

DEPARTMENT OF HEALTH AND HUMAN SERVICES





Administrator

Ihsan Azzam,
Ph.D., M.D.

Chief Medical

Officer

Cody Phinney, MPH

STATE BOARD OF HEALTH with the DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) MEETING MINUTES June 6th, 2025 9:00 AM to Adjournment

Meeting Locations:

This meeting was held in two physical locations, as well as virtually via Microsoft Teams and by phone.

Physical Locations:

Southern Nevada Health District (SNHD)

Red Rock Trail Rooms A and B

280 S. Decatur Boulevard; Las Vegas, Nevada 89107

Nevada Division of Public and Behavioral Health (DPBH)

Hearing Room No. 303, 3rd Floor

4150 Technology Way; Carson City, Nevada 89706

Virtual Information:

https://teams.microsoft.com/l/meetup-

join/19%3ameeting_OWQzYjU1Y2UtZmU4OC00MWM2LTk2NmMtZGMyNjhiMzI5MTk2%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-

1544d2703980%22%2c%22Oid%22%3a%22768e443d-3be6-48f0-9bb0-7e72f1276b8d%22%7d

Phone Conference Number: +1-775-321-6111

Phone Conference ID: 233 211 116#

1. CALL TO ORDER/ROLL CALL

Board Members Present:

- Dr. Jon Pennell D.V.M, Chair
- Dr. Jeffery Murawsky M.D.
- Dr. Monica Ponce D.D.S
- Mr. Charles Smith
- Mr. Nathan Cartwright
- Ms. Jennifer Belza-Vinuya

Quorum was present.

Members Absent:

• All members were present

Others in Attendance:

Cody Phinney (*DPBH*); Dena Schmidt (*ADSD-DPBH*); Dr. Ihsan Azzam (*DPBH*); Courtney Leverty (*DAC*); Kelli Knutzon (*DPBH*); Faythe Baltisberger (*DPBH*); Tawana Bellamy (*SNHD*); Elyse Monroy-Marsala (*Carson City*); Janice Hadlock-Burnett (*DPBH*); Shannon Ernst (*External*); Kevin Haywood (*DPBH*); Michael Kupper (*DPBH*); John Follette (*DPBH*); Tedd McDonald, MD (*CNHD*); Erin Dixon (*NNPH*); Rachel Hickman (*External*); Mark Bursztyn (*External*); Jen Thompson (*DHHS*); Dr. Cassius Lockett, Ph.D (*SNHD*); Cade Grogan (*External*); Colleen Lyons, MD (*CCHD*); Ronna Dillinger (*DPBH*); Tristen Griffith-Smith (*External*); Ben Levin (*External*); Lisa Petrusky (*External*); Linda Anderson (*NPHF*); Corey Creveling (*DPBH*); Steve Messinger (*External*); Sabrina Schnur (*External*); Donna Laffey (*External*); Drew Cross (*DPBH*); Paul Schubert (*DPBH*); Jimmy Lau (*External*); Brooke Maylath (*DPBH*); Bill Gorman (*DPBH*); Kyle Devine (*DPBH*); Krisann Taylor (*DHCFP*); Donna Laffey (*External*); Richard Perkins (*External*); Rashmi Singh (*External*); Steve Gerleman (*DPBH*); Jeanne Freeman (*CCHHS*); Bobbie Sullivan (*DPBH*); Jesse Wellman (*DHHS*)

2. GENERAL PUBLIC COMMENT:

Chair opened the floor for public comment; No comments were heard at this time.

3. <u>ACTION ITEM</u>: DISCUSSION AND POSSIBLE APPROVAL OF MEETING MINUTES FROM MARCH 7TH, 2025.

Chair Pennell asked for any comments or corrections from board members; Ms. Jennifer Belza-Vinuya requested a correction, stating the meeting minutes had her marked absent when she was, in fact, in attendance.

Chair then asked for a motion.

MOTION: Dr. Murawsky made a motion for approval.

SECONDED: The motion was seconded by Mr. Smith

PASSED: Passed unanimously.

