M I N U T E S

Southern Nevada District Board of Health Meeting
February 28, 2019 – 8:30 a.m.
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Conference Room A and B

BOARD: Marilyn Kirkpatrick – Chair, Commissioner, Clark County
      Scott Black – Vice Chair, Councilmember, City of North Las Vegas
(Present)
      Nicole Brisson – Regulated Business/Industry
      Bob Coffin – Councilmember, City of Las Vegas
      Michele Fiore – Councilmember, City of Las Vegas
      Tick Segerblom – Commissioner, Clark County
      Frank Nemeck – At-Large Member, Physician
      Scott Nielson – At-Large Member, Gaming
      Dan Stewart – Councilmember, City of Henderson (Arrived at 8:43 a.m.)
      Brian Wursten – Secretary, Councilmember, City of Mesquite

(Absent): Rich Shuman – Councilmember, City of Boulder City

ALSO PRESENT: None
(In Audience)

LEGAL COUNSEL: Annette Bradley, Esq.

EXECUTIVE SECRETARY: Joseph P. Iser, MD, DrPH, MSc, Chief Health Officer


I. CALL TO ORDER
   Chair Kirkpatrick called the Southern Nevada District Board of Health meeting to order at 8:31 a.m.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS

   • Environmental Health Badging Ceremony

   The Oath of Office was administered to the following new Deputy Health Officers by Dr. Iser:

       Shanae Acevedo, EH Specialist II
       Rachel Flores, EH Specialist II
       Rabea Sharif, EH Specialist II
       Diane Umhuoza, EH Specialist II
       Willandra Whiting, EH Specialist II
       Darren Zinser, EH Specialist II

IV. PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker’s podium, 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 Chairman or the Board by majority vote.
Stacie Sasso, on behalf of the Health Services Coalition, addressed the EMS & Trauma System item, noting that key points of focus should be on what the difference in care is between a Level III Trauma Center and an Emergency Room, the cost to the patient and the hospital’s gain. Particularly as it pertains to trauma activation fees, the Regional Trauma Advisory Board (RTAB) is set to review five pending applications, and Ms. Sasso asks that be a thoughtful process based on proven need and that designations only be granted after a Community Needs Assessment that District staff was instructed to do back in 2016 is completed. Ms. Sasso urged the Board to avoid rushing the process and handing out designations, because advocates would say that trauma patients would be treated faster when they (the Health Services Coalition) do not believe is the case.

Lieutenant Colonel Charles Scott Hughes, Nellis AFB, read a statement for the record in support of emergency medical services in North Las Vegas and the unincorporated areas surrounding Nellis AFB. (Attachment 1)

Woodrow Johnston, Las Vegas, noting the growth in the area over the years, urged the Board to consider more trauma centers in the future as more choices and options are needed. Mr. Johnston believes the government should not be protecting a single monopoly and urged the Board to consider additional applications for more trauma centers.

Chair Kirkpatrick explained that although applications have been submitted, the purpose of this meeting is informational to bring the Board up to an educational level, so they understand the differences. During next month’s meeting, discussion will occur specifically about the needs assessment in order for the Board to have the level of knowledge to make decisions that are in the best interest of the community.

Mya Holmes, representing the Culinary Health Fund, read a statement for the record against the approval of any applications until an overall community-wide needs assessment has been completed. (Attachment 2)

Kimberly Ireland, on behalf of the Culinary Workers Union Local 226, read a statement for the record against the approval of any applications until a community study is done to determine if people are not getting the care they need now, if new centers are really needed, and where those centers should go. (Attachment 3)

Seeing no one else, Chair Kirkpatrick closed this portion of the meeting.

V. ADOPTION OF THE FEBRUARY 28, 2019 AGENDA (for possible action)

A motion was made by Member Black seconded by Member Wursten and carried unanimously to approve the February 28, 2019 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: January 24, 2019 (for possible action)

2. Petition #05-19: Approval of Interlocal Agreement Amendment #1 Between Southern Nevada Health District and City of Henderson; direct staff accordingly or take other action as deemed necessary (for possible action)

Chair Kirkpatrick noted Consent Agenda Item VI.1. should be changed from January 28, 2019 to January 24, 2019.
A motion was made by Member Nielson seconded by Member Fiore and carried unanimously to approve the Consent Agenda as amended.

