

Joe Lombardo
Governor

Richard Whitley,
MS
Director



DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Andrea Rivers
Acting
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

STATE BOARD OF HEALTH
with the DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)
MEETING MINUTES
September 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_MjVmMTM4MTQtMmYyOC00NmVjLTg4NWQtOTVIZWU1MzUyZGZl%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: 402 212 427#

After announcing the call to order of the meeting, Chair Dr. Pennell turned leadership of the meeting over to Vice-Chair Dr. Murawsky due to the fluctuating stability of his remote connection.

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. Jennifer Belza-Vinuya
- Mr. Nathan Cartwright

Quorum was present.

Members Absent:

- Ms. Jennie Kim

Others in Attendance:

Andrea Rivers (DPBH); Julia Peek (DPBH); Dr. Ihsan Azzam (DPBH); Courtney Leverty (DAQ); Kelli Knutzon (DPBH); Faythe Baltisberger (DPBH); Andria Cordovez Mulet (SNHD); Janice Hadlock-Burnett (DPBH); Shannon Ernst (External); Kevin Haywood (DPBH); Michael Kupper (NVHA); John Follette (DPBH); Tedd McDonald, MD (CNHD); Mark Bursztyn (External); Dr. Cassius Lockett, Ph.D (SNHD); Colleen Lyons, MD (CCHHS); Donna Laffey (External); Jimmy Lau (External); Brooke Maylath (DPBH); Steve Gerleman (NVHA); Jeanne Freeman (CCHHS); Bobbie Sullivan (DPBH); Vickie Ives (DPBH); Tina Dortch (DHS); Allison Herzik (External); Tiffany Kaplan (DPBH); Angela Jenkins (External); Teneale Chaption (External); Brooke Kleven (External); Tabitha Mueller (External); Sarah Rogers (DPBH); Dr. Chad Kingsley (NNPH); Dylan Crosby (External); Sara Lee (External); Joseph Fillippi (DCFS); Kareen Fillippi (DPBH); Kat Hall (External); Rev. Jason Iwen (External); Mitch DeValliere (DPBH); Mary Levy (External); Lauara Lisk (External); Lea Cartwright (External); Nikki Mead (DPBH); Jackie LaRue (DPBH); Vincent Valicme (External); Nicholas Harvey (DPBH); Kevin Haywood (DPBH); Vincent Valiente (NVHA); Brian Reeder (External); Mike W. (External); John Mittleman (DPBH); J. Vangelder (External)

2. PUBLIC COMMENT:

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

3. FOR POSSIBLE ACTION: APPROVAL OF MEETING MINUTES FROM JUNE 6TH, 2025, MEETING

Dr. Murawsky noted a correction to be made regarding Consent Agenda Item D of the minutes. Minutes incorrectly reflected that the motion to remove the item from the agenda was made by Deputy Attorney General Leverty. Dr. Murawsky stated the motion had been issued by a board member; however, he was unable to recall the specific person, so he accepted ownership of the motion.

Chair then asked for a motion to accept the minutes as amended with the correction.

MOTION: Dr. Ponce made a motion for approval.

SECONDED: The motion was seconded by Mr. Cartwright

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.oem.nv.gov/siteassets/content/public-meetings/other-agencies-meeting-docs/cchhs-boh_2025-q2-report_flu-report-combined.pdf

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

a) Leadership Changes:

A new deputy director has been appointed, Teneale Chapman, whose past experience includes having been the CDC representative for the State of Nevada for a number of years.

b) Collaboration Projects

In partnership with the State WIC program, Carson City was able to purchase a mobile breastfeeding station to have available at public events. The addition received positive feedback from the community.

c) Vaccine Outreach:

The agency has plans to partner with the school districts in Lyon County, Storey County, and Carson City to offer flu vaccines to staff and students as well as hosting vaccination events for state employees.

d) September Preparedness Month:

September is National Preparedness Month and this year the agency is focused on emphasizing the importance of emergency preparedness for individuals with medical conditions, and especially those with medical equipment and/or medications. Those with underlying conditions should work with their healthcare provider and medical supply companies to ensure that the necessary supplies will be available in the event of an emergency. Freeman also noted that pets should be taken care of as well.

e) Youth Risk Behavior Outreach:

In partnership with the Adolescent Health Education Program, the agency has been collaborating with the University of Nevada Reno to look at the Youth Risk Behavior Survey data to understand the long-term impact of the program when it comes to youth and their sexual choices.

f) Hand and Foot Outbreak

It was reported that 11 out of the 25 childcare centers in Carson City were affected by an outbreak of Hand, Foot, and Mouth Disease. The agency's Environmental Health and Epidemiology programs have been working with the State's programs to identify areas for improvement with communication and outreach when these outbreaks occur.

Dr. Murawsky expressed appreciation for the work the agency has been putting in and congratulated the program on their new deputy director hire.

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.oem.nv.gov/siteassets/content/public-meetings/other-agencies-meeting-docs/nnph-quarterly-report-to-nv-state-board-of-health.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) Flu Season and the COVID vaccine:

NNPH is moving forward with preparations for the upcoming flu season, with a brief mention of waiting for more information on the COVID vaccine situation from the ASIP and federal government.

b) Pertussis on the Rise:

Dr. Kinglsey noted that cases of Pertussis are on the rise, with 18 confirmed cases compared to the previous year's 5.

c) Back to School

The recent back-to-school campaigns were successful; however, Dr. Kinglsey informed the board that those were the last budgetary events and from now on NNPH will be limited in both capacity and budget for their community events due to the recent federal clawbacks of grant funding.