4. <u>INFORMATION/DISCUSSION ONLY:</u> PRESENTATIONS OF QUARTERLY COUNTY AND DISTRICT HEALTH REPORTS

Carson City Health District

The report can be found here:

 $\frac{https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Boards/BOH/Meetings/2025/6.6.25\%20CCHHS\%20}{BOH_2025\%20Q1\%20Report.pdf}$

A verbal report was presented by Ms. Jeannie Freeman, who assumed the role as CCHD director on May 30th, along with a written report attached in meeting packet. Points that were highlighted include:

a) Leadership Change:

Jeannie Freeman assumed the director role on May 30, following Nikki Eaker's retirement on May 29.

b) Back-to-School Vaccination:

Planning is underway for back-to-school vaccination events. Parents are encouraged not to delay vaccinations and to consider travel-related health risks to prevent diseases like measles.

c) Influenza Season:

The 2024-2025 influenza season has been classified as high severity for the first time since 2017-2018. Hospitalizations have increased by 160 compared to last year; 80% of the hospitalized patients were unvaccinated, and over 80% had comorbidities such as COPD or diabetes. Carson City had higher hospitalization rates and lower vaccination coverage than other Counties within the surveillance area, prompting a need for enhanced outreach and collaboration with healthcare providers in the area.

d) Measles Outreach:

A robust outreach program ongoing, focusing on travelers and unvaccinated populations. Campaigns include bilingual billboards and ads before movie screenings in partnership with state public health which provided the necessary statistics for vaccinations within the community.

e) Hantavirus:

One local case was reported recently with the patient having survived; surrounding counties have had cases and deaths, especially in California. Continuation of public and healthcare provider education is a priority.

f) Mosquito Abatement:

The program is active with aerial treatments, fogging, and a new complaint form linked to GIS mapping to improve response. Testing for pesticide effectiveness and resistance is also underway, and a collaboration with UNR and a private vendor are currently exploring cost-saving, natural CO2 sources (mushrooms) for mosquito trapping. Agency is also working in partnerships with local parks and lumber industries to reduce mosquito habitats using wood chips to fill in cracks in walking paths.

g) Congenital Syphilis Rapid Testing:

Funded by 82nd legislative session Senate Bill 118, enhancing immediate public health impact.

h) Community Health Needs Assessment (CHNA):

A CHN assessment was completed in 2022 for four counties. Notable success: Boys and Girls Club of Western Nevada used CHN data to secure \$2.4 million for Smart Start Centers, adding 85+ childcare spots in Douglas County and Carson City, aiding in local workforce support.

Dr. Pennell commented that, as a veterinarian, he receives alerts for zoonotic diseases and was happy to see the updates on hantavirus included in the report. There were no other questions or comments heard from board members at this time.

Northern Nevada Public Health (Formerly Washoe County Health District)

The report can be found here:

https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Boards/BOH/Meetings/2025/NNPH%20Report%20 to%20NV%20BOH%20June%202025.pdf

A verbal report was presented by Erin Dixon, on behalf of Dr. Chad Kingsley, along with a written report attached in meeting packet. Points that were highlighted include:

a) Influenza Update:

Northern Nevada experienced the largest flu spike in five years in February, heavily engaging the disease investigation team. Dixon noted that these disease investigations are largely funded by state SB118 funds.

b) Mosquito Abatement:

The jurisdiction is postponing large aerial mosquito abatement (helicopter spraying) for the year to save about \$260,000 amid potential federal funding cuts. A decision made with confidence as the district has had only I case of West Nile Virus in the last 4 years. Surveillance continues with traps set around the community, testing for diseases, and complaint monitoring. No fogging is done (unlike Carson City), and only larvicide treatments are maintained. A drone is being used to treat up to 12 acres, in combination with community cooperation on private land mosquito prevention efforts.

c) Leadership Change:

Lisa Lottritz, longtime Director of Community and Clinical Health Services, retired after 30 years. Christina Shepard, APRN and previous team member, is the new director.

There were no questions or comments heard from board members at this time.

Southern Nevada Health District

The report can be found here:

https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Boards/BOH/Meetings/2025/06.2025.State.BoH%2 0-%20SNHD.pdf

A verbal report was presented by Dr. Cassius Lockett, Ph.D., along with a written report attached in meeting packet. Points that were highlighted include:

a) 2025 Community Health Needs Assessment (CHNA):

The comprehensive assessment was released recently, in collaboration with community partners, and is available online. The top 3 health priorities identified are: access to health care, chronic diseases, and public health funding. An additional priority, substance use, was added by the Health Executive Council due to rising overdose deaths in Nevada, despite national declines – around 27%, according to CDC data.

b) Walk Around Nevada:

The free web/app-based program encouraging physical activity celebrated its 20th anniversary on May 15, with over 12,000 participants logging 1 million+ miles of walking. The program is even recognized as a model practice by the National Association of County and City Health Officials. Those who complete the 1,442-mile track receive a free t-shirt and a spot in the walk around Hall of Fame, and to date the program has seen about 300 people reach that milestone. More information about the program can be found at the Clark County website, Walk Around Nevada- An Online Program That Get's You Moving.

c) Beat the Heat Campaign:

