

Washoe County District Board of Health Meeting Notice and Agenda

Members

Dr. John Novak, Chair
Michael D. Brown, Vice Chair
Oscar Delgado
Kristopher Dahir
Dr. Reka Danko
Marsha Berkbigler
Tom Young

**Thursday, May 23, 2019
1:00 p.m.**

**Washoe County Administration Complex
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV**

**An item listed with asterisk (*) next to it is an item for which no action will be taken.
1:00 p.m.**

1. *Roll Call and Determination of Quorum

2. *Pledge of Allegiance

3. *Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

4. Approval of Agenda – (For possible action)

May 23, 2019

5. *Recognitions

A. Retirements

- i. Phil Ulibarri, 5/31/2019, Public Health Communications Manager - ODHO
- ii. Janet Piette, 6/14/2019, Community Health Nutritionist - CCHS

B. Years of Service

- i. David Kelly, 15 years, Hired 5/3/2004 - EHS
- ii. Krista Hunt, 15 years, Hired 5/6/2004 - EHS

C. New Hires

- i. Tasha Pascal, Public Health Nurse I, 5/13/2019 - CCHS

D. Shining Star

- i. Chantelle Batton
- ii. Michael Lupan
- iii. Wesley Rubio
- iv. Dawn Spinola
- v. Holly McGee
- vi. Mary Ellen Matzoll
- vii. Lorena Solorio

6. Proclamations - (For possible action)

Emergency Medical Services Week
Accepted by: Christina Conti

7. Consent Items – (For possible action)

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 – (For possible action)

- i. April 25, 2019

B. Budget Amendments/Interlocal Agreements – (For possible action)

- i. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2019 through December 31, 2019 in the total amount of \$135,000.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 11578 and authorize the District Health Officer to execute the Notice of Subaward.
Staff Representative: Nancy Kerns Cummins

- ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2019 through December 31, 2019 in the total amount of \$63,503.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Surveillance Program IO# TBD and authorize the District Health Officer to execute the Notice of Subaward.
Staff Representative: Nancy Kerns Cummins

C. Approval of authorization to travel and travel reimbursements for NACCHO and NALBOH Conference and Meetings for non-County employee Dr. John Novak for FY20 in the approximate amount of \$5500. - (For possible action)

Staff Representative: Kevin Dick

D. Approve Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon Board of Examiners approval through June 30, 2021 in the total amount of \$250,000 (\$125,000 per fiscal year) in support of the Environmental Health Services Division (EHS) Safe Drinking Water Act (SDWA) Program, IO 10017; and if approved, authorize the District Health Officer to execute the Agreement. - (For possible action)

Staff Representative: Jennifer Pierce

E. Presentation, discussion, and possible approval of the donation of three obsolete ambient air monitoring shelters with a current market value estimated at \$-0- that have exceeded the useful value for regulatory purposes but may still have value for educational, research, and community organizations. – (For possible action)

Staff Representative: Daniel Inouye

F. Presentation, discussion, and possible approval of the donation of various pieces of surplus office furniture and supplies with a current market value estimated at \$-0- that have exceeded the useful value for programmatic purposes but may still have value for educational, research and community organizations. - (For possible action)

