



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH FINANCE COMMITTEE MEETING

March 23, 2026 – 3:00 p.m.

Meeting was conducted via Microsoft Teams

MEMBERS PRESENT: Scott Nielson – Chair – At-Large Member, Gaming
Nancy Brune – Council Member, City of Las Vegas
Marilyn Kirkpatrick – Commissioner, Clark County
Shondra Summers-Armstrong – Council Member, City of Las Vegas

ABSENT: April Becker – Commissioner, Clark County

ALSO PRESENT: N/A
(In Audience)

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

EXECUTIVE SECRETARY: Cassius Lockett, PhD, MS, District Health Officer

STAFF: Adriana Alvarez, Emily Anelli, Todd Bleak, Daniel Burns, Donna Buss, Joe Cabanban, Andria Cordovez Mulet, Jason Frame, Xavier Gonzales, Victoria Harding, Horng-Yuan Kan, Annie Lin, Kimberly Monahan, Brian Northam, Yin Jie Qin, Alexis Romero, Chris Saxton, Karla Shoup, Jennifer Sizemore, Randy Smith, Renee Trujillo, DJ Whitaker, Edward Wynder, Lourdes Yapjoco

I. **CALL TO ORDER AND ROLL CALL**

Chair Nielson called the meeting to order at 3:04 p.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a 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**

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

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

IV. ADOPTION OF THE MARCH 23, 2026 MEETING AGENDA *(for possible action)*

A motion was made by Member Kirkpatrick, seconded by Member Summers-Armstrong, and carried unanimously to approve the March 23, 2026 Agenda as presented.

V. CONSENT AGENDA

1. APPROVE MINUTES/FINANCE COMMITTEE MEETING: February 24, 2026 *(for possible action)*

A motion was made by Member Kirkpatrick, seconded by Member Brune, and carried unanimously to approve the March 23, 2026 Consent Agenda as presented.

VI. REPORT / DISCUSSION / ACTION

1. Receive and Discuss the SNHD Federal Poverty Level (FPL) guidelines and Approve Recommendations to the Southern Nevada District Board of Health on March 26, 2026; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, Chief Executive Officer – FQHC, presented the update to the Federal Poverty Level (FPL) guidelines. Mr. Smith advised that the FPL guidelines changed annually in January, with 2026 seeing an increase of 2.7% to the Consumer Price Index (CPI) from 2024 and 2025. The guidelines were used to adjust the sliding fee schedules.

A motion was made by Member Kirkpatrick, seconded by Member Brune, and carried unanimously to adopt the Update Federal Poverty Level Guidelines, as presented, and recommend adoption of same to the Southern Nevada District Board of Health at its meeting on March 26, 2026.

2. Receive and Discuss the SNHD Clinical Sliding Fee Schedules and Approve Recommendations to the Southern Nevada District Board of Health on March 26, 2026; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith advised that offering Sliding Fee Schedules, for qualifying patients, was a requirement for HHS, HRSA and various other pass-through grants. Mr. Smith confirmed that patients were seen regardless of their ability to pay and are not sent to collections to recover outstanding payments. Mr. Smith advised that the Health Center uses federal poverty guidelines, based on family size and annual income, to determine placement on the sliding fee schedule. Individuals and families with incomes at or below 100% of the federal poverty level receive a full discount, though a nominal fee may be assessed in some cases. Family Planning (Title X) and the Ryan White Program do not permit the collection of nominal fees.

Further to an inquiry from Chair Nielson regarding the 33% reduction in collections from the previous year, Mr. Smith explained that the 2024 data reflected a partial year of implementation, including a catch-up period with collections from late 2023, which contributed to the reported 33%. Mr. Smith also noted that improved front office training and support have strengthened the Health Center's ability to collect payments at the point of care during patient check-in, contributing to improved performance.

Further to an inquiry from Member Summers-Armstrong, Mr. Smith advised that a write-off does not affect a patient's credit report.