The campaign was launched in May to raise awareness on extreme heat dangers in Southern Nevada. According to the Nation Weather Service, 2024 marked the hottest summer on record, with an average temperature of 107.6 degrees, multiple consecutive days exceeding 110 degrees, and a peak of 120 degrees on July 7th. Reports show more than 3,500 heat-related emergency visits with 513 heat-related deaths among residents. 56% of these deaths involved polysubstance use (notably fentanyl and meth). The annual program features educational materials including bilingual fact sheets and public service

announcements which can be found at <u>Beat The Heat Southern Nevada – Southern</u> Nevada Health District.

d) Legionnaires' Disease:

The district confirmed multiple cases identified at two Clark County hotels (Grandview and South Point). The investigations involving the two hotels are determined to be unrelated, and water sampling at both locations has detected Legionella SP and remediation efforts are ongoing with the full cooperation of both locations to perform hyperchlorination within their water systems. Subsequent testing shows a total of five cases having been identified in connection to these investigations with no reported deaths. Health alerts to providers and two separate press releases were issued; guest surveys are ongoing in an effort to detect more cases, if any.

e) Gastroenteritis Outbreak:

District has been investigating cases of acute Gastroenteritis linked to frozen half-shell oysters imported from South Korea. Several cases have been reported; the district has been coordinating with the FDA and California Dept. of Public Health as the Oysters arrived through California ports. The oysters have not been sold in grocery stores; and oysters served at local restaurants indicate a strong statistical link to the reported illnesses. The district has plans to publish their findings in the CDC's Morbidity and Mortality Weekly Report.

There were no further questions or comments heard from board members at this time.

State of Nevada

The report can be found here:

https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Boards/BOH/Meetings/2025/CMO%20Report%20t o%20the%20BOH%20-%20June%20%2006,%202025.pdf

A verbal report was presented by Dr. Ihsan Azzam, along with a written report attached in meeting packet. Points that were highlighted include:

a) Federal Funding Impact:

The U.S. Department of Health rescinded more than \$12B in pandemic era funding which has had negative impacts on vaccination efforts, infection prevention measures, mental health services, and many other essential public health services across the nation. The public health system in Nevada is heavily reliant on grants and federal funding, making it particularly vulnerable to these changes in federal budget allocations.

b) COVID-19 Update:

COVID remains endemic with the new LP 8.1 variant, which is more transmissible but less severe. Seniors (65+) represent the majority of hospitalizations and deaths. Annual COVID vaccinations will continue and are strongly recommended for seniors and high-risk individuals. The CDC is recommending vaccination as a shared decision between the family and their healthcare providers.

c) Influenza Season:

This has been a severe season, but influenza activity nationally and in Nevada is declining. The two most predominant strains were AH1N1 and H3N2. Most associated hospitalizations and deaths affected seniors (65+); 133 deaths have been reported in Nevada for the season so far. There have been no recent human cases of the avian influenza H5N1 reported, in part due to enhanced surveillance and control measures implemented at the national, state, and local levels, though some high-risk groups, such

as migrant farm workers, show low reporting of symptoms/motivation in seeking medical care.

d) Measles Outbreak:

CDC reported the ongoing national measles outbreak spans 33 states with over 1,100 confirmed cases including 3 (preventable) deaths, mainly among unvaccinated individuals. This is a fivefold increase from last year and the largest surge in Texas in 30 years; Texas health officials have begun early measles vaccination recommendations for infants as young as 6 months to protect vulnerable groups, as well as advocating to shorten the intervals between does. No cases have been reported in Nevada to date. Vaccination remains the most effective infection prevention strategy with two doses of measles vaccine being 97% effective and provide lifelong immunity.

e) Leadership Updates:

Dr. Azzam expressed his appreciation for the outgoing administrator Cody Phinney's leadership and accomplishments, and Dena Schmidt was welcomed as the new DPBH administrator.

There were no questions or comments heard from board members at this time.

Central Nevada Health District

The report can be found here:

https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Boards/BOH/Meetings/2025/CNHD%20Quarterly% 20Report.pdf

A verbal report was presented by Dr. Tedd McDonald, along with a written report attached in meeting packet. Points that were highlighted include:

a) Overall:

The district is experiencing similar public health trends as Carson City, Reno, and Las Vegas.

b) Mosquito Abatement:

Mosquito abatement efforts are active, and no West Nile virus cases reported so far.

c) Measles Outbreak:

The district is partnering with local school districts (Pershing, Mineral, Eureka counties) to help monitor measles vaccination rates and plan responses if needed.

d) Outreach:

Collaboration with University of Nevada, Reno includes hosting a rural outreach clinic and working on establishing a rural family practice residency program. A grant application to HRSA has been submitted and the initial findings are promising.

e) Staff Recognition:

The district staff (~14 people) is recognized for being agile, mobile, and collaborative, effectively producing comprehensive reports and managing multiple initiatives to be able to get a lot accomplished with a smaller group.

f) Leadership update:

Darren Winkelman retired on March 28, 2025. Shannon Ernst, familiar to the Nevada health community, has been appointed interim Executive Director.