Dr. Murawsky thanked Dr. Kingsley for his update on the rise in Pertussis cases, recommending he speak with the other Health District Officers in case anything has been reported in other areas. Murawsky also congratulated the agency's work with their back-to-school events.

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

Southern Nevada Health District

The written report can be found here:

<https://www.oem.nv.gov/siteassets/content/public-meetings/other-agencies-meeting-docs/snhd-boh-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) FY26 House LHHS Appropriations Bill:

On Sept. 1st the House Labor, Health, and Human Services (LHHS) appropriations subcommittee released its Fiscal Year 26 (FY26) LHHS appropriations bill, proposing significant cuts to public health funding. Several critical state and local health departments would be eliminated, including three which impact SNHD. Dr. Lockett specifically highlighted the impact affecting the Healthy Start and Title X(10) Family Planning programs as well as reductions to HIV prevention funding; though, the agency has been granted an extension to the Title X(10) grant until at least March of 2026. Lockett also added that the bill also saw data modernization initiatives receive increased funding, as well as a funding boost to the Public Health Infrastructure Grant (PHIG). Overall, the bill sets a low benchmark for federal public health funding; SNHD promises to continue advocacy efforts with their partners to prevent these reductions.

b) COVID Vaccine Mandates Update:

Updated COVID-19 vaccines for Pfizer, Moderna, and Novavax were authorized by the FDA on August 27th for the 2025-2026 season. Most states' local health departments were notified to discard the older 2024-2025 version. Meanwhile, eligibility for the vaccines has narrowed to individuals 6 months to 64 years *with qualifying underlying health conditions only*; though, all individuals over the age of 65 remain eligible. The FDA also revoked their emergency use authorization for Pfizer's pediatric vaccine leaving Moderna as the only available option for children. Staff anticipate challenges moving forward with confusion from families on eligibility and limited access to pediatric care. Until the Advisory Committee for Immunization Practices (ACIP) are able to meet and update guidelines on September 18th and 19th. Nevada faces unique challenges due to state pharmacy authority tied to ACIP recommendations. SNHD will continue administering vaccines and entering those records into WebIZ; however, entities like CVS and Walgreens stores have already stopped administering the COVID vaccines in Nevada, Massachusetts, and New Mexico. Data from WebIZ indicates that 88.5% of COVID vaccinations had come from CVS, Walgreens, and other pharmacies, 7% from healthcare providers, and the remaining percentage relying on service from SNHD. The agency is concerned about the impact of this disruption in service on Nevadan residents.

c) Measles Detection in Wastewater:

On August 7th, SNHD announced the first wastewater detection of measles in Clark County, however as of August 8th follow up testing returned negative. The agency suspects the single detection could have likely come from a tourist; there is no evidence to show ongoing transmission. SNHD continues to urge families to update their vaccines including measles, mumps, and rubella.

d) Mosquito Pools and West Nile Virus Detection:

On July 29th, SNHD detected the first West Nile positive mosquito pool. Residents are reminded to eliminate standing water and protect themselves from being bitten. The virus has fluctuated over the years with a peak of 43 human cases in 2019, then down to 21-23 cases until a small spike of 26 in 2024. One species monitored by SNHD, *Aedes aegypti*, bites aggressively on exposed areas and breed in small containers such as toys, plant saucers, and even as small as bottle caps. This late season has seen a few thunderstorms and warm temperatures so it is possible the mosquito activity could extend, increasing the probability of transmission to humans.

e) Governor's Office Provides Public Health Funding:

SNHD thanked the Governor's Office for including \$10.7 million in state Public Health funding over two years, especially as federal resources are being reduced or eliminated. This funding enables SNHD to take on new responsibilities in partnership with the State Department of Public and Behavioral Health, including investigating healthcare-acquired infections like multi-drug-resistant *Candida auris* in over 400 healthcare facilities, such as hospitals, long-term care, and skilled nursing facilities.

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

State of Nevada

The written report can be found here:

<https://www.oem.nv.gov/siteassets/content/public-meetings/other-agencies-meeting-docs/cmo-boh-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 Funding Reduction Impact:

Starting in October, the federal government will reduce its share of state public health funding from 50% to 25%, and new work requirements may cause vulnerable populations to lose access to essential healthcare. By 2029, an estimated 100,000 Nevadans could lose Medicaid, and over 130,000 may lose food stamp benefits. Additional impacts include: a 10% cut to the Vaccine Preventable Disease program, the COVID-19 positivity rate has just risen to 12% as of August, declining vaccination rates due to confusing federal guidance and narrowed eligibility - which is now limited to only seniors 65 and older and high-risk individuals, and inconsistent insurance coverage for vaccines due to lack of clear national recommendations. Despite the uncertainty, some professional organizations have come forward to provide recommendations

- i. The American Academy of Pediatrics (AAP) recommends COVID vaccination for children 6-24 months
- ii. The American College of Obstetricians Gynecologists (ACOG) continues to support vaccination during pregnancy
- iii. The National Association for States and Territorial Health Officials (ASTHO) has issued a statement in support of the practice of vaccination

On a more positive note, Nevada Medicaid was selected for a national oral health workforce initiative in recognition of the state's readiness to expand access; and a new epidemiology fellow has joined the division through a national program to support disease surveillance, outbreak response, and data analysis.

b) MPOX Update:

