The motion was seconded by Dr. Ponce.

PASSED: Approved unanimously.

6. **ACTION ITEM:** CONSIDERATION AND POSSIBLE ADOPTION OF PROPOSED REGULATION AMENDMENTS OF CHAPTER 449 OF NEVADA ADMINISTRATIVE CODE (NAC), LCB FILE NO. R089-24

Presenter: Leticia Metherell, Health Program Manager (NVHA -HCPQ)

Summary: A verbal report was presented by Ms. Metherell, the discussion after was as follows:

The report documents can be found here:

https://www.dpbh.nv.gov/siteassets/boards/boh/r-revised-lcb-file-no-r089-24-dec-2025-boh-full_packet.pdf

Metherell presented the agency's proposed amendments to Nevada Administrative Code (NAC) Chapter 449, along with a revised draft and errata concerning the licensing and regulation of healthcare facilities. These updates were developed in accordance with NRS and NAC chapter 449 and the Nevada Administrative Procedure Act. A public workshop regarding the amendments was held on April 24th, 2024, with testimony from five individuals, which is summarized in the documents submitted to the Board.

Key highlights from the presentation include:

- i. Regarding Mental Health and Psychiatric Technicians, the errata to Section 4 allows required education and training to be completed within 12 months of hire rather than prior to employment, and Section 88, which previously allowed a temporary training period, is proposed to be stricken in the errata.
- ii. Section 14 outlines conditions under which Personal Care Attendants may assist with medication administration:
 - The client, or the client's legal representative, enters a written agreement to receive medications from the attendants in accordance with [NRS 453.375](#) and [454.213](#).
 - The attendant must have completed medication administration training equivalent to caregivers in residential facilities.
 - Over the counter (OTC) medications and supplements must be ordered by a qualified practitioner, and medications must be administered according to the written instructions given by the practitioner.
 - Agency administrators must maintain records and ensure proper training for administration of medications according to the current prescriptions ordered by the qualified practitioner.
 - Attendants are prohibited from administering injections, IV fluids, or applying prescription dressings unless authorized under [NAC 449.39775](#) and [NRS 449.0304](#) which allow use of auto-injection devices for insulin.

In review of other states rules regarding personal care attendants assisting with self-administration of medications, specifically Texas and Minnesota, Metherell found that [Texas](#) allows attendants to assist with medication if the client can cognitively direct the process, and [Minnesota](#) permits attendants to organize medications with direction from the client or their representative and assist with medication even if the person directing care is not present.

Pursuant to NRS 453.375 and 454.213, independent caregivers in Nevada are authorized to administer medications per a written agreement which otherwise would be a limitation for personal care attendants working under a licensed care facility. Current statutes already allow insulin administration via auto-injection, and unlicensed caregivers in other settings are permitted to assist with medications. The proposed regulations match those requirements for caregivers in residential facilities. Metherell also noted that not allowing attendants to assist in medication administration may be unsafe, especially for clients without family support who wish to remain at home, and, in contrast, family members, friends, or neighbors without such training are allowed to assist in administering medications. Trained attendants working for a regulated

agency, who would be held accountable to statutes and regulations, would be able to offer a safe assistance option.

iii. Additional provisions outlined include:

- Section 2 updates CPR and first aid training and revises when personnel files must be made available for review.
- Section 3 clarifies when documents from inspections/investigations become public records.
- Section 5 requires facilities to notify receiving facilities of infectious conditions during patient transfers.
- Sections 6 & 7 establish visitation rights and related policies for residents.
- Section 8 authorizes use of volunteers in homes for individual residential care.
- Sections 9 – 11 define “bedfast”, clarify “home health agency”, and require integration of hospice & home health services into person-centered service plans.
- Sections 12 & 13 outline conditions for admitting residents with PICC lines or dialysis catheters.
- Section 15 updates referenced to publications, including infection prevention guidance from APIC.
- Section 16 & 17 revise license application requirements and procedures for administrator changes.
- Section 18 updates the definition of psychiatric residential treatment facility.
- Section 21 adds employment agencies to the list of facilities subject to licensing fees:
 - A \$250 fee for license modification
 - A \$200.50 fee for ambulatory surgery center class changes
 - A \$250 fee for adding additional faculty locations

