MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING
August 27, 2026 – 9:00 a.m.
Meeting was conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

MEMBERS PRESENT:	Scott Black, Chair – Mayor Pro Tem, City of North Las Vegas *(in-person)* Frank Nemec, Vice-Chair – At-Large Member, Physician *(in-person)* Nancy Brune, Secretary – Council Member, City of Las Vegas *(via Teams)* Bobbette Bond – At-Large Member, Regulated Business/Industry *(in-person)* Pattie Gallo – Mayor Pro Tem, City of Mesquite *(via Teams)* Joseph Hardy – Mayor, City of Boulder City *(via Teams)* Marilyn Kirkpatrick – Commissioner, Clark County *(in-person)* Monica Larson – Council Member, City of Henderson*(in-person)* Scott Nielson – At-Large Member, Gaming *(in-person)* Shondra Summers-Armstrong – Council Member, City of Las Vegas *(via Teams)*
ABSENT:	April Becker – Commissioner, Clark County
ALSO PRESENT: (In Audience)	Linda Anderson, Toluwanimi Babarinde, Christopher Boyd, Zach Brooksher, Maya Holmes, Scott Kerbs, Deborah Kuhls, Donna Laffey, Cameron Pfand, Maddie Proctor, Bradley Mayer, Lisa Rogge, Stacie Sasso, Todd Sklamberg
EXECUTIVE SECRETARY:	Cassius Lockett, PhD, MS, District Health Officer
LEGAL COUNSEL:	Heather Anderson-Fintak, General Counsel
STAFF:	Kevin Abbott, Malcolm Ahlo, Adriana Alvarez, Kristen Anderson, Emily Anelli, Anna Angeles, Tanja Baldwin, Tawana Bellamy, William Bendik, Todd Bleak, Danielle Bohannan, Murphy Boudreaux, Cory Burgess, Daniel Burns, Victoria Burris, Erin Buttery, Joe Cabanban, Nancy Cadena, Andria Cordovez Mulet, Lauran DiPrete, Jason Frame, Kimberly Franich, Tamara Giannini, Tina Gilliam, Xavier Gonzales, Cheri Gould, Jacques Graham, Alyssa Hall, John Hammond, Amineh Harvey, Richard Hazeltine, Raychel Holbert, Carmen Hua, Dustin Johnson, Jessica Johnson, Rebecca Johnson, Stacy Johnson, Christina Joshua, Horng-Yuan Kan, Micah King, Bob Kingston, Nami Kremer, Theresa Ladd, Kit Lam, Dann Limuel Lat, Annie Lin, Sandy Luckett, Cassondra Major, Jonas Maratita, Blanca Martinez, Roni Mauro, Meily, Marco Mendez, Kimberly Monahan, Corey Morrison, Todd Nicolson, Brian Northam, Veralynn Orewyler, Laura Palmer, Kyle Parkson, Neleida Pelaez, Kaylina Penksa, Shannon Pickering, Luann Province, Vivek Raman, Emma Rodriguez, Larry Rogers, Alexis Romero, Jacqueline Rombero, Chris Saxton, Dave Sheehan, Cameron Smelcer, Randy Smith, Betty Souza-Lui, Ronny Soy, Ronique Tatum-Penegar, Candyce Taylor, Greg Tordjman, Renee Trujillo, Jorge Viote, Donnie Whitaker, Tiana Wright, Edward Wynder, Merylyn Yegon, Susan Zannis, Lei Zhang

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:02 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

Ms. Cordovez Mulet administered the Oath of Office to Chair Black and Vice-Chair Nemec.

