DRAFT MEETING MINUTES
STATE BOARD OF HEALTH
June 3rd, 2022
9:00 a.m.

MEETING LOCATIONS:

This meeting was held at physical locations, online, and by phone.

Physical Meeting 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

The online and phone meeting location is:

Online Meeting Link:

Join Zoom Meeting
https://zoom.us/j/94244271039?pwd=V0s1UW5aKy9pdlVTNzlzR0xLODU4dz09

Meeting ID: 942 4427 1039

Meeting passcode: 479010

Phone Number : 1-669-900-9128 (San Jose, CA)
Meeting ID: 925 3755 2135
(Passcode: 818303)

1. CALL TO ORDER/ROLL CALL – Dr. Jon Pennell, Chair

BOARD MEMBERS PRESENT:
Dr. Jon Pennell, DVM
Mr. Charles "Tom" Smith
Ms. Judith Bittner
Dr. Trudy Larson, M.D.
Dr. Monica Ponce, DDS (Online)
Dr. Jeffrey Murawsky, M.D.

BOARD MEMBERS ABSENT EXCUSED:

DIVISION OF PUBLIC & BEHAVIORAL HEALTH (DPBH) STAFF PRESENT:
Joseph Filippi, Executive Assistant, DPBH; Dr. Ihsan Azzam, Chief Medical Officer; Lisa Sherych, Administrator DPBH; Cody Phinney, Deputy Administrator, DPBH; Rex Gifford, Administrative Assistant III, DPBH; Kyle Devine, Bureau Chief, DPBH; Leticia Metherell, Deputy Bureau Chief, HCQC, DPBH; Vickie Ives, Health Program Manager III, DPBH; Isabelle Eckert, Administrative Assistant III, DPBH; Abigail Hatefi, Health Program Specialist I, DPBH; Antonia Capparelli, Health Program Specialist I, DPBH; Aundrea Ogushi, Health Program Specialist I, DPBH; Bobbie Sullivan, EMS Manager, DPBH; Brooke Maylath, Health Facilities Inspector II, DPBH; Denys Williams, Health Program Specialist I, DPBH; J'Amie Webster-Frederick, Health Program Specialist II, DPBH; Jennifer Tongol, Health Program Specialist I, DPBH; Kristy Zigenis, Health Program Manager II, DPBH; Lawanda Jones, Health Program Specialist I, DPBH; Lyell Collins, Health Program Specialist II, DPBH; Michael Kupper, Health Facilities Inspector III, DPBH; Nathan Orme, Education & Information Officer, DPBH; Preston Tang, Health Program Specialist I, DPBH; Steve Gerleman, Health Facilities Inspection Manager, DPBH; Stephanie Cook, Health Program Manager I, DPBH; Tina Dortch, Manager, DPBH; Tory Johnson, Program Manager, DPBH; Jennie Bear, Health Program Specialist I, DPBH; Antonina Capurro, Deputy Administrator, Administration; Yesina Fuentes, Management Analyst II, DPBH; Brad Waples, Health Facilities Inspector III, DPBH.

OTHERS PRESENT:

Nikki Aaker, Director, CCHHS; Kevin Dick, District Health Officer, WCHD; Dr. Cassius Lockett, SNHD; Karla Shoup, SNHD; Linda Anderson; Marena Works, MSN, MPH, RN University of Nevada Reno (UNR) Medical Office of Statewide Initiatives; Tedd McDonald, Health Officer Churchill County/Mineral County; Tyler Shaw, FRPA; April Clyde, Bryce Putnam, Health Officer Elko County; Genevive Burkett, Isbell Rowand, Liz Fulsom, Melissa Polsenberg, ESQ; Sarah Adler; Sarah Scott; Sheronda Strider-Barraza; Scott Lewis, Health Officer Nye County; Genevieve Burkett; Cheryl Rude; Tyson McBride, Health Officer Pershing County; Brittany Walker; Sheronda Strider-Barraza; Jimmy Lau; Dr. Cassius Lockett, SNHD; Katania Taylor

Chair Pennell opened the meeting at 9:00 a.m.

Roll call was taken, and it was determined that a quorum of the State Board of Health was present.

2. ACTION ITEM: Review and Approval of meeting minutes from the March 4th, 2022 Board of Health Meeting – Jon Pennell, Chair

Chair Pennell opened the meeting in accordance with the public open meeting laws and regulations.

Chair Pennell asked if there were any additions or corrections to the March 4th, 2022, Board of Health meeting minutes?

Chair Pennell did have a correction to note. On page 15 the word "advocacy" should be "efficacy" because they are talking about the efficacy of the vaccine. Chair Pennell asked if the public or the Board members had any additional corrections to the March 4th, 2022 meeting minutes. The Board did not have any additional corrections.

CHAIR PENNELL REQUESTED A MOTION FOR THE MARCH 4TH, 2022 BOARD OF HEALTH MEETING MINUTES WITH PAGE 15 EDIT. A MOTION BY DR. LARSON TO APPROVE THE MARCH 4TH, 2022 BOARD OF HEALTH MEETING MINUTES WITH PAGE 15 EDIT WAS MADE AND SECONDED BY MR. SMITH. THE MARCH 4TH, 2022 BOARD OF HEALTH MEETING MINUTES WERE APPROVED UNANIMOUSLY.

3. INFORMATIONAL ITEM – Health Department/District Regional Health Reports.

Carson City Health and Human Services – Ms. Nikki Aaker, Director of Carson City Health and Human Services (CCHHS)

Nikki Aaker, Director of the Carson City Health and Human Services (CCHHS) presented the report for Carson City Health and Human Services. The report is attached hereto as Exhibit "3(a)".

Ms. Aaker highlighted some of the information on the CCHHS report that was submitted. For COVID-19 CCHHS is still doing vaccination events in the four counties. This is for booster vaccinations as well as pediatric Pfizer vaccinations which are all being covered by existing Public Health Preparedness Division staff. CCHHS is still a regional distributer of the COVID-19 vaccines. The quad county COVID hotline closed at the end of April. Those calls are being referred to the state hotline as well as the website.

As far as Clinical Services and Family Planning, the first quarter of 2021 and the first quarter of 2022 are very similar. There has not been a huge drop. There has been an increase in vaccinations in the first quarter of 2022 which is an increase in vaccinations and individuals getting vaccinations. On March 30th CCHHS was notified that their application to title 10 was approved, but unfunded. Since then, CCHHS has received about half of what the submitted budget was, so CCHHS is needing to reduce services. This is unfortunate for northern Nevada because Washoe as well as the state are affected by this.

With Adolescent Health Education, CCHHS is recruiting other agencies to hold classes as well as classes being held at CCHHS. If you see or hear of anybody who is interested in health education for adolescents please direct them to CCHHS.

Ryan White retention care is for the rural and frontier counties, so that program covers 15 counties, excluding Washoe County and Clark County.

Tobacco Prevention and Control is working on policies related to the Clean Indoor Air Act with Tobacco Prevention and Control funding this is addressing the flavored products and addressing youth who are going into the local tobacco retailers and working with those retailers.

Attracting Addiction Initiative is collaborating with SNHD and WCHD. This adds focus in on the flavoring that is targeting youth. You could go to Attracting Addiction Nevada in Google and see some of the work that has been done.

Chronic Disease Division is 100% grant funded.

Temporary events are starting again. It is good to get them started again for the public, and it is good to be out there in person.

A new contract for the Douglas County interlocal agreement is going before the Carson City Board of Supervisors and Douglas County Board of Commissioners on June 16th which will be an additional 3 years. This is the 3rd time from the initial contract.