The World Health Organization (WHO) has again declared Mpox a public health emergency of international concern, which is its third such declaration in 40 years. The outbreak currently affects 25 African countries and on July 17, the CDC issued a travel alert for Sierra Leone, recommending enhanced precautions and vaccination for travelers. In the U.S., 4 unrelated imported cases of Clade I Mpox were reported with no secondary transmission. The CDC has reported the U.S. transmission risk as low.

c) National Measles Outbreak:

Though the national measles outbreak continues, newly diagnosed case rates are slowing. The State of Texas, where the outbreak originally began, has declared its outbreak over with officials crediting vaccination, testing, monitoring, and public education for the successful containment. As of Sept. 2, the CDC reported 1,431 confirmed cases across 41 jurisdictions, including 18 cases from international visitors, and over 86% of these cases have been linked to 35 distinct outbreaks. Fortunately, no measles cases have been reported in Nevada.

d) COVID-19 Update:

In August, the CDC raised wastewater viral activity from low to moderate, with the highest levels having been detected in Alaska, California, Colorado, Nevada, and Utah, likely due to seasonal factors. COVID cases continue rising in 45 states, with the most recent XFG (Stratus) variant now making up 14% of cases. Vaccines remain highly effective at preventing severe illness, long COVID conditions, hospitalizations, and death.

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

Central Nevada Health District

The written report can be found here:

<https://www.oem.nv.gov/siteassets/content/public-meetings/other-agencies-meeting-docs/cnhd-quarterly-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) Interim Administrator's Report:

Shannon Ernst is serving as Acting Administrator for the Central Nevada Health District. After a brief introduction from Dr. McDonald, Ernst informs the board that the district has undergone a reorganization to better serve its rural communities, including a new organizational chart and job descriptions approved by the board. She also noted that the position for a new Administrator/Health Officer is posted, but no applicants have come forward yet and, thanks to support from the Public Health Fund, the district is moving forward with community health assessments to develop a new public health plan across all four communities. Ernst concluded her report with news that a remodel is underway at the Churchill clinic, one of the busiest locations, to better serve community needs.

b) Burning Man Finale Update:

The Environmental Health Department, led by Maria Menjivar, recently concluded their evaluations for Burning Man, including 341 food inspections as well as inspection of all water coming in and going out of the site.

c) Q Fever Outbreak:

While there is little concern for West Nile virus in the area, as there are no notable mosquito pools in Churchill County, officials have recently seen a rise in Q fever. As of now there are no epidemiological links or commonality between cases, though Dr. McDonald noted that the county saw major windstorms prior to the outbreak.

d) H5N1 Publication Includes Churchill County:

A publication on the severity of human H5N1 cases reported in the United States was released recently, which referenced the CNHD Epidemiologist, Veronica Sepcic, and the district's outreach work done in the Churchill County community and local dairy farms to evaluate for human cases and provide prevention education and protective equipment.

e) Public Health Preparedness:

In part of reorganization efforts, some CNHD staff will be covering Public Health Preparedness Operations after the departure of Sarah Itskin, who has been assisting with preparedness operations for a year now but is soon departing for opportunities elsewhere.

f) Grants & Funding:

Dr. McDonald expressed his appreciation to the governor for setting aside \$10.7 million in state funding over the next two years stating that, as a smaller district, it eases some financial pressure. The district is also supporting the development of a rural residency program in Churchill County to improve healthcare access in rural areas. This effort is a collaboration involving Renown Health, Banner Health, the State Department of Rural Health, UNR, and a \$750,000 HRSA grant was awarded to launch the program over three years. There is also an additional \$1.2 million available to build a rural medical student pipeline. McDonald gave a special thanks to Gerald Ackerman, the Director of the Nevada State Office of Rural Health, recognizing his strong support and leadership in this initiative.

Dr. Murawsky congratulated the district's efforts to initiate a rural residency program, noting that it will improve a significant shortage in bringing critical care to rural areas of Nevada.

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

Douglas County

The written report can be found here:

<https://www.oem.nv.gov/siteassets/content/public-meetings/other-agencies-meeting-docs/douglas-county-health-officer-summary-reports-holman-quarter-3-2025.pdf>

Lander County

The written report can be found here:

<https://www.oem.nv.gov/siteassets/content/public-meetings/other-agencies-meeting-docs/lander-county-boh-report.pdf>

Lincoln County

The written report can be found here:

<https://www.oem.nv.gov/siteassets/content/public-meetings/other-agencies-meeting-docs/lincoln-county-quarterly-report-september.pdf>

The written report can be found here:

<https://www.oem.nv.gov/siteassets/content/public-meetings/other-agencies-meeting-docs/white-pine-third-quarter-health-officer-report.pdf>

