



Washoe County District Board of Health Meeting Minutes

Members

Oscar Delgado, Chair
Robert Lucey, Vice Chair
Michael D. Brown
Kristopher Dahir
Dr. Reka Danko
Dr. John Novak
Dr. John Klacking

**Thursday, May 26, 2022
1:00 p.m.**

**Washoe County Health District
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV**

1. Roll Call and Determination of Quorum.

Chair Delgado called the meeting to order at 1:00 p.m.
The following members and staff were present:

Members present: Oscar Delgado, Chair
Robert Lucey, Vice Chair
Michael Brown
Kristopher Dahir
Dr. John Klacking
Dr. Reka Danko (logged in at 1:03 via zoom)
Dr. John Novak

Mrs. Valdespin verified a quorum was present.

Staff present:

Kevin Dick, District Health Officer
Dollie Dhillon
Brittnee Aldea
Sabrina Brasuell
Francisco Vega
Dr. Nancy Diao
Erin Dixon
Lisa Lottritz

2. Pledge of Allegiance.

District Health Officer, Kevin Dick, led the pledge to the flag.

3. Approval of Agenda.

May 26, 2022

Michael Brown moved to approve the agenda for the May 26, 2022, District Board of Health regular meeting. Dr. Novak seconded the motion which was approved unanimously.

4. **Recognitions.**

Years of Service

- i. William Mountjoy, 5 years, hired May 1, 2017 - EHS

Health Officer, Kevin Dick acknowledged and thanked Mr. Mountjoy for his years of service.

New Hires

- i. Zachary Rice, May 9, 2022, Environmental Health Trainee - EHS
- ii. Matthew Simpson, May 9, 2022, Environmental Health Trainee – EHS
- iii. Marisa McCune, May 23, 2022, Administrative Secretary – AQM

Health Officer, Kevin Dick asked Erin Dixon and Francisco Vega to introduce their team's new employees.

Ms. Dixon introduced Mr. Rice and Mr. Simpson as new members of the Environmental Health Services (EHS) team. She briefly shared Mr. Rice's and Mr. Simpson's experience and education to the Board.

Mr. Vega introduced Ms. McCune as his new Administrative Secretary. He continued to share her experience, background, and education.

Retirements

- i. Lauri Mendoza, Sr. Air Quality Specialist, effective June 3, 2022 – AQM
- ii. Richard Sanchez, Environmental Health Specialist, effective May 27, 2022 – EHS

Health Officer, Kevin Dick, introduce Ms. Mendoza and shared the length of her employment with the Health District. Mr. Dick expressed his best wishes to her on her retirement and presented her with a token of appreciation and a challenge coin for her work on the COVID-19 operations.

Mr. Dick continued to recognize Mr. Sanchez on his retirement and congratulated him.

Resignations

- i. Chantelle Batton, Environmental Health Specialist, effective May 22, 2022 – EHS
- ii. Matthew Christensen, Environmental Health Specialist, effective June 1, 2022 – EHS

Mr. Dick acknowledged Ms. Batton's and Mr. Christensen's resignation.

Extra Mile Awards

- i. Reno Aces

Staff Representative: Dollie Dhillon

Chris Phillips, Chief Operating Officer, Reno Aces Baseball Club

Olivia Reese, Corporate Partnerships Services Coordinator, Reno Aces Baseball Club

Mr. Dick invited Ms. Dhillon and Brittnee Aldea to present the Extra Mile Award to Mr. Phillips and Mr. Reese, representative of Reno Aces Baseball Club.

Ms. Dhillon shared a brief description of the purpose behind the Extra Mile Award. Additionally, Ms. Dhillon noted the efforts that led to recognizing Reno Aces Baseball as exemplary.

Ms. Aldea continued to highlight the actions the Reno Aces Baseball ball have taken

to provide the best ballpark experience when visiting the Greater Nevada Field.

Mr. Phillips expressed it was an honor to partner with the Health District to participate in this process.

5. Proclamations.

A. Emergency Medical Services Week Proclamation.

Staff Representative: Sabrina Brasuell

District Health Officer, Kevin Dick, read the proclamation for Emergency Medical Services Week into the record and invited the men and women in uniform present representing the City of Reno as well as REMSA Health and Truckee Meadows Fire Protection to join him. Ms. Brasuell joined Mr. Dick in presenting the proclamation.

Ms. Brasuell asked Chief Moore, Truckee Meadows Fire and Rescue, to say a few words. Chief Moore thanked Chair for the proclamation and continued to share the work his agency performs even while off-duty.

Chief Denis Nolan provided a brief report on the work of the Reno Fire Department and the efforts made by paramedics to become certified.

Adam Heinz, Executive Director of REMSA Health, spoke of the dedication of REMSA Health's employees and expressed appreciation for the recognition of the Board through this proclamation.

Ms. Brasuell expressed regret for the absence of the City of Sparks Fire Department, as they did not have enough time to plan their attendance.

Councilman Dahir expressed it's an honor to be part of the region. Additionally, he thanked everyone as well as their families for their work and dedication.

Chair Delgado concluded by expressing his appreciation for all first responders and commented on how agile, tactical, and thoughtful first responders prove to be for the community.

B. National Stop the Bleed Day Proclamation.

Staff Representative: Sabrina Brasuell

Mr. Dick read the National Stop the Bleed Day proclamation into the record and invited Sabrina Brasuell to accept said proclamation.

Ms. Brasuell accepted the proclamation and thanked the Board and the attendees for allowing this item to come forward. She also expressed appreciation for the bystanders.

Commissioner Lucey moved to approve the Emergency Medical Services Week and National Stop the Bleed Day proclamations. Councilman Dahir seconded the motion which was approved unanimously.