Dr. McDonald then introduced Ms. Ernst who gave a brief introduction to her goals and the future of CNHD going forward:

a) Goals & Challenges:

Ernst is looking to review the services being provided, the organizational structure, and overall funding mechanisms for the CNHD working towards aligning services organization with the other districts. The challenges come in as CNHD is the first multijurisdictional health district within Nevada servicing mostly rural areas.

b) Workshop:

A workshop was recently held with their board to evaluate the priorities within each jurisdiction, with plans to meet again on June 26th to discuss several recommendations as to funding and organizational structure in order to maintain the integrity of services and meet the needs of each jurisdiction.

There were no questions or comments heard from board members at this time.

5. ACTION ITEM: CONSENT AGENDA FOR APPROVAL

- a. Review and Approval of the <u>REACH Air Medical Services Compliance Agreement</u> Bobbie Sullivan, Emergency Services Representative, EMS-DPBH
- b. Review and Approval of the <u>Lithium Nevada Compliance Agreement</u> *John Follette, Radiation Control Manager RCP-DPBH*
- c. Discussion and Possible Approval on <u>Variance #783</u> regarding Guidelines for Design and Construction of Hospitals requirements of NAC 449.3154(2), submitted by Las Vegas Recovery, LLC <u>Steve Gerleman</u>, <u>Health Facilities Inspection</u> <u>Manager</u>, <u>HCQC-DPBH</u>
- d. Discussion and Possible Approval on <u>Variance #784</u> regarding Guidelines for Design and Construction of Hospitals requirements of NAC 449.3154(2), submitted by Las Vegas Recovery, LLC – <u>Steve Gerleman</u>, <u>Health Facilities Inspection</u> <u>Manager</u>, <u>HCQC-DPBH</u>
- e. Discussion and Possible Approval on <u>Variance #786</u> regarding Guidelines for Design and Construction of Outpatient Facilities requirements of NAC 449.9843(2), submitted by Azura Surgery Center *Steve Gerleman, Health Facilities Inspection Manager, HCQC-DPBH*

As discussed during pre-hearing, board members requested Consent Agenda items B, C, and D be pulled from the list to be deliberated and discussed as separate action items.

Chair Pennell asked if there were any other requests for items to be pulled by members; none were heard. Chair then asked for any public comments; with none heard, chair then asked for a motion on the consent agenda minus item 8 to be heard separately.

MOTION: Mr. Smith made a motion to approve the consent agenda items A & E.

SECONDED: The motion was seconded by Dr. Ponce.

PASSED: Passed unanimously; there was no further public comment.

CONSENT AGENDA ITEM B: DISCUSSION AND POSSIBLE APPROVAL OF THE LITHIUM NEVADA COMPLIANCE AGREEMENT – JOHN FOLLETTE, MANAGER, RADIATION CONTROL PROGRAM, BUREAU OF HEALTH PROTECTION AND PREPAREDNESS, DPBH

Presenter: John Follette, Radiation Control Manager (DPBH – Radiation Control Program)

Summary:

1. Variance Overview:

 The Thacker Pass Project by Nevada Lithium seeks an exemption from needing a radioactive material license for use of natural soil and rocks (containing naturally occurring radium-226) as road base building material.

2. Regulatory Background:

- Regulation: NAC 459.184 requires a radioactive materials license for radium-226 concentrations that exceed 5 picocuries per gram (pCi/g).
- o <u>Issue:</u> This threshold is considered overly restrictive as it doesn't account for naturally occurring background levels in Nevada. Most states use the value of 5 pCi/g above the natural background and would not require a license for this activity. The natural soil in the area has radium concentrations as high as 6 pCi/g. Overall, background concentrations for Radium-226 in Nevada is approximately 1.5 pCi/g. The USPEA has also set standards for Radium-226 concentrations for land ar 5 pCi/g for soil within the first 15cm below surface level, and 15 pCi/g per soil that is deeper than 15cm.
- Proposed Revision of Regulation: The Radiation Control program is seeking to exempt materials with radium-226 levels below 5 pCi/g above background levels, aligning the code with other states and USEPA standards. The new threshold would effectively be 6.5 pCi/g.
- <u>Result:</u> The purpose of the compliance agreement is to exempt Nevada Lithium's Thacker Pass Project from the requirement to obtain a radioactive materials license. Nevada Lithium would still need to comply with requirements specified in all other agreements and permit issued by the State and Federal Bureau of Land Management.