Staff Representative: Charlene Albee

- G. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board. - **(For possible action)**
 i. Southern Way Industrial Investors LP – Case No. 1210, NOV No. 5700
 Staff Representative: Dan Inouye
- H. Acknowledge receipt of the Health Fund Financial Review for April, Fiscal Year 2019 – **(For possible action)**
 Staff Representative: Anna Heenan
8. ***Alternate Care Site Exercise Presentation**
 Staff Representative: Andrea Esp and Brittany Dayton
9. **Review, discussion and possible adoption of the Business Impact Statement regarding a proposed revision to the District Board of Health Fee Schedule, referenced in Section 020.085 of the Washoe County District Board of Health Regulations Governing Food Establishments, for the newly formed category of Mobile Food Unit Pre-Packaged Food Permit with a finding the proposed fee will not impose a direct and significant economic burden on a business; nor does the proposed fee directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed fee for June 27, 2019, at 1:00 pm. – (For possible action)**
 Staff Representative: Charlene Albee
10. ***Regional Emergency Medical Services Advisory Board May Meeting Summary**
 Staff Representative: Christina Conti
11. **Presentation, discussion, possible approval of the Washoe County EMS Strategic Plan (2019-2023), a requirement of the Interlocal Agreement for Emergency Medical Services Oversight. - (For possible action)**
 Staff Representative: Brittany Dayton
12. **Regional Emergency Medical Services Authority**
 Presented by: Dean Dow and Alexia Jobson
 A. **Review and Acceptance of the REMSA Operations Report for April, 2019 – (For possible action)**
 B. ***Update of REMSA’s Public Relations during April 2019**
13. **Update regarding Bill Draft Requests and Bill Drafts for the 2019 Legislative session. – (For possible action)**
 Staff Representative: Kevin Dick
14. ***Staff Reports and Program Updates**
 A. **Air Quality Management, Daniel Inouye, Acting Director**
 Program Update - Updated Design Values, Divisional Update, Program Reports (Monitoring and Planning; Permitting and Enforcement)
 B. **Community and Clinical Health Services, Steve Kutz, Director**
 Divisional Update – Teen Pregnancy Prevention Month; Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, and Women Infants and Children

C. Environmental Health Services, Charlene Albee, Acting Division Director

Environmental Health Services (EHS) Division Program Updates – Community Development, Epidemiology, Food, Invasive Body Decoration (IBD), Land Development, Safe Drinking Water, Training, Vector and Waste Management, and Inspections.

D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director

Program Updates for Communicable Disease, Outbreaks, Measles, Invasive Pneumococcal Disease, Seasonal Influenza Surveillance, PHP Program, Inter-Hospital Coordinating Council, Chemical Response Training, Medical Reserve Corps, Emergency Medical Services, Mass Gatherings, EMS Strategic Planning Initiatives, Mutual Aid Evacuation Agreement (MAEA) Plan Update, Trainings, and REMSA Response Data

E. Office of the District Health Officer, Kevin Dick, District Health Officer

District Health Officer Report – Public Health Accreditation (PHAB), Crisis Standards of Care, Washoe Regional Behavioral health Policy Board, Community Health Improvement Plan, Workforce Development, TMHC, Silver Syringe Awards, Other Events and Activities and Health District Media Contacts

15. *Board Comment

Limited to announcements or issues for future agendas.

16. *Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

17. Adjournment – (For possible action)

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: During the “Public Comment” items, anyone may speak 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 will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a “Request to Speak” form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

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 – Limited to Announcement or Issues for future Agendas.”

Posting of Agenda; Location of Website:

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

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Downtown Reno Library, 301 S. Center St., Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: <https://notice.nv.gov>

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. Laura Rogers, 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. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at lrogers@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Proclamation

Emergency Medical Services Week

WHEREAS, emergency medical services is a vital public service; and

WHEREAS, the members of emergency medical services teams are ready to provide lifesaving care to those in need 24 hours a day, seven days a week; and

WHEREAS, access to quality emergency care dramatically improves the survival and recovery rate of those who experience sudden illness or injury; and

WHEREAS, emergency medical services has grown to fill a gap by providing important, out of hospital care, including preventative medicine, follow-up care, and access to telemedicine; and

WHEREAS, the emergency medical services system consists of first responders, emergency medical technicians, paramedics, emergency medical dispatchers, firefighters, police officers, educators, administrators, pre-hospital nurses, emergency nurses, emergency physicians, trained members of the public, and other out of hospital medical care providers; and

WHEREAS, the members of emergency medical services teams, whether career or volunteer, engage in thousands of hours of specialized training and continuing education to enhance their lifesaving skills; and

WHEREAS, it is appropriate to recognize the value and the accomplishments of emergency medical services providers by designating Emergency Medical Services Week; now

THEREFORE, be it resolved, that the Washoe County District Board of Health does hereby proclaim the week of May 19-25, 2019, as

Emergency Medical Services Week

with the theme

Beyond the Call

in Washoe County, Nevada.

