



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

January 23, 2025 – 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:

Marilyn Kirkpatrick, Chair – Commissioner, Clark County (*in-person*)
Scott Nielson, Vice-Chair – At-Large Member, Gaming (*in-person*)
Nancy Brune, Secretary – Council Member, City of Las Vegas (*in-person*)
Scott Black – Mayor Pro Tem, City of North Las Vegas (*in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)
Pattie Gallo – Mayor Pro Tem, City of Mesquite (*in-person*)
Joseph Hardy – Mayor, City of Boulder City (*in-person*)
Brian Knudsen – Mayor Pro Tem, City of Las Vegas (*in-person*)
Frank Nemec – At-Large Member, Physician (*in-person*)
Jim Seebock – Council Member, City of Henderson (*in-person*)
Tick Segerblom – Commissioner, Clark County (*in-person*)

ABSENT:

N/A

ALSO PRESENT:

(In Audience)

Stephanie Adams, Julie Anderson, Linda Anderson, Emily Antuna, Taylor Avery, Samantha Barnes, Byan Beaman, Peter Belmonte, Eurshaun Bennett, Jennifer Bertolani, Christopher Boyd, Gabriela Bran, Yolanda Brewer, Rod Buzzas, Victor Byers, Ashley Byrd, Rebecca Carmody, John Ching, Nelly Chow, Nick Christie, Georgi Collins, Melissa Conner, Rebecca Crooker, Muhammad Darwish, Sean Dort, Calai Elumalai, Elizabeth Erb-Ryan, John Fildes, Chris Fisher, Michael Flores, Mauricio Fonseca, Mike Forche, Megan Fortier, Diego Galindo, Dana Gentry, Chris Giunchigliani, Alexander Graves, Sabrina Gray, Cade Grogan, Joelle Gutman-Dodson, Ryan Hafen, Jhordimae Hernandez, Amanda Hertzler, Jam Harvey, Allison Herzik, Todd Hightower, LuAnn Holmes, Maya Holmes, Gabe Hunterton, Marc Kahn, Darius Kennedy, Scott Keros, Joshua Khorsandi, Jeremy Kilburn, Kristina Kleist, Deborah Kuhls, Kevin Kuravilla, Liezel Lenhart, Daniel Llamas, Stephanie Martinez, Eric Matesen, Bradley Mayer, Rick McCann, Michelle McGrorey, Jason McKinney, Allison McNickle, Christopher Meilchen, Paola Mena, Guadalupe Mesa Redmond, Jacquie Miller, Sandy Miller, Chris Nelson, Alison Netski, Staniela Nikolova, Emily Osterberg, Nicole Owens, Brandy Padilla-Jones, Vivek Pamulapati, Phil Parker, Priya Patel, Kris Perez, Francesca Petrucci, Mike Powell, Anna Prendergast, Susan Putz, Isabel Quinones, John Recicar, Heather Richards, Nancy Rivera, Brian Rogers, Lisa Rogge, Brittney Roso, Alex Rowan, Adriana Saenz, Kendra Saint Martin, Stacie Sasso, Nick Schneider, Joe Scott, Andrew Sheep, Samuel Sheller, Todd Sklamberg, Steven Speakman, Joann Strobbe, Sheri Stucke, Shana Tello, Jennifer Terrebonne, Danny Thompson, Ashley Tolar, Joey Valdez, Mason Van Houweling, Sylvia Vazquez, Sarah Williams

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

EXECUTIVE SECRETARY: Fermin Leguen, MD, MPH, District Health Officer (*absent*)

STAFF: Talibah Abdul-Wahid, Elizabeth Adelman, Adriana Alvarez, Kristen Anderson, Emily Anelli, Bonnie Archie, Lisa Archie, Maria Azzarelli, Tawana Bellamy, Haley Blake, Amanda Brown, Nicole Bungum, Daniel Burns, Nikki Burns-Savage, Victoria Burris, Donna Buss, Nancy Cadena, Belen Campos-Garcia, Andria Cordovez Mulet, Carol Cottam, Shea Crippen, Rebecca Cruz-Nanez, Corey Cunningham, Cherie Custodio, Gerard Custodio, Liliana Davalos, Aaron DelCotto, Rayleen Earney, Kaylina Fleuridas, Jason Frame, Kimberly Franich, Tamara Giannini, Jacques Graham, John Hammond, Heather Hanoff, Richard Hazeltine, Raychel Holbert, Carmen Hua, Candice Humber, Dan Isler, Danielle Jamerson, Dustin Johnson, Jessica Johnson, Stacy Johnson, Horng-Yuan Kan, Theresa Ladd, Dann Limuel Lat, Cassius Lockett, Erick Lopez, Sandy Lockett, Cassondra Major, Anilkumar Mangla, Jonas Maratita, Blana Martinez, Kimberly Monahan, Stephanie Montgomery, Samantha Morales, Christian Murua, Semilla Neal, Todd Nicolson, Brian Northam, Verallynn Orewyler, Laura Palmer, Kyle Parkson, Desiree Petersen, Luann Province, Jeff Quinn, Emma Rodriguez, Larry Rogers, Alexis Romero, Kim Saner, Aivelhyn Santos, Chris Saxton, Dave Sheehan, Karla Shoup, Maria Sarkara Singh, Jennifer Sizemore, Randy Smith, Candyce Taylor, Will Thompson, Rebecca Topol, Renee Trujillo, Justin Tully, Shylo Urzi, Jorge Viote, Donnie Whitaker, Edward Wynder, Lourdes Yapjoco, Susan Zannis, Lei Zhang, Ying Zhang

The Chair advised that individuals intending to provide public comment on Item VII.1 (MEMORANDUM #01-25: Application for Renewal of Authorization as an Adult Trauma Center with Change of Level from Level II to Level I for Sunrise Hospital) could either speak during the First Public Comment or during the Public Hearing.

The Chair recognized the passing of Dr. Carol Whitmoyer, who was a founding board member of the Health District, at the age of 92, from Boulder City, on December 22, 2024. As a founding board member, Dr. Whitmoyer contributed to the establishment of the Health District and the Board wanted to recognize her contributions.

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:06 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

II. PLEDGE OF ALLEGIANCE

Member Black joined the meeting at 9:09 a.m.

III. RECOGNITIONS

1. Pop-Up Produce Stands Program (Nicole Bungum, Lisa Archie, and Stephanie Montgomery)

- Outstanding Plan Implementation – Nevada Chapter of the American Planning Association

The Chair recognized Nicole Bungum, Lisa Archie, and Stephanie Montgomery for their work on the Pop-Up Produce Stands Program. Recently, the Nevada chapter of the American Planning Association recognized the Pop-Up Stands at the Bonneville Transit Center with the Outstanding Plan Implementation Award. The pop-up stands are aimed at helping address the problem of food insecurity by giving people increased access to affordable, locally grown, organic fresh fruits and vegetables. On behalf of the Southern Nevada Health District and Board of Health, the Chair congratulated staff on this recognition.

2. Jessica Johnson, Health Education Supervisor

- 2024 Impact Award – Roseman University of Health Sciences

The Chair recognized Jessica Johnson, Health Education Supervisor, for being honored as Roseman University's 2024 Community Partner Impact Award. Jessica was nominated for her leadership in securing and managing the Nevada Overdose 2 Action grant, supporting Roseman's EMPOWERED Program. Further, as co-chair of the Southern Nevada Opioid Advisory Council, Jessica continues to champion critical public health initiatives that address substance use challenges in our community. On behalf of the Southern Nevada Health District and Board of Health, the Chair congratulated Ms. Johnson on this recognition.