There is an increase in influenza hospitalizations. CCHHS is at 7 for the first quarter and this is mainly influenza "A". CCHHS is working to become a trauma informed agency. The first change will be one of CCHHS' conference rooms converted to a living room style interview room. The second project will be to make sure all of the policies and procedures include the trauma informed mechanisms or guidance. CCHHS has been distributing COVID-19 test kits to low income individuals and to hotels where low income individuals are living. CCHHS received a grant that will allow group living. This grant will allow two individuals to live together in one house and the grant can pay for them individually.

The preliminary numbers for the point in time count is 76 unsheltered homeless, and 611 working in long-term hotels. It is not on the report, but the city is working with these hotels so they either work under the NRS of what a hotel should do or they will be apartments and work under those codes. The 12 individuals that were housed in the Sheriffs CT program this is a partnership program between Human Services and the Carson City Specialty Court. This is for men only. There is another organization that works solely with women. CCHHS was able to help 15 people who could not find a place to isolate or quarantine due to COVID-19 or they were at high risk of COVID-19 due to medical needs.

CCHHS has a WIC department in their office in Carson City. There is also an office in Gardnerville. The total number of program participants is 629 for the calendar year of 2022. The PHP staff was excited to serve with the federal Assistant Secretary for Preparedness and Response. They were talking about the new medical surge exercise tool and its real world functionality. It was exciting to have him come and listen to what it may look like to put boots on the ground.

Staffing two more individuals have completed the research unit leader training and another completed section chief training. CCHHS goal is to get anybody who is interested in ICS training within the department to take the training, so that they have more depth. They don't have to be in the public health preparedness program.

CCHHS submitted their documentation to be certified and there is more documentation requested by June 23rd. CCHHS is doing its 3rd community health needs assessment in collaboration with Carson Tahoe in a quad county assessment. This assessment will be able to get county data to analyze. The hospital will not have to do a local public health system assessment or forces of change assessment because CCHHS will be doing that.

The CCHHS Board of Health meeting was held March 3rd. Since April was sexual awareness month CCHHS had representatives from the Sheriff's Office, the advocates, and CCHHS highlight what the collaborative efforts are for individuals who have been sexually assaulted. Now there are specific deputies that are assigned to these types of cases and the advocates to end domestic violence are contacted right away so the advocates can help the victims through the process. There is a collaboration with Carson Tahoe Hospital for the exam room

and equipment. CCHHS is available to help victims with getting counseling and care up to $1,000 as per the NRS. Ms. Aaker asked the Board if they had any questions.

Chair Pennell thanked Ms. Aaker and asked the Board if they had any questions. Dr. Murawsky thanked Ms. Aaker for all the hard work with all the other things that you are doing. It is great to see the efforts in the general preventative and public health measures that we know we have to keep doing every day.

Washoe County Health District – Kevin Dick, Health Officer, Washoe County Health District (WCHD)

Mr. Kevin Dick, District Health Officer, Washoe County Health District (WCHD) presented the report for the Washoe County Health District (WCHD). His report is attached hereto as Exhibit "3(b)."

Mr. Dick submitted a written report and wanted to highlight some efforts from the report. The WCHD fiscal year 2023 budget was approved as submitted by the Washoe County Board of Commissioners. Additionally, the county budget has been transferred to the state, so the county is prepared for the next fiscal year. The COVID response is continuing to see an increase in cases. The CDC (Center for Disease Control and Prevention) raised the county to medium for the community impact of COVID. WCHD data shows that the county is still in low because the threshold is exceeding 200 cases per 100,000 for a 7 day period. The CDC had the county at 222. WCHD data reflets 190. WCHD believes the discrepancy is that when the county gets old lab reports or cases from other jurisdictions that are categorized as Washoe County residents and are transferred to WCHD count the WCHD doesn't count those as new cases and the CDC may count them as new cases. With the cases the way they are WCHD expects to be at the medium level next week. The average weekly case count is at 136.5 which is a 50% increase over the past 2 weeks. The week before the case count doubled over the last 2 weeks, so it appears that the rate of increase is slowing but Memorial Day weekend is factored into that. This may lower some of the cases. Test positivity continues to increase. However, the hospital burden remains low at about 2.4% of the beds being COVID patients, but this number is increasing. WCHD messaging is urging people to consider taking precautions such as participating in outdoor, or well ventilated areas for gatherings. WCHD is preparing for the anticipated approval by the CDC and the FDA (Food and Drug Administration) for vaccinations of 6 months to 4 year-olds and WCHD has been planning with Renown a POD on June 25th specifically for those vaccines.

WCHD is continuing with their vaccination efforts as well as offering the vaccine in all of the clinics. WCHD is also testing Monday, Wednesday, and Friday at the Livestock Events Center. WCHD will be altering their plan but continuing to test as the Reno Rodeo occurs during the month of June.

WCHD is in the last period of their COVID response incident action plan that will terminate at the end of June. In June WCHD will drop out of the incident command system structure for operations. Operations will continue, but they will be integrated into the ongoing operations of WCHD epidemiology and public health preparedness division and community and clinical services division to provide a continuity of the response services that are being provided now.

WCHD is also seeing a late season increase in flu activity. Of 146 hospitalizations throughout the flu season 26 of those occurred during week 20, May 15th through May 21st, when WCHD is winding down their flu surveillance and reporting. This has been seen across the country. Because of this WCHD is going to continue their flu surveillance during the summer.

The Washoe County District Board of Health met last week and considered a name change for WCHD. This was due to a request that came from the Reno and Sparks City Councils and the Washoe County Commissioners to help our community understand that WCHD is a separate government entity under a different governing board than the Washoe County Commissioners. WCHD had the Estipona Group work with their rebranding. They presented their work from some focus groups and presented their name changes. The name Northern Nevada Public Health with the tag line "Serving Reno, Sparks and Washoe County" was the recommended name for consideration. The Board recommended unanimously to approve that name as the new name for WCHD. There is expected to be a meeting by the governing bodies to approve that name change and potentially a change to the interlocal agreements establishing the health district to formally change their name.

WCHD was shocked too to find that title 10 of family planning services grant was not accepted by the CDC. WCHD has used this grant since 1970 with no deficiencies noted. WCHD was told that their grant was approved but not funded. Then WCHD was provided with dire needs funds for a 1 year period that will end at the end of March 2023. This is at a much lower funding level than the previous grant. WCHD will not receive any funding after that, so WCHD had to reduce services and staffing. WCHD is no longer providing family planning services at the jail or provide services at the Eddie House for homeless youth. Additionally, WCHD is not able to keep up with demand on Walk-in-Wednesdays. This program was just launched prior to losing funding. WCHD has briefed Chair Sarah Peters with the legislative Joint Interim Committee on Health and Human Services and WCHD is hoping there can be some legislative action taken to help fund those needed services in the community.

The Chronic Disease Program has started the Healthy Corner Store Initiative where smaller markets provide healthy foods for the community and neighborhoods. This has been well received by the press and that has generated more interest in other stores to participate. WCHD is working with the Reno Aces with their smoke and vape free initiative. The Reno Aces were recognized by the WCHD Board of Health for this last week. Mr. Dick asked the Board if they had any questions.

Chair Pennell asked the Board if they had any questions. Dr. Larson said that the last two presentations talked about title 10 terminating without prior notification do you know why?

Mr. Dick said that WCHD was informed that they didn't receive the level of federal funds that were anticipated. That is why they didn't receive the level of funding available for WCHD. Other health districts have received additional funds over what they have received in the past. It is not entirely clear to WCHD why this is occurring.

Chair Pennell asked the Board if they had any questions. None were asked.