5. FOR POSSIBLE ACTION: CONSENT AGENDA FOR APPROVAL

- a. Review and Approval of the Declaration of [Paternity](#) and [Parentage](#) Forms
- b. Review and Approval of the [Mesquite Dermatology and Skin Cancer Institute Compliance Agreement](#)
- c. Review and Approval of Candidate Appointment of Margarita Salas Crespo to the Nevada Office of Minority Health and Equity (NOMHE) Advisory Committee, as a member representing the Public at Large, pursuant to NRS 232.482
- d. Discussion and Possible Approval of Candidate reappointment of Marsha Matsunaga-Kirgin, MD, to the Maternal and Child Health Advisory Board (MCHAB), pursuant to NRS 442.133(2)
- e. Discussion and Possible Approval of Candidate reappointment of Fatima Taylor, to the Maternal and Child Health Advisory Board (MCHAB), pursuant to NRS 442.133(2)
- f. Discussion and Possible Approval of Candidate reappointment of Keith Brill, MD, to the Maternal and Child Health Advisory Board (MCHAB), pursuant to NRS 442.133(2)
- g. Discussion and Possible Approval of [Candidate reappointment to the Maternal and Child Health Advisory Board \(MCHAB\)](#), pursuant to NRS 442.133(2)
- h. Discussion and Possible Approval of Variance #787 regarding Guidelines for Design and Construction of Hospitals requirements of NAC 449.3154(2), Section 2.2-3.4.2.2 "Imaging Room Space Requirements" submitted by Incline Village Community Hospital
- i. Discussion and Possible Approval of Variance #788 regarding the requirements of NAC 450B.461(2), requesting approval to allow AEMT's to administer Amiodarone and Lidocaine during resuscitation of cardiac arrest patients with shockable rhythms under strict protocols and direct medical oversight, submitted by Wendover Ambulance
- j. Discussion and Possible Approval of Variance #789, regarding the requirements of NAC 450B.461(2) requesting approval to allow AEMT's to administer Midazolam (Versed) for Seizures and Violent Behavior under strict protocols and direct medical oversight, submitted by Wendover Ambulance
- k. Discussion and Possible Approval of Variance #793, regarding NAC 444.790, regarding lot size requirements for the installation of an individual sewage disposal system, submitted by D. Jenkins

To start, Dr. Murawsky made comment that he would like to remove items I and J from the consent agenda to place them as action items following item number 9 to, quote, "bundle all of the variances related to AEMTs into one section. The questions we'll ask in the discussion of the other items would likely be similar to questions for those consent agenda items as well."

Dr. Murawsky then asked for a motion to approve the Consent Agenda for items A through H as well as item K.

MOTION: Mr. Cartwright made a motion.

SECONDED: The motion was seconded by Dr. Ponce.

PASSED: Approved unanimously.

6. FOR POSSIBLE ACTION: DISCUSSION AND POSSIBLE APPROVAL OF VARIANCE #784 REGARDING NAC 449.3154(2), GUIDELINES FOR DESIGN AND CONSTRUCTION OF HOSPITALS, SUBMITTED BY LAS VEGAS RECOVERY, LLC

Presenter: Steve Gerleman, Health Facilities Inspector 3 (NVHA - HCCP)

Summary: A verbal report was presented by Mr. Gerleman, the discussion after was as follows:

Las Vegas Recovery Hospital (LVRH) is requesting a variance from NAC 449.3154(2), which requires handwashing stations in patient toilet rooms, per 2022 Facility Guidelines Institute standards. The hospital plans to operate within St. Rose Dominican Hospital's Rose de Lima campus using 46 existing patient rooms (26 on the 3rd floor, 20 on the 4th). While each room has a handwash station in the sleeping area, the toilet rooms do not- a design that is consistent with older hospitals like Rose de Lima, which were not required to include them at that time. LVRH proposes to maintain hygiene through staff/patient training, operational policies, and infection control monitoring, rather than remodeling. The Bureau of Healthcare Purchasing and Compliance recommends approval of the variance case #784, citing precedent and the hospital's proposed infection control measures.

There were no questions or comments heard from board members at this time. Dr. Murawsky then asked for a motion to approve Variance 784.

MOTION: Dr. Pennell made a motion to approve.

SECONDED: The motion was seconded by Dr. Ponce.

RESULT: Approved unanimously.

7. FOR POSSIBLE ACTION: DISCUSSION AND POSSIBLE APPROVAL OF VARIANCE #785 REGARDING NAC 432A.5202, MINIMUM STAFFING RATIOS IN MONTESSORI MULTIAGE CLASSROOMS WITH CHILDREN AGES 3-6 YEARS OLD, SUBMITTED BY SIERRA NEVADA MONTESSORI DBA MOUNTAIN VIEW MONTESSORI

Presenter: Edith Farmer, Program Manager (NVHA - CCL)

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

Sierra Nevada Montessori DBA Mountain View Montessori is requesting a variance from NAC 432A.5202, which sets the minimum staffing ratios in Montessori Multiage Classrooms with children ages 3 to 6 years old. The school seeks to exceed the current state-mandated staff-to-child ratios for a mixed-age group (ages 3 to 6) by having 1 teacher and 1 assistant for 32 to 35 children. Current regulations require a 1:12 ratio for this age group, meaning 3 caregivers would be needed for a group of 30+ children. The school argues that its Montessori approach supports independence and self-sufficiency, justifying the larger group size. However, the state licenses 18 Montessori schools that comply with existing ratios, which align with national health and safety standards. Larger

group sizes are linked to reduced quality of care, less individual attention, and increased staff stress. Therefore, Child Care Licensing recommends denying the variance to maintain safety and quality standards.

Dr. Murawsky asked for clarification, noting that in the information provided there was no “hardship” listed just the adjusted adherence to the Montessori model. Farmer confirmed that was her understanding of the request for variance.