IV. RECOGNITIONS

1. Southern Nevada Community Health Center

- 2026 HRSA Community Health Quality Recognition (CHQR) Badges – (i) Improving Health Care Access, and (ii) Advancing Health Information Technology (HIT) for Quality

The Chair recognized the Southern Nevada Community Health Center, our Federally Qualified Health Center (FQHC), for being awarded two Community Health Quality Recognition Badges by HRSA - (1) Improving Health Care Access, and (2) Advancing Health Information Technology (HIT) for Quality. These badges recognize awardees that have made notable achievements in the areas of access, health information technology, and social risk factors screening using Uniform Data System data from the most recent reporting period. Many thanks to the staff of the Community Health Center for your steadfast commitment to providing quality primary health care services to our community. On behalf of the Board of Health, the Chair congratulated staff on these well-deserved awards.

2. Southern Nevada Health District – August Employee of the Month

- Alyssa Hall

The Chair recognized the August Employees of the Month. The Health District, and the Board of Health, recognize those employees that go above and beyond for the Health District and our community and best represented the Health District's C.A.R.E.S. Values. On behalf of the Board of Health, the Chair congratulated the employee on this recognition.

V. FIRST PUBLIC COMMENT

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.

Dr. Deborah Kuhls, Chief of Trauma at University Medical Center (UMC), Professor of Surgery at the Kirk Kerkorian School of Medicine at UNLV, and Chair of the Regional Trauma Advisory Board, addressed the Board of Health regarding the agenda item concerning trauma catchment areas. She stated that the Regional Trauma Advisory Board (RTAB) and the Trauma Medical Audit Committee (TMAC) had not discussed the topic and expressed concern that changes to catchment areas could negatively affect trauma care, physician training in Nevada, and the military-civilian training partnership involving the U.S. Air Force. Dr. Kuhls also referenced

previous statements made in 2025 indicating there were no plans to seek changes to catchment areas and asked who had requested that the catchment areas be altered.

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

VI. ADOPTION OF THE AUGUST 27, 2026 MEETING AGENDA *(for possible action)*

A motion was made by Member Nielson, seconded by Member Nemec, and carried unanimously to approve the August 27, 2026 Agenda, as presented.

VII. 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:** July 23, 2026 *(for possible action)*

A motion was made by Member Nielson, seconded by Member Kirkpatrick, and carried unanimously to approve the August 27, 2026 Consent Agenda, as presented.

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

There were no items heard.

IX. REPORT / DISCUSSION / ACTION

1. **Receive, Discuss and Approve the Southern Nevada District Board of Health Committee Membership**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   The Board of Health was provided with a summary of the Committee Participation Interest Forms received and the current composition of the committees.

   Member Marilyn Kirkpatrick expressed concern about recurring committee quorum issues, noting that several matters had recently been advanced directly to the Board of Health because committees were unable to meet. She emphasized the importance of committee members fulfilling their commitments and questioned the effectiveness of maintaining committees that consistently fail to achieve quorum. Member Kirkpatrick asked about the process for dissolving committees if participation remains insufficient and suggested the issue should be addressed if the trend continues.

The Chair emphasized that both standing and ad hoc committees are intended to conduct detailed review of specific issues and provide meaningful recommendations to the Board of Health. He noted that fulfilling this purpose requires active participation and commitment from committee members. The Chair highlighted the Finance Committee as one of the most critical meeting committees and stated that virtual attendance options are available to help members participate and maintain quorum.

A motion was made by Member Kirkpatrick, seconded by Member Nielson, and carried unanimously to approve the composition of the Southern Nevada District Board of Health committees as follows:

At-Large Member Selection Committee (Term 2026-2028)	DHO Annual Review Committee	DHO Succession & Planning Committee (inactive)	Finance Committee	Nomination of Officers Committee
S. Black B. Bond N. Brune F. Nemec	S. Black N. Brune J. Hardy S. Neilson	S. Black B. Bond J. Hardy F. Nemec	S. Black B. Bond N. Brune M. Kirkpatrick S. Nielson S. Summers-Armstrong	B. Bond N. Brune M. Kirkpatrick S. Nielson

Member Hardy joined the meeting at 9:21 a.m.