3. Follow-up Question (Nate Cartwright):

 Sought clarification on the radiation buffer above background and how much the mined materials would fall within that range.

4. Technical Clarification:

Response included a technical explanation of radioactive decay rates and unit conversion.
 Radiation Units: 5 pCi/g ≈ 11 disintegrations/min & grams of material; 6 pCi/g ≈ 13.3 disintegrations/min & grams of material.

MOTION: Mr. Smith made a motion to approve the compliance agreement as submitted.

SECONDED: The motion was seconded by Dr. Murawsky.

PASSED: Passed unanimously.

CONSENT AGENDA ITEM C: DISCUSSION AND POSSIBLE APPROVAL ON <u>VARIANCE #783</u>
REGARDING GUIDELINES FOR DESIGN AND CONSTRUCTION OF HOSPITALS REQUIREMENTS
OF NAC 449.3154(2), SUBMITTED BY LAS VEGAS RECOVERY, LLC – STEVE GERLEMAN, HEALTH
FACILITIES INSPECTION MANAGER, HCQC-DPBH

Presenter: Steve Gerleman, Health Facilities Inspection Manager (DPBH – Bureau Health Care Quality and Control)

Summary:

1. Variance Overview:

- Las Vegas Recovery LLC is requesting a variance to Nevada Administrative Code 449.3154, subsection 2, which references the 2022 Facility Guidelines Institute standards requiring single-patient rooms in hospitals.
- The variance seeks approval to allow two patients in certain larger, pre-existing rooms (originally designed for two beds) in their planned hospital unit within the designated hosting hospital, Saint Rose Dominican (Rose de Lima) in Henderson, NV.

2. Regulatory Background:

- Regulation: NAC 449.3154 requires compliance with certain guidelines for design and construction of hospitals and correction of deficiencies if any are found.
- o <u>Issue:</u> Currently, code mandates single-patient rooms to reduce infection risks and improve patient satisfaction, but it allows two beds per room if necessity is demonstrated and approved. Las Vegas Recovery Hospital wants to avoid costly remodeling and use the larger rooms for two patients, as Rose de Lima historically did without significant adverse effects. The hospital specializes in acute care for patients with substance use disorders and co-occurring medical issues.
- Program Recommendation: Staff recommend approval of the variance based on past precedent and accommodation of the facility's needs, noting infection risks are already comparable to existing two-bed rooms in other older hospitals.

3. Follow-up Questions:

- Dr. Pennell asked if the two person rooms would have a curtain between the beds to provide privacy to the patients if necessary and inquired about the average length of stay.
 - Gerleman responded that in the past Rose De Lima did use partitions in the rooms when they used them for two patients, and that the length of stay would be dependent on hospital case assignments.
 - Cody Phinney added that the hospital intends to act as a unit for people who
 are experiencing 'co-occurring substance use issues' and would be the first
 of it's kind in Nevada so some information wont' be available until the facility
 opens.
 - Courtney Leverty then stepped in to recommend Gerleman explain a bit more about the host program and what its future looks like in Nevada.
 - Gerleman goes on to clarify the concept of a host hospital as a pre-existing, licensed hospital that allows a guest hospital group to contract/lease bed space available on the host's campus, also adding that Nevada has seen similar arrangements in the past. Gerleman used the Renown in South Meadows (Reno, NV) as an example of an acute care hospital which subleased to a sub-acute hospital in partnership for transferring patients into those spaces for extended stays. Once a contract between Rose De Lima and Las Vegas Recovery is drafted, the program will have more information to determine which regulations/limitations/requirements Las Vegas Recovery will need to meet.
- Jennifer Belza-Vinuya asked how the group will go about designating a room or two for isolation purposes.
 - Gerleman responded that the host hospital does have an isolation room, and the guest hospital will be required to have an isolation room as well; however, Las Vegas Recovery has not yet moved into the space. Currently, they are looking to establish whether it's feasible for them to move to the location without needing any costly remodeling. Gerleman notes that once

they have submitted a license application the program will do a survey to evaluate the spaces and what requirements they will need to meet. The variance presented is more of an advanced action to see if it will even be a viable venture for them to move forward with.