6. Public Comment.

Chair Delgado opened the public comment period.

Having no public comment Chair Delgado closed the public comment period.

7. COVID-19 Update & Information.

Staff Representative: Kevin Dick

Board Representative: Dr. Reka Danko

Health Officer, Kevin Dick opened this item by reporting that there has been an increase in COVID-19 cases over the last couple of weeks. He added that that 7-day average case count stands at 111.43 cases per day, which represents about a 100% increase over the past two weeks. Mr. Dick opined that it's important to recognize that with all the at home testing as well as the mild symptoms as a result of the vaccines and/or having immunity people are not getting tested; therefore, cases could be 5 times more than the reported number. He added that the positivity rate is at 24%, which is high.

Mr. Dick reports the call center volume has decreased during the week but is expected to increase next month since the Food and Drug Administration (FDA) will be meeting on June 15 to discuss approval of vaccination for children 6 months to 4 years old and the Centers for Disease Control (CDC) is expected to meet shortly after that date. He continued to report the Health District has tentatively scheduled a Point of Dispensing (POD) in conjunction with Renown Health to provide vaccinations for that infant age group on June 25, contingent on the FDA and CDC approval.

Mr. Dick alerted everyone that with the Memorial Holiday coming up as well as graduation celebrations it is recommending for people to take precaution to avoid the spread of disease and to recognize that outdoor or well-ventilated settings are the best for those types of gatherings.

Mr. Dick suggested those seeking therapeutics should contact the State Hotline at 1-800-401-0946 if they test positive for COVID-19.

Mr. Dick concluded by reporting the rodeo will be occurring during June, so the Health District will be downsizing their footprint for the testing operations.

Dr. Klacking asked what the dominant symptoms are as of recent.

Mr. Dick responded the cases are mild and tiredness and sore throats are common as well as fever and cough in more severe cases.

Dr. Klacking asked if there was an uptick in other viral infections.

Mr. Dick reported an increase in flu cases for this time of year with 31 hospitalizations last week.

Vice-chair Lucey asked about the number of persons being tested in the Health District's drive-thru POD.

Mr. Dick reported an increase of about 20% in testing demand countywide, but still remains at low levels in comparison to the work that has been done previously with surges.

Vice-chair Lucey asked if the results for the water testing through the University of Nevada Reno correlate with the testing numbers at the testing facilities.

Mr. Dick reported the cases have not been tracking what the wastewater results have shown over the past several weeks.

Vice-chair Lucey asked if the PCR testing performed at the testing facilities identifies the specific variant.

Mr. Dick explained the PCR nose swabs testing does not detect the variant; however, the State Lab runs a subset of those positives for genomic sequencing. He added that the testing in the wastewater samples is the most effective for detecting the variants that are predominate in the community.

Chair Delgado asked what it meant for the Health District when the Governor dropped the Emergency Declaration and if there are matters that have not been cleared.

Mr. Dick reported that the State ending the Declaration of Emergency does not have much impact on the Health District. Additionally, he reported the remaining area that had continued to be in effect was Directive 11 which had provided additional flexibilities on how medical services are provided; however, with that directive ending the more traditional scope of practice requirements are back in effect. Mr. Dick spoke of some of the impacts that some facilities may encounter due to lab licensing, making note that the School District has Jennifer Krane, school nurse, fulfilling some of the responsibilities that they are required to have, so their impact is minimal. Mr. Dick clarified that the emergency continues at the federal level, which allows for the use of emergency use authorization of vaccines and treatments.

Councilman Dahir asked about the lingering things within the laws regarding casinos and continued to ask if there was anything the Board can do to assist in these matters.

Mr. Dick discussed some of the topics included in his monthly report regarding laws that established thresholds for when the Senate Bill 4 could be discontinued. Mr. Dick continued to explain the community is over those thresholds due to the number of cases and although the Declaration of Emergency is terminated the requirements for inspections does not end until August 31, 2022. Mr. Dick reported the inspections are scaled down to a one-page summary from the property stating its efforts to reduce the spread of COVID-19, having hand sinks available and stocked, having hand sanitizer available, and staff being able to answer some questions about cleaning.

Councilman Dahir continued to ask about the elevator requirement.

Mr. Dick reported that requirement is no longer in effect.

Dr. Danko highlighted Mr. Dick's report about continuance in caution as a steady stream of COVID-19 and complications has been seen both in hospitals and post-acute settings.

8. Consent Items.

Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Approval of Draft Minutes

- i. April 28, 2022

B. Budget Amendments/Interlocal Agreements

- i. Approve the Agreement between Washoe County Health District (WCHD) and Truckee Meadows Tomorrow (TMT) to support the WCHD's staff on the Community Health Needs Assessment and Community Health Improvement Plan Community Data Dashboard, for the period May 1, 2022 through June 30, 2023
Staff Representative: Kristen Palmer
- ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to April 29, 2022 through April 28, 2023 in the total amount of \$117,750 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tobacco CDC Program IO#11976 and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.
Staff Representative: Loraine Fernandez