2. **Receive and Discuss the Southern Nevada Public Health Laboratory (SNPHL) Expansion Budget and Approve Recommendations to the Southern Nevada District Board of Health on August 27, 2026**
   a. **Review and Approve PETITION #32-26: Approval of the Agreement between the Southern Nevada Health District and the Whiting-Turner Construction Company for completing construction of the new BSL-3 building of the public health laboratory located at 700 S. Martin Luther King Blvd. with the understanding that amendments will be forthcoming;**

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

As the Finance Committee Chair, Member Nielson reported that the Finance Committee conducted an extensive review of the proposed laboratory expansion, including the project's scope, space needs, budget, and financing options. He stated that the committee recommended approval of the proposal but believed the project was significant enough to warrant a presentation to the Board of Health. The presentation was requested to ensure all Board members understood the project parameters and the Health District's financial position before making a final commitment.

Bob Kingston, Chief Facilities Officer, provided an update on the Southern Nevada Public Health Laboratory Biosafety Level 3 (BSL-3) expansion project, noting that the project is intended to enhance the laboratory's current and future capabilities. He stated that the update was a follow-up to the presentation given at the May Board of Health meeting and would cover three areas: the status of facility design and construction, the purpose and future capabilities of the laboratory expansion, and the project's financial management plan. Mr. Kingston proceeded with a high-level project overview.

Member Nielson inquired as to the proposed construction cost of approximately $1,555 per square foot. Mr. Kingston explained that the elevated cost was largely driven by the specialized HVAC and mechanical systems required for a BSL-3 laboratory. The CDC recommends specialized ventilation systems designed to maintain negative pressure and directional inward airflow, ensuring that air flows from clean areas into laboratory spaces that potentially contaminated exhaust air is not recirculated to other occupied areas. These systems must operate continuously to maintain required containment conditions and environmental stability. The generally recommended operating temperature range is between 68 and 75 degrees Fahrenheit for occupant comfort and equipment stability. Dr. Horng-Yuan Kan, Laboratory Director, added that the facility must also incorporate specialized security features, negative-pressure air controls, and dual HEPA filtration systems to ensure contaminants are not released into the environment, all of which contribute to higher construction costs. Member Hardy inquired how the new facility would address poor outdoor air quality, such as smoke events. Mr. Kingston responded that the laboratory's advanced filtration systems are designed to remove particulate matter from incoming outside air, helping maintain a safe indoor environment.

Member Kirkpatrick expressed concern about the overall project cost and asked whether the proposed BSL-3 laboratory was comparable in cost to similar facilities recently constructed in the community, including a nearby UNLV laboratory. She also emphasized the importance of keeping the CMAR project on time and within budget and noted concerns regarding the project's evolution from a proposed building addition to a standalone facility. Mr. Kingston explained that, following the May Board of Health meeting, staff consulted with Whiting-Turner Construction Company, which is also constructing the UNLV laboratory. He noted that while both projects include BSL-3 laboratory components, the UNLV facility contains a significant amount of lower-cost administrative space. As a result, comparing overall cost per square foot can be misleading because it averages specialized laboratory areas with less expensive office space. Mr. Kingston stated that the project team evaluated cost data with Whiting-Turner and confirmed that the proposed project costs were consistent with subcontractor bids and comparable to similar specialized laboratory construction.

Dr. Kan outlined the need for the new facility and William Bendik, Laboratory Manager, highlighted some of the testing that was currently processed in the laboratory and outlined the provisions for future growth.