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.

1. Review/Discuss/Approve Variance Request to Operate Three Public Bathing Places Not in Compliance with the Nevada Administrative Code (NAC) 444.134, NAC 444.454; Resorts World Las Vegas, LLC, dba Resorts World Las Vegas, Located at 3000 Las Vegas Boulevard South, Las Vegas, Nevada 89109; [Assessor’s Parcel Numbers (APN) 162-09-310-002, 162-09-303-004, 162-09-702-001, 162-09-311-005, 162-09-411-005, and 162-09-402-001] for Health Permits PR0129258, PR129259, PR0129428, Gerald Gardner, for the Owner(s), Resorts World Las Vegas, LLC; direct staff accordingly or take other action as deemed necessary (for possible action)

Karla Shoup, Environmental Health Manager, and Jeremy Harper, Environmental Health Supervisor, presented the variance request. Staff is of the opinion that circumstance exist which satisfy the requirements for a variance, and that granting a variance from these regulations will not be detrimental or pose a danger to public health and safety. Approval of the variance was recommended with conditions.

Desmond Stevens, Engineer for the pools and Rebecca Gorman, representing for the Owner(s), Resorts World Las Vegas, LLC, agreed to adhere to all conditions.

A motion was made by Member Nielson seconded by Member Black and carried unanimously to approve the Variance Request to Operate Three Public Bathing Places Not in Compliance with the Nevada Administrative Code (NAC) 444.134, NAC 444.454; Resorts World Las Vegas, LLC, dba Resorts World Las Vegas, Located at 3000 Las Vegas Boulevard South, Las Vegas, Nevada 89109; [Assessor’s Parcel Numbers (APN) 162-09-310-002, 162-09-303-004, 162-09-702-001, 162-09-311-005, 162-09-411-005, and 162-09-402-001] for Health Permits PR0129258, PR129259, PR0129428, as presented.

2. Review/Discuss/Approve Variance Request to Operate Eight Public Bathing Places Not in Compliance with the Nevada Administrative Code (NAC) 444.134, NAC 444.454; Venetian Casino Resort, LLC, dba Venetian Hotel & Casino, Located at 3355 Las Vegas Boulevard South, Las Vegas, Nevada 89109; [Assessor’s Parcel Number (APN) 162-16-311-009] for Health Permits PR0127928, PR127929, PR0127930, PR0127391, PR0127933, PR0127934, PR01279355, PR0127936, Kobi Lucas, for the Owner(s) Venetian Casino Resort, LLC; direct staff accordingly or take other action as deemed necessary (for possible action)

Ms. Shoup and Mr. Harper presented the variance request. Staff is of the opinion that circumstance exist which satisfy the requirements for a variance, and that granting a variance from these regulations will not be detrimental or pose a danger to public health and safety. Approval of the variance was recommended with conditions.

Kobi Lucas, and James McKennan for the Owner(s), Venetian Casino Resort, LLC agreed to adhere to all conditions.
A motion was made by Member Nielson seconded by Member Fiore and carried unanimously to approve the Variance Request to Operate Eight Public Bathing Places Not in Compliance with the Nevada Administrative Code (NAC) 444.134, NAC 444.454; Venetian Casino Resort, LLC, dba Venetian Hotel & Casino, Located at 3355 Las Vegas Boulevard South, Las Vegas, Nevada 89109; [Assessor’s Parcel Number (APN) 162-16-311-009] for Health Permits PR0127928, PR127929, PR0127930, PR0127931, PR0127933, PR0127934, PR01279355, PR0127936 as presented.