- iii. Approve the License Agreement between Washoe County Health District and Reno Sparks Convention and Visitors Authority (RSCVA) for the Reno Sparks Livestock Events Center (RLEC) in the amount of [\$200,760.00] retroactive to January 1, 2022 through May 31, 2023 and authorize FY22-FY23 Purchase Order to Reno Sparks Convention and Visitors Authority (RSCVA) in the amount of [\$200,760.00] in support of the COVID-19 response testing and vaccination events.
Staff Representative: Kristen Palmer
 - C. Recommendation for the Board to uphold a settled citation issued to A&K Earth Movers Inc., Case No. 1339, Notice of Violation No.'s AQMV22-0005, AQMV22-0006, AQMV22-0007 with a total fine of \$7,650.00.
Staff Representative: Francisco Vega
 - D. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Hearing Board to approve Variance Case #H22-0002VARI with conditions of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Michael and Julie Dianda, owners of 2500 Kinney Lane, Reno Nevada, Assessor's Parcel Number 222-073-04.
Staff Representative: David Kelly
 - E. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Hearing Board to approve Variance Case #H22-0001VARI with conditions of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Matthew McCormack, owner of 11265 Thomas Creek Road, Reno Nevada, Assessor's Parcel Number 230-101-07.
Staff Representative: David Kelly
 - F. Acknowledge receipt of the Health Fund Financial Review for April, Fiscal Year 2022.
Staff Representative: Anna Heenan
- Mr. Dick noted for the Board that item #Bi is an agreement between the Washoe County Health District and Truckee Meadows Tomorrow (TMT), which is under \$100,000 which fall under the Health Officer's authority to approve. However, Mr. Dick is on the Board for TMT, so he felt it would be appropriate for the District Board of Health to approve this contract.**
- Dr. Novak moved to approve the consent agenda. Dr. Klacking seconded the motion which was approved unanimously.**

9. Appearance:

Scott Oxarart, Staff Representative
 Nicole Dion, Account Director, Estipona Group
 Kyle Brice, VP of Strategy, Estipona Group

Scott Oxarart, Public Health Communications Program Manager, began his presentation by introducing Ms. Dion, Estipona Group Account Director and Mr. Bryce, Estipona Group VP of Strategy, to present on the name change and rebrand of the Washoe County Health District.

Mr. Oxarart provided a brief recap of the timeline that led to this date's item beginning with the request from some Board members to entertain a name change in an effort to give the Health District some individuality and be recognized as separate from Washoe County. Mr. Oxarart continued to speak about the Estipona Group's experience and brand development and strategy which led the Health District to attain their services.

Ms. Dion briefly shared the process that was implemented to determine the name recommendations presented to the Board during this meeting. The top 5 names considered were Northwestern Nevada Public Health, Truckee Meadows Public Health, Northern Nevada Public Health, Public Health of Western Nevada, and Washoe Regional Public Health.

Ms. Dion continued to report on the focus group participants involved in the research method, all of which were Washoe County residents. Ms. Dion added a brief explanation of the survey results that were completed by focus group participants.

Mr. Brice continued the presentation by reporting the results on a survey administered by Google Survey, which included 5 questions, 349 respondents, and statewide perspective. Mr. Brice shared the results for all 5 questions.

Ms. Dion continued the presentation by briefly sharing anecdotal feedback for each of the recommended names.

Mr. Brice concluded the presentation by providing the top two recommendation and provide a brief justification for the suggested names.

Mr. Oxarart reminded the Board that if a new name is recommended, the recommendation would become a proposed amendment to the Interlocal Agreement which will be presented at the next concurrent meeting. Mr. Oxarart opened this item for questions from the Board.

Chair Delgado expressed how impressed he was with the work of the Estipona Group as well as with the number and diversity of ages of persons surveyed.

Vice-chair Lucey recounted some of the issues that were brought forward during the concurrent meeting. Vice-chair opined Washoe Regional Public Health doesn't address the needs and concerns brought forth from all three entities of changing the name to provide for an overall separate structure and entity. He added he was leaning towards Northern Nevada Public Health; however, in his role as president of Nevada Association of Counties he foresees a statewide issue.

Councilman Dahir asked if it's possible to use the Regional Public Health name as he feels it takes away the confusion as to who the Health District serves. Councilman Dahir stated if he had to choose, he would pick Northern Nevada Public Health.

Mr. Brice reported that the users in the focus groups leaned toward wanting some sort of geo modifier to be able to understand the authority of the District. He further agreed that Regional Public Health with the right tag line could include that geo modifier.

Dr. Klacking asked if this contract includes both a new naming and a marketing component.

Mr. Oxarart reported the contract was solely for the strategy to come up with options for the Board to select a new name. Once a new name is selected then bid would go out for the outreach, marketing, and rebrand part of the project.

Dr. Klacking asked if the contract was for \$150,000.

Mr. Oxarart reported the contract was for \$30,000.

Chair Delgado briefly provided his opinion about the names that were highlighted, stating Northern Nevada Public Health with the tagline "serving Reno, Sparks, and Washoe County" would suffice to identify the District geographically. Chair Delgado invited the Board to consider all the other option as well as consider continuing the item to another meeting if further discussion was necessary.

Vice-chair Lucey addressed the Public Health of Western Nevada name option. He opined that although it didn't score well with the focus groups, he felt this name alleviated some of the challenges to the cities and counties east of Washoe County.

Councilman Dahir stated he would like Regional Public Health to be explored, but either name would be acceptable.

Ms. Dion provided feedback from Economic Development Authority of Western Nevada (EDAWN) regarding using western in their name stating EDAWN finds themselves defining Western Nevada for their customers. Ms. Dion cautioned the Board against using Western in their name.

Vice-Chair Lucey commented that EDAWN has a broader base as they seek companies outside of the region. Therefore, he believed that from a statewide and regional agency Western Nevada does not impair the ability to identify the Health District and who it serves. Additionally, he felt EDAWN had a different motive and narrative.

Chair opened the item for a motion, offering the opportunity for the item to be continued by any Board member. Having no objection, the Board began to motion.

Vice-chair Lucey moved to change the Washoe County District Health name to Public Health of Western Nevada.

Having no second, the motion failed.

Chair Delgado moved to change the Washoe County District Health name to Northern Nevada Public Health.

Having no second, motion failed.

Councilman Dahir opined he did not approve either name; but he felt both names were fine. However, he asked if the Board was looking for "fine" or a name that is a definite yes.