3. Jason Frame, Chief Information Officer

- 2024 CIO Award – Info-Tech Research Group

The Chair recognized Jason Frame, Chief Information Officer, for receiving the 2024 Info-Tech CIO Award for extraordinary technology leadership. These awards celebrate exceptional IT leaders who deliver significant value to their organization and achieve outstanding results in stakeholder satisfaction in business division categories. Award winners were selected from a competitive pool of hundreds of candidates. On behalf of the Southern Nevada Health District and Board of Health, the Chair congratulated Mr. Frame on this recognition.

4. Southern Nevada Health District – December and January Employees of the Month

- Aivelhyn Santos and Erick Lopez (December)
- Stephen Luong and Rayleen Earney (January)

The Chair recognized the December and January Employees of the Month. The Health District, and the Board of Health, recognized those employees that went above and beyond for the Health District and our community and that best represented the Health District's C.A.R.E.S. Values. On behalf of the Board of Health, the Chair congratulated these exceptional employees.

5. Southern Nevada Health District – Manager/Supervisor of the Quarter

- Candice Humber and Tamara Giannini

The Chair recognized the Manager/Supervisor of the Quarter. Each quarter two individuals are selected, as nominated by staff, to recognize leadership, teamwork efforts, ideas, or accomplishments, and best represent the Health District's C.A.R.E.S. Values. On behalf of the Board of Health, the Chair congratulated these exceptional employees.

6. Southern Nevada Health District – 2024 Employee and Manager of the Year

- Desiree Petersen and Kimberly Franich

The Chair recognized the 2024 Employee and Manager of the Year. The two individuals were selected from all the winners this past year that went above and beyond for the Health District and our community, and that best represent the C.A.R.E.S. Values. On behalf of the Board of Health, the Chair congratulated these exceptional employees.

Member Nielson joined the meeting at 9:18 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 five (5) 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.

Mauricio Fonseca and Lupa Mesa, from the Culinary Union 226, appeared representing 60,000 culinary union workers and their families. Mr. Fonseca stated that to ensure there was a strong trauma system based on community needs, he urged the Board to follow the regulations and deny the Sunrise application. They did not support the proposal because there was no shortage.

Joshua Khorsandi, a medical student at the Kirk Kerkorian School of Medicine at UNLV, was a resident of Las Vegas and wanted to practice medicine here when he finished school. Mr. Khorsandi wished to propose an important change that would benefit public health and business and establish Las Vegas in sustainability and innovation. Mr. Khorsandi proposed the replacement of plastic cutting boards in restaurants with safer and more sustainable alternatives such as wood, bamboo, glass or stainless steel. Mr. Khorsandi indicated that plastic cutting boards may seem a convenient low-cost option, however they wear out quickly requiring frequent replacement. In contrast, materials like bamboo and wood are durable and have natural antibacterial properties. Glass and stainless steel are non-porous, easy to sanitize and virtually indestructible. Mr. Khorsandi indicated that plastic cutting boards in food preparation released microplastics and nano plastics, tiny particles that are not visible to the naked eye but can infiltrate our food. Once ingested these microplastics do not pass through our bodies but accumulate in vital organs including the lungs, liver, brain, ovaries, testis and kidneys. Mr. Khorsandi advised there is evidence that shows microplastics have been detected in placentas and human fetuses raising serious concerns about their long-term effects on development, reproduction and overall health. Mr. Khorsandi highlighted the research that has been conducted within the last few years, that could lead to a surge in chronic diseases, developmental abnormalities in children and irreversible harm to future generations. Mr. Khorsandi indicated that several individuals in the hospitality and restaurant industries have provided overwhelmingly positive feedback. Further, Mr. Khorsandi outlined the effects of microplastics on the

environment. Mr. Khorsandi stated that if Las Vegas took the critical step towards reducing microplastics it would set an example for other cities to follow. This would position Las Vegas as a pioneer in sustainability. Mr. Khorsandi included that this initiative benefits everyone; for businesses, it means long-term savings and strong customer loyalty, and for consumers, it means safer food and better health.

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

V. ADOPTION OF THE JANUARY 23, 2025 MEETING AGENDA *(for possible action)*

A motion was made by Member Nielson, seconded by Member Black, and carried unanimously to approve the January 23, 2025 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:** November 21, 2024 *(for possible action)*
2. **PETITION #11-25: Approval of the Interlocal Service Agreement between the Southern Nevada Health District and the Las Vegas Metropolitan Police Department to collaborate on training and enhancement activities related to pre-arrest and pre-trial diversion for those with substance use disorder and those vulnerable to overdose;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **PETITION #12-25: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOME) to collaborate on the abstraction of sudden unexpected infant death (SUID) and sudden death in the young (SDY) data for entry into the National Fatality Review Case Reporting System (NFR-CRS);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **PETITION #14-25: Approval of a Lease Addendum between the Southern Nevada Health District and Horizon 8888, LLC to extend the existing lease;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **PETITION #15-25: Approval of Contract (C2100037) Amendments A01, A02, and A03, between the Southern Nevada Health District and Accela for Accela Civic Platform – Environmental Health Software as Service licenses to apply monetary credit, one year of VIP service for no additional fee, and training credits for delayed implementation;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
6. **PETITION #16-25: Approval of an Interlocal Contract between the Southern Nevada Health District and the City of Las Vegas to provide services to support the Southern Nevada District Community Partnership to Promote Health Equity, Year 2 grant awarded to the SNHD by the Centers for Disease Control and Prevention (CDC) (Award #NU58DP007746), referred to as Racial and Ethnic Approaches to Community Health**

(REACH); direct staff accordingly or take other action as deemed necessary *(for possible action)*

7. **PETITION #18-25: Approval of an Interlocal Contract between the Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada (RTC) to increase access to fruits and vegetables**; direct staff accordingly or take other action as deemed necessary *(for possible action)*
8. **PETITION #19-25: Approval of an Interlocal Agreement (CBE #60656-23) between Clark County, Nevada, select member municipalities and the Southern Nevada Health District for member participation in the Southern Nevada Type 3 – Incident Management and Assistance Team (IMAT)**; direct staff accordingly or take other action as deemed necessary *(for possible action)*
9. **PETITION #20-25: Approval of the Amendment to the Interlocal Agreement Between Clark County, Nevada and the Southern Nevada Health District for Medical Core & Support Services for HIV/AIDS Infected & Affected Clients in Las Vegas, Ryan White, Transitional Grant Area**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Black, seconded by Member Nielson, and carried unanimously to approve the January 23, 2025 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.

1. **MEMORANDUM #01-25: Application for Renewal of Authorization as an Adult Trauma Center with Change of Level from Level II to Level I for Sunrise Hospital**; direct staff accordingly or take other action as deemed necessary. *(for possible action)*

John Hammond, EMS & Trauma System Manager, Laura Palmer, EMS & Trauma System Supervisor, and Stacy Johnson, Regional Trauma Coordinator, represented SNHD's Office of EMS & Trauma Systems (OEMSTS). Ms. Johnson presented Sunrise Hospital's application to change its Trauma Center designation from a Level II to a Level I. Neither the Regional Trauma Advisory Board (RTAB) nor the Trauma Medical Audit Committee (TMAC) recommended the application for Sunrise from a Level II to Level I to be approved. Based upon review, the Health District staff recommended the application of Sunrise Hospital's trauma designation change from Level II to Level I.