And establishes fees for increasing the number of beds in psychiatric residential treatment facilities or recovery centers

iv. Other sections identified as technical and administrative updates:

- Sections 23, 27, and 73 remove the word “ironed” from impacted facility descriptions.
- Section 25 updates the name and vision statement of the Bureau of Health Care Quality and Compliance (HCQC) to reflect the change, inaugurated by Governor Lombardo, to Health Care Purchasing and Compliance (HCPC).
- Sections 28, 34, and 50 remove the requirement for certain facilities to be listed in a telephone directory.
- Section 34 clarifies that a cell phone may be used by residents for local calls.
- Sections 36, 52, and 58 update abuse/neglect reporting provisions to reflect NRS 449.114 and 449.282.
- Sections 38 and 39 add statutory references due to the passage of SB 298 in the 2023 Legislative Session.
- Sections 37, 40 – 44, and 46 revise provisions governing admission and retention of residents in residential facilities.

- Section 48 implements NRS 449.0302, allowing certified nurse midwives to perform physical exams and obtain medical histories for patients admitted for childbirth.
- Section 58 revises qualifications for administrators of personal care agencies to require either a high school diploma or licensure by the Board of Examiners of Long-Term Care Administrators.
- Sections 61 and 62 authorize attendants to perform certain personal care tasks in the home.
- Sections 66, 67, 72, and 84 update licensing references for physicians and physicians assistants to reflect both the Board of Medical Examiners and State Board of Osteopathic Medicine.
- Section 75 requires skilled nursing facilities to comply with federal visitation regulations.
- Section 76 revises committee membership and procedures for home health agencies with multiple branches.
- Sections 79, 85, and 86 require medication administration training for operators and employees of community-based licensing arrangements and personal care agencies.
- Section 82 requires training for attendants of employment agencies to recognize and prevent abuse of older and vulnerable persons.
- Section 89 repeals several outdated sections of NAC Chapter 449.

Staff recommends that the State Board of Health adopt the proposed amendments to NAC Chapter 449, along with the errata, to ensure safe, consistent, and modernized regulation of healthcare facilities and services across Nevada.

Commenter: Dr. Jeffery Murawsky, Board Vice-Chair

Summary: Dr. Murawsky's stated there were three specific sections he had questions concerning.

- i. Section 2(c): Dr. Murawsky expressed concern about the specific wording "an instructor who is a natural person" which would eliminate the option to use existing technology that can verify a person's CPR skills more accurately. Courtney Leverty interjected that not having real people administering (CPR) would be an issue; Dr. Murawsky responded, starting "the Department of Defense federally and the VA use simulation models with cameras that do the oversight of and pass you on your skills for doing CPR that are way better than a human instructor looking at you." Leverty argued that taking out the wording "a natural person" could eliminate the potential of having human beings present. Dr. Murawsky disagreed with the statement, insisting his concern was allowing the use of technology as an option. Leticia Metherell acknowledged Dr. Murawsky's point, explaining it was a suggestion to remove the language so that, during the live (CPR) training simulation, instead of requiring a human being be there it allows the option for using current technology to monitor. Dr. Murawsky asserts that his concern is that current language would require a person to watch the skill demonstration when technology would better verify if CPR is being performed correctly. Metherell then suggested that the agency would support removing the

phrase “who is a natural person” if the board is in agreement. Dr. Murawsky stated he would make the motion (for removing the phrase) when it was time, then continued to his next question.