Dr. Novak concurred with Councilman's Dahir's statement. Additionally, he stated Southern Nevada is known for Public Health around the country, hence, going with Northern Nevada would post a regional marker.

Councilman Dahir agreed to second Northern Nevada Public Health because he feels Las Vegas does receive a lot of marks for what they do, and he felt this Health District should do the same.

After further discussion, the Board moved as follows:

Chair Oscar Delgado moved to change the Washoe County Health District name to Northern Nevada Public Health with the tagline of "servicing Reno, Sparks, and Washoe County". Councilman Dahir seconded the motion which was approved unanimously.

10. Regional Emergency Medical Services Authority.

A. Review and Acceptance of the REMSA Health Operations Report for April 2022.

Presented by: Dean Dow

Dean Dow, President and CEO of REMSA Health and Care Flight, began his presentation by opening his item for questions from the Board.

Councilman Dahir moved to approve REMSA Health Operations Report for April 2022. Dr. Novak seconded the motion which was approved unanimously.

B. Update of REMSA Health’s Public Relations during April 2022.

Presented by: Alexia Jobson

Ms. Jobson, Director of Public Relations for REMSA Health began her presentation by providing updates on recent activities that focused on Emergency Medical Services (EMS) Week events.

Ms. Jobson reported REMSA Health dedicated each day of EMS Week to recognize a different department within the organization and presented each department with a division specific gift or event. REMSA Health secured more than \$10,000 in cash, cash equivalent, or in-kind donations from community organization, businesses, and vendor partners. Ms. Jobson shared a list of top contributors.

Additionally, PAWS for Life therapy dogs visited the Edison Campus and rode out with a supervisor to visit crews in the field. Ms. Jobson reported REMSA Health’s ground operations dispatch and clinical leaders hosted made to order breakfast burritos and grilled cheese sandwiches. Ms. Jobson continued to report executive leaders met ups with crews and spent time with them during their shifts at the hospitals, as well as delivered refreshments to express appreciation for their work.

Ms. Jobson opened her item for questions from the Board.

C. Update and potential discussion regarding staffing of ambulances rendering 911 emergency services in the REMSA Franchise service area for the provision of Advanced Life Support versus tiered response levels following the end of the Governor’s COVID-19 Emergency Declaration.

Presented by: Dean Dow

Dean Dow, President and CEO of REMSA Health and Care Flight, began his presentation by stating Emergency Directive 11 has been discontinued by the Governor’s office, which has potential effects on how REMSA Health delivers health care in a tiered system within Washoe County.

Mr. Dow reminded the Board of their request to form a work group to review the tiered response and other temporary system innovations that were put in place as a result of the Governor’s Emergency Directive. Mr. Dow provided a timeline of the meetings that have been held to discuss said issue. Mr. Dow added that each agency’s representatives had been tasked to discuss these meetings with their respective agencies to ensure support on moving forward in evaluating the current franchise verbiage related to article 2.3 and the value of a tiered response.

Mr. Dow reported the Joint Advisory Committee (JAC) proposed a 70-day extension, which allows for the tiered response to continue while the JAC evaluates item 2.3 of the franchise and works on potential proposed amendment wording. Mr. Dow reported the results of these conversations will be brought forth to the Board for input and approval in July 2022.

Councilman Dahir asked if the extension is to continue doing what is being done now.

Mr. Dow confirmed and added that additionally data would be reviewed to build a Dashboard to ensure the JAC can see the positive aspects as far as patient care is concerned.

Chair Delgado commented those meeting have been productive.

Mr. Dow confirmed.

Mike Brown asked whether REMSA Health is asking the Board to assume the 70-day time frame or just advising the Board.

Mr. Dow confirmed REMSA Health would be advising the Board that they are asking for 70-day and then reporting back in July of 2022.

Chair Delgado sought counsel as this item is not set up for action.

Deputy District Attorney, Dania Reid, advised this item to come back to the Board as an action item as action could not be taken during the meeting.

Chair Delgado asked if a letter could be submitted advising of these procedures and then follow up with an action item at the June meeting.

Health Officer, Kevin Dick, looked for legal advice, but stated that to amend the franchise agreement each of the jurisdictions has to be involved.

Ms. Reid opined that based on her prior review of the agreement the general process is as stated by Mr. Dick.

Councilman Dahir asked that the Board have a significant role in the conversation. Additionally, he asked if a special meeting could be set to agendaize this item and the Board can take action.

Vice-chair Lucey asked if REMSA Health can proceed with the operations as outlined in the item until they come back to the Board.

Mr. Dick shared his understanding of process, where the cities, County, and Truckee Meadows Fire have to be involved in the discussion of the changes to the franchise agreement. Mr. Dick suggested an item be brought forth in the June meeting providing an update as to the progress they have made on the discussions, so that the Board can provide direction.

Mr. Dow confirmed REMSA Health can come back with proposed language by June.

Ms. Reid addressed the issues that were raised and advised that she was not aware of any authority that would allow REMSA Health to act outside of the scope of the franchise agreement in the absence of overriding authorities such as the Emergency Directive 11. Additionally, she stated she was not aware of anything in the franchise agreement that allowed for retroactive approval and application of amendment. She cautioned there was a risk that could be evaluated with REMSA Health's attorney. However, Ms. Reid could not guarantee that such action would be valid.

Mr. Dick provided insight as to the purpose of the item and it was to acknowledge the position REMSA Health is in with Directive 11 being discontinued and all entities would prefer that REMSA Health continue with their tiered response while the discussion are occurring since the alternative to going back to full compliance with the franchise agreement would leave potential calls without ambulance service.

Councilman Dahir asked how much time REMSA Health has before things are back in place and what are the consequences if they are not in compliance.