- Charles Smith asked about what was mentioned before with Rose De Lima having used the rooms as two patient rooms.
 - Gerleman responded that yes, they did though that was before 2006 when the code had changed to require the single patient rooms. Rose De Lima is not at full capacity at this time and are interested in leasing the space to and partnering with Las Vegas Recovery, who would like to utilize the space for two beds as it may not be financially viable if they were to only have the one bed set-up.
 - Smith noted that if the space was already set up for two beds, then it the space should be able to accommodate that set up; Gerleman added that the code is a bit restrictive, as it is mainly focused on new construction and remodeling. The goal with the variance is to find out from the Board if they will allow for the two beds, pre-decision to Las Vegas Recovery signing to lease the space.
- o Dr. Murawsky asked whether the license for the beds to operate as a hospital would be held under Rose De Lima or if it would be separately under Las Vegas Recovery, making a distinction between the two stating, "I think this is important because if those beds are licensed under De Lima then these are De Lima beds that are operating/had been operating/were operating under the old standard which, for two patients per room with the curtains, and I'm sure we have to have all the same requirements that we do in double beds for any acute care patient, because if you're suggesting these patients are going to be mixed acute medical psych than their acute medical needs are what drives their requirements. Then I think this is one question. If this is a separate license, then we're asking to allow a facility to come in and use a space without renovation as it existed that does not meet the current standard for single bed, and the justification for not meeting it is the needs of the community and the fact of the business case says they can't make it work with a lower number of beds and I think those are two different conversations."
 - Gerleman responded that it would be a case of the latter. If/When Las Vegas Recovery decides to occupy the two floors, Rose De Lima would reduce their bed count and Las Vegas Recovery would submit an application for those beds, based on the decision to either have 46 beds or 67 beds. "There will be two separate licensees, two different hospitals, they just happen to be within the same building."
 - Dr. Murawsky then addressed the rest of the board, asking whether the business case presented, which argues for a variance based on community need and the inability to operate with fewer beds, is a sufficient reason to grant the variance; as well as, wanting know if this type of business case has been used before to justify a variance and if it is a defensible reason for granting one.
 - Gerleman responded that the facility still has to meet all the requirements for being licensed as a hospital, right now they are asking for relief on the occupancy requirement of single bed versus two beds. After, Murawsky clarified the statement saying the board's ability to approve the variance is

- based on the exceptional financial hardship this would impose on Las Vegas Recovery.
- Chair Pennell spoke up to ask Gerleman about whether granting a variance for converting one-bedroom rooms into two-bedroom rooms in a pre-existing building (which will be licensed as a hospital) is different from granting a variance for leasing the building and making similar changes. The main concern is whether the variance would be granted given the building's current status and the need to comply with hospital standards. Gerleman responded that the building in question is pre-existing, and the request is to move into it and convert one-bedroom rooms into two-bedroom rooms. The code typically requires single patient rooms for new constructions and remodels, but since this is a pre-existing building, it falls into a transitional category. The main concern is whether the rooms meet current standards, including the need for additional outlets. The request is to allow two patients per room instead of one, without triggering the requirements for remodeling.
- Dr. Murawsky spoke up again to express his concern about approving the variance without ensuring that all necessary requirements are met for doubling up patients in the larger rooms. He questions whether the rooms need additional outlets, furniture changes, or other modifications to meet the standards of acute care hospitals. While he is not opposed to the idea in principle, given the community's need for services and the business case presented, he emphasizes the importance of having all the specifics and compliance details before granting approval. Gerleman responded stating that the facility is looking for reassurance they could move into those larger rooms, which meet the space requirements, but that the program does not know the specifics on which modifications would need to be made until Las Vegas Recovery applies for the license and they are able to do their formal assessment.

At this point, Cody Phinney notified the board that Las Vegas Recovery Center had representatives in attendance and asked to allow time for them to speak on the issue. Chair Pennell called for a 10-minute recess.

Upon return, Pennell called the meeting back to order and a representative of Las Vegas Recovery was acknowledged.

4. Representative Testimony:

- The speaker, Mark Bursztyn, began by addressing the concerns raised by board members, particularly about the risk of increased infection from having multiple patients per room. Bursztyn emphasized that the risk is lower for patients suffering from substance abuse compared to general acute care hospitals and also mentioned that a license application has been submitted, that their third-party reviewer has confirmed that the rooms meet all necessary requirements. The hospital will not offer surgery or invasive procedures, further reducing infection risks and Bursztyn assured that proper controls will be in place as well.
 - Jeff Murawsky expresses confidence in the infection control processes for double rooms but is concerned about whether the state has completed its evaluation of the rooms to ensure all needs are met. Mark Bursztyn responds

