



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

March 26, 2026 – 9:00 a.m.

Meeting was conducted In-person and via Microsoft Teams

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

- MEMBERS PRESENT:** Scott Black, Chair – Mayor Pro Tem, City of North Las Vegas (*in-person*)
Frank Nemeec, Vice-Chair – At-Large Member, Physician (*in-person*)
Joseph Hardy, Secretary – Mayor, City of Boulder City (*in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)
Nancy Brune – Council Member, City of Las Vegas (*via Teams*)
Pattie Gallo – Mayor Pro Tem, City of Mesquite (*via Teams*)
Marilyn Kirkpatrick – Commissioner, Clark County (*in-person*)
Monica Larson – Council Member, City of Henderson (*in-person*)
Scott Nielson – At-Large Member, Gaming (*in-person*)
Shondra Summers-Armstrong – Council Member, City of Las Vegas (*in-person*)
- ABSENT:** April Becker – Commissioner, Clark County
- ALSO PRESENT:** Christopher Boyd, Georgi Collins, Cade Grogan, Tomas Hammond, Lynn
(In Audience) Heather, Marianna Hernandez, Deborah Kuhls, Lisa Rogge
- EXECUTIVE SECRETARY:** Cassius Lockett, PhD, MS, District Health Officer
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- STAFF:** Kevin Abbott, Adriana Alvarez, Emily Anelli, Tawana Bellamy, Haley Blake, Murphy Boudreaux, Lori Bryan, Nikki Burns-Savage, Cory Burgess, Daniel Burns, Victoria Burris, Donna Buss, Joe Cabanban, Nancy Cadena, Belen Campos-Garcia, Robin Carter, Andria Cordovez Mulet, Aaron DelCotto, Lisa Falkner, Claudette Fajardo, Jason Frame, Kimberly Franich, Xavier Gonzales, Cheri Gould, Jacques Graham, Heather Hanoff, Maria Harris, Richard Hazeltine, Carmen Hua, Daniel Ister, Jessica Johnson, Bob Kingston, Theresa Ladd, Heidi Laird, Dann Limuel Lat, Annie Lin, Randy Lockett, Nicol McNee, Anil Mangla, Jonas Maratita, Alicia Mitchell, Kimberly Monahan, Corey Morrison, Todd Nicolson, Brian Northam, Verallynn Orewyler, Kyle Parkson, Kaylina Penksa, Luann Province, Emma Rodriguez, Larry Rogers, Alexis Romero, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer Sizemore, Randy Smith, Ronique Tatum-Penegar, Candyce Taylor, Will Thompson, Greg Tordjman, Renee Trujillo, Jorge Viote, Ashley Wheeler, Donnie Whitaker, Edward Wynder, Lourdes Yapjoco, Merylyn Yegon, Susan Zannis, Lei Zhang

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:01 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS

1. Dr. Cassius Lockett and Dr. Anil Mangla

- Co-authored the published article “*Piloting wastewater-based monitoring on a university campus to inform public health surveillance and response for opioids and other high-risk substances*” in the Journal of Water and Health

The Chair recognized Dr. Cassius Lockett and Dr. Anil Mangla for co-authoring the published article “*Piloting wastewater-based monitoring on a university campus to inform public health surveillance and response for opioids and other high-risk substances*” in the Journal of Water and Health. This study demonstrated how diverse stakeholders could be engaged in a public health-centric effort to assess high-risk substances consumption among Nevada’s youth and transitional age youth. This study demonstrated that targeted wastewater monitoring, particularly when complementing community-scale wastewater-based epidemiology, can be effective in filling critical public health surveillance data gaps. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated Mr. Raman on this publication.

2. Southern Nevada Health District – March Employees of the Month

- Claudette Fajardo and Nicol McNee

The Chair recognized the March Employees of the Month. The Health District, and the Board of Health, recognized these employees go above and beyond for the Health District and our community and best represented the Health District’s C.A.R.E.S. Values. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated the employees on this recognition.

Member Brune joined the meeting at 9:03 a.m.

- ## IV. FIRST PUBLIC COMMENT:
- A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to two (2) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the First Public Comment period.

V. ADOPTION OF THE MARCH 26, 2026 MEETING AGENDA *(for possible action)*

A motion was made by Member Nielson, seconded by Member Larson, and carried unanimously to approve the March 26, 2026 Agenda, as presented.