- ii. Section 12.2(a): Dr. Murawsky’s next question was concerning the timeframe of 30 days, stating, “Current literature on PIC catheters don’t have a 30-day removal requirement” as they (catheters) should stay in until the patient’s clinical service (e.g. Chemotherapy, IV antibiotics) is completed. He goes on to explain that the timeframe for such could be 6-12 weeks or removed early if there are signs of infection or being compromised, and his concern stems that 30 days could eliminate patients who need a longer timeframe of IV or a complex infection from being in a residential facility. Metherell conceded, understanding Dr. Murawsky’s reasoning, she explained the intent was to ensure patients didn’t have a singular long-term being in the facility and suggested extending the days if the Board deemed it safe to allow that with all other regulatory requirements being met. Dr. Murawsky suggested 45 days, equivalent to the typical length of IC therapies or prolonged infusions and would, again, make the motion when it was time to do so.
- iii. Section 37.4 (e, f, and h): Dr. Murawsky asked what the justification for denying the types of patients as outlined in points e, f, and h from staying in a residential facility, detailing that (e) would eliminate percutaneous gastronomy for feeding, (f) eliminates an outpatient therapy, and (h) mentions staph infections and other serious infections as a broad statement. Dr. Murawsky argued that there are generic staph infections commonly contracted which pose little to no risk to these facilities but understands where methicillin resistant strains would be a risk to admit. Metherell posited that Number 6 of the same section should cover those kinds of instances; Dr. Murawsky argued that 6 only covers some instances, then describes another scenario wherein a patient that contracts a mild Staph infection requiring oral antibiotics would not be allowed in the residential facility. With understanding that the language is for infection prevention in these facilities, Dr. Murawsky suggested changing the language to serious or significant staphylococcal infection. Metherell agreed that changing the wording to a serious staphylococcal infection would ensure the parameter being set will be met. Dr. Murawsky circled back to the other two points (e & f) questioning how the decision to deny for those types of patients was made. Metherell explained the complexities of the circumstances based on the environment and staffing levels in that setting that determined the reasoning.

Commenter: Marla McDade Williams, Administrator for DCFS

Summary: Williams voiced her support for the regulation and appreciation for the Board’s flexibility in making the changes regarding the training requirements for mental health and psychiatric technicians.

Commenter: Jesse Wadhams, Nevada Hospital Association

Summary: Wadhams expressed appreciation for Dr. Murawsky’s line of questioning, as the hospital association had similar concerns regarding a real-time instructor. Wadhams

noted that, in reference to comments the doctor laid out, they use technology called Resuscitation Quality Improvement CPR Certification in their facilities and are happy that remains a viable option considering the discussion.

MOTION: Dr. Murawsky made a motion to approve agenda item 6 with the following corrections: Section 2(c) would strike the language “who is a natural person” and end the sentence as “and is presented by an instructor.”, Section 12.2(a) would change the number of days from 30 to 45, and Section 37.4(h) would add the word serious before staphylococcal infection.

Metherell interjected here to ask if the motion would include approving the errata as well. Dr. Murawsky confirmed that his motion should include the errata as written as proposed.

SECONDED: The motion was seconded by Mr. Cartwright.

RESULT: Approved unanimously.

The discussion ended with Dr. Murawsky expressing gratitude and admiration for the work and effort put into the creation of the regulation.

7. **ACTION ITEM: CONSIDERATION AND POSSIBLE ADOPTION OF PROPOSED REGULATION OF AMENDMENTS OF CHAPTER 451 OF NEVADA ADMINISTRATIVE CODE (NAC), LCB FILE NO. R184-24**

Presenter: Dorothy Sims, Health Facilities Inspection Manager (*NVHA - HCPC*)

Summary: A verbal report was presented by Ms. Sims, the discussion after was as follows:

The report documents can be found here:

<https://www.dpbh.nv.gov/siteassets/boards/boh/new-r184-24p-full-packet.pdf>

Sims presented the proposed regulation amendments under LCB File R184-24 for the certification of non-transplant anatomical donation organizations. These regulations were developed following the passage of SB387 during the 2019 legislative session and processed in accordance with NRS and NAC 233B, Nevada’s Administrative Procedure Act.