3. Review/Discuss Approve Variance Request to Operate Three Public Bathing Places Not in Compliance with the Nevada Administrative Code (NAC) 444.480, NAC 444.494; Nevada Board of Regents, dba University of Nevada Las Vegas, Located at 4505 South Maryland Parkway, Las Vegas, Nevada 89154; [Assessor’s Parcel Number (APN) 162-22-203-001] for Health Permits PR0131098, PR131099, PR0131100, Patrick Castellano, for the Owner(s), Nevada Board of Regents; direct staff accordingly or take other action as deemed necessary (for possible action)

Ms. Shoup and Mr. Harper presented the variance request. Staff is of the opinion that circumstance exist which satisfy the requirements for a variance, and that granting a variance from these regulations will not be detrimental or pose a danger to public health and safety. Approval of the variance was recommended with the following conditions:

Staff recommends approval of the variance with conditions.

Patrick Castellano, Architect, for the Owner(s), clarified the university’s legal name is incorrect on the application and it should be Board of Regents of Nevada System of Higher Education on behalf of the University of Nevada Law School.

A motion was made by Member Fiore seconded by Member Nielson and carried unanimously to approve the Variance Request to Operate Three Public Bathing Places Not in Compliance with the Nevada Administrative Code (NAC) 444.480, NAC 444.494; Nevada Board of Regents, dba University of Nevada Las Vegas, Located at 4505 South Maryland Parkway, Las Vegas, Nevada 89154; [Assessor’s Parcel Number (APN) 162-22-203-001] for Health Permits PR0131098, PR131099, PR0131100 as presented.

VIII. REPORT/DISCUSSION/ACTION

1. Review/Discuss/Approve Primary Care Business Plan; direct staff accordingly or take other action as deemed necessary (for possible action)

Dr. Iser reminded the Board that in October or November they asked management to bring forward a business plan. It was helpful that primary care fees were passed so that it gives a much broader context on which to build the business plan.

Dr. Fermin Leguen, Chief Medical Officer and Director of Clinical Services presented the business plan for Primary Care Services along with dental and mental health services to be offered five days per week at the District’s main facility. (Attachment 4)

Member Fiore left the meeting at 9:13 a.m. and did not return

Dr. Leguen reported that in January, the federal government submitted a request for proposals for new access points, which are opportunities for the development of new Federally Qualified Health Centers (FQHCs). These proposals are random and do not come every year and currently there is the opportunity to apply for FQHC status. The government is offering three-year implementation, where upon receipt of the grant, an additional $350,000 is funded to start
the primary care services. That $350,000 also includes up to $150,000 that could be used for equipment or minor restructuring of the facility. If the HRSA expectations are made, a second year is granted at $350,000. Dr. Leguen went on to explain that the grant is a two-step application. The deadline for the first step, the initial application, is on March 12. On April 11, the complete, detailed application must be submitted. If the grant is issued, it will be allocated on September 29. Dr. Leguen noted gaining FQHC status would also greatly enhance Medicaid reimbursements.

Chair Kirkpatrick expressed concern over potential government shut down and lack of grant funds. Also, at the County level, the Medicaid match could likely be affected state-wide as well.

The Board asked the District to provide additional information regarding the current malpractice insurance.

Chair Kirkpatrick is concerned that the District cannot stand alone without the grants, and that if the economy dips there could be layoffs. She is also concerned that the District relies too heavily on Medicaid and has not done due diligence to obtain private insurance resources. Chair Kirkpatrick will agree to move forward with a Letter of Intent to start the process but move no further as there has been no discussion leading to obtaining FQHC status.

Member Brisson understands the opportunity recently arose but feels the need to act on this item is a “bait and switch.”

Member Coffin finds the opportunity as late arriving and believes the District should not be held responsible for not giving the Board enough notice. He sees no harm in moving forward with the Letter of Intent, as it is not irrevocable.

Member Nemec understands the downside is that later, if it is decided that the move to a FQHC is not a good fit, there is nothing lost.

Member Nielson asked if the District moved forward with the Letter of Intent, would there be enough time to draft the grant application if approved in March. Dr. Leguen confirmed that this could be done. Dr. Iser emphasized that work on the grant would need to start prior to March 28, otherwise, there will not be enough time to meet the April deadline. Ernest Blazzard, Financial Services Manager, reported there are individuals in place who already have the information to be able to meet the established deadlines, if approved.