Member Kirkpatrick emphasized the need for clear communication regarding the project scope and long-term plans, noting concerns that the project had evolved from what she understood to be an expansion of the existing laboratory into the construction of an entirely new facility. She asked how the current BSL-3 laboratory space would be utilized once the new building is operational. Mr. Bendik explained that the existing laboratory was aging, has been cited during Select Agent Program inspections for facility deficiencies, and has limited capacity for additional equipment. He stated that several future uses were being considered, including retaining the space for training purposes, supporting testing of infectious agents requiring negative air pressure, repurposing it as a BSL-2 laboratory, or decommissioning it, depending on future operational decisions. Member Kirkpatrick expressed concern about preserving the value of the existing asset and suggested consideration of revenue-generating uses rather than allowing the space to become an ongoing maintenance liability. Dr. Kan added that the existing laboratory could potentially support future BioWatch program operations, including sample processing and molecular testing activities if those functions

returned to the Health District. Member Kirkpatrick reiterated the importance of documenting the Board of Health's expectations and establishing a clear long-term plan for both the new and existing facilities to avoid future costs associated with maintaining aging infrastructure.

Member Summers-Armstrong inquired whether similar BSL-3 laboratories exist elsewhere in Nevada and how the proposed facility's cost compares to those facilities. Dr. Kan explained that the State Public Health Laboratory in Northern Nevada operates a BSL-3 laboratory; however, the Clark County laboratory was originally established with CDC support to provide local bioterrorism response capabilities within Southern Nevada. Member Kirkpatrick noted that substantial state funding had been directed toward the laboratory facility in Northern Nevada and questioned how the current project scope had evolved, particularly given the construction of another BSL-3 facility nearby. Dr. Kan responded that academic BSL-3 laboratories differ significantly from public health BSL-3 laboratories, explaining that the Health District's facility was designed to support bioterrorism preparedness and public health response rather than academic research.

Dr. Lockett further explained that the Health District's BSL-3 laboratory was uniquely tied to the CDC Select Agent Program and the national Laboratory Response Network. He stated that maintaining this designation allows the laboratory to perform specialized testing for high-consequence pathogens, including anthrax, botulism, plague, tularemia, and certain viral hemorrhagic fevers, and ensures priority access to testing reagents and national response resources. He noted that the existing laboratory has been cited for aging infrastructure and limited space, prompting the need for replacement. Dr. Lockett emphasized that the new facility would significantly expand operational capacity while ensuring continued compliance with federal requirements.

Member Summers-Armstrong acknowledged concerns regarding project costs and scope changes but noted that comparable laboratory investments elsewhere in Nevada have required substantial public funding. She stressed the importance of controlling costs and delivering the project at the best possible value while ensuring the community remains prepared for future public health emergencies.

Member Brune asked about the anticipated timeline for occupying the new facility and requested that future plans for the existing laboratory space be brought back to the Board of Health for discussion and input before final decisions are made. Mr. Kingston stated that construction is expected to be completed in January 2028, followed by approximately 30 to 60 days of final operational preparations, with full laboratory operations anticipated by April 2028.

Member Hardy inquired about funding sources and the potential economic development benefits associated with the facility. He suggested that the laboratory could serve as an asset in attracting medical, biotechnology, and related industries to the region by enhancing public health and security infrastructure. Mr. Kingston indicated that additional information regarding project funding would be presented during the financial discussion and reiterated the anticipated timeline for occupancy and operation of the new laboratory.

Member Summers-Armstrong left the meeting at 9:49 a.m. and did not return.

Member Nielson noted references in the project materials to a potential tenant build-out and requested that any proposals regarding future tenants or build-out opportunities be brought back to the Board of Health for review before decisions are made. He stated that the Board of Health should have an opportunity to evaluate whether any proposed tenant aligns with the Health District's mission and whether the arrangement would be financially beneficial. Member Kirkpatrick asked that when staff returns to discuss any potential tenant build-outs, they also present a comprehensive plan for the future use of the existing laboratory space so the Board of Health can consider both matters together and ensure long-term operational and financial planning is clearly defined.

DJ Whitaker, Chief Financial Officer, presented information on potential funding sources identified to cover the remaining estimated project costs, noting that staff had identified resources to address the approximately $21.3 million remaining within the project's maximum not-to-exceed budget. During the discussion, Member Kirkpatrick expressed concern with referring to the project as a "lab expansion," stating that the project is the construction of a new laboratory building rather than an expansion of the existing facility. She emphasized that meeting materials and discussions should accurately characterize the project as a new building to ensure clarity and transparency in the public record.