Mr. Dow stated he does not recall a time window based on his knowledge regarding the franchise agreement.

Chair Delgado noted REMSA Health is out of compliance due to the active tier system. He asked if REMSA Health is out of compliance in reference to response times.

Mr. Dow stated they are not out of compliance as it pertains to response times.

Chair Delgado advised Health Officer, Kevin Dick, to generate a memo acknowledging REMSA Health's noncompliance and requesting clarification as to the time limit to allow compliance. He continued to suggest legal advice may be necessary.

- D. Discussion and possible approval of REMSA Health's request, pursuant to Article 8.2 of REMSA's Amended and Restated Franchise Agreement for Ambulance Services dated May 22, 2014, to increase the maximum average patient bill for ground ambulance transport within the franchise area of Washoe County from the current allowed rate of \$1,526.17 to an amount not to exceed \$1,950.00, effective June 1, 2022, and subject to review in December 2022. Approval shall be contingent upon REMSA's commitment to reopen the Amended and Restated Franchise Agreement for Ambulance Services dated May 22, 2014, in connection with a process initiated by local governments to discuss regionalization of EMS and Fire services, and also REMSA's commitment that during the period of time in which regionalization is actively discussed and pursued by the local governments, but no longer than one calendar year from the approval of this request REMSA will neither change nor enter into a new agreements with any regional partners for ambulance or dispatch services without first presenting them to the District Board of Health for input and approval.**

Presented by: Barry Duplantis

Dean Dow, President and CEO of REMSA Health and Care Flight, began his presentation by expressing his appreciation for the time, effort, and energy that has been put forth over the several months in discussing and looking at health and hospital care.

Mr. Dow reported the executive summary is REMSA Health was requesting an increase in the maximum average patient bill. He added this was the first time a request for major increase was brought forth in approximately 5 years. Mr. Dow continued to provide a brief justification for the request and provide specific terms as to who would be affected by the increase, making note that it would not be applicable to Medicaid and Medicare as they are governmental payers.

Mr. Dow reported REMSA Health has been challenged by the national health care labor shortage and has also faced a \$100,000 increase in annual health care coverage premiums for employees. Mr. Dow added fuel costs would be running over \$1 million this year as well as a massive increase in medical supplies. He continued to report increases in field personnel costs including shift schedule adjustments without pay reduction, which raised wages by 30%. Additionally, almost a year ago an increase across the board for all employees in the amount of 3.5% led to a \$500,000 increase in total.

Mr. Dow reported on the 2021, \$3.2 million uncompensated and charitable care for ground ambulance service as well as an investment in capital to the organization of \$2.3 million to upgrade ambulance, stretcher systems, radios, and cardiac monitors. Mr. Dow concluded by introducing Barry Duplantis.

Mr. Duplantis provided a brief explanation of REMSA Health's financial and administrative structure. He added that REMSA Health is funded exclusively by user fees. Mr. Duplantis continued to provide details of expenses and revenues that result from Consumer Price Index (CPI).

Mr. Duplantis reported on the importance of hiring skilled staff making note that turnover

in health care and in the business itself has been significant. He added that Emergency Medical Services has had a turned over of 25-35% per year nationwide; however, REMSA Health has seen a 44% turnover rate per year. These turnovers are a result of employees seeking other opportunities and sometimes it is due to the local cost of living. Mr. Duplantis highlighted the solution to this problem is to focus on compensation for staff. Mr. Duplantis numbered a few things REMSA Health has done to compensate staff such as sign-on bonuses, housing assistance, time off incentives, referral bonuses, and reduced work weeks. Additionally, he briefly discussed REMSA Health's focus on the mental health, physical health, and psychological needs of staff.

Mr. Duplantis reiterated the rises in labor but fuel as well, which is running around \$5.50 with REMSA Health burning about 20,000 gallons of fuel in a month. He added their most recent gas bill was \$95,000 for the month of March. Additionally, Mr. Duplantis reported rises in medical expenses due to the precautionary sanitation that takes place at REMSA Health.

Mr. Duplantis continued by stating REMSA Health is requesting a rate increase from \$1,526.17 up to \$1,950.00. Mr. Duplantis reported the planned used for this increase will include improving compensation of EMS professionals support modernization of the infrastructure and technologies, and continued care for all citizens regardless of ability to pay. He added a few operation efficiencies that have been implemented to improve service and lower costs including the Voluntary Retirement Incentive, replaced aged and worn ambulances, lowered interest on bank loan, renegotiated Care Flight services, and sold one Care Flight helicopter.

Mr. Duplantis provided a detailed explanation of the request defining the net average cash collection from all payer groups, current collection rate, and the net collection increase per transport. He continued to report on the impact of the increase included 70% of the Medicare/Medicaid patients will not see an increase neither will REMSA Health, as they will only receive what Medicare/Medicaid will pay which is about \$380 on average per transport for Medicare and about \$260 on average per transport for Medicaid. Mr. Duplantis opined those affected will be commercial insured patients, with their copays increasing by \$108.10, from \$391.80 to \$499.90.

Mr. Duplantis concluded by noting the results of a questionnaire that was sent out to patients REMSA Health cares for and they proved to be commendable in customer relations in regard to collections and requests for money. Mr. Duplantis requested the Board's support and stated this situation would be revisited in December.

Mr. Duplantis opened his item for questions from the Board.

Chair Delgado asked if the percentage being collected by REMSA was at 36% and if so, how does it compare to the collection of a top County.

Mr. Duplantis confirmed the figure and continued to report that what impacts their collections is the collection of copays.

Dr. Klacking reiterated his question and asked for a comparison to cities that are collection at a higher percentage.

Mr. Duplantis stated he did not have the data to answer Dr. Klacking's question.