Further to an inquiry from Member Brune regarding catchment areas, Ms. Johnson advised that, as per regulations, catchment areas were determined by OEMSTS and any change to the regulations required Board approval. Member Black requested clarification on the circumstances that would constitute or necessitate a change to the catchment areas. Ms. Johnson advised that, historically, when a new trauma center is added to the system there

would be a change to catchment areas. However, Ms. Johnson noted that the only other time that the catchment areas changed was two years after the Mike O'Callaghan Military Medical Center (MOMMC) was established, it was determined that its catchment area was not providing enough volume to sustain its needs and MOMMC and UMC came to an agreement on a change to catchment areas, which was reviewed and approved by OEMSTS. Further to a request for clarification from Member Brune, Ms. Johnson advised that catchment areas would change when a brand-new trauma center was established because it needs EMS to transport patients to the facility. Ms. Johnson further advised that due to the volume of patients that Sunrise Hospital currently received, it would not require a change in catchment areas because it receives all steps of the Trauma Field Criteria as a Level I. Further to an inquiry from Member Seebock, Ms. Johnson advised that if a facility moved from a Level III to a Level II, that would require a change in catchment areas since a Level II can only receive lower trauma acuity patients. Chair Kirkpatrick inquired whether having two Level I's would impact on the catchment areas. Ms. Johnson indicated that she did not believe it would affect the Level I; however, if a Level III upgraded to a Level II, then catchment areas would be effected. Member Seebock inquired as to the effect on catchment areas having two Level I's. Ms. Johnson indicated that she did not think there would be an impact because Sunrise currently received the same acuity whether it was a Level II or a Level I.

Member Bond stated that staff's presentation indicated that there would be no change in catchment area, but also indicated an increased capacity for physicians and the quality of care, yet there was no data to support those assumptions. Member Bond stated that neither the Board, the state nor Clark County have control over changes to the catchment area. Member Bond indicated that there could be a request for changes to the catchment area, which was totally independent of another change in the trauma system, that would come to OEMSTS, which was the same department that was recommending Sunrise to upgrade to a Level I. Ms. Johnson responded that if there was data to support a catchment change, then it would go to OEMSTS for review and determine if there truly was a need.

Further to an inquiry from Member Bond regarding the Health District stating that there was a need for the upgrade to Level I, Ms. Johnson indicated that the Health District believes that the benefits outweigh the negative to approve Sunrise as a Level I.

The Chair provided feedback on the RTAB and Medical Advisory Board (MAB) meetings, suggesting the members should make the effort to attend in-person to ensure clear and understandable discussion and decisions. The Chair stressed that GMEs were not necessarily a need, unless they stay in our community. The Chair requested further explanation on GMEs, the guarantee, and the expectation. Ms. Johnson advised that GMEs was a requirement a Level I under the American College of Surgeon (ACS). The ACS does not outline the required number of GMEs nor that medical residents stay in a community. Ms. Johnson advised that hospitals may engage the ACS at any time for certification; the trauma regulations do not outline a specific order for certification. Mr. Hammond advised that the SNHD's trauma regulations are scheduled for a review following the end of the 2025 legislative session.

Member Hardy inquired whether the county funding for UMC was stable and would continue to be stable. The Chair advised that the county funding was stable and committed to UMC. Member Hardy inquired whether having an additional Level I would allow for additional grants and funding to southern Nevada. Member Hardy advised that the Las Vegas Global Economic Alliance voted to focus on healthcare and believed that an additional Level I would increase the reputation of southern Nevada.

Member Nemeč stated that the physician shortage was not in the areas that would be addressed in a trauma center. The shortage was of primary care doctors, general surgeons, OB/GYNs, which are not typically trained for in a trauma center. Member Nemeč indicated that there can be training in anesthesia, which is a general training, that can do trauma anesthesia, that did not require a dedicated additional Level I to address the shortage. Member Nemeč stated that 90% of the shortages in southern Nevada would not be addressed by any expansion of a trauma training program.

Member Bond stated that the OEMSTS presentation outlined the positives of Sunrise Hospital becoming a Level I absent of capacity needs, absent of long transport times, absent of lack of care, and absent of any quality of care. Further, Member Bond indicated that staff's recommendation indicated that the approval of the upgrade would improve quality and access of physicians; however, there was no requirement in the regulations for a Level I to provide GMEs. Further, there was nothing preventing Sunrise from requesting a change to the catchment areas. Ms. Johnson advised that the requirement of a Level I to have GMEs and produce research was with the ACS. Member Bond indicated that the traditional definition of need in the Southern Nevada Trauma System Annual Report was not subjective, but believed it was transport times, access to care, gaps in care, issues with capacity, which were finite and measurable. Member Bond stated that there was nothing in the regulations that had to do with need being based on GMEs or numbers of physicians.

Member Black indicated that need was currently being met by having two trauma systems in the community, one that was a Level I and one that was a Level II that was functioning as a Level I. Further, Member Black indicated that if someone was in an automobile accident and needed Level I trauma care, they would go to the closest trauma center in the catchment area. Currently, the one Level I and the one Level II that was functioning as a Level I were meeting the needs of the community. Member Black stated that the two different trauma centers, one was private and one was public, one was supported by the county, were both collectively part of the ecosystem of the communities trauma system. Member Black expressed his appreciation to staff and noted that staff was not partial to any brand or location, but was looking a wholistic and complete trauma system to meet the needs of the growing community. Member Black noted that the need was being met because there was a Level II that was functioning as a Level I and striving to meet the need in the community.

Further to an inquiry from the Chair, Mr. Hammond outlined that new trauma center applications must be submitted to the state for initial approval; however, a change of level does not. If the Board of Health makes an approval determine, a letter is submitted to the state to endorse the trauma center's license.

Member Gallo inquired as to the benefit to Sunrise to upgrade to Level I if it was already operating as a Level I. Ms. Johnson advised that she could not speak to the direct benefit to Sunrise, however advised that the benefit to the community would be that it would have to continue operating as a Level I. If Sunrise did not receive the change to Level I, then any of the requirements of operating as Level I could be stopped at any time.

Further to an inquiry from Member Nemeč as to the recommendations of RTAB on the application, Ms. Johnson advised that RTAB recommended denial of the application. Ms. Johnson further advised that, as per SNHD Trauma System Regulations, RTAB, TMAC and OEMSTS were required to make recommendations to the Board of Health on the application.

*Member Knudsen left the meeting at 10:27 a.m.
Member Knudsen returned to the meeting at 10:29 a.m.*

Todd Sklamberg, CEO of Sunrise Hospital, acknowledged the symbiotic relationship that Sunrise has with UMC and all other providers. As the two safety net hospitals in the community, they work collaboratively to care for the needs of everyone in the community.

Further to an inquiry from Member Nemeč, Mr. Sklamberg advised that he did not know the current trauma activation fees, but confirmed that the activation fees would remain the same. Mr. Sklamberg further advised that he was not aware as to how the activation fee compared to UMC. Further, Member Nemeč inquired as to the Centers for Medicare & Medicaid Services (CMS) star rating for Sunrise. Mr. Sklamberg advised that Sunrise was a one-star facility, which was the lowest, and noted that Sunrise fell short on some of the patient experience scores.

Further to an inquiry from Member Hardy as to the funding of the residency program at Sunrise, Mr. Sklamberg advised that once a facility reached capacity for its residency program, the federal government, Medicare, funds the residency program. Sunrise was currently at the capacity of 19 residents. Therefore, Sunrise receives federal funding for 19 residents, primarily in pediatrics, and has a total of approximately 70 residents in total. Further to an inquiry from the Chair on the actual number of residents, Mr. Sklamberg advised that Sunrise Health System (Sunrise Hospital, Mountainview Hospital and Southern Hills Hospital) had almost 300 residents that were in Las Vegas. Mr. Sklamberg advised that some of the residents may attend another hospital in their network for advanced training. Further, Mr. Sklamberg advised that the goal was to keep all 300 residents in town.

The Chair inquired as to what more could be done to keep residents here after they finish their training. Mr. Sklamberg advised that the 2022 Nevada Health Workforce Report indicated that 41% of Southern Nevada residents planned to remain in the area. Mr. Sklamberg advised that with Sunrise being approved as a Level I solidified its commitment to residency education.

Further to an inquiry from Member Black on the number of years that Sunrise has been a Level II and whether they were a lookalike Level I in terms of the ACS standards, Mr. Sklamberg advised that Sunrise was a Level II trauma center for 20 years and was verified as meeting all the standards of the ACS as a Level I.