Chair Black left the meeting at 9:59 a.m. and did not return.

Member Kirkpatrick referenced the Health District's previous facility acquisition and questioned whether the external auditors had been consulted regarding the potential use of long-standing reserve funds for the laboratory project. She expressed concern that spending down a fund that has remained on the books for many years could attract auditor scrutiny and suggested that, once its intended purpose has been fulfilled, the fund should be formally closed rather than maintained indefinitely. Ms. Whitaker responded that auditors would likely not be concerned provided the Board of Health formally authorizes the expenditure, noting that similar actions were taken in the past. She explained that the fund is currently labeled as a bond reserve fund, despite the Health District not having bonds. Ms. Whitaker stated that the fund's purpose and structure may need to be revisited in the future. Member Kirkpatrick reiterated her preference for closing the fund once its purpose has been satisfied and returning any remaining resources to broader capital planning efforts rather than maintaining an open reserve account. Dr. Lockett agreed that the fund's long existence could create the perception of an unused reserve and explained that it had originally been intended for future capital asset needs. He stated that staff would work to clarify the fund's purpose and evaluate how best to incorporate it into the Health District's capital funding structure moving forward. Ms. Whitaker further reported that staff had consulted with the State regarding budget augmentation requirements and was advised that a future budget augmentation would be necessary to formally authorize expenditures associated with the project.

Dr. Lockett explained that the projected $13 million deficit for Fiscal Year 2027 reflects the Health District's required budgeting methodology under Nevada law, which requires full appropriation of anticipated expenditures regardless of whether all expenditures ultimately occur. He noted that historical financial performance over the past three years has consistently shown revenues meeting expectations while actual expenditures have come in below budgeted amounts, resulting in annual surpluses. Dr. Lockett emphasized that the projected deficit represents a budgeting requirement rather than an expectation of actual financial results and that historical trends suggest expenditures are unlikely to reach the full appropriated amount.

Member Nielson sought confirmation that, based on staff's budget assumptions and financial projections, allocating $11.07 million from the general fund would not jeopardize the Health District's financial stability or its ability to meet Board of Health obligations. Ms. Whitaker confirmed that, even with the proposed allocation, the Health District is expected to maintain sufficient ending fund balances to meet its operational and financial requirements.

Member Kirkpatrick expressed concerns regarding the long-term financial implications of the laboratory project and sought clarification on costs beyond construction, including furniture, fixtures, equipment, staffing, and future operational needs. She noted that while the Board of Health had discussed the projected Fiscal Year 2028 financial challenges, it remained unclear whether all equipment and operational requirements had been fully accounted for. Member Kirkpatrick emphasized the importance of understanding all potential future costs and stated that she did not support returning for additional funding requests after project completion. Mr. Kingston responded that the furniture, fixtures, and equipment (FF&E) required for the laboratory have already been identified and procured. He explained that the items are currently being stored and were purchased earlier to meet applicable spending deadlines. Addressing concerns about exclusions listed in the construction contract, Mr. Kingston clarified that many items were excluded from the contractor's scope because the Health District had separately planned and funded those purchases. He further stated that equipment purchases were funded through previously allocated project funding, including approximately $445,000 from SB118 funds for equipment. Member Kirkpatrick requested confirmation that all necessary furnishings and laboratory equipment had been included and asked whether additional funding requests could be anticipated in the future. Mr. Kingston stated that the FF&E purchases include items such as laboratory equipment, autoclaves, furniture, fixtures, and related operational components needed to occupy the new facility. Mr. Bendik addressed questions regarding future staffing needs and explained that the laboratory workforce has grown significantly since the pandemic, increasing from approximately 12 to 40 full-time employees. He stated that the current staffing structure provides sufficient capacity to support most existing laboratory operations, and while some additional positions may be needed in the future for new programs, such as BioWatch or expanded testing activities, he does not anticipate growth on the scale experienced during the pandemic. Mr. Bendik emphasized that the new facility is primarily intended to support and enhance the work already being performed by existing staff. Vice-Chair Nemec asked about ongoing costs for supplies and reagents. Mr. Bendik explained that many laboratory operations, testing supplies, reagents, and related equipment are supported through federal and state grant programs, including public health and laboratory-specific funding sources. He noted that future program expansions would likely be accompanied by corresponding grant funding and that many operational costs are currently supported through a combination of grants dedicated to laboratory services. Member Kirkpatrick reiterated the importance of maintaining fiscal discipline and avoiding future requests for additional project-related funding beyond what is currently being proposed.