Southern Nevada Health District – Dr. Fermin Leguen, District Health Officer, Southern Nevada Health District (SNHD)

The SNHD report is attached hereto as the State of Nevada Board of Health hereto known as Exhibit "3(c)".

Mr. Filippi informed the Board that Dr. Lockett would be available to go over the SNHD report, but nobody representing SNHD appeared before the Board. Mr. Filippi did offer to send any questions the Board may have to Dr. Leguen to answer for the Board at a later date.

Dr. Murawsky requested that the health districts report what their Title 10 funding status since the Board heard from two districts that had unexpected Title 10 changes. Additionally, Dr. Murawsky wants to know if SNHD experienced any Title 10 changes.

Mr. Filippi acknowledged Dr. Murawsky's question and offered to forward the question to SNHD and share the answer with the Board members.

State of Nevada, Division of Public and Behavioral Health - Ihsan Azzam, Ph.D., M.D., Chief Medical Officer

Dr. Ihsan Azzam, Chief Medical Officer reported for the State of Nevada. The report is hereto known as Exhibit "3(d)." Dr. Azzam gave a brief overview of his report.

Dr. Azzam greeted the Board and presented his report by stating you already have a copy of my report, so I will just update you and summarize some most important points.

I will start with the COVID-19 pandemic status and then will update you on the monkeypox national outbreak. I will also cover the investigation of a *Candida Auris* cluster in Las Vegas, and the Acute Pediatric Hepatitis National Investigation. I will close with a brief update on Influenza.

As you know, the United States has just surpassed one million COVID-related deaths, and in the month of May alone, the nation added two million cases, and 6,000 COVID-related deaths.

CDC just reported that 91% of the U.S. population ages 65 and older; 73% of individuals ages 18 to 64, and 59% of those ages 12 to 17 have been fully vaccinated. While only 29% of children ages 5 to 11 have been fully vaccinated. The recently authorized emergency use for a booster dose for children ages 5 to 11 will hopefully encourage more parents to vaccinate their kids. The U.S. is currently averaging 100,000 new cases each day, a roughly 21% increase over the past few weeks. And, as many cases are unreported, the true toll is significantly higher. Daily case reports in Nevada and nationally are four times as high as they were in early April, but still a fraction of the numbers seen in January, when the initial Omicron surge was at its peak. Hospitalization is also increasing, though it remains well below the level seen during winter. About 25,000 patients are hospitalized with the virus nationwide, and 11% of those are in intensive care units.

Cases and hospitalization increased in Nevada by more than 22% in just 1 week. As of Monday, May 30, the average daily newly-diagnosed cases in Nevada was 828. The average daily hospitalizations was 232.
So far Nevada had 10,896 COVID-related deaths, with a weekly increase of about 24 deaths. About 14,000 vaccine doses are administered in Nevada each week. So far, about 69% of Nevada residents aged 5 and older have initiated the vaccination process, but only about 58% completed their series. It's important to mention that this most recent uptick in COVID cases emerged first in the northeastern states. However, conditions appear to be stabilizing.

Additionally, this current increase in Nevada and nationwide did not seem to have led to a large-scale increase in hospitalization and death. Even though they are still relatively high, case rates have started to gradually plateau or decline in the northeast, and it is expected to peak by mid-June in Nevada and nationally. Our current goals at this phase are to prevent severe cases, protect those vulnerable, and ensure optimal functioning of the health care system in Nevada.

Pending the emergence of new variants that can be more severe than Omicron, the current strategies of continuing to offer vaccinations and boosters; ensuring the availability of antivirals and continuing community surveillance, are the most important aspects to monitor this ongoing pandemic.

I will continue with a short update on the Monkey Pox Outbreak. As of yesterday, 700 cases of monkeypox have been detected in 30 countries. With 18 cases diagnosed in the US. So far, no monkey pox cases were detected in Nevada. According to CDC the risk to the public is low, as the mode of transmission was primarily through close physical contact.

Monkeypox commonly starts with fever, headache, myalgia and fatigue followed by lymphadenopathy and skin macular rash appearing on the face, hands, feet, and genitals. Symptoms tend to last 2 to 4 weeks. The skin rash evolves in popular and then vesicular form. Cases have been mild, and so far, no deaths were reported in non-endemic areas. As global cases continue to increase, CDC has upgraded its travel advisory and is asking travelers to be alert; practice enhanced precautions and seek medical care if they start developing an unexplained skin rash.

More cases and deaths are increasingly reported in countries such as the Democratic Republic of Congo, Nigeria, Cameroon, and the Central African Republic where poxvirus is endemic. However, the World Health Organization doesn't seem to be concerned of a global pandemic. The CDC-Advisory Committee on Immunization Practices (ACIP) is currently recommending the JYNNEOS Vaccine for Preexposure Prophylaxis of persons at risk for occupational exposure such as first responders, laboratory technicians and clinicians who may see or diagnose monkey pox cases or plan to administer the vaccine. Two vaccine-doses should be administered subcutaneously 28 days apart - and vaccine protection is not conferred until 2 weeks after receiving the second dose.

Together with CDC the Division of Public and Behavioral Health is investigating cases of the multi drug-resistant fungus *Candida Auris* at several hospitals and skilled-nursing facilities in Clark County.

Additionally, multiple states including Nevada are currently conducting investigations into acute pediatric hepatitis cases, most of which are among children under the age of 5 or 6.

As you know, influenza seasons were mild in the past two years due to several mitigation measures that were implemented to slow the spread of COVID-19. As these mitigation measures are no longer in place, Nevada and the nation are seeing increased flu activity, particularly Influenza A. Given these observed increasing trends, the current influenza surveillance season in Nevada will be extended through the summer months and into the next season. Dr. Azzam thanked the Board and asked if they had any questions.

Chair Pennell asked if there were any questions from the Board members. None were asked. Chair Pennell asked if any of the other Health Officers would like to go over their report at this time?

Mr. Filippi stated he was not sure if any of the other Health Officers desired to give their reports today. He gave the example of Douglas County giving the report by Dr. Homan, but he is not in the meeting today. Dr. Tedd McDonald from Churchill County is present if he would like to give a verbal update.

Churchill County – Dr. Tedd McDonald, M.D., County Health Officer

Dr. Tedd McDonald, Chief Medical Officer reported for Churchill County. The report is hereto known as Exhibit "3(f)." Dr. Azzam gave a brief overview of his report.

Dr. McDonald stated that the Board has his report. There is not much to add to it. Churchill County continues to work through the process of establishing a health district in central Nevada. There has been great progress with it. They have had their lab inspected to work with the state as an extension of the state laboratories. The vaccine program has been recently evaluated and that went well. Now they want Churchill County to expand their use of vaccines. Outreach programs are still being provided for Mineral and Eureka Counties. Home visits are in Mina, Nevada. Churchill County continues to be on top of their vaccines. A change in COVID has been noticed. There has been an uptick in the last couple of weeks, but at this point there have not been any hospitalizations.

The county started with behavioral health because they recognized that a lot of the morbidity issues were related to behavioral health and mental health in Churchill County. The focus of the Boards in Churchill County was to work on that. Churchill County is in the mitigation process for West Nile Virus so there are projects for observation and elimination of mosquitoes. Dr. McDonald asked the Board if they had any questions.

Chair Pennell welcomed Dr. McDonald and thanked him for his report. There were not any questions from the Board members.

Mr. Filippi informed the Board that Dr. Putnum from Elko County would also like to speak to his report.

Elko County – Dr. Bryce Putnam , M.D., County Health Officer

Dr. Putnam, Chief Medical Officer reported for Elko County. The report is hereto known as Exhibit "3(g)." Dr. Putnam gave a brief overview of his report.