The proposed regulations establish a certification process that includes initial applications, renewals, and changes in ownership or management, along with associated fees. Certification requires an on-site inspection and compliance with minimum standards, such as adopting operational policies, appointing a director and medical director, and implementing a comprehensive quality improvement program. Organizations must prepare and maintain donor records, provide written notice before accepting donations, ensure proper disposal of anatomical material, and follow infection control measures. The regulations also authorize the HCPC to conduct investigations of complaints, reporting of identified violations, and require the Director of the organization to submit corrective action plans within 14 business days. Failure to comply may result in suspension or revocation of certification. Organizations must also submit biannual reports detailing the number and disposition of bodies and body parts.

A small business impact study addressed concerns about staffing for reporting, concluding that twice-yearly submissions improve data collection for legislative review.

A public workshop held on July 29, 2024, led to several revisions, including removing accreditation references, defining medical director qualifications, requiring written policies for quality improvement, clarifying record-keeping, and adding sterilization standards for equipment. All recommendations were incorporated into the final proposal, and the Division recommends that the State Board of Health adopt these regulations.

Dr. Pennell then asked for any questions or comments from board members; none were heard. Pennell then opened the floor to public comment; none were heard.

Chair Pennell called for a motion on the item:

MOTION: Dr. Murawsky made a motion to approve the regulation as submitted.

SECONDED: The motion was seconded by Dr. Ponce.

RESULT: Approved unanimously.

8. FOR INFORMATION ONLY: PRESENTATION FROM THE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH), PUBLIC HEALTH INFRASTRUCTURE AND IMPROVEMENT, PROVIDING AN UPDATE ON THE IMPLEMENTATION OF ASSEMBLY BILL 269, REGARDING DIFFICULTY IN RECRUITMENT AND RETENTION

Presenter: Dr. Mitch DeValliere, Agency Manager (*DPBH*), Peter Heryford (DPBH - PHII)

Summary: A verbal report was presented by Dr. DeValliere, the discussion after was as follows:

The report documents can be found here:

<https://www.dpbh.nv.gov/siteassets/boards/boh/r-recruiting-and-retention-update-presentation.pdf>

Assembly Bill 269, which amends NRS Chapter 226, defines public health professionals eligible for student loan repayment and directs the Board of Health to recommend hard-to-fill positions to the State Treasurer. Recent data from the Division of Public and Behavioral Health and local health authorities show persistent recruitment and retention challenges for roles such as nurses, environmental health specialists, data analysts, lab scientists, and public health informatics professionals, largely due to compensation issues. HR data and a UNR analysis reveal high vacancy rates in clinical positions, moderate fill rates for health program specialists, and turnover driven by retirement, personal moves, and pay or promotion opportunities. Employees who remain tend to stay long-term, reinforcing loan repayment as a key strategy to attract and retain qualified staff.

There were no further questions or comments heard from board members at this time. Chair then asked for any public comment, none were heard. As this is an information only item there was no call to vote.

9. FOR INFORMATION ONLY: PRESENTATION FROM THE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) ON THE VACCINE RECCOMENDATION PROCESSES

Presenter: Vicki Ives, Bureau Chief (*DPBH - BCFCW*)

Summary: A verbal report was presented by Ms. Ives, the discussion after was as follows:

The Nevada State Immunization Program, housed within the Bureau of Child, Family, and Community Wellness, plays a critical role in ensuring equitable vaccine access across the state.

It collaborates with local health departments, hospitals, schools, pharmacies, and other partners to manage vaccine distribution and maintain Nevada WebIZ, the state's immunization information system. The program oversees federally funded initiatives such as Vaccines for Children and Section 317 programs, as well as state-funded efforts targeting underserved populations, including Nevada Check Up/ CHIP and the pregnancy vaccine program, Cocooning.

Vaccine recommendations in Nevada are primarily guided by the Advisory Committee on Immunization Practices (ACIP), whose evidence-based guidance is adopted by the CDC and integrated into federal programs. ACIP's recent restructuring, most notably the membership changes and leadership turnover, has influenced decision-making timelines and recommendations, notably for multi-dose vaccines, perinatal hepatitis B, and disaggregated schedules for MMR and varicella. These changes directly affect vaccine access, insurance coverage, and logistics, as Nevada relies on CDC systems for procurement, pricing, and distribution.