A motion was made by Member Kirkpatrick, seconded by Member Larson, and carried unanimously to approve the recommendation from the Finance Committee to build a 12,800 SF two story expansion of the Southern Nevada Public Health Laboratory, with an authorized total estimated project cost, not to exceed $21.3M, and Petition #32-26 Approval of the Agreement between the Southern Nevada Health District and the Whiting-Turner Construction Company for completing construction of the new BSL-3 building of the public health laboratory located at 700 S. Martin Luther King Blvd., with the following conditions:

1. *Provide regular project updates to both the Board of Health and the Finance Committee on the status of the project.*
2. *Provide a plan for the use of the existing laboratory space before any decisions are finalized.*
3. *Provide a plan for any potential lease or use of future tenant space before committing to a course of action.*
4. *Provide a written list of project costs and items not covered by the $21.3 million budget, identifying any potential future financial obligations or unfunded components of the project.*

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

Member Kirkpatrick recognized Health District staff for their participation in the County's Overdose Awareness Day event. She stated that the Health District played an important role in educating community members about overdose prevention and awareness.

Member Kirkpatrick shared that Dr. Lawrence Weekly had requested outreach regarding youth vaping at a local middle school, citing concerns about vaping within the community. She noted that her staff had begun coordinating with the appropriate contacts and invited Member Summars-Armstrong to participate, given that the school is located within her district.

Member Larson requested that a future agenda include discussion of the Siena Campus/St. Rose Dignity Health application for Level II Trauma Center designation. She noted that TMAC and RTAB had made differing recommendations and expressed interest in understanding staff's position and whether the matter would ultimately come before the Board of Health. She also emphasized the need for trauma services in Henderson, citing the city's growth and the importance of timely access to trauma care. Member Bond stated her understanding that RTAB had previously sought to postpone consideration of additional trauma center designations while litigation involving Sunrise Hospital remains unresolved. She requested clarification regarding the process and emphasized the importance of understanding the trauma system, catchment areas, and the contents of the annual trauma report before further discussions regarding trauma center designations. Heather Anderson-Fintak, General Counsel, clarified that RTAB's action was to decline further consideration of the application at the committee level, rather than to prevent it from coming before the Board of Health. She explained that under the applicable regulations, RTAB and TMAC provide recommendations, while the Board of Health serves as the final decision-making authority. Member Kirkpatrick noted that her recollection of the RTAB discussion differed and requested an offline discussion to clarify the matter, stating that she preferred agenda items to be fully prepared before being presented to the Board of Health. Member Hardy raised questions regarding ambulance transport protocols and trauma center designations, asking whether emergency medical services are required to transport trauma patients only to designated trauma centers or whether patients may be taken to other facilities capable of providing trauma care. Vice-Chair Nemec indicated that the issue would be more appropriately discussed at a future meeting. Member Hardy requested that the topic be placed on a future agenda. Member Bond additionally requested an overview presentation on the new trauma system report for a future Board of Health meeting.

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

- DHO Comments

  Dr. Lockett submitted his written report.

- Legislative Update

  Emma Rodriguez, Communications and Legislative Affairs Administrator, and Bradley Mayer, Argentum Partners, provided a brief legislative update.