Dr. Klacking asked if Mr. Duplantis knew what those cities were doing different, or if

perhaps the collection numbers were population based.

Mr. Duplantis suggested it would be population based.

Dr. Klacking asked about the potential for further technology improvements to increase efficiencies that lower costs.

Mr. Duplantis informed the Board of some of the improvement that have been implemented, such as the nurse health line. He further reported about further potential improvements in better patient navigation to deliver patients to the right levels of care.

Dr. Klacking concurred.

Councilman Dahir stated he is comfortable with the request; however, he made note that the commitment not to change nor enter into any new agreements with any regional partners for ambulance or dispatch services without first presenting them to this Board for input and approval. Councilman Dahir continued to state that while he appreciates REMSA Health looking out for their employees he is looking out for the people in the community.

Councilman Dahir continued to recommend REMSA Health continues to push for dispatch as he feels it would save money. He added that if this item has no movement when it comes back in December than a look at a whole different aspect would be necessary.

Mr. Duplantis thanked Councilman Dahir for his comment and stated that while the full recommendation was not read into the record, the statements are sincere and genuine.

Vice-chair Lucey opined that while Councilman Dahir's advise was important, he failed to see how it was germane to the item brought forth. He continued to comment that regionalization and discussion are different than having the ability to bill and sustain a business. Vice-chair Lucey continued to argue that electeds have the ability to allow entities to balance their budgets to fund public health and felt that asking REMSA Health to cease pursuing discussions with other entities was limiting in their business fashion.

Vice-chair Lucey continued to state that it did not make sense to not allow REMSA Health to increase their rates but expect staff to be compensated appropriately. Furthermore, he related that the Health District pays hospital providers indigent coverage. He continued to ask how often REMSA Health responds to indigent services within Washoe County.

Mr. Dow responded that he could come back in June and provide a specific number; however, he reported 40% of his payors is Medicare and 30% is Medicaid. He added that approximately 27% is commercial, so the balance represents persons that have no means. Additionally, he reported approximately \$3.8 million in the last 12 months is budgeted as uncompensated care.

Vice-chair continued to state hospitals are allowed to bill Washoe County for indigent services provided at hospitals; however, REMSA Health is not allowed to bill the County for indigent services.

Mr. Dow confirmed.

Vice-chair noted that insurance predicates the percentage of money service providers get back from any transaction and REMSA Health is not an exception; therefore, billing at a higher rate would allow for a higher recovery amount. He continued to state that while

hospitals are able to ask for a copay before services are rendered, but REMSA Health is required by the agreement to provide the services prior to collecting a copay. Vice-chair asked about the percentages of copay collections.

Mr. Duplantis reported that with private insurance the copay averages out to be about 25% and REMSA Health is able to collect about 18% and in the past fiscal year only 4.5% was collected.

Vice-chair opined that it didn't make sense for the Board to ask for more from an organization that is wholly restricted by this Board without giving them the ability to bill an insurance company. He clarified that he agreed they should move forward with regionalization and talk about how to provide better services effectively, but asking REMSA Health to pay staff, fill tanks, have adequate assets on the road, and providing ground transport without the money requested was not reasonable.

Mike Brown expressed appreciation for the members and the discussion over the last few weeks. He continued to note that REMSA Health is not the only one looking to adjust rates and feels comfortable with the rate increase that is being requested. Mr. Brown noted that as a board member, the Board has to look out for the transport side of the franchise as the Board has nothing to do with the other industries that REMSA Health has taken on.

Mr. Brown continued to state that he will not be telling REMSA Health how to take care of their business, but the ambulance franchise was set up for ambulance transport only. However, REMSA Health chose to take on other commitments with other programs and it is their responsibility to take care of that in any financial way they can responsibly. He reiterated that the Board is responsible to look at the ground ambulance transport side of things as the franchise was set up to ensure that services were being provided at a cost-effective rate. He added that one of the reasons the franchise came into existence was to keep ambulance transports rates down to where it was affordable in the industry. He suggested the Board narrow down to look at the ambulance transport.

Dr. Novak expressed his appreciation for REMSA Health's work on this subject and stated he supported the idea to get REMSA Health more money.

Dr. Danko expressed her agreement with Vice-chair's comments. Dr. Danko spoke about burnout as exhausting and extreme as well the difficulty in finding staff at all levels to work in health care due to the burnout. Dr. Danko expressed her gratitude to REMSA Health for transporting patients and saving lives. Dr. Danko highlighted that health care costs have gone up extraordinarily as there are more requirements for Personal Protective Equipment as well as different constraints with respect to COVID-19. She continued to express her gratitude for changing and molding as healthcare does. Dr. Danko opined transport is an individualized approach based on the right level of care as all health care changes based on data and science. Dr. Danko opined a rate increase is necessary and apologized that she sits on a Board that has made this more difficult for REMSA Health to continue to care for people on the frontline.

Chair Delgado asked for confirmation that no one in Medicare/Medicaid will be impacted.

Mr. Duplantis confirmed and stated all the government reimbursement is based on government determinants.

Chair Delgado asked if a senior on Medicare that does not have part B would be charged

the new amount.

Mr. Duplantis explained if a patient does not have part B, they are subject to the standard average bill.

Dr. Danko commented that many patients that have Medicare have advantage plans with Medicare which is a commercial payer that essentially take over your Medicare payments. Dr. Danko stated it is not correct to use a generalized statement that if you had Medicare, you would see the rate increase.

Mr. Duplantis confirmed.

Chair Delgado noted that for a public meeting the right information must be presented, and the slides stated all those with Medicare will not have an increase.

Mr. Duplantis confirmed that the distinguishing factor is that person with Medicare Plus and Medicare Advantage are treated as insured.