The Chair inquired how Sunrise would cover the expenses of investing more in GMEs, if the activation fees would not be changing. Mr. Sklamberg advised that it would be a short-term investment and a long-term return. Mr. Sklamberg advised that Sunrise wanted to attract the best residents to its program, and to stay after their training is completed. Mr. Sklamberg advised that an investment had to be made for hospital-based physicians or the community would have a shortage in surgeons.

Member Nemeč advised that the decision on the application was more than just the financial impact. Member Nemeč indicated that any deficits from UMC would be made up by the taxpayers and any profits that a for-profit hospital receives get sent to the shareholders and the corporation. Member Nemeč inquired whether there was any commitment that would see parity of the activation fees. Mr. Sklamberg advised that there was no change in volume, acuity, or patient load. Mr. Sklamberg advised that, in theory, because there was no change in

any activation fees. Mr. Sklamberg advised that Sunrise was the largest provider of Medicaid services in the state, 20% of all recipients in the state received their inpatient hospitalization and acute care at Sunrise, and 25% of Clark County Medicaid recipients received their care at Sunrise. Mr. Sklamberg advised that Sunrise had a commitment to self-pay, uncompensated care, and did not receive any supplemental support from the county.

Member Bond stated that there had been various comments that Sunrise's activation fees would not change; however, there was nothing preventing Sunrise to make a change in the future. Mr. Sklamberg advised that his presentation was based on the current facts and did not know what was going to happen in 10 years. Mr. Sklamberg reiterated Sunrise's commitment to the community.

The Chair opened for Public Comment.

*Member Brune left the meeting at 11:09 a.m.
Member Bond left the meeting at 11:10 a.m.*

Dr. Nelly Chow was a former general surgery resident at the Sunrise Health GME Consortium and recently returned to Las Vegas to practice as a cardiothoracic surgeon. Dr. Chow advised that there was no cardiothoracic fellowship in the state of Nevada and had to leave for two years; however, her intention was always to come back to Nevada to serve this community. Dr. Chow was a cardiothoracic surgeon to provide thoracic oncologic care to the community, which was in need of surgical sub-specialists. Dr. Chow advised that her time at Sunrise inspired her to come back to this community. Dr. Chow stated that the retention rate of Sunrise's residency program was very high and has trained general surgeons, emergency room physicians, anesthesiologist, bariatric surgeon, and colorectal surgeons. Dr. Chow stated that the Level I designation was long overdue and was deserved for the excellent program that has provided excellent education.

Dr. Nancy Rivera was a general surgeon and trauma surgeon at Sunrise Hospital, and the General Surgery Program Director, as well as the Sunrise Health GME Consortium Designated Institutional Officer (DIO), which oversees 13 of the residencies in the consortium. Dr. Rivera stated her full support of Sunrise Hospital being a Level I trauma center. Dr. Rivera advised that their consortium included 303 residents in 13 different specialties, including family medicine, internal medicine, as well as all other sub-specialties discussed earlier today. Dr. Rivera stated that Sunrise played a major role in the training of next generation doctors in most specialties, but most importantly in trauma for ER surgery, anesthesia and radiology residents. Dr. Rivera stated that the consortium also trained residents from other programs, for example Valley and Kingman residents. Dr. Rivera stated that the general surgery residency program graduated a total of 23 surgeons, nine of those graduated surgeons have pursued a career in trauma critical care fellowship.

*Member Nemeč left the meeting at 11:12 a.m.
Member Brune returned to the meeting at 11:12 a.m.
Member Bond returned to the meeting at 11:12 a.m.*

Dr. Rivera stated that as of next year, five of those previous graduates would be practicing in Las Vegas. Dr. Rivera indicated that having a Level I trauma center helped recruit the best medical students, the best residents and therefore helped retain the best doctors. A Level I trauma center helps to recruit various sub-specialties that were in great need in Las Vegas.

Dr. Rivera stated that as the DIO, she was fully dedicated to the residents in Las Vegas and hoped to provide excellent training for future doctors.

Member Nemec returned to the meeting at 11:14 p.m.

Brian Rogers had been in EMS leadership in the community for over 35 years. Mr. Rogers advised that when UMC decided that they did not want to have a paramedic school anymore, Sunrise Hospital was the only facility to step up. Since then, over 300 paramedics from all the different agencies have gone through paramedic school. Mr. Rogers advised that no matter the decision, EMS would still transport. Mr. Rogers advised that EMS does not consider a patient's ability to pay, and only that a patient goes to the right hospital at the right time, based on the catchment area. Mr. Rogers expressed his support of Sunrise Hospital being a Level I trauma center.

Member Nemec returned to the meeting at 11:14 p.m.

Dr. Brandy Padilla-Jones, a trauma surgeon at Sunrise Hospital and the Associate Program Director for the Mountainview and Sunrise General Surgery Program, was present to advocate for the upgrade of Sunrise to a Level I trauma center. Dr. Padilla-Jones advised that Sunrise was aiming to expand and develop its multiple residency programs. Dr. Padilla-Jones stated that the clinical experience gained from Sunrise Hospital was invaluable, and the depth of acuity and pathology sets Sunrise apart from other community programs. Dr. Padilla-Jones stated that the exposure to high acuity and diverse pathology not only sharpens a resident's skills but often inspires many to remain in the community. This was critical in addressing Nevada's physician shortage and the urgent need to retain physicians. The idea of working at a Level I trauma center was very attractive to trauma surgeons and general surgeons. By recognizing Sunrise as a Level I trauma center it will attract top-tier trainees and physicians. Dr. Padilla-Jones believed that offering the title to an institution that was a pillar in the community and has already functioned at that capacity for years, would elevate the status of the city and instill trust in the community and assure millions of visitors every year that they will be provided with care and kept safe. Dr. Padilla-Jones expressed her pride in what Sunrise had achieved and noted that recognition of Sunrise would ensure their dedication to excellence in healthcare education and community service.

Samual Sheller, owner of Guardian Elite Medical Services, and a member of RTAB, discussed the support of Sunrise with all the franchise providers. Mr. Sheller advised that patients were already being transported to Sunrise as a Level I. Mr. Sheller stated that by moving forward with the approval of Sunrise there would be no changes in patient distribution, transport volumes, catchment or EMS response and transport time. Further, Mr. Sheller advised that it would also lead to an increase in the number of specialists and physicians in the area.

Dr. Amanda Hertzler, a graduate from Touro University Nevada College of Osteopathic Medicine and a current Valley Health System general surgery resident, supported the Level I trauma designation for Sunrise. Dr. Hertzler stated that a robust healthcare system hinged on having skilled, well-trained physicians, which is where Sunrise played a pivotal role in the future of the medical community. Dr. Hertzler noted that for many years, residents in the Valley Health System had to travel outside of Nevada to gain essential trauma experience, which was costly, logistically challenging and created a disconnect between the residents and the local healthcare needs of the community. However, now with Sunrise Hospital offering to train residents this gap as been bridged and residents o longer have to leave Las

Vegas to gain trauma experience in order to become fully capable surgeons. Dr. Hertzler noted that the partnership between Sunrise and the residency program has allowed talented residents to remain in Las Vegas to receive comprehensive and high-quality training in trauma surgery. The training was critical to be prepared to handle complex, life-threatening situations with the skill and expertise that the community deserves. Furthermore, keeping the residents in Las Vegas was not just a matter of convenience but a matter of retention. Dr. Hertzler noted that as more residents complete their training in Las Vegas, they are more likely to stay and practice locally, contributing to the long-term health of the community. Dr. Hertzler stated that the presence of a Level I trauma center, like Sunrise, was a key factor in retaining the residents and encouraging them to build their careers in Las Vegas. Dr. Hertzler outlined her personal experience at Sunrise fostered a deep love for the art of surgical critical care. Dr. Hertzler gained invaluable insights and hands-on experience that shaped her career aspirations. Dr. Hertzler expressed her excitement to pursue a fellowship in surgical critical care with the intention of returning to Las Vegas upon completion. The mentorship and opportunities provided by Sunrise inspired Dr. Hertzler to further her education and back that knowledge back to the community. In conclusion, Dr. Hertzler stated that by maintaining Sunrise as a Level I trauma center was not just vital for the education of surgery residents, it was an investment in the healthcare infrastructure of Las Vegas. Dr. Hertzler indicated that in supporting Sunrise it ensured that the community had access to highly trained, locally rooted surgeons capable of providing the best possible care in times of crisis.