The past quarter the Elko County Board of Health met with the focus of behavioral health infrastructure. Organizations spoke about current and future behavioral health services and projects. The barriers and access to that were also discussed. The Board will continue to talk about barriers to access to community and county partners. In the future Elko County would like to work with state partners to overcome these barriers. As we all know behavioral health infrastructure is a state and nationwide challenge.

Chair Pennell thanked Dr. Putnam for his report and asked the Board if there were any questions. No questions were asked.

Mr. Filippi informed the Board that Mr. Tyson McBride is the new Health Officer of Pershing County. Mr. Filippi gave Mr. McBride an opportunity to introduce himself and present the Pershing County Health Officer Report if he wished.

Pershing County – Mr. Tyson McBride, PA-C, County Health Officer

Mr. McBride, Chief Medical Officer reported for Elko County. The report is hereto known as Exhibit "3(p)." Mr. McBride gave a brief overview of his report.

Mr. McBride stated that he was new. He did not have any additions to the report sent to the Board of Health. He appreciates being at the meeting and listening to everyone and serving the community.

Chair Pennell welcomed and thanked Mr. McBride and aske the Board if they had any questions. The Board did not have any questions.

Nye County – Mr. Scott Lewis, County Health Officer

Mr. Scott Lewis , Chief Medical Officer provided an oral report for Nye County.

Mr. Lewis made an announcement that there will be a new Nye County Public Health Officer. The new Public Health Officer is Dr. Daniel Griffith. Dr. Griffith will be participating in these meetings in the future. As you may recall Mr. Lewis serves as the Fire Chief in the town of Pahrump and he is also Nye County's Emergency Manager for the last year and as well as the County Health Officer. The County Health Officer position was filled by Mr. Lewis who will participate in future Board of Health meetings. Mr. Lewis stated that Dr. Azzam summed up what is happening in Nye County now. As part of the COVID response Nye County converted two MVUs (Mobile Vaccine Units) which are in service. One we will display in Fallon to display how that apparatus was configured to serve our community needs. Especially with the vast geographical and mostly frontier land that is about 18,000 square miles. This way we can help our most remote patients in not only Nye but Esmerelda County. Nye County is also monitoring one tuberculosis case with two EMS (Emergency Medical Services) exposures as well as continuing measures with COVID. Mr. Lewis asked the Board if they had any questions.

Chair Pennell asked the Board if they had any questions. No questions were asked. Chair Pennell thanked Mr. Lewis and welcomed Dr. Griffith.

Mr. Filippi informed the Board that if they had any questions about any of the Health Officer Reports that he would be glad to pass them on to the County Health Officers. Chair Pennell thanked Mr. Filippi and thanked the Health Officers for their reports and what they do. Chair Pennell recognized all they do to keep everyone healthy and to do the best for Nevada.

As the Board transitioned into action items Chair Pennell reminded everyone that public comments will be afforded for each action item regarding the action item and that there is time at the end of the Board of Health meeting for general public comments that do not concern a specific action item and that the time limit for all public comments is 2:00 minutes.

4. ACTION ITEM – Consideration and Approval of Variance No. 732 regarding requirements of R046-20AP Religious Exemption to vaccine objections through form submission and written statement, and a request for the waver of submission of form for vaccination exemption requested by Mr. Jeremy Mancuso. – Kyle Devine, Health Bureau Chief, Child, Family & Community Wellness, DPBH

Variance No. 732 is hereto known as Exhibit "4."

Mr. Devine addressed the Board and thanked the Board for hearing variance request number 732 from NAC 392 as amended by LCB File number R046-20AP relating to student immunization exemptions which was submitted by Mr. Mancuso on January 31st, 2022. NRS 392.437 states that a public school shall not refuse a child as a pupil because the child has not been immunized pursuant to NRS 392.435. If the parents or guardian of the child has submitted to the Board of Trustees of the school district a written statement indicating that their religious beliefs prohibit immunization of such child.

LCB File number R046-20AP amended chapter 392 of the NAC requiring the parents or guardians written statements to be written on a form provided by the Division of Public and Behavioral Health. This amendment went through the proper process of adoption which included public comment, assessment of the impact of small business, and the Board of Health's approval. The amendment was approved by the Board of Health on December 10th, 2020, and subsequently approved by the Legislative Council Bureau on December 29th, 2020. This amendment to the Nevada Administrative Code 392 was drafted after schools and licensed childcare

facilities reported to the Nevada State Immunization Program that having a standardized form to track and file exemptions to register or enroll a students and may assist in managing a disease outbreak.

After passage of the amendment the Division drafted a standardized form and distributed it to all schools and childcare facilities for their utilization. This form which has been provided for your reference is very simple. It requires only the minimum amount of information required for schools to track and file such exemptions.

Mr. Mancuso filed a variance request asking to not use the standard form provided by the Division of Public and Behavioral Health as required by LCB File number R046-20AP. In the submitted variance request the applicant in part cites the erosion of his religious freedom as a hardship resulting in the strict application of this regulation and that the regulation is discriminatory. To resolve this issue prior to bringing it before the Board of Health staff reached out to the Clark County School District to see if the applicants' concerns could be mitigated. The school district indicated that they would only accept the division form as required by the regulation. After examination of the variance request staff concluded that the form provided by the Division of Public and Behavioral Health serves to improve the process by which exemptions are filed helping schools, licensed childcare facilities, and universities in Nevada to identify those most at risk in a vaccine preventable disease outbreak. Waving the requirement would substantially impair this purpose. Furthermore, staff does not believe that utilization of the provided form will cause exceptional or undue hardship on the applicant.

Even if the variance is granted state statutes still require a written statement to be provided to the school districts Board of Trustees. The regulation applies equally to all parents seeking a religious exemption from the school Board of Trustees. As such, staff recommends denying the Board of Health variance request number 732. Mr. Devine let the Board know that he is available for any questions.

Chair Pennell asked the Board if they had any questions. The Board did not ask any questions. Chair Pennell then asked Mr. Filippi if Mr. Mancuso was available? Mr. Filippi responded that Mr. Mancuso was not online, or in the northern Nevada meeting location. Chair Pennell confirmed that Mr. Mancuso was not in the southern Nevada meeting location and gave time for Mr. Mancuso to contact and respond to the Board of Health.

Chair Pennell then asked if there were any public comments on agenda item 4. There were no public comments. Chair Pennell then asked for a motion on variance number 732.

CHAIR PENNELL REQUESTED A MOTION ON ACTION ITEM 4. A MOTION FOR DENIAL OF VARIANCE 732 WAS MADE BY DR. MURAWSKY AND SECONDED BY MR. SMITH. THE MOTION TO DENY VARIANCE 732 WAS APPROVED UNANIMOUSLY.

5. ACTION ITEM - Consent Agenda Items – State Board of Health Members

The Agenda Items are hereto known as Exhibit "5 (a) to 5(l)."

Chair Pennell tabled agenda item 5(b) until the September 2nd, 2022, Board of Health meeting. Additionally, Chair Pennell requested that 5(j) and (k) be pulled from the meeting. Chair Pennell then asked if there were any additional items that should be pulled from the consent agenda?

Chair Pennell asked for a motion on consent agenda items 5 a, c, d, e, f, g, h, i, and l.

Mr. Filippi informed the Board that Mr. Bradley Waples is available to answer any questions related to items 5(j) and 5(k).

Dr. Murawsky disclosed that he has a conflict of interest with items 5(j) and 5(k) because the facilities requesting the waiver are with the same company that he is employed with, so Dr. Murawsky will abstain from discussion of these two items.