There were no further questions or comments heard from board members at this time. Dr. Murawsky then asked for any public comment:

Commenter: Mary Levy, Head of School for Mountain View Montessori

Summary: Levy briefly introduced herself, stating that she has been with the school for 30 years, then gave a brief overview of the school’s background: the school, which is located in Reno, NV, has operated as an independent 501(c)(3) since its founding in 1970, serving children ages 1 to 14 with 230 students in total. Levy stated the school has a retention rate of about 98% with children staying with the school for 10 to 11 years up to 8th grade, whereafter they move on to a public high school. She also did previously work with the Board and Leticia Brown on the same matter in 2016-17 to advocate for recognition of Montessori pedagogy in Nevada regulations. The current regulations do have an impact on the school’s Association Montessori Internationale (AMI) accreditation, which is essential to its operation and reflects its adherence to authentic Montessori methodology. The school is currently licensed by the state for K through 9th grade and were previously approved for a similar variance through Washoe county; however, the authority of such regulations switched to state oversight forcing them to now have to re-apply for such a variance. The school does currently meet the required student-to-staff ratios (1 teacher to 10 students) and has never had a safety infraction but cannot reach the full potential of 35-person classrooms due to staffing challenges that would be required to continue to meet regulation standards. Levy hopes to work with the State to adopt policies from Montessori organizations (e.g. Montessori Public Policy Initiative and Montessori Nevada) similar to some other states to further consider variances for Montessori schools, ending her testimony with an invitation for “anybody” to come tour the school.

Dr. Murawsky then asked the State Ms. Farmer to clarify if Washoe County had granted the school a variance when it was under their purview. Ms. Levy did interject that yes, they have had a variance for the years it was under Washoe County; though Dr. Murawsky did clarify it was an official question for the State. Farmer answered that while she was not aware what variance Washoe County had the State has not varied ratios previously, stating that “our current ratio in group size meets the qualifications that the state needs for the federal childcare development block grant funding.” Dr. Murawsky then asked for any other public comment. Ms. Levy did want to make another comment regarding the funding mentioned, but was informed her 3-minutes time was over.

With no further public comment, Dr. Murawsky asked for a motion for either concurrence with the State’s recommendation to deny or a motion otherwise.

Mr. Cartwright asked if a ruling was required given the school is currently in ratio. Dr. Murawsky then asked for counsel from Ms. Leverty from the Attorney General’s office on if making a ruling now would affect the school’s ability to apply for another variance in the future. Ms. Leverty

deferred to Ms. Farmer who stated the request was submitted April 21st, 2025, and understanding that the intent of the variance is for future practice if they were to exceed the current ratios. Discussion concluded there is no statute of limitations on variance requests and, if denied today, the school would be allowed to submit another later.

MOTION: Mr. Carwright made a motion to deny the variance.

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

RESULT: Denied unanimously.

8. FOR POSSIBLE ACTION: DISCUSSION AND POSSIBLE APPROVAL OF VARIANCE #790 REGARDING NAC 450B.461(2), REQUESTING APPROVAL TO ALLOW AEMTS TO ADMINISTER PUSH DOSE EPINEPHRINE FOR HYPOTENSIVE PATIENTS IN CRITICAL CONDITIONS, SUBMITTED BY WENDOVER AMBULANCE

Presenter: Bobby Sullivan, Emergency Services Representative 3 (*DPBH – EMS*)

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

Wendover Ambulance is requesting a variance for NAC 450B.461(2), which restricts Advanced EMTs (AEMTs) authority to administer controlled substances. Wendover seeks to allow their AEMTs to administer push dose epinephrine for critical hypotensive conditions (e.g. post-cardiac arrest, anaphylaxis, sepsis, trauma). The request is based on rural staffing shortages and long transport times, with administration proposed only under direct online medical control and with specialized training. However, push dose epinephrine is a high-risk medication not included in the AEMT national scope of practice, and improper use can lead to serious complications. The State EMS office recommends denial, citing patient safety risks due to AEMTs limited pharmacological training, inconsistency with national standards and Nevada regulations (e.g. NAC 450B.384 & 450B.461), and concern that approval would set a precedent for scope expansion via variances rather than proper regulatory processes.

Dr. Murawsky, in interest as a former paramedic, asked what criteria was used to determine that push dose epinephrine would not be a safe medication in the circumstances listed as many states do allow for the use of push dose epinephrine by AEMTs in these long transport situations.

John Middleman, also with the DPBH EMS office, stated that the conclusion was based on the low frequency of which the medication would be used and how complicated it is to pre-mix push dose epinephrine. A certain amount will then need to be given based on the patient- whether adult or pediatric- and in high stress situations there is concern for overdosing or underdosing that AEMTs do not receive training for.

Commenter: Lauara Lisk, President of Wendover Ambulance

Summary: Ms. Lisk stated that, with the understanding of Wendover being a border town between Utah and Nevada, the four requests being presented are approved for Utah scope of practice by their company medical director and the State of Utah's medical director and have been for the last five years with no problems reported.

Dr. Pennell then asked what the average time from site to the hospital is for transport, as that would be a justification for the medication to be administered on site.

Ms. Lisk's answer was that Wendover Ambulance is over 120 miles from any hospital, close to two hours, and the closest they would have to advanced care is a helicopter which would be around 40 to 50 minutes.

Mr. Cartwright wondered if the ability to administer the medication would affect decision making in where the patient is transported to.

Ms. Lisk explained that when a helicopter is required, as of this meeting, they generally head to Utah where a helicopter would be able to meet the ambulance halfway unlike with Elko.

Mr. Carwright followed up by asking whether there is already training going on because of Utah's allowance.

According to Ms. Lisk, there is no current training for push dose epinephrine going on as the variance has yet to be approved by Nevada but assured there is a training plan for the future.

Dr. Murawsky addressed Ms. Sullivan asking to clarify whether there is an error rate reported with other states or jurisdictions that have allowed use of this particular medication. Sullivan responded that there have been national studies that show 36-40%. She also noted that she had not seen any information regarding how many times the medication has been used by Wendover at the paramedic level to quantify or justify a need. Dr. Murawsky asked Lisk if she could provide that information which she could not at this time.

Dr. Murawsky asked for a motion for approval or denial, noting the state's recommendation is denial of the variance.