Rick McCann, founder and retired executive director of the Nevada Association of Public Safety Officers, outlined that for the past 25 years he was involved in handling more than 125 officer involved shootings and other critical incidents, some of which resulted in severe injuries and death to officers. Mr. McCann had seen the need to transport police officers, as well as citizens, to medical facilities to treat their injuries. Mr. McCann outlined that in those situations, officers nor families would feel there was no need for a second Level I trauma center to handle those medical needs. Mr. McCann stated that the officers and family members only wanted one thing, for their loved ones to get to the best and most qualified medical facility. Mr. McCann asked whether there was a true need for a second Level I trauma center in Southern Nevada, and to consider whether there would be such a need in the eyes of the injured and dying police officers and their families. Mr. McCann stated that they would see the need. Mr. McCann stated that the questions should not be why another Level I, but why not another Level I.

Dr. Alexander Graves, a current resident at Sunrise Health GME Consortium, outlined that there were hundreds of programs across the country for medical students interested in surgery. Dr. Graves outlined that there was a mix of academic programs, community programs and hybrid programs. Dr. Graves outlined that in a community program there was early hands-on training and excellent graduated autonomy. When interviewing for the program Dr. Graves spoke to residents and determined that they were competent, skilled surgeons. Dr. Graves expressed that when he began working as an intern, he had multiple opportunities to do chest tubes, central lines, and intubations. Dr. Graves stated that he enjoyed teaching those procedures. Dr. Graves outlined that he met his wife at Sunrise and their goal was to remain in Las Vegas.

Dr. Andrew Sheep, an emergency room physician at Sunrise, was also on faculty with the emergency medicine residency and medical director at the Mountainview Paramedic Institute. Dr. Sheep outlined that Sunrise offered training in emergency medicine and part of that training was for residents to do trauma rotations with the trauma surgery department. Dr.

Sheep indicated that in order to recruit high-quality emergency room medicine physicians, Sunrise being upgraded to a Level I would only improve their chances of attracting the highest caliber residents. Dr. Sheep stated that the paramedic institute students also had a desire for high quality research and Sunrise being a Level I trauma center would increase the research, funding, and opportunities for both the emergency medicine residents and paramedic students. Dr. Sheep stated that, since the residency program opened in 2018, they have kept over half of their residency graduates in Las Vegas working in area emergency rooms and by designating Sunrise as a Level I trauma center it would only increase the retention of emergency medicine residents. Dr. Sheep stated that, in terms of the amount of Level I trauma centers per capita, Nevada was the lowest in the country, having one Level I trauma center for approximately 3 million people in the Las Vegas area. Dr. Sheep expressed his concern as a physician and as a citizen. Dr. Sheep concluded by saying that the people of Southern Nevada deserved higher quality residents and higher quality paramedics, and by designating Sunrise as a Level I trauma center would accomplish both those goals.

Dr. Ryan Hafen, program director for anesthesia, supported Sunrise Hospital becoming a Level I trauma center. Dr. Hafen advised that there was a shortage of anesthesiologists. Dr. Hafen advised that he had 1200 applicants for eight residency positions. Dr. Hafen stated that when he interviewed the potential residents the question continued to come up whether Sunrise was a Level I. Dr. Hafen advised that nothing would change clinically if Sunrise became a Level I, but what would change was the excellence stamp which meant something to future students and medical students. Dr. Hafen advised that Sunrise was losing locally grown medical students to out-of-state facilities. Dr. Hafen advised that he was born at Sunrise Hospital and was honored to be able to train the next generation of anesthesiologists. Dr. Hafen stated that Sunrise and UMC stood together to provide for the 1 October victims. Dr. Hafen advised when they received the call about the shooting at UNLV, his brother was there taking classes. Dr. Hafen advised that all surgeries were called and all residents, anesthesia attendings, and trauma surgeons were all ready to receive victims. Dr. Hafen advised that Sunrise received one patient that was transferred from UNLV that was shot. He indicated that the attending surgeon was a resident that graduated, and an anesthesiology resident, saved the patient's life. Dr. Hafen stated that he was tired of being last place and the Board had a decision to stop being last place. Dr. Hafen supported Sunrise being a Level I.

Sandy Miller, the chair of the board of Sunrise Hospital, expressed the Sunrise board's active role in Sunrise upgrading from a Level II to a Level I trauma center. Ms. Miller advised that the board supported and was pleased with the ACS report. Ms. Miller outlined her family history in Las Vegas since 1951. Ms. Miller stated that Las Vegas had the best hotels, best entertainment, best sports facilities, best parties, and now had two excellent Level I trauma centers. Ms. Miller urged the Board to support Sunrise's application, so everyone knows that Las Vegas had two Level I trauma centers in the community.

Nick Schneider, director of government affairs for the Vegas Chamber, expressed support of Sunrise's application to upgrade their facility to a Level I facility. Mr. Schneider appreciated the work of the Board and OEMSTS staff. Mr. Schneider advised that the key component of the Vegas Chamber's mission was fostering economic growth and attracting businesses, which included access to quality healthcare and a resilient healthcare system. The change in designation supports bolstering the medical workforce through talent development, providing an opportunity to ensure and expand the GME program. Mr. Schneider indicated that an upgraded designation supports Sunrise's commitment to post-graduate education through a robust residency program. Mr. Schneider noted that the change would also support the

community through enhanced capacity, care quality and improved resilience. Mr. Schneider recognized that there were concerns about the impact to the other Level I facility and the current patient volume may not be an urgent need. Mr. Schneider noted that UMC did phenomenal work and were fantastic partners in the community. Mr. Schneider noted that the upgrade would augment research capabilities and the ability to offer highly specialized services.

Emily Osterberg, director of government affairs for the Henderson Chamber, expressed support of upgrading Sunrise Hospital's trauma designation from a Level II to a Level I. Ms. Osterberg stated that Nevada's population continues to grow at exponential rates increasing medical needs. Ms. Osterberg stated that by upgrading to a Level I trauma designation, Sunrise would be able to expand its GME program, which would help attract new physicians and increase training for future healthcare providers through a robust residency program. In addition to having another hospital with a Level I trauma designation, Ms. Osterberg indicated it would elevate healthcare standards for the growing community. Ms. Osterberg advised that economic development was a priority of the Henderson Chamber, and while it was important the Henderson Chamber also wanted to ensure that the current residents and business owners were receiving the best healthcare possible. Ms. Osterberg advised that having another Level I trauma center in Southern Nevada enhanced patient capacity, resilience and care quality while advancing physical training, medical research and specialized services. Ms. Osterberg believed this was the right step in elevating healthcare standards in the community and encouraged the Board to support the new designation.