- that the state has not yet completed its review and is waiting for the outcome of the hearing to finalize their compliance assessment. Jeff Murawsky notes that typically, the state review is completed before considering a variance.
- Dr. Pennell then called on Gerleman to address on why it is the variance is being presented so early. The Deputy Attorney General (DAG) in attendance, Courtney Leverty, interjected to ask what the board needs to see from the state for the variance to be approved. Dr. Murawsky addressed the question stating, "Typically, when we have a variance in front of us, that facility review by Mr. Gerleman, or a member of the state, has been completed and it says, 'pending that they add this outlet' or 'that they add these curtains' or that 'we verified that the medical gases were present'. All of that's usually completed before we get the variance request."
- Steve Gerleman went on to explain that the usual process involves confirming the viability of a project before moving forward. The facility is wanting to ensure that adding 21 beds is feasible. Although they may have had an initial evaluation, the state still needs to confirm compliance. The variance is specifically about allowing additional patients in double rooms instead of single rooms. The facility seeks board approval to proceed with the project, after which the state will verify compliance and address any necessary modifications.
- Dr. Pennell responded explaining the Board's hesitancy to grant the request is a matter of, if the variance is approved, will the facility complete all the other requirements. Pennell proceeded to address the representative from Las Vegas Recovery to ask that, if reassured that the board would grant the variance, would the facility move forward with its plans; adding that, with understanding there is a need for the beds in the community and the facility's business model, the Board is hesitant to grant a variance without knowing all of the variables.
- Mark Bursztyn emphasized the significant investment required to open a new hospital, even in an existing space, and mentions that they have done extensive due diligence and worked with HCQC representatives to ensure the physical space meets current requirements, except for the two items on the agenda. Additionally noting that without receiving a variance, it would be difficult to move forward due to financial viability concerns stressing the need for concrete answers to avoid hesitancy in making the necessary investment, which amounts to millions of dollars.
- Dr. Pennell then addressed Gerleman with the hypothetical that if the variance is granted and the state does its evaluation and if it finds the facility is not compliant, they would not grant the license and would not be able to occupy the space. Gerleman confirms the facility must be in, "substantial compliance with the regulations" and "meet all the requirements for statute as well." He went on to explain the state is willing to support this specific issue of the two patients to these bedrooms to allow the facility to move forward with their project with understanding the granted variance does not absolve them of not meeting all other requirements.

Dr. Pennell then noted that this situation is different than the Board has done for variances in the past, but was willing to go ahead and call for a motion.

<u>MOTION:</u> Dr. Murawsky made a motion to approve the variance as submitted, with the understanding that all subsequent activities must be completed with substantial compliance before the beds may be in operation.

SECONDED: The motion was seconded by Mr. Cartwright.

Chair Pennel asks if the Board has any additional discussion or comments; with none heard Chair then opens the floor to public comments. There was no public comment.

PASSED: Passed unanimously.

CONSENT AGENDA ITEM D: DISCUSSION AND POSSIBLE APPROVAL ON <u>VARIANCE #784</u>
REGARDING GUIDELINES FOR DESIGN AND CONSTRUCTION OF HOSPITALS REQUIREMENTS
OF NAC 449.3154(2), SUBMITTED BY LAS VEGAS RECOVERY, LLC – <u>STEVE GERLEMAN</u>, <u>HEALTH</u>
FACILITIES INSPECTION MANAGER, HCQC-DPBH

Presenter: Steve Gerleman, Health Facilities Inspection Manager (DPBH – Bureau Health Care Quality and Control)

Chair Pennell stated the Board did not have the necessary time to review all the materials submitted and recommended the item be considered at a later date. He then asked the DAG if that requires a vote; the DAG, Courney Leverty, recommended the chair ask for a motion to move the Variance 784 to the next board meeting.

MOTION: DAG Courtney Leverty made a motion to move the Variance 784 to the next board meeting.

SECONDED: The motion was seconded by Mr. Smith.

Chair Pennel asks if the Board has any additional discussion or comments; with none heard Chair then opened the floor to public comments. There was no public comment.

<u>PASSED:</u> Passed unanimously. Chair Pennell added that the Variance not be added to the consent agenda of the next meeting.

6. <u>INFORMATION/DISCUSSION ONLY:</u> PRESENTATION OF THE 2024 SENTINEL EVENTS REGISTRY SUMMARY REPORT ACCORDING TO NRS 439.843 – *JESSE WELLMAN, BIOSTAATISTICIAN II (OFFICE OF ANALYTICS-DHHS)*

The report can be found here:

https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Boards/BOH/Meetings/2025/2025%20SER_for_CY2024_BOH_Presenation_June2025%20V03.pdf

Presenter: Jesse Wellman, Biostatistician (DHHS-Office of Analytics)

Summary: A verbal report was presented by Mr. Wellman, the discussion after was as follows:

1. Reporting:

- Dr. Pennell asked for clarification regarding the requirement that it is mandatory to report a Sentinel Event, but the annual summary report is not mandatory and if that would explain the lower percentage.
 - Wellman responded stating that NRS requires an annual summary report regardless of whether an event has occurred at the facility, and includes reporting around patient safety activity and, for medical facilities, the uploading of a patient safety plan. There are financial penalties; however, the program is focused on raising patient safety and not punitive, though currently the program has a low participation rate.
 - Dr. Pennell inquired that if the program is not punitive, if that means the facility which contributed the most restraint problems is not looked at.
 Wellman responded that that the NRS operates in isolation from HCQC site investigations and other related examinations of non-compliance issues.
- Ms. Jennifer Belza-Vinuya asked if one of the self-reports being submitted to HCQC qualifies as a sentinel event, if it is then forwarded to the SER program.
 - Wellman asked for clarification of the board member's question. Ms. Vinuya further explained that if a self-report that qualifies as a sentinel event is submitted to HCQC, such as from a Skilled Nursing Facility, if the data is being forwarded or communicated in some way to the SER program.
 - Wellman responded that the data is not shared; Steven Gerleman took the opportunity to add that Sentinel Events do not go through HCQC, but through the portal Wellman shared. Gerleman also went on to explain that HCQC will only find out that there was a Sentinel Report on a facility is if a complaint is filed by a patient or patient's family where at that point they will go out and do an investigation. The separation between the SER Program and HCQC helps the facilities feel more comfortable reporting events and those being resolved without bringing in the punitive enforcement of HCQC.

The discussion ends with a comment from Dr. Murawsky, expressing appreciation for the separation between the entities as it encourages facilities to report incidents and ultimately is critical to having an open culture around patient safety. Murawsky expressed concern about the low reporting percentage and inquired about what, if anything, the board can do to give more enforcement support to the SER program without squashing the current culture of safety.

Having concluded discussion, Chair Pennel then asked if the Board has any additional discussion or comments; with none heard Chair then opened the floor to public comments. There was no public comment.

7. <u>INFORMATION/DISCUSSION ONLY:</u> PRESENTATION AND UPDATE OF THE NEVADA STATE ENVIRONMENTAL COMMISSION – *CHARLES SMITH, STATE BOARD OF HEALTH MEMBER*

The report can be found here:

https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Boards/BOH/Meetings/2025/Memo%20-%20NV%20State%20Environmental%20Commission%20Update%20March%2019,%202025(1).pdf

8. ACTION ITEM: RECCOMENDATIONS FOR FUTURE AGENDA ITEMS

Dr. Murawsky made a request to discuss how to balance enforcement of and a culture of safety in the Sentinel Even Reporting registry to improve participation.

9. GENERAL PUBLIC COMMENT:

Chair opened the floor for public comment.

Commenter: Ben Levine, Representative of Las Vegas Recovery Hospital

Summary: Mr. Levine expressed concern about the financial impact of delaying the hearing for Consent Agenda item 5D, emphasizing the significant burden of ongoing expense and requests guidance from the board; Chair Pennell then asked Deputy Attorney General Courtney Leverty about the late submission of additional information. Leverty explained that the issue was the materials being submitted late by the program, but also that some of the issues in the variance are related to ongoing construction and that hearing the variance will not affect the current situation. Cody Phinney clarified that the delay is due to the board receiving materials too late to review them properly, and understanding Levine's concerns of ongoing financial burden, expressed the public comment period not being the appropriate place for discussing the merits of the issue. Dr. Pennell agrees that the board will address the issue at the next meeting.

Commenter: Chris Ferrari, CEO at Ferrari Reeder Public Affairs

<u>Summary:</u> Mr. Ferrari informed the board that his consultancy firm are working with Las Vegas Recovery and highlighted their extensive market research and efforts to revive a 75-year-old facility. He emphasized the commitment of Las Vegas Recovery to Nevada and their significant contributions to the healthcare sector then thanked the board for their time.

No further comments were received.

Cody Phinney took the opportunity to express her appreciation for everyone participating today, stating, "It's been my honor and privilege to serve this state for 27 years and I really appreciate all the hard work that all these folks do to make this happen, even though it doesn't always go entirely smoothly."

Chair Pennell thanked Phinney for her service and gave her his best wishes for the future, then encouraged the other members of the board to contribute in appreciating Mrs. Phinney's official last State Board of Health meeting. Dr. Murawsky added, "You leave Nevada in a much better place. Your efforts and your commitment in all the things you've done across the state have truly been felt by so many Nevadans. It's truly been an honor to work with you and to see what you've been able to accomplish; and personally, and professionally, I wish you all the best in your next endeavors and hopefully you'll actually get a rest."

With that, Chair Pennell concluded with gratefulness, "We really appreciate everyone's input and your time and all the dedication to make Nevada a healthy place."

10. ADJOURNMENT

Chair adjourned the meeting at 11:00am.