Member Brune asked whether available data could distinguish between full and partial payments at the point of service and whether the system flagged patients who were unable to pay due to specific circumstances. Mr. Smith responded that he would need to follow up on the system's reporting capabilities related to distinguishing partial versus full payments. He explained that front office staff can see outstanding balances at check-in and request payment when possible; if payment was not made, balances were billed through patient statements. Mr. Smith noted that the Health District continued to provide care regardless of a patient's ability to pay and acknowledged that some patients had multiple encounters without payment. Outstanding balances were written off after 12 months in accordance with policy.

Member Kirkpatrick raised concerns about the long-term stability of the FQHC, questioning efforts to improve the payor mix and highlighting rising insurance costs. She noted potential unintended system-wide impacts of sliding fee scales and expressed concern about reliance on Medicaid funding, emphasizing the county's financial strain and the need to explore alternative approaches, including greater engagement with commercial providers. Mr. Smith outlined current strategies to strengthen financial sustainability by increasing Medicaid participation. Efforts include deepening partnerships with Medicaid managed care organizations (MCOs), proactively engaging newly assigned members, and addressing preventive care gaps. These initiatives have resulted in measurable growth, including increases in Medicaid enrollment and visit volume. Dr. Lockett reinforced the focus on expanding Medicaid enrollment while ensuring sufficient provider capacity to meet demand. He noted ongoing efforts to balance patient volume, improve payor mix, and expand services, including pediatrics, to support long-term sustainability.

Member Brune requested detailed demographic and geographic data on patients served under the federal grant, including age, race, ethnicity, and location. She emphasized the importance of using this data to inform policy decisions, support legislative advocacy, and better understand community needs and resource allocation. Mr. Smith confirmed that some demographic data was available and noted that the primary population served consisted of uninsured or underinsured adults ages 19–65 who often lack other access to care. He indicated that additional data from the recently filed UDS report could be compiled and shared to provide further insights. Member Summers-Armstrong supported the request for more detailed data and asked for further breakdowns of patients' insurance status, including whether individuals were uninsured, covered by Medicaid, or underinsured through private plans. She also inquired about referral sources, outreach strategies, and opportunities to connect underserved populations to care earlier. Mr. Smith described existing outreach efforts, including health fairs and partnerships with Medicaid MCOs, which often assign patients based on geography. He reported significant growth in patient volume, serving over 13,000 unique patients last year, despite staffing challenges and a partial hiring freeze. He also highlighted operational improvements, including expanded same-day and walk-in access to reduce no-show rates and improve patient engagement.

Mr. Smith outlined efforts to expand the pediatric service line at the Decatur site, including creating a more child- and family-friendly environment and increasing provider capacity to serve pediatric patients. He reported early progress and highlighted a proposal to offer low-

cost sports physicals in coordination with back-to-school activities to attract new patients. The \$20 fee was set at a nominal level to improve access and encourage utilization, particularly as these services were often not covered by private insurance.

A motion was made by Member Summers-Armstrong, seconded by Member Brune, and carried unanimously to accept the SNHD Clinical Sliding Fee Schedules, as presented, and recommend approval of same to the Southern Nevada District Board of Health at its meeting on March 26, 2026.

3. Receive and Discuss the SNHD Clinical Master Fee Schedule and Approve Recommendations to the Southern Nevada District Board of Health on March 26, 2026; direct staff accordingly or take other action as deemed necessary *(for possible action)*

DJ Whitaker, Chief Financial Officer, and Donna Buss, Revenue Cycle Manager, presented the proposed updates to the Clinical Master Fee Schedule.

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

Member Kirkpatrick raised concerns about rising health insurance costs and questioned whether the physician fee reports account for broader insurance cost trends. Ms. Buss explained that physician fee data was based on local zip code-level information. Member Kirkpatrick reiterated concern that fee-setting practices may be contributing to overall cost increases. Dr. Lockett explained that fees were set around the 60th percentile to balance competitiveness while avoiding the highest charges, noting the challenge of maintaining this balance as insurance costs rise. Member Summers-Armstrong emphasized that the Health District primarily serves low-income and uninsured populations and was not a primary driver of cost increases, attributing rising costs to large MCOs and market consolidation, while underscoring the importance of maintaining access to affordable care to prevent public health issues. Member Kirkpatrick clarified that she supported access efforts, but emphasized the need for broader discussions on insurance affordability. Chair Nielson reiterated that fee schedules were primarily designed for payors and insurance companies, while many patients receive reduced or no-cost services. Dr. Lockett added that revenue was driven more by payor mix and reimbursement structures than by charges alone. Ms. Buss further clarified that sliding fee adjustments were also applied to underinsured patients with high deductibles to help reduce their financial burden.