Vice Chair Black explained to the Board that he requested this item to be agendized, as the Board has collectively determined in recent months that the District has the ability to reach more patients within the community. The natural progression, should that direction be taken, is to go to a FQHC, however, there is a mechanism for doing so. Vice Chair Black learned there was a last minute, finite, entry point issued by the federal government three to four weeks ago. He would like to have more discussion about where the District is going with the primary care model and does not want to serve the community and patients at the expense of the employees. Mr. Black understands the District is already engaged in a low-level entry model of primary care and at some point, needs to have an exclusive team that is dedicated and supported to do primary care. Vice Chair Black believes the question at hand for the Board to consider is if the District is already headed in that direction and there is money to be had on the table, savings relative to malpractice insurance and exponential opportunities by virtue of entering into an FQHC, this may be something that should be considered. The Vice Chair recommended that staff (Dr. Leguen) quantify in real numbers with real people’s names, whether contract or staff, a finite cost associated with pulling together this application and grant. If it is determined that this can be done without compromising other areas, then move forward as the mechanics are already in the grant.
Member Nielson believes the general consensus is that the opportunity to apply should not be missed.

A motion was made by Member Nielson to direct staff to take whatever measure is necessary to not miss the opportunity to apply for the grant. However, as the grant and application process will have to start before the next meeting, staff is allowed to move forward with the application process, but do not submit anything prior to bringing back to the Board at the March meeting. To this motion Vice Chair Black added the Board will also need to know the dollar cost, staff person(s) and a sound +/- ten percent estimated time involved in order to know the true costs.

Chair Kirkpatrick left at 10:04 a.m. and returned at 10:09 a.m.

Member Nielson accepted Vice Chair Black’s addition to his motion, it was seconded by Member Coffin and carried by a vote of 8-1.

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2. **Receive/Discuss Overview of the Emergency Medical Services and Trauma System**: direct staff accordingly or take other action as deemed necessary *(for possible action)*

John Hammond, Emergency Medical Services and Trauma System Manager and Chad Kingsley, Regional Trauma Coordinator, presented a review of the SNHD Office of the Emergency Medical Services & Trauma System and its components *(Attachment 5)*

Member Coffin left the meeting at 10:22 a.m. and returned at 10:32 a.m.

Member Brisson left the meeting at 10:33 a.m. and returned at 10:37 a.m.

Member Stewart left the meeting at 10:51 a.m. and did not return.

There was no action taken on this item.

The Chair moved to move Item VIII.4. out of order.

4. **HEARD OUT OF ORDER - Receive Report, Discuss and Approve Recommendations from February 26, 2019 Chief Health Officer Annual Review Committee**: Committee Members: Marilyn Kirkpatrick Chair, Scott Black, Bob Coffin, Frank Nemec; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Dr. Iser discussed highlights of goals and accomplishments since the last review period. Chair Kirkpatrick noted numerous positive outcomes were identified during the meeting and well as some negative issues. The most important part of the entire conversation was the succession plan, as it is the responsibility of the Board to ensure that it moves forward.

Chair Kirkpatrick reviewed the recommendations from the February 26, 2019 Chief Health Officer Review Committee as:

1. An extension of nine months from September 2019 to the closest relevant pay period to June 30, 2020;
2. A 2.5% increase with retroactive pay from October 2017;
3. Reinstatement of lost paid time off for the last two years of approximately 260 hours (to be verified by HR); and
4. Forgo formal Committee evaluation in October 2019 and Chief Health Officer will update Board with progress on primary goals on a regular basis;
5. Standing Chief Health Officer Review Committee to be changed to Succession Committee and convene no later than October 2019

A motion was made by Member Kirkpatrick seconded by Member Nemec and carried unanimously to accept Dr. Iser’s review and approve the recommendations of the Finance Committee as presented.