Stacie Sasso, the executive director for the Health Services Coalition, represented 27 union and employer-sponsored self-funded health plans in Southern Nevada, that represented just over 300,000 lives in Southern Nevada. Ms. Sasso advised that she previously provided public comment on this topic, appearing before RTAB and the joint Board of Health and County Commissioner meeting. Ms. Sasso advised she wanted to continue to see the system work efficiently and the patients to receive timely care when needed. Ms. Sasso advised that the different activation fees and fee structure was significant and subject to change as a hospital chooses. Ms. Sasso stated that trauma centers were lucrative because of activation fees. Ms. Sasso stated that there had been no reported unmet need in the existing system. Ms. Sasso stated that the Health District staff reported that there was even capacity within the existing system. Ms. Sasso stated that the current system was working well. Ms. Sasso stated that promises that were not binding of new doctors and research was not something that the Health District could enforce. Ms. Sasso advised that in other communities there was an unregulated proliferation of trauma centers based on hospital market considerations and not community need for more trauma care that resulted in an over-saturated system, diluted quality of care, strained resources and undermined the financial stability of existing trauma centers. Ms. Sasso advised that the ACS committee on trauma underscored that trauma system growth should be based on need identified through data-driven methods and not the market considerations of healthcare and hospital systems. Ms. Sasso stated that there was nothing in the Sunrise application that ensured quality improvement at Sunrise Hospital. Ms. Sasso advised that there was nothing in the promises made by Sunrise that would bind them to the report by Health District staff. Ms. Sasso stated that there wasn't anything that prevented changes to the catchment areas, even though Sunrise indicated that they would not request a change to catchment areas. Ms. Sasso advised that in Southern Nevada there were four trauma centers, UMC as a Level I, which was a vital resource to the community. Ms. Sasso advised that her organization supported UMC and their incredible work as a trauma center. Ms. Sasso stated that they opposed the change to the existing system based on the

business desire of a for-profit hospital without a demonstrated need for more trauma care, that they believe would negatively impact UMC. Ms. Sasso advised that there was no certificate of need process in Southern Nevada, there was only the regulatory structure which was critical to preserve the entire community. Ms. Sasso advised that the entire community would be negatively impacted by the recommendation to approve the unneeded trauma designation. Ms. Sasso urged the Board to follow the trauma system regulations to make a decision based on need and make no changes to the existing, well-performing trauma system. Ms. Sasso stated that RTAB was tasked with making recommendations on applications for changes in trauma center designations and new applications. Ms. Sasso stated that both RTAB and TMAC recommended denial of the Sunrise application because there was no demonstrated need. Ms. Sasso indicated that more people was not a demonstration of need, however more trauma cases, long wait times, and lack of hospital capacity would demonstrate a need. Ms. Sasso stated that both the impact and annual trauma system report demonstrated that there was no need for additional trauma resources and that the current system was performing well and meeting patient needs. Ms. Sasso urged the Board to follow the recommendations of RTAB and TMAC and reject Sunrise's application for a Level I designation. Ms. Sasso stated that for over 20 years, since Sunrise was first designated as a trauma center with any need, the Board of Health and RTAB have worked to ensure that there was a well-functioning, financially stable trauma system that met the community need for trauma care. Ms. Sasso stated that they would strongly prefer to be creating a better system, one that did not have two trauma centers three miles from each other, they support protecting the current Level I trauma center. Ms. Sasso stated that the Health District was shirking its responsibilities by supporting the upgraded designation without following the regulatory grid that was created. Ms. Sasso requested that the Board not abandon the principles that have guided the decision-making or set precedent that changes could be made to the system absent of a demonstrated need.

Staniela Nikolova started a public comment regarding inhabitable living conditions at her apartment building. The Chair advised that the Board was hearing public comments on the Public Hearing regarding a trauma center and Ms. Nikolova would have to wait until the Second Public Comment period.

Maya Holmes, health policy director for the Culinary Health Fund, was the payer representative on RTAB since 2019 and the Culinary Health Fund was a member of the Health Services Coalition. Ms. Holmes stated that the Trauma System Regulations required TMAC and RTAB to submit advisory positions to the Board of Health on a new trauma center and designation change applications. Ms. Holmes further stated that the regulations were clear that the Board of Health had the authority to approve new trauma centers and designation change applications based on a demonstration of need, which had been understood historically to be a need for trauma care in the community, based on system performance, capacity and trauma cases. Ms. Holmes stated that population growth did not automatically translate into trauma case growth or growth that exceeded existing capacity. Ms. Holmes advised that the growth of trauma centers in other regions without need-based planning had led to too many trauma centers which have negatively impacted the quality-of-care resources and the financial stability of existing trauma centers. Ms. Holmes stated that the incentive to create unneeded trauma capacity was financial and an activation fee was attached to any trauma center activation. Ms. Holmes stated that their experience was that the activation fees were tens of thousands of dollars even when the patient was able to get up and walk out of the trauma center, which was an expensive use of limited healthcare dollars. Ms. Holmes stated that the ACS committee on trauma stated that trauma system planning

and growth should be based on need, identified through data-driven methods and not the market desires of healthcare and hospital systems. Further, Ms. Holmes stated that the committee encouraged government officials responsible for trauma center designation to develop metrics to determine the need for additional trauma before adding or upgrading new centers. Ms. Holmes stated that RTAB spent years discussing metrics and criteria for making changes to the trauma system based on need, which should not be abandoned now. Ms. Holmes appreciated that TMAC, in the most recent Southern Nevada Annual Trauma System Report, recognized the importance of controlled and appropriate growth of the trauma system for future sustainability. Ms. Holmes stated that those principles were consistent with trauma system regulations and should continue to be the guiding principles of the Southern Nevada trauma system planning and growth. Ms. Holmes noted that, in the most recent Annual Trauma System Report, TMAC found that the current trauma system was functioning efficiently with no delays in care, no notable changes in system performance or other aberrations in patient care or pre-hospital services. Ms. Holmes advised that RTAB spend a lot of time on the Sunrise application and recommended denial because there was no demonstrated need. TMAC also rejected added a second Level I trauma center three miles from the existing Level I trauma center. Ms. Holmes noted that neither the impact report for Sunrise's application nor the 2023 Southern Nevada Annual Trauma System Report demonstrated a need to expand the Southern Nevada trauma system. Ms. Holmes noted that both reports indicate the overall system was performing well, there were no gaps in the current system impacting care or failure to accommodate patient need, specifically, median transport times for all levels throughout the system were excellent. Ms. Holmes advised that trauma transports for Levels I, II and III overall and specifically at Sunrise were down in 2023. Ms. Holmes stated that from 2019 to 2023, Sunrise had the smallest growth in transports and was below the overall system growth. In 2023, Sunrise had a nearly 18% drop in Level I patients and a 4% drop in Level II patients compared to the previous year. Ms. Holmes requested that the Board following the RTAB and TMAC recommendations to deny the Sunrise application for a designation change. Ms. Holmes expressed disappointment that the Health District staff were recommending approval for something that did not meet existing regulations and expressed concern about how the Health District could deny any future application if it did not deny this application. Ms. Holmes noted that the presentation claimed there would be new benefits to the community with an additional Level I trauma center and noted that was still three miles from a state-of-the-art community hospital that operates as a non-profit solely for the benefit of the community. Ms. Holmes stated that the Health District did not have any ability to require Sunrise to do any of the things they presented, and they were not recognized factors for determining the need for trauma system changes. Ms. Holmes requested that the Board comply with the regulations that were created for this situation.