Ms. Tackes disclosed that she did discuss the conflict of interest with Dr. Murawsky. It is a required disclosure as well as a required abstention. This is referenced from NRS chapter 281A.

Chair Pennell requested to proceed with the vote. Mr. Filippi verified with Chair Pennell that the Board did not have any questions and that the Board was going to proceed with a vote. Chair Pennell confirmed it would be a vote only. Chair Pennell then asked for a motion on items 5(j) and 5(k).

CHAIR PENNELL REQUESTED A MOTION ON CONSENT AGENDA ITEMS 5(j) and 5(k). APPROVAL OF CONSENT AGENDA ITEMS 5(j) and 5(k) AS PRESENTED WAS MADE BY MR. SMITH AND SECONDED BY DR. LARSON. DR. MURAWSKY ABSTAINED. THE MOTION WAS APPROVED.

6. ACTION ITEM: Consideration and Possible Adoption of Proposed Regulation Amendments to Chapter 449 of Nevada Administrative Code (NAC) Regulations, related to the passage of Assembly Bill (AB) 287 (2021) which voids the obstetric center regulations codified as NAC 449.6113 to 449.611178 and requires the Board of Health to adopt separate regulations governing the licensing and operation of freestanding birthing centers that align with the standards established by the American Association of Birth Centers, the accrediting body of the Commission for the Accreditation of Birth Centers, or another nationally recognized organization for accrediting freestanding birthing centers. In addition, the regulations adopted by the Board of Health must allow for the provision of supervised training to providers of health care, as appropriate, at a freestanding birthing center. LCB File No. R062-21 – Leticia Metherell, Health Program Manager III, Health Care Quality and Compliance (HCQC), DPBH

LCB File No. R062-21 is hereto known as Exhibit "6."

Ms. Metherell introduced herself and presented proposed regulations LCB file number R062-21 related to the licensing and regulation to freestanding birthing centers as a result of the passage of AB 287 of the 81st Legislative Session. AB 287 requires that the Board of Health adopt separate regulations governing the licensing and operation of freestanding birthing centers. Such regulations must align with the standards established by the American Association of Birth Centers as such organization an accrediting body of the Commission for the Accreditation of Birth Centers, or another nationally recognized organization and allow the supervision of trainees to the providers of health care.

In addition, AB 287 voids the obstetric center regulations adopted by the Board of Health. These proposed regulations bring the Board of Health into compliance with AB 287 by aligning the proposed regulations as much as possible with the standards established by the accrediting body of the Accreditation of Birthing Centers.

A Public Workshop was held on the proposed regulations on October 15th, 2021. Five individuals, one of which provided testimony on behalf of another, provided support of testimony of the regulations. The Nevada Board of Nursing representative noted that they did not have any objections. No one was opposed to the regulations although written testimony from a representative of the Accreditation Association of Ambulatory Health Care requesting additional opportunity for organizations to become approved freestanding birth center accreditors. This recommendation was not incorporated into the proposed

regulations as the bill language only requires alignment with one of the standards listed in the bill, and staff determined in this particular case it was the most effective way to implement the bills requirements.

The proposed litigations were also heard by the Joint Interim Standing Committee on Healthcare and Human Services. No recommendations were provided by the committee as a result of the hearing. Section two identifies the terms relating to standing birth centers. Section six requires a freestanding birthing center to be accredited by the Commission for the Accreditation of Birth Centers within a prescribed period after applying for a license from the Division, and to specify the number of beds with each renewal application. Section seven and eight address the construction and equipment related items. Section eight also requires the Division to conduct an onsite inspection prior to the issuance of a license. Section nine requires a freestanding birth center to maintain a supply of oxygen that is adequate to provide oxygen supplementation to persons receiving care and the policies and procedures for safe administration and storage. Section ten requires a birthing center to develop and implement written policies and procedures for the control of infection and train certain staff member concerning these policies to follow the manufactures guidelines for the use and maintenance of equipment, devices, and supplies. Also, to maintain a minimum supply of a 14 day supply of personal protective equipment to protect staff members from infectious diseases. Section eleven requires a freestanding birthing center to comply with certain laws and regulations and to provide any record maintained by the center to the Division upon request. Section twelve adopts by references certain standards published by the Commission for the Accreditation of Birth Centers and requires a freestanding birth center to comply with and maintain a copy of those standards.

When evaluating the proposed regulations, it is important to take into consideration the indicators of compliance for birth centers published by the Commission. Of which the proposed regulations require a freestanding birthing center to comply. As these cover many provisions that would not specifically listed in the proposed regulations. Section thirteen establishes requirements to serve as a clinical provider at a freestanding birth center. It requires that the director of a freestanding birth center maintain a personnel file for each of its staff and that each staff member hold appropriate professional licensure. It establishes requirements for staff who may attend each birth at a freestanding birth center. Section fourteen establishes qualifications for Birth Assistant at a freestanding birth center. Section fifteen is requirements govern activities of the assistant. Section sixteen establishes requirements for the supervision of supervised training. Section seventeen requires the director of the center to establish criteria for determining whether a pregnant person may give birth at a freestanding birth center. Section eighteen requires the center to inform a pregnant person or a person who has given birth and seeks care concerning the rights of the person the health status of the person, the fetus, or newborn and allows a pregnant person or person who has given birth the right to inspect their medical records. It also requires the center to adopt procedures by which a person may submit a complaint concerning care provided or not provided by the center. Section nineteen provides that an episiotomy repair of lacerations sustained during delivery does not constitute surgery for that purpose and thus authorizes the performance of these procedures at a center. Section twenty prescribes guidance governing the storage and administration of drugs at the center. Section twenty-one requires the director of the center, or his/her designee, to notify the Division in not later than 24 hours after a death at the center and requires the director to establish a procedure to insure the provision of appropriate counseling for those who are affected by the death. Section twenty-two prescribes the fees applied for the issuance of a renewal and license.

There is an errata. The errata changes the timeframe from when a freestanding birth center has to receive accreditation as a birth center from the Commission from 6 months, or 12 months as applicable after initial licensure instead of submitting an application for a license, so that would change section six. Basically, it would remove submitting an application form and keep the language so it would be the 6 months from licensure. Section six with the errata would read as; except in provided in sub-section two, a freestanding birthing center shall not later than 6 months after initial licensure pursuant to NRS 449.04 submit to the

Division proof that the birth center holds accreditation as a birth center from the Commission of Accreditation of Birth Centers or successor organization.

Ms. Metherell offered to answer any questions from the Board and introduced Ms. April Clyde, a midwife, who is the operator of the only licensed freestanding birth center in Nevada that would answer any midwife questions the Board may have.

Chair Pennell asked if there were any questions or discussions from the Board members.

Dr. Larson commented that she had a number of concerns about the safety of the newborns and everything, but after reading the standards she was extremely impressed with how thorough the standards are and she is very comfortable with the language. Dr. Larson wanted to make sure if it was stated in the regulation that it was an excellent source, and it is. Well done.

Dr. Murawsky stated the standards are very thorough. The only standard he has a question on is 1c, 1d in the overall standards really talk about the transfer of a mother who is having distress and needs a higher level of care. It requires that the mother be informed of what the arrangement is, but the standard itself does not require any formal arrangement between the birthing center and the receiving facility. That means that a mother would be delivering or laboring with a midwife at a birthing center then be transferred to an acute care hospital to an obstetric emergency department and then handed off to another provider, unless the midwife maintained privileges in both locations. Is there any additional requirement that either privileges be maintained at a transferring facility, or that there are transferring agreements, or that the consent that the mother understands when she chooses to consent to the birthing center recognizes there is no formal acceptance policy with an acute care facility?