VI. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

- 1. APPROVE MINUTES/BOARD OF HEALTH MEETING:** February 26, 2026 and March 11, 2026
(for possible action)
- 2. PETITION #29-26: Approve the Renewal of the Agreement between the Southern Nevada Health District and NEOGOV for the Human Resources Information System (HRIS) for an additional three (3) years;** direct staff accordingly or take other action as deemed necessary
(for possible action)

A motion was made by Member Kirkpatrick, seconded by Member Nielson, and carried unanimously to approve the March 26, 2026 Consent Agenda, as presented.

VII. PUBLIC HEARING / ACTION: Members of the public are allowed to speak on Public Hearing / Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the public hearing is closed, no additional public comment will be accepted.

There were no items heard.

Member Gallo joined the meeting at 9:11 a.m.

VIII. REPORT / DISCUSSION / ACTION

- 1. Receive, Discuss and Approve the Recommendations from the March 23, 2026 Finance Committee meeting regarding the FY2027 Budget;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Donnie (DJ) Whitaker, Chief Financial Officer, presented the FY2027 Budget, which begins on July 1, 2026 and ends on June 30, 2027, with the following:

Overview:

- Staffing for FY2027 was projected to remain the same compared to FY2026 Augmented budget of 871.4 FTE.
- General Fund revenues were projected at \$124.4M, an increase of \$1.7M from FY2026 augmented budget.
- Special Revenue Fund (Grants) decreased to \$42.5M, a decrease of \$14.0M from FY2026 augmented budget.
- General Fund expenditures were projected at \$127.4M, an increase of \$5.3M from FY2026 augmented budget.
- Special Revenue Fund (Grants) expenditures were projected at \$48.0M, a decrease of \$14.3M from FY2026 augmented budget.

- Capital Projects Fund expenditures were projected at \$2.3M, a decrease of \$1.0M from FY2026 augmented budget

Revenues – General & Grants Fund

- FY2027 Clark County Property Tax revenue was expected at \$43.7M, an increase of \$2.2M or 5% compared to \$41.5M from FY2026.
- Total General Funds Revenue increased from \$122.7M to \$124.4M, a \$1.7M or 1.0% increase from FY2026 Augmentation.
- Special Revenue Funds decreased from \$56.5M to \$42.5M, a reduction of \$14.0M including conclusion of Senate Bill 118 (\$8.9M) and other lab expansion funding (\$1.3M) as well as expiration of the State Opioid Response (\$2.0M) funding and general reductions in other grant expenditures compared to the FY2026 Augmentation.

Expenditures – General Fund

- General Fund employee salaries and benefits for FY2027 total \$84.3M, an increase of \$5.5M or 15% from FY2026 Augmentation.
 - FY2027 budget includes a full year of salaries and benefits for approximately 75 vacant positions (in active recruitment, pending or hold status) that were included in the FY2026 Augmented budget at a reduced expenditure level to reflect the partial year remaining. Changes in the status of the positions will be included in future augmentation.
 - FY2027 budget also reflects the move of 13.59 FTE from Senate Bill 118 to General Fund due to the expiration of the funding.
- General Fund Pharmacy Medical supplies decreased from \$28.4M to \$25M, a decrease of \$3.4M or 12%

Expenditures – Grant Fund

- Special Revenue Fund FY2027 expenses decreased from \$62.3M to \$47.4M including conclusion of Senate Bill 118 (\$8.9M) and other lab expansion funding (\$1.3M) as well as expiration of the State Opioid Response (\$2.0M) funding and general reductions in other grant expenditures compared to the FY2026 Augmentation.
- PHI Grant revenue is estimated at \$6.1M in FY2027. Anticipated FTE total is 40.2 positions with estimated salaries & benefits of \$5.1M.

Ms. Whitaker further reviewed the:

- Revenues vs. Expenditures combined by Division, and excluding cost allocation
- Personnel by Division, comparing FY2026 and FY2027
- Capital Improvement Projects
- Three Fiscal Year Activity – General Fund, Special Revenue Fund, Capital Projects Fund, Bond Reserve Fund, and Internal Service Fund

Member Nielson advised that the Finance Committee reviewed the trend in the ending fund balance across recent budget years. In FY2025, the ending fund balance exceeded \$65 million. This declined by more than \$11 million to approximately \$53 million in the FY2026 amended budget. The proposed FY2027 budget reflects a further reduction of nearly \$14 million, bringing the ending fund balance to approximately \$40 million. While the fund balance remains within required guidelines, the Finance Committee noted that the continued downward trend was not sustainable and emphasized the need to develop future budgets that stabilize and maintain the fund balance.

