



MINUTES

**Southern Nevada District Board of Health Meeting
February 20, 2020 – 9:00 a.m.
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Conference Room A and B**

**BOARD:
(Present)** Scott Black – Chair, Mayor Pro Tempore, City of North Las Vegas
James Adams – Council Member, City of Boulder City
Olivia Diaz – Council Member, City of Las Vegas (*arrived 9:17 a.m.*)
Marilyn Kirkpatrick – Vice Chair, Commissioner, Clark County
Brian Knudsen – Council Member, City of Las Vegas
Scott Nielson – At-Large Member, Gaming
Tick Segerblom – Commissioner, Clark County (*arrived 9:50 a.m.*)
Dan Stewart – Council Member, City of Henderson
Brian Wursten – Council Member, City of Mesquite

(Absent): Nicole Brisson – At-Large Member, Regulated Business/Industry
Frank Nemecek – At-Large Member, Physician

**ALSO PRESENT:
(In Audience)** None

LEGAL COUNSEL: Annette Bradley, General Counsel

**EXECUTIVE
SECRETARY:** Fermin Leguen, MD, MPH, Acting Chief Health Officer

STAFF: Heather Anderson-Fintak, Ernest Blazzard, Michelle Cintron, Andrea Green, Amy Hagan, Michael Johnson, Joann Rupiper, Christopher Saxton, Jennifer Sizemore, Leo Vega

I. CALL TO ORDER

Chair Black called the Southern Nevada District Board of Health meeting to order at 9:04 a.m.

II. PLEDGE OF ALLEGIANCE

III. PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker's podium, clearly state your name and address, and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

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

IV. ADOPTION OF THE February 20, 2020 AGENDA (for possible action)

A motion was made by Member Stewart seconded by Member Knudsen and carried unanimously to approve the February 20, 2020 Agenda as presented.

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

1. **APPROVE MINUTES/BOARD OF HEALTH MEETING:** January 23, 2020 (*for possible action*)
2. **PETITION #29-20: Approval of Interlocal Service Agreement C2000084 between the Southern Nevada Health District (SNHD) and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to Collaborate on the Abstraction of Overdose Data through the State Unintentional Drug Overdose Reporting System (SUDORS);** direct staff accordingly or take other action as deemed necessary (*for possible action*)
3. **PETITION #30-20: Approval of Interlocal Service Agreement C2000089 between the Southern Nevada Health District (SNHD) and CCOCME to Collaborate on the Abstraction of Violent Death Data for Entry into the National Violent Death Reporting System;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
4. **PETITION #33-20: Approval of Agreement between the Southern Nevada Health District and Maxim Healthcare Services Inc. dba Maxim Staffing Solutions;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
5. **PETITION #35-20: Approval of Interlocal Agreement C2000049 between Nevada Division of Public and Behavioral Health (DPBH) and the Southern Nevada Health District to allow DPBH to Receive Trauma Field Triage Criteria Data;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

A motion was made by Member Nielson to update the January 23 Meeting Minutes and mark him as attending in person, not by phone, at the January meeting, seconded by Member Knudsen and carried unanimously to approve the February 20, 2020 Consent Agenda with the modification as noted.

- VI. **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 to be heard.

VII. **REPORT / DISCUSSION / ACTION**

1. **Petition #34-20: Approval of Revision to Southern Nevada Health District Clinical Services and Lab Fee Schedule;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ernest Blazzard, Chief Financial Officer, and Alfred McGugin, FQHC Operations Officer, presented the revision to the Southern Nevada Health District Clinical Services and Lab Fee Schedule. Mr. Blazzard reported the fee increases were being presented as a way to capture costs to maintain the validity of the services being offered by the Health District. **(Attachment 1)**

Member Diaz arrived the meeting at 9:17 a.m.

Member Kirkpatrick inquired about the Collection Policy. Dr. Leguen clarified patients are not being sent to a collection agency. He added uninsured patients are adjusted with a sliding fee scale based on federal poverty guidelines and HRSA recommendations. Individuals under the 200% federal poverty level are placed on the sliding fee scale.

Chair Black inquired if there is a regulatory mandate to review the fee schedule on a certain frequency and update. Mr. McGugin responded it is at the discretion of Board to adopt a new fee schedule, and the best practice is to review it annually.

As discussion continued, Chair Black commented there is the cost paid at the time of service, which is a fixed cost as a goal to recover costs incurred; and the second is the sliding fee schedule which is based on economic status. Mr. McGugin recommended updating the language from sliding fee schedule to sliding fee discount program.

Member Diaz questioned what is driving up the cost of services, adding there are patients who are likely experiencing challenges with their current healthcare costs. She expressed concern with the new fees and why they have to be issued. Mr. McGugin noted insured patients have an attached fee schedule and this allows for negotiation with commercial insurance providers. He furthered uninsured and underinsured patients would not be responsible to pay the proposed fees.

Member Nielson inquired how this information would be communicated to patients as they may be discouraged by the costs and inability to pay, and how would the patient be made aware a sliding scale exists. Mr. McGugin noted this information is advertised throughout the clinic. He added the quality of care and services is promoted, not the cost for services. Last, patients are seen regardless of their ability to pay for services.