Ms. Metherell answered that the transfers are spread out through these, but 2c 9.t which is on page 81 of the standards has two parts, the pre-arranged plan for ready access to pediatrics neonatal and acute care service, so there has to be a pre-arranged plan. When circumstances allow it does ask for the formal signed agreement. You are correct it doesn't say specifically they must have a signed agreement, but when we go into inspect we would look to see if that pre-arranged plan was in place. On page 80 a pre-arranged plan for ready access to obstetrical and acute care services for the mother and fetus in the event of their transfer in addition to the pediatric and neonatology requirement. There is another requirement that the birth center does have to explain all of this to the client. They need to be aware of the risks and benefits of having a birth in a birthing center as well as arrangements. Ms. Metherell stated that she has Ms. April Clyde with her as the operator of a freestanding birthing center, so she would be able to speak about how that works.

Ms. Clyde introduced herself as an advanced nurse practitioner and a certified nurse midwife. As well as the founder and owner of Serenity Birth Center the only freestanding birth center in Nevada. Ms. Clyde has been in the maternal child field in Nevada for 24 years. What the NRS requires is that we have made an attempt via certified mail for that transfer agreement. To speak to that EMTALA (Emergency Medical Treatment & Labor Act) requires any hospital to take an active laboring woman into their care. As for Serenity Birth Center, we run drills with the closest fire department biannually also they work with UNLV (University of Nevada Las Vegas) Health, OBGYN Department, and the Labor & Delivery Department. They have all come to Serenity Birth Center and the staff have been to their locations and have transfer protocols in place.

Ms. Metherell mentioned that the accreditation standards don't allow for dumping. The standards prefer that the midwife go with the client to the hospital and if they are not able to they must provide a written or oral report to the hospital including the records so that the hospital is aware.

Dr. Murawsky thanked them for their answers and reiterated that they are surveying to the standard with particular attention to making sure that plan is thorough and appropriate. As long as that is done, and we are

insuring the safety of the mother. If we have to transfer someone that continuity is maintained as best as possible.

Ms. Clyde replied that we are not dropping train wrecks on the doorstep of any hospital. We are required to let medical records go with them and for Serenity Birth Center the nurse practitioner rides in the ambulance. That is the protocol. Serenity Birth Center has been open for one year and has not had an ambulance transfer.

Chair Pennell asked the Board if they had any additional comments or questions. Then Chair Pennell asked if the public had any comments.

Ms. Cheryl Rude, practicing Administrator for Serenity Birth Center for the last 4 years. Ms. Rude stated that her medical experience spans over two decades, with many of those years in OBGYN practices. Managing multi-specialty groups, solo practices and conducting set-ups and consulting services. At Serenity her duties include networking, community engagement, patient education, maintaining and training employees. Overseeing day to day operations, budgeting, financials, insurance contracting, compliance, and much more. Her knowledge and expertise is very helpful in obtaining the facilities state license and accreditation with the state and all the set-up and training of the staff to be in the highest standard of care and compliance prior to the opening last April 2021. With her extensive insurance and billing experience and resources the center has been able to provide education to their patients and obtain insurance contracts with state Medicaid and MCO (Managed Care Organization) programs. Aetna, Anthem Blue Cross & Blue Shield, Cigna, Tricare, and VA Multiplan since January 2022. Today with all the proposed regulations that we are in favor of and most of the discussions will be about the facility building and staffing. Please understand that the patient financial commitment is just as important as the birthing choice to choose an out of hospital birth. At Serenity there are multiple financial discussions with the patients prior to care to make sure all included understand clearly what they are signing up for. The Center's operating expenses are the same cost comparisons to the valley's MD (Medical Doctor) and DO (Doctor of Osteopathic Medicine) practices for normal low risk maternity in women's health services. Our providers provide the exact same care and services. Some differences that our services do not include are cesarean and other medical operations. These differences to traditional practices are revenue. The 320 birth centers in the US all struggle with lower insurance reimbursements for providing the same services as traditional practice hospital visits. In closing the financial side of this is when you are hopefully helping us you will be helping relieve some overhead expenses. Thank you.

Chair Pennell thanked Ms. Rude and asked for a motion on item 6, Freestanding Birthing Centers.

CHAIR PENNELL REQUESTED A MOTION ON ACTION ITEM 6. APPROVAL OF REGULATION R062-21 AS SUBMITTED WAS MADE BY DR. MURAWSKY AND SECONDED BY DR. PONCE. THE MOTION WAS APPROVED UNANIMOUSLY.

<u>7. ACTION ITEM:</u> Consideration and Possible Adoption of Proposed Regulation Amendments to Chapter 441A of Nevada Administrative Code (NAC) Regulations, related to Senate Bill (SB) 211(2021) which establishes requirements relating to testing for sexually transmitted diseases (STD) and human immunodeficiency virus (HIV). The proposed regulation will update and require certain emergency medical services providers in a hospital or primary care setting to inquire if their patients would like HIV or STD testing. Additionally, the proposed regulations require that a medical provider assists the patient in obtaining a test(s) where practical and medically indicated. LCB File No. R002-22. – Preston Tang, HIV Prevention Coordinator & Data Analyst, Office of HIV, DPBH and Lyell Collins, HIV Prevention & Surveillance Program Manager, Office of HIV/AIDS, DPBH

R002-22 is hereto known as Exhibit "7."

Mr. Tang greeted the Board and stated the LCB file R002-22 proposed regulations related to the passage of SB 211. SB 211 was introduced during the 81st Legislative Session in 2021 and was signed by Governor Steve Sisolak on June 4th, 2021. The bill establishes requirements related to testing for sexually transmitted disease (STD) and human immunodeficiency virus (HIV).

Current regulations do not outline the requirement to consult with the patient as to whether they wish to be tested for HIV or STD. The proposed update will require certain emergency medical service providers in hospitals or perma-care settings to inquire if their patient would like to be tested for HIV or STD. Additionally, the medical service provider will assist the patient in obtaining a test where practical and medically indicated.

There are reasons to bring this change forward. Nevada is ranked 5th for the highest rate of HIV diagnosis. Nevada ranks 1st for primary and secondary syphilis, 4th for congenital syphilis, 17th for chlamydia, and 15th for gonorrhea. All of these rankings are from 2019. Additionally, the CDC recommend that individuals between the age of 13 and 64 get tested for HIV and STD as a part of their routine health care. The CDC also recommends more screening of HIV and STD with people who have an increased risk of infection. The United States Preventative Services Task Force provides a recommendation that clinicians screen for HIV and STD in adolescents and adults ages 15 to 65 years old. Younger adolescents and adults that are at increased risk of infection should also be screened.

Pursuant to NRS 222.33b the determined impact on small business by soliciting responses through a Public Workshop and a small business impact questionnaire. Through the small business impact questionnaire solicitation was distributed via email to medical providers, health facilities, professional doctors of medicine, professional doctors of obstetric medicine, nurse practitioner association, and more. Additionally, the information for the Public Workshop small business impact questionnaire as well as the small business impact statement was also provided online via the State of Nevada Office of HIV Regulation Development Process website and posted at the local health authority offices. Interested parties could also get a copy of the regulations sent to them via email or receive a physical copy in person at the Nevada Office of HIV or at the local health departments. The Division recorded one response from the small business impact questionnaire which was in favor of the changes proposed in SB 211. The Division of Public and Behavioral Health did not receive any negative feedback regarding the proposed changes to SB 211. Additionally, the Division held several opportunities for business to provide input and comment regarding regulation R002-22 including the economic impact the proposed regulation may have on business.