Chair Delgado continued to clarify what the franchise agreement entailed. He asked if it was the nurse hotline, Care Flight, and community trainings.

Mr. Duplantis confirmed the agreement did not include any of the stated services by Chair Delgado.

Chair Delgado moved on to inquire about the status of the nurse hotline and other programs, as to whether they were on the red or the black.

Mr. Duplantis reported the nurse hotline is in the red and all other programs are in the black.

Chair Delgado reiterated these questions were not meant to poke at or not appreciate REMSA Health but rather these questions were asked from the perspective of the community. Chair Delgado noted he was caught off guard when he understood REMSA Health to be doing well fiscally and then found out the circumstances were different.

Chair Delgado continued to state that things will continue to change, and something is broken with the independent business model at the moment that this Board has to fix and if the questions are not asked then there will not be a strong safety net moving forward. Chair asked Mr. Duplantis and Mr. Dow to confirm that REMSA Health's business model is broken.

Mr. Dow agreed and stated that was the reason to initiate these conversations back in October of 2021. Mr. Dow also made note that Care Flight was not something that was recently acquired, it was a decision made by the governmental entities and the two hospitals around 1985-86 to merge the two systems together.

Chair Delgado reiterated that his questions were not questions in terms of his belief of the great men and women that work for REMSA Health but only a way to ensure there is a long sustainable outcome where REMSA Health is supported moving forward. It is part of his due diligence.

Chair Delgado continued to state that per REMSA Health's recognition some fixes were necessary. Chair Delgado said that fiscally most board members were conservative and do not want to waste taxpayer money; hence, it is reasonable for this Board to request for REMSA Health to come back in 6 months with correction or suggestions on what needs to be done to continue moving forward, so that money is not being spent inappropriately. He

continued to recognize that while these conversations are uncomfortable, they are not a direct hit to the organization.

Councilman Dahir took a moment to correct some public statements that he opined were incorrect. He opined the Board has not been against REMSA Health or making things difficult for REMSA Health and continued to apologize for someone thinking this way. He continued to state that the Board has a role to play, and they are excited to work with REMSA Health and figure out the next steps. Councilman Dahir confirmed that his previous request not to speak to other groups falls under the franchise agreement.

Vice-chair Lucey stated he adamantly opposed the idea of combining issues of regional partners with rate increases. He opined the franchise agreement is old and has significant challenges, and there are changes that need to be made. Vice-chair Lucey expressed he did not feel REMSA Health needed to be held hostage by an agreement as well as he opined adding more restrictions to an agreement is conducive. He reiterated that paramedics are the first line of health care and address all the needs and concerns within the community when emergencies arrive. He also stated that the additional services that REMSA Health has brought forth are a benefit to the community such as the nurse health line and Care Flight. Vice-chair Lucey stated this agreement is not law.

Ms. Reid asked that when a motion is made, the Board should use the motions that uses the amount listed in this agenda and not the motion that was erroneously included in the staff report.

Dr. Novak moved to approve REMSA Health’s request of increase the maximum average patient bill for ground ambulance transport from \$1,526.17 to an amount not to exceed \$1,950 effective June 1, 2022 and subject to review in December 2022. Michael Brown seconded the motion which was approved by 6 votes in favor and Vice-Chair Lucey voting against.

11. Staff Reports and Program Updates

- A. Air Quality Management** – American Lung Association Releases 2021 State of The Air Report, NDEP Provides \$5.5 Million in Grants to Replace Diesel Vehicles with EV’s, Washoe County Subject to Mitigation Plan Requirements Under the Exceptional Events Rule, Divisional Update, Monitoring and Planning, Permitting and Compliance
Staff Representative: Francisco Vega

Mr. Vega opened his item by highlighting the American Lung Association State of the Air Report giving Washoe County an F when it comes to ozone pollution and short-term particular matter pollution. Additionally, he reported Washoe County ranked 21st in most polluted cities by ozone and 12th in most polluted cities by short-term particular matter. Mr. Vega explained this grade and these rankings take into account wildfires and while it’s concerning the grades should not take away from other things that can be done to help improve the air quality in Washoe County.

Mr. Vega opened his item for questions from the Board.

Vice-chair stated a constituent reached out about rules regarding heavy truck hauling. Vice-chair asked if Air Quality participates with hauling companies regarding health/air quality codes that mandate hauling companies to cover or water down loose gravel prior to transport.

Mr. Vega believed AQ's regulations cover these mandates, but he offered to provide accurate information at a later time.

Councilman Dahir asked if the statistics were mainly for the 7-8 months where wildfires were not happening.

Mr. Vega confirmed it does encompass the entire calendar year; however, there are periods of time where Washoe County exceeds standards.

Mr. Vega concluded his report by reporting Environmental Protection Agency (EPA) sent notice regarding the submittal of a mitigation plan, as the EPA acknowledged the fact that Washoe County is being impacted by the exceptional events on a continuous basis.

Dr. Klacking asked if the rating would improve if the right plan were put together.

Mr. Vega confirmed the American Lung Association takes all the data into account and so he stated he did not believe it would impact the grade Washoe County received.

- B. Community and Clinical Health Services - Divisional Update - National Adolescent Health Month; Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and Community Health Workers.**
Staff Representative: Lisa Lottritz

Ms. Lottritz began her presentation by highlighting National Adolescent Health Month. Mr. Lottritz reported the clinic continues with walk-in Wednesdays and despite staffing challenges it's very popular. Ms. Lottritz also highlighted that her last Vaccinate Before you Graduate clinic for the meningococcal vaccine is in Incline Village on June 7.

Ms. Lottritz added that many clinics have been scheduled for back to school.

Ms. Lottritz opened her item for questions from the Board.