Chris Giunchigliani, a former chair of the Board of Health, spoke in opposition of the application. Ms. Giunchigliani stated that the trauma registry had been in place since 1987 and UMC had been in place as a Level I trauma center since 1988. Ms. Giunchigliani stated that, initially, the State Board of Health was given the duty to grant trauma designations; however, passed it the Board of Health in 2004. Ms. Giunchigliani stated that as the Board of Health assumed the role of building a framework, Sunrise and Siena went to the governor and circumvented the Board of Health to obtain the designation for a Level II, which disturbed the catchment areas. Ms. Giunchigliani stated that the Board of Health was not included in any discussion and need was not determined, it was done politically. Ms. Giunchigliani stated that the regulations required a hospital applying to be designated as a trauma center must demonstrate need, and a hospital must describe how their inclusion would affect the trauma system. Ms. Giunchigliani advised that she was a member of RTAB, which voted 13-4 to deny

the application. Ms. Giunchigliani noted that both RTAB and TMAC made recommendations to deny the application but neither RTAB nor TMAC received a needs assessment. Ms. Giunchigliani noted that the decision today was about demonstrated need to expand the trauma system. Ms. Giunchigliani requested that the Board reject the application. Ms. Giunchigliani indicated that a needs-based determination had not been made which was required by the trauma regulations and NRS 450B.237. Ms. Giunchigliani noted that activation fees were defined by NRS 450B.105. Ms. Giunchigliani stated that a county hospital was still dependent somewhat on its county partners to assist when their money is down. Ms. Giunchigliani noted that private hospitals can change their activation fees at any time, and they can make promises today that the activation fee won't change. Ms. Giunchigliani took issue that the upgraded Level I designation would help with physician shortage. Ms. Giunchigliani noted that acuity would not change, catchment areas would not change, volume would not change, because it was all being met currently. Ms. Giunchigliani asked that the Board respect everyone that testified, and noted that the Board was to determine whether or not there was an actual need for a Level I to compete with the county hospital that has been a Level I since 1988.

Mason Van Houweling, CEO of UMC, spoke on behalf of the trusted military experts in the Air Force, but also UMC and UNLV trauma medical experts. Mr. Van Houweling stated that, for HCA and Sunrise, this meeting was just a step along the way to overturn the trauma system and noted this would not be its last stop. Mr. Van Houweling stated that if the Board denied the application, Sunrise already had plans to keep marching its application up to the state level. Mr. Van Houweling stated that to HCA, the Board was just a checkbox when all the other experts have said that no change was needed and the trauma system was working well, which included RTAB's vote of 13-4 to deny the application. Mr. Van Houweling noted that based on the overall assessment of need, the Southern Nevada Annual Trauma System Report stated there were no concerns or deficiencies with the current system. Mr. Van Houweling noted that there was capacity to do even more within the existing four trauma centers. Mr. Van Houweling stated that Sunrise liked to mention that they had recently been approved through the ACS verification process, but what they also forgot to mention was that the verification process only focuses on capabilities and no needs assessment. Mr. Van Houweling also stated that the ACS had been clear in its guidance warning that economic benefits of trauma care may shift focus away from what is best for the patient, or the population served. Mr. Van Houweling stated that the application today was an example of what was best for HCA and not for the people of Southern Nevada. Mr. Van Houweling stated that the focus should be on expanding the services that are lacking, such as mental health services, specialized care for sexual assault victims, rather than expanding a trauma system that is already among the best in the nation. Mr. Van Houweling stated that the largest hospital chain in the United States was working tirelessly to establish unnecessary for-profit Level I trauma centers, which prioritized shareholders over the actual needs of the community. Mr. Van Houweling stated that arbitrarily expanding the local trauma system was unwise and dangerous, which would create waste, increase costs, erode expertise and ultimately jeopardize the life-saving care that was already available in the community. Mr. Van Houweling noted that while more sounded better, quality care required repetition and volume, and diluting trauma volume would diminish quality and impact academic medicine. Mr. Van Houweling noted that Sunrise said nothing would change, saying catchment areas wouldn't change, activation fees wouldn't change, patient volume wouldn't change and interfacility transfers wouldn't change. Mr. Van Houweling inquired that if that were true, why was Sunrise fighting for this upgrade, against all the advice from the experts. Mr. Van Houweling inquired whether Sunrise expected everyone to believe that the shareholders of the largest hospital chain in the United States did not expect to profit from toppling the local trauma system. Mr. Van

Houweling noted that, according to Keiser Health News, HCA had a disturbing pattern of charging exorbitant trauma activation fees that could be up to ten times those non-HCA facilities across the nation. Mr. Van Houweling stated that trauma centers could not become profit centers for HCA, at the expense of the local patients and small businesses that cover their employees. Mr. Van Houweling advised that HCA did not share UMC's commitment to Nevada and could shut down services if they did not meet their annual or quarterly profit goals. On the other hand, Mr. Van Houweling confirmed that UMC was the hometown trauma center purposely built for incredible volume caring for patients in their most great need. Mr. Van Houweling concluded by stating that their bottom line was saving lives and not appeasing out-of-state shareholders.

Danny Thompson was a native of Henderson, and a member of the board at Sunrise Hospital. Mr. Thompson was the executive director of the Nevada AFL-CIO for over 20 years and oversaw all the political operations of every union in the state. Mr. Thompson was disheartened to listen to the comments about discrediting Sunrise Hospital. Mr. Thompson stated that Sunrise Hospital was the largest provider of Medicaid in the state of Nevada, more so than UMC. Mr. Thompson stated that for a for-profit hospital that didn't receive the funding and governmental assistance that the other hospital did, it spoke for itself. Mr. Thompson said that he didn't think anyone could question the commitment of Sunrise or HCA to the community because they had been a partner of the community and a part of the community for decades. Mr. Thompson said that the trauma system was working, and this upgrade would make it better. Mr. Thompson noted that none of the staff comments said that the upgrade would harm the trauma system, it would make it better for the community. Mr. Thompson noted that in 2002 doctors were leaving the state due to medical malpractice insurance being so expensive, which resulted in legislature putting a cap on medical malpractice insurance. Mr. Thompson noted that during the last legislative session, legislature removed those caps and the impact was immediate. Mr. Thompson noted that if the cost to medical malpractice insurance went back to how it was in 2002, there would be a hard time keeping doctors. Mr. Thompson noted that Mr. Sklamberg spoke about not knowing what was going to happen in the future, but by giving Sunrise this designation, Mr. Thompson stated that it would make the trauma system better. Mr. Thompson confirmed his support of the designation.

Seeing no one further, the Chair closed the Public Comment.

Member Nemeck thanked everyone for the excellent presentation. Member Nemeck stated that Sunrise had a warm place in his heart, as he was born there and professionally served as its Chief of Staff, along with being on the board of trustees. Member Nemeck advised that he had a daughter that wanted to return to Las Vegas for residency and having a robust residency program was important. Member Nemeck noted that the Board heard from law enforcement about the need to be able to care for first responders. Member Nemeck stated that looking at the recommendations and the assessment of the present system, law enforcement was protected. Member Nemeck indicated that the denial of this application would not negatively impact Graduate Medical Education and would not jeopardize the ability to respond to first responders who have been injured in the line of duty. Member Nemeck confirmed that his recommendation to the Board was to follow the recommendations of RTAB, who worked so hard to give their recommendations, and deny the application.

The Chair requested clarification from Member Nemeck on whether he wished to make a motion. A motion was made by Member Nemeck and seconded by Chair Kirkpatrick to deny the application.

The Chair called for discussion on the motion.

Member Hardy expressed his appreciation for the discussion and recognized that there was a trauma system that worked in the community. Member Hardy stated that by looking at Las Vegas and the attitude that others have about our community and lifestyle, that an atmosphere has been created that has tainted the excellence of the current system. Member Hardy stated that the reality was that we need to attract more, we need to have more and to do that we need to look like we care about everybody. Member Hardy stated that he did not see access being changed with the catchment areas and thought that it would be difficult to change. Member Hardy confirmed that he would not support the motion for denial.

Member Bond thanked staff in how they tried to put together their presentation and everyone that presented. Member Bond believed that the comments made were not negative about Sunrise and apologized to those individuals that believed the Board was speaking negatively about Sunrise. Member Bond believed that the quality of care in trauma in Las Vegas was exceptional and the current system was what was needed in Las Vegas. Member Bond stated that if there was a new need then a process should be followed to determine the best way to fill that need. Member Bond further stated that she didn't think that the Board could deny any future applications if this application was approved.