MOTION: Dr. Murawsky made a motion to deny in recommendation of the state.

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

RESULT: Denied with one abstention from Mr. Cartwright; motion carried with the majority.

9. **FOR POSSIBLE ACTION: DISCUSSION AND POSSIBLE APPROVAL OF VARIANCE #791 REGARDING NAC 450B.461(2), REQUESTING APPROVAL TO ALLOW AEMTS TO ADMINISTER TRANEXAMIC ACID (TXA) FOR TRAUMATIC AND OBSTETRICAL HEMORRHAGE, SUBMITTED BY WENDOVER AMBULANCE**

Presenter: Bobby Sullivan, Emergency Services Representative 3 (DPBH – EMS)

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

Wendover Ambulance is requesting a variance for NAC 450B.461(2), which restricts Advanced EMTs (AEMTs) authority to administer controlled substances. Wendover seeks to allow their AEMTs to administer Tranexamic Acid (TXA) for traumatic and obstetric hemorrhage under strict protocols and direct medical oversight. TXA is not a controlled substance, has a favorable safety profile, and is widely used in trauma and obstetric care. The agency serves a remote area with transport times exceeding 115 miles, where AEMTs are often the highest-level providers. The request includes medical director approved

training for AEMTs, online medical control approval before each administration, 72-hour review of all TXA uses by the medical director, and mandatory reporting of any adverse events or errors in administration. DPBH-EMS staff recommend approval of the variance, noting that the variance is localized and not a broad scope expansion and the training, oversight, and safeguards maintain the intent of NAC 450B.384 and 450B.461 to protect public safety.

Dr. Murawsky asked for clarification whether the use of TXA is as complicated as the pre-mixing of push dose epinephrine. Sullivan answered no.

There were no further questions or comments heard from board members at this time. Dr. Murawsky then asked for any public comment. With none heard Dr. Murawsky went ahead and asked for a motion to be made noting the State's recommendation to approve the variance.

MOTION: Mr. Carwright made a motion to approve the variance.

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

RESULT: Approved unanimously.

CONSENT AGENDA ITEM I. DISCUSSION AND POSSIBLE APPROVAL OF VARIANCE 788 REGARDING THE REQUIREMENTS OF NAC 450B.461(2), REQUESTING APPROVAL TO ALLOW AEMTS TO ADMINISTER AMIODARONE AND LIDOCAINE DURING RESUSCITATION OF CARDIAC ARREST PATIENTS WITH SHOCKABLE RHYTHMS UNDER STRICT PROTOCOLS AND DIRECT MEDICAL OVERSIGHT, SUBMITTED BY WENDOVER AMBULANCE

Presenter: Bobby Sullivan, Emergency Services Representative 3 (*DPBH – EMS*)

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

Wendover Ambulance is requesting a variance for NAC 450B.461(2), which restricts Advanced EMTs (AEMTs) authority to administer controlled substances. Wendover seeks to allow their AEMTs to administer amiodarone and lidocaine during cardiac arrest involving shockable rhythms (e.g. ventricular fibrillation, pulseless v-tach). The request is based on rural staffing shortages, long transport times, and the need to follow ACLS standards when paramedics are unavailable. DPBH-EMS recommends a partial approval of the variance. Amiodarone administration should be approved only under strict conditions with medical director approved training required, use limited to confirmed pulseless VF/VT, must be administered under online medical control or approved standing protocols, and a 72-hour review of administrations and mandatory incident reporting. Lidocaine should be denied due to its higher risk, complex pharmacology, and incompatibility with AEMT training. This approach maintains public safety while addressing rural care gaps through controlled, limited scope expansion.

Dr. Murawsky asked Ms. Sullivan for more details regarding the division's feelings on the risk of lidocaine that led to the recommendation to split the variance.

John Middleman stated dosing as the reason quote, "Amiodarone is a simple 300 milligrams for your first dose and 150 milligrams for your second dose, whereas Lidocaine is based on a milligram per eight based dosing." further explaining that nationally Amiodarone is used as the

primary anti-arrhythmic for pulseless and cardiac arrests and ventricular fibrillation and tachycardias. The Division felt there was no need to approve both.

Dr. Murawsky also questioned if there are other medications that are weight based that AEMTs do deliver. Middleman responded that there are but most of them are pediatric and nothing that would fall under a high stress moment like cardiac arrest. Dr. Murawsky also noted that the side effects of a lidocaine mis-dose are significant, especially when compared to Amiodarone.

There were no further questions or comments heard from board members at this time. Dr. Murawsky then asked for any public comment. With none heard Dr. Murawsky went ahead and asked for a motion to be made noting the State's recommendation to approve the variance.

MOTION: Dr. Murawsky made a motion to approve of Amiodarone in recommendation of the state and deny Lidocaine.

SECONDED: The motion was seconded by Mr. Cartwright.

RESULT: Approved unanimously.