- C. Environmental Health Services – Highlighted Program; Program Activities; Consumer Protection (Food/Food Safety, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Safe Drinking Water, Vector-Borne Diseases, Waste Management); and Inspections.**
Staff Representative: Erin Dixon

Ms. Dixon opened her item by highlighting the Consumer Protection program. She continued to report seasonal pools all want to open on Memorial Day; however, operators calling on this meeting day for a pool opening will not be accommodated by the weekend.

Ms. Dixon clarified that when speaking about public pathing it does refer to swimming pools, hot tubs, therapy pool, wading pools, spray pool, and waterslides.

Ms. Dixon reported the Temporary Foods program will be holding workshops on June 6 and June 8 on a new application to help with the season. Additionally, a new cut-off date will be implemented for application for temp foods, meaning applications for weekend events will need to be completed by end of business on Wednesdays.

Ms. Dixon concluded by thanking her team for getting the Sewage, Wastewater, and Sanitation Board members approved, so that a meeting could be held, and variances could move forward to today's meeting.

Ms. Dixon opened her item for questions from the Board.

Vice-chair asked about storage and removal of manure. He continued to ask for updates on code, specifically for commercial businesses.

D. Epidemiology and Public Health Preparedness - Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics.

Dr. Diao opened her item by highlighting the release of 5 Epi News this month relating to Hepatitis and Health Alert Network (HAN) Notification from the CDC. She reported that in Washoe County there are currently 32 children under surveillance for hepatitis of unknown etiology. Dr. Diao continued to report that the CDC issued a HAN regarding the monkey pox virus and reported as of the morning of May 26, there were 9 cases reported across seven different states with 5 being monkey pox and 4 are ortho pox confirmed.

Dr. Diao reported that flu season ended with week 20 last week; however, the Influenza Like Illness activity flu hospitalization has been increasing, especially in the last two months. She continued to advise the Board that considering how unclear how the influenza activities will trend moving into the summer Dr. Diao's will continue their flu surveillance and provide reports on a monthly basis for the off-season months until the beginning of the 2020-2023 flu season.

Dr. Diao opened her item for questions from the Board.

Councilman Dahir asked if there is a vaccine for monkey pox.

Dr. Diao affirmed there are vaccines.

Vice-chair Lucey asked if an exact date for the final Incident Action Plan for the COVID-19 response was available.

Dr. Diao stated it would be available towards the end of the month.

Vice-chair continued to inquire if it would include State statistics.

Dr. Diao stated it can be included.

E. Office of the District Health Officer - COVID-19 Response, WCHD Communications Update, COVID-19 Communications Update, FY23 Budget, Title X Funding, Community Health Needs Assessment, Statewide Efforts, Health Equity, Senate Bill 4, Governor's Public Health Resource Officer and Director of Strategic Initiatives, Health District Interlocal Agreement and Public Communications and Outreach.
Staff Representative: Kevin Dick

Health Officer, Kevin Dick, open his item by highlighting that the Board of County Commissioner adopted the County Manager's Budget that was presented on May 17, 2022, which contained the Health District's budget that was approved in February 2022. He added the collective bargaining with the labor union and the cost-of-living adjustment were recently resolved.

Mr. Dick continued to report on the Title X funding and the recent opportunity to meet with the Interim Health Committee Chair Peters to inform her the concerns and possible assistance from the legislature that would allow for funding and provisions to continue with the family planning services.

Mr. Dick noted for the Board that the annual Board review of the Interlocal Agreement establishing the Health District will be added to the agenda next month. Additionally, he highlighted the table in his report about therapeutics.

Mr. Dick opened his item for questions from the Board.

12. Board Comment.

Vice-chair Lucey requested an amendment to the franchise agreement be brought forth addressing indigent services for REMSA Health that provides for the County to discuss payment and subsidizing their budget for those services.

Additionally, Vice-chair Lucey he asked for a discussion regarding changes in the approval process for the development code. Vice-chair opined there are challenges with the review process in commercial and residential developments that result in unreasonable delays. He continued to provide some insight to the nature of his request and asked for a review to change the current policy.

Having no further comments from the Board, Chair Delgado closed this item.

Adjournment.

Chair Delgado adjourned the meeting at 4:13 p.m.

Possible Changes to Agenda Order and Timing: Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent agenda.

Special Accommodations: The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, 1001 E. 9th Street, Building B, Reno, NV 89512, or by calling 775.328.2416, 24 hours prior to the meeting.

Public Comment: Members of the public may make public comment by submitting an email comment to svaldespin@washoecounty.gov before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted. Reasonable efforts will be made to hear all public comment during the meeting. During the "Public Comment" items, emails may be submitted pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment emails will only be heard during items that are not marked FOR POSSIBLE ACTION. All public comment should be addressed to the Board of Health and not an individual member. The Board asks that your comments are expressed in a courteous manner. All public comment is limited to three minutes per person. Unused time may not be reserved by the speaker nor allocated to another speaker.

Response to Public Comment: The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: "Board Comments – District Board of Health Member's announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)"

Posting of Agenda; Location of Website:

Pursuant to NRS 241.020, Notice of this meeting was posted electronically at the following locations:

Washoe County Health District Website <https://www.washoecounty.gov/health>

State of Nevada Website: <https://notice.nv.gov>

Under an emergency directive issued by Governor Sisolak on March 22, 2020, and extended by a subsequent directive issued on July 31, 2020, the physical location requirement has been suspended.

How to Get Copies of Agenda and Support Materials: Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Susy Valdespin, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Valdespin is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at svaldespin@washoecounty.gov. Supporting materials are also available at the Washoe County Health District Website <https://www.washoecounty.gov/health> pursuant to the requirements of NRS 241.020.