A motion was made by Member Kirkpatrick, seconded by Member Summers-Armstrong, and carried unanimously to accept the Clinical Master Free Schedule Updates, as presented, and recommend approval of same to the Southern Nevada District Board of Health at its meeting on March 26, 2026.

4. Receive and Discuss the FY2027 Budget and Approve Recommendations to the Southern Nevada District Board of Health on March 26, 2026; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker presented the FY2027 Budget, which begins on July 1, 2026 and ends on June 30, 2027, with the following:

Overview:

- Staffing for FY2027 was projected to remain the same compared to FY2026 Augmented budget of 871.4 FTE.
- General Fund revenues were projected at \$124.4M, an increase of \$1.7M from FY2026 augmented budget.
- Special Revenue Fund (Grants) decreased to \$42.5M, a decrease of \$14.0M from FY2026 augmented budget.
- General Fund expenditures were projected at \$127.4M, an increase of \$5.3M from FY2026 augmented budget.
- Special Revenue Fund (Grants) expenditures were projected at \$48.0M, a decrease of \$14.3M from FY2026 augmented budget.
- Capital Projects Fund expenditures were projected at \$2.3M, a decrease of \$1.0M from FY2026 augmented budget

Revenues – General & Grants Fund

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

Member Kirkpatrick raised concerns about the sustainability of property tax revenue, noting decline in county recordings and building permits and warning that growth has fallen below historical trends seen prior to 2007. She urged caution in budgeting and asked for clarification on the specific county account providing the revenue. Dr. Lockett acknowledged the concern and indicated he would follow up with additional information.

Expenditures – General Fund

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

Expenditures – Grant Fund

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

Ms. Whitaker further reviewed the:

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

Chair Nielson expressed concern that the Health District’s financial structure appeared to be trending in an unsustainable direction. Ms. Whitaker responded that management was currently controlling expenditures through measures such as a hiring freeze, careful position management, and contingency planning, while also monitoring uncertain funding sources like grants, which may be temporary. Chair Nielson indicated that difficult decisions may be necessary in the near future if funding levels do not stabilize, particularly as grant funding changed. Member Brune shared similar concerns about the declining fund balance and requested historical context on prior fund balance levels to better understand trends and inform proactive decision-making. Ms. Whitaker clarified that, despite reductions, the fund balance remained above the required minimum of 16.67%, though it did not yet account for potential cost-of-living or merit increases, and noted that past periods of lower balances resulted in layoffs and reductions. Member Kirkpatrick emphasized the importance of maintaining a sustainable balance while continuing to provide services, noting past efforts to stabilize finances without layoffs. She cautioned, however, that uncertainty around future funding required ongoing vigilance. Chair Nielson concluded by reiterating concern about the downward trend in fund balance as the organization transitioned from pandemic-era funding to a more normalized financial environment, emphasizing the need to closely monitor trends during upcoming negotiations. Ms. Whitaker added that declining grant funding, including the loss of COVID-related and ELC funds, was a key factor contributing to the trend, and that staffing and budget decisions were being carefully managed in response.

A motion was made by Member Kirkpatrick, seconded by Member Brune, and carried unanimously to accept the FY2027 Budget, as presented, and recommend approval of same to the Southern Nevada District Board of Health at its meeting on March 26, 2026.

5. Receive and Discuss the Financial Report, as of December 31, 2025; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Donnie (DJ) Whitaker, Chief Financial Officer, presented the Financial Report, as of December 31, 2025, related to the Revenues, Expenses, and Net Position (December 31, 2025 – Unaudited).

No action was taken.

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

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

VIII. ADJOURNMENT

The Chair adjourned the meeting at 5:01 p.m.

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