CONSENT AGENDA ITEM J. DISCUSSION AND POSSIBLE APPROVAL OF VARIANCE 789, REGARDING THE REQUIREMENTS OF NAC 450B.461(2) REQUESTING APPROVAL TO ALLOW AEMTS TO ADMINISTER MIDAZOLAM (VERSED) FOR SEIZURES AND VIOLENT BEHAVIOR UNDER STRICT PROTOCOLS AND DIRECT MEDICAL OVERSIGHT, SUBMITTED BY WENDOVER AMBULANCE

Presenter: Bobby Sullivan, Emergency Services Representative 3 (*DPBH – EMS*)

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

Wendover Ambulance is requesting a variance for NAC 450B.461(2), which restricts Advanced EMTs (AEMTs) authority to administer controlled substances. Wendover seeks to allow their AEMTs to administer midazolam (aka. versed) for seizures and violent behavior under strict protocols and direct medical oversight. Midazolam is a Schedule IV-controlled substance with a favorable safety profile when used appropriately. The agency operates within a remote area with transport times over 115 miles and limited paramedic availability, making timely administration critical. DPBH-EMS staff recommend approval of the variance with the following stipulations: Medical director approved training for AEMTs covering pharmacology, indications, contraindications, safe administration, and adverse effect management, online medical control required before each use, and 72-hour review of all administrations and mandatory reporting of any adverse events or errors. This variance is localized, maintains regulatory intent, and does not represent a broad scope expansion of practices.

Dr. Murawsky asked how complex the reconstitution and mixing for Midazolam in the field setting is. Middleman responded that reconstitution would only be if the solution was being thinned out, clarifying that the documentation should instead say "drawing up medication". Dr. Murawsky pressed further, asking if the Division has concerns about safety with dosages. He noted that Midazolam improperly administered can cause respiratory suppression and/or hypotension, though acknowledged that AEMTs have the ability to control an airway and that

does mitigate some risk. Middleman responds that there isn't much concern given AEMTs have that capability and considering the short half-life Midazolam has.

There were no further questions or comments heard from board members at this time. Dr. Murawsky then asked for any public comment.

Commenter: Lauara Lisk, President of Wendover Ambulance

Summary: Ms. Lisk thanked the Board for reviewing the requests and expressed how helpful the variances will be in their patient care. She also asked that the Division's recommendations be sent to her office so the company can start work on meeting any and all requirements as soon as possible.

Dr. Murawsky then asked for a motion to be made noting the State's recommendation to approve the variance.

MOTION: Mr. Carwright made a motion to approve the variance.

SECONDED: The motion was seconded by Dr. Ponce.

RESULT: Approved unanimously.

10. **FOR POSSIBLE ACTION: DISCUSSION AND POSSIBLE APPROVAL OF VARIANCE #792 REGARDING NAC 432A.250, BUILDING AND GROUNDS USABLE SQUARE FOOTAGE PER CHILD, SUBMITTED BY ZION LUTHERAN CHURCH PRESCHOOL**

Presenter: Edith Farmer, Program Manager (NVHA - CCL)

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

Zion Lutheran Church Preschool is requesting a variance from NAC 432A.250(1)(a), which requires 35 square feet of indoor space per child, excluding non-program areas. The school claims the regulation causes financial hardship, reducing class sizes from 11 to 15 students down to just 8 per room, resulting in a \$21,000 deficit. State childcare licensing found the facility has unused space and was offered solutions to expand usable square footage, which it declined. The total capacity is 69 children, and past inspections show this capacity was never fully utilized. The 35 square foot standard is consistent with or below national health and safety guidelines, which now recommend 42 to 50 square feet per child. Childcare Licensing staff recommend denial of the variance, citing no substantial hardship or rights infringement, safety concerns from overcrowding, and the regulations' role in supporting child development, supervision, and injury prevention.

There were no further questions or comments heard from board members at this time. Dr. Murawsky then asked for any public comment:

Commenter: Rev. Jason Iwen, Pastor at Zion Lutheran Church in Winnemucca

Summary: Pastor Jason Iwen of Zion Lutheran Church in Winnemucca stated that the preschool has operated with 11 to 15 students for nearly 30 years without health or safety issues. The recent enforcement of the 8-student limit per classroom- communicated just two months before the 2024-25 school year- has caused a \$21,000 deficit and 17% shortfall in their budget. He expressed concern that the regulatory change was unclear, and the state has not explained how or when it changed. Rev. Iwen

also stated the space adjustments recommended by the State are not feasible, as one space is being removed from licensing to be used for other programming, and the multipurpose room is used for both preschool and church activities and cannot be converted into a dedicated classroom, and disagreed with the state's claim that the regulation is not unduly burdensome, citing the financial impact and lack of viable alternatives.

Dr. Murawsky asked for any questions from board members. Hearing none, then asked if there was any response the state would like to make on the comments made regarding the report. Farmer responded noting that there are areas other than the 3 classrooms that are licensed and that the total capacity (69) of those areas was never utilized or reconfigured to how their program was utilizing the space. Dr. Murawsky then, with recognition of the \$21,000 deficit as a financial burden, requested clarification as to what triggered the reduction from their prior operation. Farmer answered that the regulation has not changed from when the institution was originally measured, but a surveyor distinguished there were too many children in the space which prompted the State to remeasure. Licensing staff have no prior knowledge as to what the classroom looked like at the time when it was initially measured several years ago. Dr. Murawsky then questioned if there had been an error in the original measurement that designated less or more space than what existed, to which Farmer answered that the original measurements were done prior to her time with the agency and could not answer. Murawsky stated the intention to his questioning was to determine whether the variance request is based on approval from a prior state-based error and now having remeasured are applying the standard, or if the issue is new. Farmer responded that prior to regulation changes in 2017 a facility would be measured in its entirety and not individually for each classroom as is the current procedure.

Mr. Cartwright spoke up to question whether the State's recommendation to deny is based on an inference that the institute could use available space to be complying, and the institute argues that space cannot be used, if that answer is accepted does that change the State's recommendation. Farmer answered that the recommendation to deny is based on safety concerns of the number of students in a particular physical space and, when asked how many other facilities follow the guideline, responded that the State licenses 641 childcare facilities and all facility types are required to follow this guideline. 447 of those are the same facility type as Zion and there have been no other approved variances for the same issue.