ADOPTED this 23rd day of May 2019

Dr. John Novak, Chair
Washoe County District Board of Health

Washoe County District Board of Health Meeting Minutes

Members

Dr. John Novak, Chair
Michael D. Brown, Vice Chair
Oscar Delgado
Kristopher Dahir
Dr. Reka Danko
Marsha Berkbigler
Tom Young

Thursday, April 25, 2019
1:00 p.m.

Washoe County Administration Complex
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV

1. *Roll Call and Determination of Quorum

Chair Novak called the meeting to order at 1:00 p.m.

The following members and staff were present:

Members present: Dr. John Novak, Chair
Michael Brown, Vice Chair
Dr. Reka Danko
Oscar Delgado
Kristopher Dahir
Tom Young

Members absent: Marsha Berkbigler

Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer
Leslie Admirand, Deputy District Attorney
Charlene Albee
Steve Kutz
Randall Todd
Christina Conti
Jennifer Howell

2. *Pledge of Allegiance

Mr. Delgado led the pledge to the flag.

3. *Public Comment

Chair Novak opened the public comment period

Ms. Cakiroglu with Keep Truckee Meadows Beautiful shared that Saturday, April 27th, KTMB would be holding their Great Community Clean Up, giving thanks for Health District funding that helped make the event possible. She informed that this event has grown beyond

her wildest expectations, and that for the first time ever, they had all of the volunteers they needed which has allowed them to add sites to be cleaned up. Ms. Cakiroglu stated they now have thirty-one sites for the Great Community Clean Up on Saturday, and expressed that is due to the incredible community residents. She gave an overview of the various sites they will be cleaning up.

Thanks to KTMB supporters Save Mart, Great Basin Brewing Company and Down to Earth Composting, Ms. Cakiroglu stated that they will be managing their picnic as a zero waste event. She displayed a reusable drinking mug with Washoe County Health District printed on the back. She thanked the Board and expressed that any press regarding the Great Community Clean Up is all due to their and the Health District's support.

Chair Novak closed the public comment period.

4. Approval of Agenda

April 25, 2019

Mr. Brown stated he would like to have Item 9 regarding Reno Fire Department EMS Response Data pulled from the agenda until they were in compliance.

Mr. Dick informed there was an update to the report regarding receipt of data, and, with Mr. Brown's agreement, stated he would like the Board to hear that report.

Mr. Brown moved to approve the agenda for the April 25, 2019, District Board of Health regular meeting. Mr. Delgado seconded the motion which was approved six in favor and none against.

5. Recognitions

A. Years of Service

- i. Amber English, 15 years, Hired 4/26/2004 - EHS

Mr. Dick thanked Ms. English for her fifteen years of service at the Health District with Environmental Services.

- ii. Julio Pech-Garcia, 15 Years, Hired 4/26/2004 - CCHS

Mr. Dick informed that Mr. Pech-Garcia was not in attendance, but congratulated him on his fifteen years of service.

- iii. Ashley Auer, 5 Years, Hired 4/28/2014 - AHS

Mr. Dick informed that Ms. Auer is with the Administrative Health Services program. He congratulated her and thanked her for her years of service.

B. Shining Star

- i. Sonya Smith
- ii. Maria Rodriguez
- iii. Britany Dayton
- iv. Heather Kerwin
- v. Kimberly Graham
- vi. Jackie Chaidez

Mr. Dick reminded the Board that the Shining Star Awards are to recognize exceptional customer service or performance in the Health District, and that nominations can come from either external customers or staff.