Member Knudsen expressed interest in the breakdown of the patients by status. Mr. McGugin remarked there are approximately 1/3 in each category: 1) publicly insured, 2) no insurance and 3) under-insured.

Chair Black remarked there are several key components for the FQHC, and he questioned whether the dental is a required service. Mr. McGugin noted dental services was listed as a scope of service during the application process but not a required one. He commented the level of services being provided are at the preventative level, and partnerships are being developed in the community to handle more complicated services.

Joann Rupiper, Director of Clinical Services added the dental program started with preventative care. She added now there's a move towards restorations, so patients do not need to be referred out as there are waiting lists for uninsured and Medicaid patients. She added there is no conflict with private industry or community partners like UNLV Dental School.

Member Segerblom arrived the meeting at 9:50 a.m.

A motion was made by Member Knudsen seconded by Nielson to approve the fee schedule. The motion did not pass by a vote of 5-4.

 Nays
1. James Adams
2. Olivia Diaz
3. Marilyn Kirkpatrick
4. Dan Stewart
5. Brian Wursten

 Yays
1. Scott Black
2. Brian Knudsen
3. Scott Nielson
4. Tick Segerblom

Chair Black requested the fee schedule be revisited with the Board within the next two meetings. He recommended developing a report with side by side analysis and highlighting those services which would bring the FQHC into compliance with HRSA.

2. **Petition #36-20: Approval of Professional Executive Search Consulting Services Agreement between Southern Nevada Health District and Korn Ferry**; direct staff accordingly or take other action as deemed necessary **(for possible action)**

Amy Hagan, Director of Human Resources and Organizational Development, presented an update on the professional executive search agreement with Korn Ferry and noted the offer of the hybrid approach was accepted. The plan includes: 1) brochure recruitment and advertising of the position; 2) selection of three to five vetted candidates; 3) assistance with town hall meetings; and 4) personality testing.

A motion was made by Member Stewart seconded by Member Diaz and carried unanimously to receive the report as presented to the Board.

3. **Receive Southern Nevada Trauma System Report**; direct staff accordingly or take other action as deemed necessary **(for possible action)**

Chad Kingsley, EMS and Trauma System (EMSTS) Coordinator, presented the Trauma System Report. He noted the Nevada State Division Department of Public and Behavioral Health is drafting procedures to define the authorization of trauma center designation following changes to the 2019 NRS. The State will maintain the current language in NAC 450B and publish the procedure for authorization and designation of trauma centers. The EMSTS will then be able draft trauma regulations to be approved by the Board of Health.

The EMSTS Office and Informatics program are compiling trauma data to begin drafting the Clark County Trauma Report. It's a five-year data driven perspective and trauma system narrative for information and educational purposes, which will be brought to the Board of Health for yearly overview.

Dr. Kingsley provided an update on out of area trauma transports noting a 5% threshold. Project Neon had affected out of area transports and had been the principle cause for the increase to 9%. Upon review of the Regional Trauma Advisory Board, it was determined EMS agencies are performing optimally. The out of area transports will continue to be reviewed to understand the geographic needs and challenges faced by the trauma system.

A motion was made by Member Kirkpatrick seconded by Member Diaz and carried unanimously to accept the Southern Nevada Trauma System Report.

- VIII. **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 Knudsen commented about an article in the newspaper regarding the Alpine Fire in Downtown Las Vegas. The report noted health inspections are being conducted in similar type properties, and he would like to see the communication between the City and Health District bolstered, especially when there is an inspection completed and there is information relative to putting life or property in danger. Chris Saxton, Director of Environmental Health, responded the division is communicating with the different jurisdictions and will look into this further.

Member Kirkpatrick thanked staff for their great communication during the onset of Coronavirus. She reported she and Chair Black met with Anthem Blue Shield and there is an expressed interest to partner with the Health District for activities.

Member Diaz inquired whether the Health District looks at the health aspects of shelters and if there is something in place currently to monitor health standards at shelters. Mr. Saxton noted inspections occur in those places the Health District permits.

IX. HEALTH OFFICER & STAFF REPORTS (Information Only)

- CHO Comments
 - Dr. Leguen reported an update on the influenza season, noting there are more than 1,000 patients admitted to the hospital and 24 influenza-related deaths.
 - Dr. Vit Kraushaar, Medical Investigator, and Kimberly Hertin, Disease Surveillance Supervisor, Office of Epidemiology and Disease Surveillance presented on COVID-19. It was first detected in Wuhan, China, and spread to different parts of the world. CDC reported fifteen confirmed cases. The Health District has activated Incident Command System and the Health Alert Network is being utilized for daily communication to the community medical providers. Upon the CDC designation, the Health District will be able to test within the next few weeks.
(Attachment 2)

Knudsen left meeting at 10:35 a.m. and returned at 10:37 a.m.

X. INFORMATIONAL ITEMS

1. Administration Monthly Activity Report
2. Clinical Services Monthly Activity Report
3. Community Health Monthly Activity Report
4. Environmental Health Monthly Activity Report

- XI. PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker's podium, clearly state your name and address, and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

Seeing none, Chair Black closed this portion of the meeting.

XIII. ADJOURNMENT

The Chair adjourned the meeting at 10:41 a.m.

Fermin Leguen, MD, MPH
Acting Chief Health Officer/Executive Secretary

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