Member Brisson left the meeting at 11:32 a.m. and did not return
Member Segerblom left the meeting at 11:32 a.m. and did not return

3. HEARD OUT OF ORDER - Review/Discuss Illegal Food Vendors in Clark County and Potential Short and Long-Term Solutions; direct staff accordingly or take other action as deemed necessary (for possible action)

Larry Rogers, Food Operations Manager and Arron DelCotto, Food Operations Supervisor, presented the Illegal Food Vendor presentation. (Attachment 6)

Vice chair Black left at 11:35 and did not return
Member Nemec left at 11:35 and did not return

There was no action taken on this item.

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)

The Chair tabled this item until the next meeting due to time constraints.

X. CHO COMMENTS (OR HEALTH OFFICER & STAFF REPORTS)

- Dr. Iser reported the first hearing for the public health improvement fund was held last week without any oppositional comments. One new item, not previously discussed, is Senate Bill 159 to require schools to adopt a policy to allow sunscreen and hats.
- There was an apparent suicide a few weeks ago and Ricin was found at the scene. The District has been working closely with Metro, Fire and the Coroner’s Office and those who may have been exposed to environmental Ricin, before it was identified, have been tested and all have been found to be negative. Samples from the decedent have been sent to the CDC for testing.
- This year’s flu season is better than last year, fewer cases, hospitalizations and deaths.
- The District is still waiting to hear back from the Public Health Accreditation Board with the results of the January site visit. Staff is optimistic, and results are hoped to be received by the end of March.

XI. INFORMATIONAL ITEMS
1. Chief Health Officer and Administration Monthly Activity Reports
2. Clinical Services Monthly Activity Reports
3. Community Health Monthly Activity Reports
4. Environmental Health Monthly Activity Reports

XII. 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. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.
Comments will be limited to five (5) minutes per speaker. Please step up to the speaker’s podium, 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 Chairman or the Board by majority vote.

Regena Ellis, SEIU, had questioned what will happen to the public health entity of the Health District if it became a FQHC. Ms. Ellis informed the Institute of Medicine issued a report entitled “Who Will Keep the Public Healthy?” This report concluded that public health professionals must have a framework for action and an understanding for the forces that impact on a model of health emphasizing linkages and relationships among multiple determinates affecting health. Such an economical model the committee believes is key to effectively addressing the challenges of the twenty-first century. Ms. Ellis continued, stating public health is for large groups of people, such as doing flu vaccines during a flu epidemic. If the District became a FQHC, it would be a clinic, a place where individuals come to see a provider for medical issues, which is very different from public health. As a Registered Nurse, Ms. Ellis wants everyone to be able to access the health care they need. Ms. Ellis believes a FQHC is totally separate from a public health center as it is a very different type of care. Ms. Ellis has worked in a FQHC and knows there are questions that should be asked, such as what challenges will be faced such as an uninsured client who is given a referral with nowhere to go. The questions as to how the everyday structure of a public health center has not been answered as to the difference in the Board responsibilities and liabilities. Conversations with the other entities to see what they have done or what their challenges were would be helpful. Ms. Ellis is concerned about what public health services and prevention will still be available.

Maya Holmes, Culinary Health Fund, is concerned about the EMS presentation, referencing the slide comparing the trauma center versus the regular ED. Ms. Holmes believes this comparison felt misleading, saying that the EDs do not include the same things as the trauma centers. It also made a reference to a Trauma Surgeon, which Ms. Holmes does not understand in a Level III context. It was also referenced that the primary driver of patient out of pocket cost is insurance, and it is the cost of procedure. To say there is no correlation there is misleading. Ms. Holmes found it interesting in the presentation when Mr. Kingsley stated the median transport time was around 15 minutes when in 2015-2016 it was 16.7 minutes. With all the growth in the city, it appears to be doing much better.

Seeing no one else, Vice Chair Black closed this portion of the meeting.

XIII. **ADJOURNMENT**

The Vice Chair adjourned the meeting at 12:09 a.m.

Joseph P. Iser, MD
Chief Health Officer/Executive Secretary

/jw