Ms. Whitaker explained that current expenditure projections included a full year of salaries for 75 positions. She noted that vacancy savings and the potential non-use of the \$3 million contingency could positively affect the overall financial outcome. She also stated that some positions were shifted from grant funding to the General Fund, resulting in a significant first-year impact on expenditures. Additionally, because the 75 positions were not filled immediately, further expenditure adjustments are anticipated in FY2026.

A motion was made by Member Nemeec, seconded by Member Black, and carried unanimously to accept the recommendation from the Finance Committee and approve the FY2027 Budget, as presented.

2. Receive, Discuss and Approve the Recommendations from the March 23, 2026 Finance Committee meeting regarding the SNHD Federal Poverty Level (FPL) guidelines; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, Chief Executive Officer – FQHC, presented the update to the Federal Poverty Level (FPL) guidelines. Mr. Smith advised that the FPL guidelines changed annually, with 2026 seeing an increase of 2.7% to the Consumer Price Index (CPI). The guidelines were used to adjust the sliding fee schedules.

A motion was made by Member Summers-Armstrong, seconded by Member Black, and carried unanimously to accept the recommendation from the Finance Committee and adopt the Federal Poverty Level Guidelines, as presented.

3. Receive, Discuss and Approve the Recommendations from the March 23, 2026 Finance Committee meeting regarding the SNHD Clinical Sliding Fee Schedule; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith advised that offering the Sliding Fee Schedule, for qualifying patients, was a requirement for HHS, HRSA, and various other pass-through grants. Mr. Smith confirmed that patients were seen regardless of their ability to pay and are not sent to collections to recover outstanding payments. Mr. Smith advised that patients who do not have insurance are referred to third-party agencies that can assist the patient to obtain insurance.

Mr. Smith further outlined a market study of fees for FQHCs in Nevada. Mr. Smith shared the results of a patient survey on the sliding fee program. Mr. Smith proceeded to outline the Clinical Sliding Fee Schedule.

Mr. Smith advised of the following recommended changes:

- New \$20 fee for Sports Physicals to be marketed along with the Back-to-School immunization campaign;
- Increase from \$7 to \$9 fee for Pharmacy Medications (up to 30-day supply);
- Increase from \$7/12/17/22/24 to \$35 fee for Epi-Pens;
- Increase from \$10 to \$15 fee for Insulin vials;
- Increase from \$5 to \$10 fee for Lancets (100); and
- New \$9 fee for DOXY PEP.

Member Summers-Armstrong requested marketing materials on the new sports physicals that could be included in newsletters for the community.

Further to an inquiry from Member Summers-Armstrong, Mr. Smith advised that to access the 340B program priced medications, individuals would have to be established patients and receive care at the Health Center to obtain insulin from our Pharmacy.

Further, Member Summers-Armstrong suggested that various social media platforms be used to market the Health District and Health Center programs and services.

A motion was made by Member Summers-Armstrong, seconded by Member Nemeec, and carried unanimously to accept the recommendation from the Finance Committee and approve the SNHD Clinical Sliding Fee Schedule, as presented.

4. Receive, Discuss and Approve the Recommendations from the March 23, 2026 Finance Committee meeting regarding the SNHD Clinical Master Fee Schedule; direct staff accordingly or take other action as deemed necessary (for possible action)

Ms. Whitaker and Donna Buss, Revenue Cycle Manager, presented the proposed updates to the Clinical Master Fee Schedule. Ms. Whitaker advised that the Billing Fee Schedule was reviewed annually to add new fees or to adjust existing fees based on analysis within the market. Ms. Whitaker further advised that uninsured individuals would see minimal or no impact of the proposed changes, based on the availability of the sliding fee schedule. Ms. Whitaker outlined the review methodology and the proposed changes. Ms. Whitaker outlined there were proposed changes to 247 fees, with 20 being new fees.