Nevada Revised Statutes reference ACIP in multiple chapters, including provisions for pharmacist and dentist immunization authority, Medicaid coverage, and reporting requirements. Senate Bill 5 from the recent Legislative Special Session further addresses pharmacist immunization roles. Nationally, at least 26 states have adopted alternative or supplemental advisory structures, such as state-level committees or professional association guidelines (e.g., AAP, ACOG), to provide flexibility in response to evolving federal recommendations. Nevada is monitoring these trends while considering a Medicaid State Plan Amendment to expand preventive services, pending CMS approval in 2025.

Current challenges include declining vaccine uptake, with COVID-19 vaccinations down 50–67% compared to the prior season, and increasing parental refusals of the Hepatitis B birth dose. Recent ACIP votes recommend individualized decision-making for Hepatitis B birth doses in infants of HBsAg-negative mothers and insurance coverage for post-vaccination serology testing, pending CDC adoption. These developments underscore the dynamic nature of vaccine policy and the need for ongoing evaluation of recommendation processes, funding strategies, and advisory roles to maintain public health protections.

Commenter: Dr. Jeffery Murawsky, Board Vice-Chair

Summary: Dr. Murawsky highlighted the unprecedented divergence between ACIP recommendations and guidance from professional societies, noting that many states have adopted the November 25th date as a cutoff for implementing changes. He praised Ives for clearly outlining the complexities and potential paths forward, including whether the Chief Medical Officer might propose freezing ACIP recommendations at a specific date until further state-level review occurs. Murawski referenced other states creating their own recommendation boards and discussed how Nevada Medicaid's amendment could allow flexibility in regulation, with private insurers likely following state guidance. He emphasized this situation is new and raises important questions about future actions, while also expressing appreciation for the recent special session that resolved pharmacists' ability to dispense and administer vaccines, calling it an essential service.

Response: Vicki Ives

Summary: Ives responded that, due to needing input from other parties involved, she is unable to speak to any concrete decisions at this time.

Dr. Murawsky responded he was not looking for an answer from Ives but would like to ask Dr. Azzam for his thoughts.

Dr. Pennell raised the question that, if a state goes against CDC recommendations, does the State not get the discounted price and/or would it affect federal funding.

Ives thanked Dr. Pennell and stated that some of the multi-state collaboratives are preparing for multiple options, given most states have received a funding cut from recent federal decision making. She went on to add that Nevada had received about 10% cut in the federal immunization award as well as having lost the previously appointed COVID-19 funding.

Chair then asked for any public comment, none were heard. As this is an information only item there was no call to vote.

10. **ACTION ITEM:** DISCUSSION AND POSSIBLE APPROVAL OF PROPOSED 2026 MEETING SCHEDULE

The 2026 schedule proposed is as follows:

March 6th, 2026

June 5th, 2026

September 4th, 2026

December 4th, 2026

Dr. Pennell asked for any public comment, none were heard. Pennell then asked for any comments from Board Members.

Commenter: Dr. Jeffery Murawsky, Board Vice-Chair

Summary: Dr. Murawsky's noted his concern that the September 4th meeting date is the Friday before Labor Day holiday and how that might impact ability to attend. He then suggested moving the meeting to the following Friday.

Kelli Knutzon shared that moving the date to that following Friday, September 11th 2026, would not impact the Division.

Chair Pennell called for a motion with the change of September 4th meeting being moved to September 11th

MOTION: Dr. Ponce made a motion to approve the schedule.

SECONDED: The motion was seconded by Dr. Murawsky.

RESULT: Approved unanimously.

The finalized 2026 schedule is as follows:

March 6th, 2026

June 5th, 2026

September 11th, 2026

December 4th, 2026

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

Dr. Murawsky reaffirmed his request to ask Dr. Azzam for his report to include comment on the state's position on ACIP vaccine recommendations.

12. **PUBLIC COMMENT:**

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

13. **ADJOURNMENT**

Dr. Pennell expressed gratitude for all parties involved in the meeting and wished everyone a happy holiday season before adjourning the meeting at 11:17am.