A Public Workshop was held on Thursday, January 26th, 2022. There were 9 participants who attended the Public Workshop virtually. No public comments were made by the community members attending. Responses to the proposed regulation have been favorable. These proposed regulations will not add any cost to the current budgetary enforcement activities. Additionally, these regulations are not duplicative nor are they more stringent that federal, state, or local standards. In summary the proposed regulation R002-22 in turn with NAC 441a will not cause any adverse initial impact on programs and small business. R002-22 will simply benefit the residents of the State of Nevada by; one, destigmatizing HIV and STD. Two, increase opportunities for testing for HIV and STD. Three, provide an earlier diagnosis for HIV and STD, and fourth, reduce the future cost of medical care and treatment of HIV and STD. Mr. Tang then asked the Board if they had any questions.

Dr. Larson said that it is about time. This was proposed and the regulations are quite complete. This recommendation for routine testing for HIV in particular, but STD testing has been on the books for well over 10 years. By streamlining the process and making sure that they know they don't have to council, making it part of a routine exam really reduces the barriers that have been significant. This is one of the big steps in eliminating HIV in our country. Dr. Larson applauds and is enthusiastic this is finally happening. Thank you staff.

Dr. Murawsky asked, looking at the summary of documents mentioned it asks providers who provide emergency medical services, or hospital primary care. Those are very different care settings. Screening activities don't occur in emergency settings they're addressing a particular need. Looking through the regulations there is not a delineation between the two provider types. Am I missing it, is it somewhere else in the regulations?

Mr. Tang answered no sir, the doctor needs to inquire if the patient wants to get an additional HIV or STD test in emergency rooms, so it is a question to the patient.

Dr. Murawsky asked if the regulation is asking every emergency department, for every patient, there be an inquiry as to whether the patient wants STI testing?

Mr. Tang answered that is correct.

Dr. Murawsky stated that he cannot support, as someone who works with emergency patients all the time, adding a screening question that is not in the USPSTF (United States Preventative Services Taskforce) guidelines to an emergency department visit into the process. While this is absolutely important in a primary care screening environment, and if it is medically necessary that someone who presents symptoms should obviously be screened if it is medically necessary, asking our ERs (Emergency Rooms) to provide a screening service if a 16 year old presents with an ankle sprain does not appear to be the best uses of our ER services which are already strained in the communities. That is my concern. If it said do testing if medically indicated of course the ER should do that, but in a non-medically indicated situation we are asking our ER to provide screening services. Which we do not do for anything else.

Mr. Tang replied that it says where practical and medically indicated, so if it is practical for ER to be able to screen for that question then yes.

Dr. Murawsky stated that is a lot of judgement in what is practical. Have the Department looked into what is practical or not? If medically indicated, I understand. I am not sure what the practicality would be. I do not want to set up a standard where the ER cannot meet it or shouldn't be doing it. Second of all, look at the financial implications, if we add an unrelated service to an ER visit that creates a level of care. In the financial analysis we didn't look at the increased bill because the physicians charge level would rise. If someone is not on a flat ER fee that cost is going to pass on to the patient because now there is two treatments being done which increases the fee, and potentially an insurer could deny preventative services being provided in an ER. That is a balance billing consequences for a patient that showed up looking for a screening service. Again, in the primary care space I have no concerns and I am fully supportive of this. In the ER space I think use of the word "practical" is an issue. I fully understand "medically indicated".

Ms. Tackes wanted it noted on the record that these regulations were developed pursuant to SB 211 out of the 2021 regular Legislative Session. The bill language uses emergency medical services as a hospital or primary care to patient and that is were the language is drawn from for these regulations.

Dr. Murawsky stated that his concern is that he could not propose the errata today. In the regulation we should have a section for primary care services that talks about where practical and in theory where recommended because there are clear recommendations provided by organizations about when that screening should be done. For emergency services it should be where it relates to the care of the patient presenting for an emergency event, or medically indicated and that would be a separate section.

Ms. Tackes let the Board members know that there are options on this action item to the extent that a Board member wants to make a motion to approve these. That action can be considered to the extent that a Board member would like to make a motion to table these for language to be reconsidered by the Division, that is also an option, so it has been agenized as for possible action which allows the Board members to consider that as appropriate.

Dr. Larson did a brief review of the literature that shows there are multiple missed opportunities for patients. Particularly for HIV because it is not symptomatic for so many years where they have gone through the ER for relatively minor complaints and have never been offered an HIV test which results in significant morbidity and expense. There is a great deal of literature that suggested that emergency medical services may be a place where some of this can take place. To your point as noted in the regulations, what is practicable. I think that clarification might be useful.

Chair Pennell asked if there was any further discussion by Board members and opened the meeting to public comment. There was no further discussion by the Board or the public. Chair Pennell then asked for a motion on agenda item 7.

Dr. Larson made a motion to approve. Chair Pennell asked if there was a second. Ms. Bittner seconded the motion.

Dr. Murawsky stated that after the vote he would have motioned to table this item until the next Board of Health meeting and worked to clarify and specify the differences between primary care and emergency services more specifically in the regulation to better define what is medically indicated and practical in both situations. Which are unique and separate areas of care.

Chair Pennell asked the Board if there was any further discussion. The Board did not discuss action item 7 any further. Chair Pennell asked Mr. Filippi for a rollcall vote.

Chair Pennell voted: No
Dr. Murawsky voted: No
Dr. Larson voted: Yes
Ms. Bittner voted: Yes
Mr. Smith voted: No
Dr. Ponce voted: No

CHAIR PENNELL REQUESTED A MOTION ON ACTION ITEM 7. APPROVAL OF REGULATION R002-22 AS SUBMITTED WAS MADE BY DR. LARSON AND SECONDED BY MS. BITTNER. THE TOTAL ROLLCALL VOTE WAS 2 IN FAVOR, 4 NOT IN FAVOR. THE MOTION DID NOT PASS.

Dr. Murawsky made a motion to table action item 7 for three months to work with the Department to separate the primary care and emergency services requirements into separate sections to allow for clarity in the requirement as prescribed in the act for each area of practice.

Chair Pennell asked the Board if there was any further discussion. The Board did not discuss action item 7 any further. Chair Pennell asked Mr. Filippi for a rollcall vote.

Chair Pennell voted: Yes
Dr. Murawsky voted: Yes
Dr. Larson voted: No

Ms. Bittner voted: Yes
Mr. Smith voted: Yes
Dr. Ponce voted: Yes

CHAIR PENNELL REQUESTED A MOTION ON ACTION ITEM 7. TABLING ACTION ITEM 7 REGULATION R002-22 FOR 3 MONTHS TO WORK WITH THE DEPARTMENT TO SEPARATE PRIMARY CARE AND EMERGENCY CARE SERVICES REQUIREMENTS INTO SEPARATE SECTIONS TO ALLOW FOR CLARITY IN THE REQUIREMENT AS PRESCRIBED IN THE ACT FOR EACH AREA OF PRACTICE WAS MADE BY DR. MURAWSKY AND SECONDED BY MR. SMITH. THE TOTAL ROLLCALL VOTE WAS 5 IN FAVOR, 1 NOT IN FAVOR. THE MOTION PASSED.

8. ACTION ITEM: Consideration and Possible Adoption of Proposed Regulations by the Southern Nevada Health District (SNHD) for Governing the Sanitation and Safety of Body Art Establishments. - Chris Saxton, Director of Environmental Health, SNHD and Mark Bergthold, Environmental Health Supervisor, SNHD and Karla Shoup, Environmental Health Manager, SNHD

The SNHD Regulations are hereto known as Exhibit "8."