  Member Kirkpatrick expressed concern that tobacco use continues to receive significant attention despite emerging public health issues, particularly youth vaping and the use of synthetic substances. She emphasized the need to focus on current health challenges affecting younger populations and questioned whether existing tobacco-related strategies have achieved their intended outcomes. In response, Ms. Rodriguez clarified that the proposal under discussion specifically addressed revising taxes on other tobacco products, including vaping products.

  Member Kirkpatrick inquired about legislation being advanced by the Patient Protection Commission related to prenatal and maternal health issues. Ms. Rodriguez confirmed that staff are tracking those measures and other maternal health bills under consideration. Member Kirkpatrick noted that several of the proposed bills have the potential to significantly improve health outcomes and save lives and suggested that the Board of Health receive updates on these legislative efforts.

  Member Bond noted that the Board of Health had previously maintained a legislative subcommittee and suggested it be reconstituted and for the Board of Health to receive updates on the items being tracked.

  Member Bond emphasized the importance of the Health District engaging with state legislators to provide education on complex public health and healthcare issues. She noted that legislative turnover has reduced institutional knowledge and encouraged the Health District to seek opportunities to present information and expertise before legislative committees. Member Bond stated that increased engagement with policymakers would help improve understanding of public health priorities and support informed decision-making.

- Overview of Catchment Areas

  Dr. Lockett advised that a presentation on the annual trauma report is scheduled for the September Board of Health meeting.

  Stacy Johnson, Regional Trauma Coordinator, and Lei Zhang, Public Health Informatics Manager, provided an overview of the catchment areas.

  Member Kirkpatrick requested access to the full presentation materials, stating that additional details would help her better understand and engage with the issues discussed. She reiterated her longstanding position that the Board of Health should be formally notified of proposed trauma catchment area changes and suggested adding a provision to the

regulations requiring such matters to be presented to the Board of Health before final action. Member Kirkpatrick referenced previous changes associated with trauma center designations and emphasized the importance of Board of Health awareness given the operational and regional impacts on emergency medical services and transportation agreements.

Member Bond thanked staff for presenting information on trauma catchment areas, noting that it helped educate Board members who may be less familiar with the trauma system. She expressed support for requiring the Board of Health review and approve any future catchment area changes and emphasized the importance of understanding the basis for such decisions. Member Bond also referenced prior RTAB actions relating to the St. Rose Siena Level II Trauma Center application and expressed concern about considering new trauma center designations while litigation involving the trauma system remains unresolved. She stated that any future consideration of the matter should include Board of Health discussion in advance and reiterated her interest in pursuing additional oversight of trauma catchment area decisions.

Member Larson stated that she supports the Board of Health having final approval authority over trauma catchment area decisions. She emphasized the importance of adhering to established processes and expressed concern that failing to follow those processes could increase the risk of future litigation and undermine confidence in the trauma system.

Member Hardy stated that he did not believe consideration of trauma system matters should be delayed indefinitely pending resolution of ongoing litigation, noting that litigation timelines can be unpredictable. He emphasized the importance of maintaining flexibility within the trauma system to ensure timely patient access to appropriate care and suggested that catchment areas and trauma capabilities should be evaluated and adjusted through a methodical process based on patient needs, travel times, and system performance.

A request was made for all Board members to receive a copy of the presentation.

XII. INFORMATIONAL ITEMS

1. Administration Division Monthly Activity Report
2. Community Health Division Monthly Activity Report
3. Community Health Center (FQHC) Division Monthly Report
4. Disease Surveillance and Control Division Monthly Activity Report
5. Environmental Health Division Monthly Activity Report
6. Public Health & Preventive Care Division Monthly Activity Report

XIII. 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 Vice-Chair closed the Second Public Comment portion.

XIV. ADJOURNMENT

The Vice-Chair adjourned the meeting at 11:16 a.m.

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