Commenter: Katherine Hall, Treasurer for Zion Lutheran Church in Winnemucca

Summary: Hall clarified that the three classrooms in question are not childcare rooms but have been used for preschool and pre-K for 30 years with limited hours- around 2.5 to 3 hours a day and up to 3 days a week. She went on to explain that class sizes were previously up to 16, but the church voluntarily reduced their class size to 10 to 12 students for better teacher support. She also stated that children spend limited time in the classrooms as the program also utilizes space in fellowship rooms, outdoor spaces, and playgrounds. The sudden enforcement of the 8-student limit last year disrupted operations, forcing the facility to use some creative adjustments, and the state's recommendation to use another room or building would require hiring another teacher, increasing the financial burden rather than solving it. Hall emphasized the school's strong reputation, safety record, and longstanding community trust, and reiterated that the

financial deficit is significant for their small-budget program, justifying the variance request.

Ms. Belza-Vinuya questioned if other preschools comply with the regulatory requirement to which Farmer answered yes.

MOTION: Dr. Murawsky made a motion to deny the variance, commenting that he feels the request is not unique to the institution and instead would be requesting the standard square footage per student not be required to be as high for indoor space.

SECONDED: The motion was seconded by Mr. Cartwright.

RESULT: Denied unanimously; Dr. Murawsky did advise the state to continue working with the locality on resubmission of a different variance or other compliance issues.

11. FOR INFORMATION ONLY: PRESENTATION FROM THE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH, PUBLIC HEALTH INFRASTRUCTURE AND IMPROVEMENT ON THE IMPLANTATION OF ASSEMBLY BILL 269, REGARDING DIFFICULTY IN RECRUITMENT AND RETENTION

Presenter: Dr. Mitch DeValliere, Agency Manager (*DPBH*)

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

Assembly Bill 269 (AB269) expands Nevada's loan repayment program to include public health professionals, such as health officers and staff employed by DPBH to local Boards of Health. The State Board of Health will now recommend eligible positions to the State Treasurer, focusing on roles with recruitment and retention challenges. Difficult-to-fill positions identified by local health authorities include Environmental Health Specialists, Data Analysts/Statisticians, Nurses (RNs/APRNs), Epidemiologists, lab scientists, public health planners, and communications staff. Rural areas face the greatest challenges due to geographic isolation, compensation issues, and limited applicant pools and some agencies, like Northern Nevada Public Health (NNPH), noted that public health nurses were previously ineligible due to not serving federally qualified underserved areas – AB269 may help address this. Southern Nevada Health District (SNHD) highlighted additional needs, including a public health accreditation coordinator, and shared innovative retention strategies like flexible schedules and telecommuting. Lincoln County reported success with loan repayment in retaining lab, nursing, PT, and social work staff. State HR data confirms high turnover in key roles like environmental health specialists, with pay and personal reasons cited for departures. The goal of AB269 is to strengthen the public health workforce by using loan repayment as a retention tool for hard-to-fill positions.

Dr. Murawsky expressed appreciation for the amendments to AB269, noting that loan repayment programs are a proven tool for recruiting and retaining hard-to-fill positions, especially in the private-sector, and emphasized the importance of interpreting turnover data carefully, pointing out that shorter tenure in some roles (e.g. technicians or specialists) may reflect career advancement rather than loss. Dr. Murawsky then encouraged future evaluations to differentiate between internal promotions and actual attrition, as internal growth is a success, not a regrettable loss and closed by thanking the team for their effort and thoughtful work on the initiative.

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

12. FOR INFORMATION ONLY: PRESENTATION OF THE 2023 ANNUAL REPORT ON ACHIEVING A STATE OF HEALTHY WEIGHT

Presenter: Dr. Amanda Hubbard, Executive Director for the Nevada Institute for Children's Research and Policy at the University of Nevada Las Vegas (UNLV)

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

Dr. Amanda Hubbard, Executive Director of the Nevada Institute for Children's Research and Policy at UNLV, leads a statewide early childhood obesity prevention workgroup funded by DPBH. The group focuses on improving Nevada's performance in the *Achieving a State of Healthy Weight (ASHWA)* standards, which promote healthy practices in early childhood care settings. Currently, Nevada fully meets 15 out of 47 standards, partially meets 17, and does not meet 15. To address this issue, the group conducted surveys with providers and parents to assess the feasibility and support for changes. Feedback was generally positive, with providers open to changes and parents mainly needing more awareness. The group proposes updates to four administrative codes to better align with ASHWA standards, specifically around supporting breastfeeding, increasing fruit and vegetable offerings, and avoiding food-based bribery or coercion. These proposed changes are included in the provided packet, along with a PowerPoint for clarity.

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

13. ACTION ITEM: RECCOMENDATIONS FOR FUTURE AGENDA ITEMS

Firstly, Dr. Murawsky made a request for DPBH to return with guidance on which recommendations from the healthy weight presentation could be addressed through NAC changes or would require legislative action.

The second proposed item is an update on how the Nevada Health Authority's reorganization might impact the board's work and/or oversight.

Finally, Dr. Murawsky asked for a review of vaccine recommendation processes, including who currently guides them, how pharmacists are authorized, and whether other organizations could be added as recommending bodies similar to actions taken in other states.

14. PUBLIC COMMENT:

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

15. ADJOURNMENT

Dr. Murawsky then adjourned the meeting at 11:20am.