Mr. Bergthold presented their report to the Board of Health as required by NRS 439.237. SNHD created the regulations for body art and revised the regulations. Prior to this there were two sets of regulations that regulated body art. One was for piercing and the other was for tattoo and body art. SNHD has been working over a year to consolidate the regulations and remove much of the antiquated language in the regulations such as TB (tuberculosis) tests and Hepatitis B vaccines that SNHD no longer does for the health cards for people who provide body art services in Clark County. NAC 444 was reviewed as it goes with extreme body modifications. SNHD met with industry, held public workshops, submitted the required business and impact statements as well as meeting with and listening to the Southern Nevada Health District Board of Health.

SNHD ended up with a consolidated regulation that is more efficient with fewer pages. The biggest changes include increasing the monitors of sterilizers. SNHD goes from 6 months to monthly and also require that they have an indicator inside each pack so that SNHD knows the pack has been sterilized.

SNHD created a link between the apprentice and the mentor, so SNHD no longer goes with where the person is apprenticing in their shop because SNHD requires a 6 month apprenticeship program. SNHD now identifies a person who will be training them in that program. SNHD improved the cleaning requirements to be in compliance with NAC 444 requiring an ultrasonic cleaner and improved the jeweling standards for initial piercing. There are also standards for people getting their initial piercing so that they are done in a safe manner.

SNHD also made changes in what they require from organizers of the special events here. There are some events in Clark County where there are 300 artists that tattoo over a weekend, so SNHD changed some requirements to make it more efficient for them so that when the event coordinator arrives they have to provide all the various forms and equipment that they need for the whole show. That way there is more consistency across the show for those types of events. Mr. Bergthold asked the Board if they had any questions.

Chair Pennell asked if before this they did not have to have an indicator strip sterilization process?

Mr. Bergthold confirmed that Chair Pennell is correct. SNHD went off what was on the pack.

Chair Pennell noted that was a big step.

Dr. Murawsky stated that last time the regulations came before the Board of Health it took a longer time for him to go through and that consolidating the regulations took a lot of effort. He is very supportive of the work. Why is the check monthly and not more frequent?

Mr. Bergthold stated that the spore test is monthly. It was 6 months before, so SNHD went down to monthly to see what will happen rather than go more frequent than that. Because these only occur in the places where they are using the classical technique which is the metal tubes that they have. Generally, the industry is about 80% disposable. The sterilizers would also be used for piercing too. Generally, the industry is moving away from sterilizers and that is why SNHD chose monthly. The exposure is not out there that we would see if it was 20 or 30 years ago.

Chair Pennell asked the Board if they had any further questions or comments. Then Chair Pennell asked the public if there were any comments. The Board and the public did not have any comments. Chair Pennell then asked for a motion.

CHAIR PENNELL REQUESTED A MOTION ON ACTION ITEM 8. APPROVAL OF PROPOSED REGULATIONS BY THE SOUTHERN NEVADA HEALTH DISTRICT (SNHD) FOR GOVERNING THE SANITATION AND SAFETY OF BODY ART ESTABLISHMENTS AS PRESENTED WAS MADE BY DR. MURAWSKY AND SECONDED BY DR. PONCE. THE MOTION WAS APPROVED UNANIMOUSLY.

9. INFORMATIONAL ITEM: Update on Sentinel Events according to NRS 439.843 – Jesse Wellman, Biostatistician II, Office of Analytics, Department of Health and Human Services.

The report is hereto known as Exhibit "9."

Mr. Wellman greeted the Board and the public. Mr. Wellman proceeded to read the presented report to the Board of Health with little deviation. Mr. Wellman asked the Board if they had any questions.

Chair Pennell asked about the cases in the report where the next of kin is not notified. Chair Pennell asked, in the cases where they are not notified, the cases where they just didn't do it, what are their repercussions what is the follow up on that?

Mr. Wellman answered that at this time there are no repercussions or follow up. It is simply noted. When we interact with the facility that does not meet those expectations we remind them of the expectations. That is the current state of enforcement and encouragement to comply.

Dr. Murawsky asked if we considered looking at breaking this data down and looking at those individuals that had sentinel events that were being treated for COVID while hospitalized? To report data that is normalized without COVID, so when we look at a 5 year trend we can remove a special causation which is 2 years of the pandemic from the data to compare regular sentinel deaths against added COVID deaths?

Mr. Wellman answered that the current data platform does not indicate the purpose of the visit and so we have no direct data to connect a particular report of a sentinel event to a condition of a patient, COVID or not. We can say that instances of pressure ulcers at a younger age than expected could reflect COVID as well as some other similar events. As far as direct data collection or direct association, we currently do not have that.

Dr. Larson asked how do you do an incident because she knows that in the section that said greater than 30 in the sentinel events it would be good to understand how big that facility is and to be able to look at the increased rates within a facility to understand if there needs to be some sort of intervention.

Mr. Wellman replied that he believes that there is a correlation between the size of the facility and the number of sentinel events reported, but in addition the factor of the level of concern for a patient at a facility so we have two variables. One is the size of the facility and two the commitment to patient safety. There is something to that but to quantify it at this time, we do not have that data.

Chair Pennell asked the Board if they had any further questions, and they did not. Chair Pennell thanked Mr. Wellman for the report.

10. INFORMATIONAL ITEM: Update to the State Board of Health on the State Environmental Commission. - ***Mr. Charles Smith, State Board of Health Member***

Mr. Smith informed the Board that he did not have an update at this time because the Board of Health meeting and the State Environmental Commission meetings overlap. The State Environmental Health Commission will meet next week, so Mr. Smith will provide the Board of Health an update at the next Board of Health Meeting in September.

Mr. Filippi let the Board know that Dr. Lockett from SNHD is online and available to give the SNHD quarterly report if the Board would like in case he had anything to share with the Board. Additionally, the Board inquired about Title 10 impacts related to Clark County as well.

Dr. Lockett let the Board know that there were no updates from the submitted written report at this time.

Dr. Murawsky asked Dr. Lockett as a follow up question, the Board heard from two Health Districts in northern Nevada, WCHD and CCHHS, that they had an impact in their Title 10 funding and they had not received funding at this time. Do you know if there has been an impact to Title 10 funding for SNHD?

Dr. Lockett let the Board know that he will follow up and get the Board an answer to that question.

Chair Pennell and Dr. Murawsky thanked Dr. Lockett.

11. ACTION ITEM – Recommendations for future agenda items. – ***State Board of Health***

Chair Pennell asked the Board members if they had any recommendations for future Board of Health agenda items.

Dr. Murawsky asked if they could get an update on any of the waivers on laboratory testing or any other services that were granted as part of the Emergency Declaration will be wound down and either be transitioning as requests for variances or compliance with the codes as stated.

Dr. Larson requested an update from the Immunization Program to understand the impact of COVID on our children's immunization rates during the pandemic/endemic and if there are plans to increase those numbers to a better level. This information has been gathered throughout the country, but Dr. Larson would like to see this information from Nevada.

Chair Pennell asked if there were any more suggestions from the Board. The Board did not have any more suggestions. Chair Pennell then opened the agenda item up for public comment, but none was received.

12. GENERAL PUBLIC COMMENT- Action may not be taken on any matter brought up under this agenda item until scheduled on an agenda for a later meeting.

Chair Pennell asked if there was any public comment and reminded the attendees that comments could be general comments about any topic. No public comments were received.

13. Adjournment – Jon Pennell, Chair

Chair Pennell thanked the Board Members and those who attended the meeting. Chair Pennell then adjourned the meeting.

Meeting Adjourned at 11:11 a.m.