Member Black noted that the Board heard a great deal of hypotheticals, speculation, subjective opinions and viewpoints. Member Black recognized the bravery of Health District staff to say there was value and a benefit in this consideration that outweighed the potentially projected negatives or downsides. Member Black acknowledged the Health District staff for their vantage point as he believed that staff looked at the application through a lens of the trauma system in its entirety without subjectivity and the political issues. Member Black believed that the system does work, as it had been said many times, because of the current components of the system; there is a facility that is a Level I and there is a facility that is a Level II that sees Level I patients and aspires to be a Level I. Mr. Black noted that the need was not unmet because of the system that was in place. Member Black ask the hypothetical question of whether UMC would have capacity currently to take care of all the Level I trauma needs, accidents, shootings, etc. in the community, if there was no Level II in the community.

The Board asked Mr. VanHouweling to respond to the question. Mr. VanHouweling requested to defer the question to Dr. John Fildes, as he was a recognized leader in trauma in the community.

Dr. Fildes indicated that the hypothetical asked had been tested in cities like Chicago and in other municipalities where members of the trauma system have elected to leave and the burden of patient care shifted to other members of the trauma system. In those cases, Dr. Fildes stated that there was a lag time to restore staffing levels and to create additional capacity. Dr. Fildes stated that in the current system there was additional capacity in all three centers to additional patients. Dr. Fildes noted that it would be overcome for a while, but it would be uncomfortable in the short-term, which was not unlike what other metropolitan areas have already gone through.

Ms. Anderson-Fintak advised the Chair there was a request for public comment after the close of the public comment period. The individual had since left the meeting.

Ms. Anderson-Fintak further requested clarification of Member Nemeč's motion. Member Nemeč advised that his motion was to deny Sunrise's application due to RTAB's recommended denial, clarifying that no need was established.

Member Knudsen stated that in his position at the City of Las Vegas, he interacted a lot with healthcare professionals. He pointed out that there were two doctors on the Board that disagreed, which was his experience in the medical field in general. Member Knudsen believed that healthcare in Nevada would move forward faster if there could be agreement amongst providers. Member Knudsen respected both Sunrise and UMC, along with their leadership. Member Knudsen thanked Mr. Sklamberg for his presentation. Mr. Knudsen indicated that he spoke to a number of people about this issue because he understood the argument for and against. Member Knudsen noted that the consistent messaging was whether there would be a potential sacrifice or threat to UMC, as the community hospital. Member Knudsen confirmed that he would support the motion as he could not risk a potential threat to UMC.

Member Segerblom stated that Sunrise was located in his district and that it was a fantastic resource for the community. With the closing of Desert Springs, Member Segerblom stated that Sunrise really stepped up for East Las Vegas. Member Segerblom stated that he did not hear that the need expressed would justify the upgrade and, therefore, would support the motion. Member Segerblom noted that Sunrise was a valuable member of the community, the largest hospital in Nevada, and he was very proud of it.

Member Seebock thanked the presenters. As a former first-responder, Member Seebock stated that he only wanted to go where he could get the best care and as long as there was a trauma surgeon available. Member Seebock appreciated the courage of staff to present their recommendation, which was contrary to the recommendations from RTAB and TMAC. Member Seebock agreed with Member Hardy because he felt it was never good to play catch-up. He believed that with the low ranking of the state in trauma care, there was an opportunity with a facility willing to step up and be a Level I. Member Seebock stated that it was imperative that the system did not fall into a situation of being at capacity. Member Seebock noted that it was more about advancing, trying to improve, and taking a little risk to move forward in trauma care. Mr. Seebock confirmed that he would not be in support of the motion.

Member Nielson indicated that he agreed with the other Board members that the presentations today were excellent and contained a lot of information that was very helpful in evaluating this application. Member Nielson stated that there was nothing significant or substantial presented that outlined how the change from Level II to Level I for Sunrise would negatively impact UMC. Member Nielson stated that what was heard was that if this change was made, it further solidified the activities that were currently ongoing at Sunrise that benefit the community. Member Nielson noted that the Board needed to look at whether a need has been demonstrated, a regulatory requirement, which was difficult. Member Nielson indicated that if the definition of need was better defined then the Board would have a much better idea of how to act in this situation. Member Nielson confirmed that his position was that it was a benefit to the community which was a need and therefore, he would not be supporting the motion.

The Chair called for a vote on the current motion.

A motion was made by Member Nemec, seconded by Chair Kirkpatrick and carried by a vote of 7-4 to deny the Change of Level from Level II to Level I for Sunrise Hospital based on the recommendation of the Regional Trauma Advisory Board that there was no need.

<u>AYES</u>	<u>NAYS</u>
1. Bond	1. Black
2. Brune	2. Hardy
3. Gallo	3. Nielson
4. Kirkpatric	4. Seebock
5. Knudsen	
6. Nemec	
7. Segerblom	

Member Segerblom left the meeting at 12:18 p.m.

VIII. REPORT / DISCUSSION / ACTION

1. **PETITION #17-25 – Approval of Augmentation to the Southern Nevada Health District FY2025 Budget;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

The Board indicated that they did not require a presentation on the following resolutions regarding the budget augmentation:

- **Resolution #01-25**
 - General Fund: Increase of the General Fund Budget by \$8,773,819, thereby increasing its appropriation from \$101,785,951 to \$110,559,770
- **Resolution #02-25**
 - Grant Fund (Special Revenue): Increase of the Grant Fund (Special Revenue) by \$15,550,049, thereby increasing its appropriation from \$69,786,406 to \$85,313,230

A motion was made by Member Hardy, seconded by Member Nielson, and carried unanimously to accept the recommendations from the Finance Committee and approve Petition #17-25 related to the Budget Augmentation to the Southern Nevada Health District (i) General Fund (Resolution #01-25) and (ii) Grant Fund (Special Revenue) (Resolution #02-25) Budget for the Fiscal Year Ending June 30, 2025, as presented, to meet the mandatory financial requirements of NRS 354.598005.

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 noted that there would be some transitions of Board members and expressed the Board's well wishes to those that would not be continuing on the Board.

X. HEALTH OFFICER & STAFF REPORTS (*Information Only*)

- DHO Comments

On behalf of Dr. Leguen, Dr. Cassius Lockett, Deputy District Health Officer-Operations, did not provide any comments in addition to the written report.

XI. INFORMATIONAL ITEMS

1. FY2024 District Health Officer and Division Accomplishments
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 five (5) 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.

Staniela Nikolova provided a public comment regarding inhabitable living conditions at her apartment building. Ms. Nikolova stated that, within the past year and half, she moved into an apartment at 811 East Bridger Avenue which had a building-wide cockroach infestation. Ms. Nikolova was upset that the Health District does not regulate residential buildings and their habitability. Ms. Nikolova stated that the Health District simply refers individuals to legal aid, who then refer individuals to an attorney, which is costly for disadvantaged individuals. Ms. Nikolova believed that Veterans Affairs also placed veterans in this apartment building. Ms. Nikolova indicated that building management were essentially preying on residents by not fully taking care of the pest problem located within building walls. Building management will not tell you what chemicals they are spraying within your unit, despite multiple written requests. Active pest control measures in individual apartments and cleaning will fix this problem. Ms. Nikolova utilized legal options under Nevada law to terminate the lease, for example giving 14-day notice of habitability breach, which was ignored. Ms. Nikolova stated that the landlords then charge illegitimate move-out fees that impact an individual's ability to rent again if they do not pay them. Ms. Nikolova believed that the Health District should be more actively involved in helping to make housing rentals safer for residents of Nevada, same as for tourists with hotels and restaurants.

Chair Kirkpatrick advised that there may be a bill in the legislative session that would address the uninhabitable concern. Member Knudsen provided Ms. Nikolova with his number to assist in navigating the City of Las Vegas process.

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

XIII. ADJOURNMENT

The Chair adjourned the meeting at 12:25 a.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary
/acm

DRAFT