Mr. Dick informed that Ms. Smith, Ms. Rodriguez, Ms. Dayton, Ms. Kerwin and Ms. Graham all had received three Shining Star Awards.

Mr. Dick stated that Ms. Chaidez of the WIC Program has received an astounding thirty Shining Star Awards and believed she was leading the County in the number Shining Star Awards.

6. Proclamations

National Bike Month and Bicycle Safety Month and Washoe County Bike Week

Accepted by: Yann Ling-Barnes and Camarina Augusto

Mr. Dick informed that Ms. Ling-Barnes of Air Quality Management and Ms. Augusto with Community and Clinical Health Services Division were present to receive the Proclamation. He read the Proclamation for those present.

Mr. Brown moved to adopt the Proclamation for National Bike Month and Bicycle Safety Month and Washoe County Bike Week. Mr. Dahir seconded the motion which was approved six in favor and none against.

7. 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. March 28, 2019

B. Budget Amendments/Interlocal Agreements

- i. Approve a Notice of Award from the Department of Health and Human Services, Public Health Service, OASH Office of Grants Management for the project period retroactive to April 1, 2019 through March 31, 2022 with first year funding of \$700,000 (\$364,322 cash match required) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program, IO# 11570 and authorize the District Health Officer to execute the Award.
Staff Representative: Nancy Kerns Cummins

- ii. Retroactively approve the Grant Agreement #A-00905419-0 from the U.S. Environmental Protection Agency (EPA) in the award amount of \$410,738 which is partial funding for the total approved assistance amount of \$684,564 for the period 10/1/18 through 9/30/19 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019 and authorize the District Health Officer to execute the Subgrant Award.
Staff Representative: Jennifer Pierce

C. Recommendation for the reappointment of Ron Anderson, P.E. and Vonnie L. Fundin to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) for a three year term beginning April 25, 2019 and ending on April 24, 2022.

Staff Representative: Charlene Albee

D. Accept a donation of a VeriCor Cool Cube vaccine storage container for the Immunization Program from Catholic Charities of Northern Nevada.

Staff Representative: Nancy Kerns Cummins

E. Acknowledge receipt of the Health Fund Financial Review for March, Fiscal Year 2019

Staff Representative: Anna Heenan

Mr. Brown moved to accept the Consent Agenda as presented. Mr. Delgado seconded the motion which was approved six in favor and none against.

8. *Presentation from REMSA Board Member Representing the Accounting Profession

Presented by: Tim Nelson

Mr. Nelson introduced himself as the DBOH appointed CPA member to the REMSA Board and informed he serves as the REMSA Board Chair.

Mr. Nelson commented he had been with the REMSA Board for four and one half years, noting that when he began his tenure there was a need for better clarity and transparency between the Board and REMSA. He expressed he was pleased that had happened.

Mr. Nelson informed the DBOH had received in the January compliance packet the REMSA audited financial statements, and explained those received the highest opinion a company can get. He stated he was happy to answer any questions about the financial statements, and expressed REMSA values the privilege of providing the pre-hospital care for the region.

Mr. Nelson opined REMSA continues to be good stewards of their financial resources. He informed REMSA is a not-for-profit in their public/private partnership, and that their revenues consist mainly of fees for service. He stated it is very critical they keep costs within the available means of what they are allowed for reimbursements and to fiscally conduct business within that framework.

Mr. Nelson reviewed highlights from the January report, informing debt continues to be reduced; last year by one million dollars. He informed REMSA continues to invest in the community through education and best-in-class training, and informed they optimize assets by refurbishing equipment as possible to prolong possible estimated useful lives of that equipment.

Mr. Nelson explained that the Board and organization always look for opportunities to continue to improve efficiencies and expand on patient care.

Mr. Dick acknowledged that Mr. Nelson is not just the Accounting Profession representative on the REMSA Board, but he is now the REMSA Board Chairman, and thanked him for his service.