Mr. Whitaker reported that qualifying G codes have been implemented to support the approved PPS rate under shadow billing, which became effective January 1. Additional billing codes were added to support this change in billing activity. Dr. Lockett explained that prior to shadow billing, the Health District received a negotiated rate from managed care organizations (MCOs) and then requested a supplemental “WRAP” payment from the state to reconcile the difference up to the PPS rate. Under the new shadow billing pilot, MCOs now pay the full PPS rate directly; however, the pilot has required additional coding and testing by the billing team to ensure full reimbursement. While the process is currently more complex, improvements are ongoing and progress is being made.

Further to an inquiry from Member Kirkpatrick related to denials from MCOs, Ms. Buss advised that staff monitored denials and address them on a case-by-case basis.

A motion was made by Member Black, seconded by Member Hardy, and carried unanimously to accept the recommendation from the Finance Committee and approve the updated Clinical Master Fee Schedule, as presented.

Member Nielson thanked Ms. Whitaker and her staff for preparing the financial report as of December 31, 2025. He noted that these quarterly reports were requested by the Finance Committee for informational purposes only and were intended to provide ongoing insight into financial trends throughout the year, rather than waiting until year-end.

- IX. BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. **(Information Only)**

Member Bond requested that the 2024 Southern Nevada Trauma System Annual Report be circulated to the Board. Further, Member Bond requested that the 2025 Southern Nevada Trauma System Annual Report be presented to the Board, when available.

X. HEALTH OFFICER & STAFF REPORTS (Information Only)

- DHO Comments

In addition to his written report, Dr. Lockett reported that on March 13, the Health District issued a news release regarding an out-of-state individual with measles who attended the CONEXPO event at the Las Vegas Convention Center on March 6–7. The event included more than 140,000 attendees, with approximately 1,295 from Clark County. Potential exposures could result in symptoms through March 28, and monitoring will continue through two full incubation periods, extending to approximately April 18. The Health District implemented standard notification protocols, including a national Epi-X alert and a health alert to medical providers. To date, activity was minimal, no additional information was received from event organizers, and no suspected or confirmed measles cases linked to the event have been identified, with all known tests returning negative results.

Dr. Lockett further reported that on March 15, 2026, a federal judge issued a temporary injunction blocking recent changes to the childhood immunization schedule and ACIP member appointments due to legal and procedural concerns. As a result, the newly adopted ACIP immunization (IZ) schedule was paused pending further action. Separately, at its March 6 meeting, the State Board of Health approved continued use of prior ACIP guidance under NAC 441A.200, meaning ACIP schedule revisions made after June 24, 2025 have not been adopted in Nevada, regardless of ongoing litigation. As of January 2026, vaccines not universally recommended for all children in Nevada include RSV, hepatitis A and B, rotavirus, COVID-19, and meningococcal disease. Dr. Lockett suggested that the vaccination team provide an update on these issues, including impacts on Nevada law related to school entry requirements, at a future Board meeting.

Dr. Lockett advised that the Health District was selected as one of 15 jurisdictions nationwide for the inaugural CitiesLEAD initiative, a national effort to increase life expectancy through collaborative action and data analysis. The initiative is led by Virginia Commonwealth University, Big Cities Health Coalition, and the Boston Public Health Commission, with support from the Robert Wood Johnson Foundation. Participation in the initiative provides technical assistance, advanced data analytics, and peer learning to support targeted strategies that improve population health and reduce inequities. Dr. Lockett advised that the initiative builds on prior life expectancy work conducted in 2015 and offers new opportunities to analyze lifespan variation at smaller geographic levels and support policy development.

Further to an inquiry from Member Summers-Armstrong regarding vaccinations, Dr. Lockett advised that the state would release a technical bulletin, following which the Health District would prepare notifications to the community.

Further to an inquiry from Member Kirkpatrick regarding sports physicals, Mr. Smith advised that while sports physicals were available previously, this would be the first year that sports physicals would be promoted during Back to School immunizations events.

XI. INFORMATIONAL ITEMS

1. SNHD Financial Report, as of December 31, 2025
2. Administration Division Monthly Activity Report
3. Community Health Division Monthly Activity Report
4. Community Health Center (FQHC) Division Monthly Report
5. Disease Surveillance and Control Division Monthly Activity Report
6. Environmental Health Division Monthly Activity Report
7. Public Health & Preventive Care Division Monthly Activity Report

XII. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to two (2) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the Second Public Comment portion.

XIII. ADJOURNMENT

The Chair adjourned the meeting at 10:04 a.m.

Cassius Lockett, PhD, MS
District Health Officer/Executive Secretary
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