9. Update and Possible Direction to Staff Regarding Reno Fire Department EMS Response Data Submission

Staff Representative: - Christina Conti

Ms. Conti, EMS and Public Health Preparedness Program Manager, informed she had an update from the time the report was written. She stated all of Reno Fire Department's EMS response data had been received and that they are in compliance with the jurisdiction's agreement to provide this data.

Chair Novak stated this update was welcome.

Mr. Brown moved to remove this item regarding Reno Fire Department EMS Response Data Submission from the agenda for future meetings. Mr. Dahir seconded the motion which was approved six in favor and none against.

10. Regional Emergency Medical Services Authority

Presented by: Dean Dow and Alexia Jobson

A. Review and Acceptance of the REMSA Operations Report for March, 2019

Mr. Dow, President and CEO for REMSA and Care Flight, informed he was available to answer any questions regarding the March REMSA Operations Report.

Mr. Dahir inquired status of keeping positions filled within REMSA. Mr. Dow informed the migration of their employees has been primarily to the Fire Service, but that is occurring less than it had been previously. He explained REMSA's Paramedic Training Program is based on the trainee's shift schedule which has been a big help to the eight local fire departments, and in turn benefits all related organizations going forward.

Mr. Dow opined REMSA is in the best staffing position he's seen, explaining they are a bit overstaffed on paramedics and a bit understaffed on advanced EMTs.

Mr. Dahir moved to accept the REMSA Operations Reports for March, 2019. Mr. Brown seconded the motion which was approved six in favor and none against.

B. *Update of REMSA's Public Relations during March 2019

Ms. Jobson, Public Affairs Manager for REMSA, informed that REMSA received a variety of positive news coverage throughout April. She stated REMSA's Alpha and Omega Protocols were highlighted by KTVN and KOLO. She explained these protocols are a way to medically triage and distinguish between levels of service needed by patients, allowing REMSA to provide the best level of care and be ready to transport patients to the most appropriate provider.

Ms. Jobson informed REMSA's medically trained telecommunication specialists were highlighted for their expertise during National Telecommunications Week. The piece focused on REMSA's dispatchers that have received training as EMTs or higher, and that many have worked in the field. She stated this gives them a unique and important perspective when providing care over the phone.

Ms. Jobson expressed REMSA was especially proud that REMSA's Director, Mr. Heinz, was featured by KTVN as Someone 2 Know, and explained that in addition to working as a paramedic in the field, Mr. Heinz oversees REMSA's Clinical Communications Center and their Clinical Quality Department. She stated that his commitment to clinical excellence at every step of patient care is commendable and they were thrilled he was recognized.

REMSA participated with Reno Police Department and the Reno Fire Department in rescue taskforce training throughout April. Ms. Jobson informed the extensive in-service training incorporated presentations, skill stations and scenarios with live role players and high level simulation scenarios. She stated the purpose of the training was to work together to promote a more coordinated response to active assailant incidents and enhance community safety.

On April 18th, Ms. Jobson informed that six of REMSA's employees, Kenneth Kitts, Jennifer Walters, Daniel Moriarty, Matt Hauth, Markus Dirsey-Hirt and Vanessa Coyle, visited the Nevada Legislature and were honored by the Nevada Ambulance Association as Stars of Life. She explained that these outstanding healthcare professionals were selected for their high performance, dedication, clinical excellence and important contributions to the EMS industry. They joined other Stars of Life from across the state and were introduced during the session for this important occasion, and all had the opportunity to meet Governor Sisolak.

Mr. Dahir spoke of the swift flow of the river and inquired if REMSA was engaged to mitigate potential harm to residents who may try to enjoy the river on the upcoming weekend. Ms. Jobson stated they were watching conditions carefully, working with partners, especially the Sheriff's Department, to share social media posts and advisories to educate the community of the danger and message to stay out of the water.

11. Update regarding Bill Draft Requests and Bill Drafts for the 2019 Legislative session.

Staff Representative: Kevin Dick

Mr. Dick informed that Tuesday the 23rd was the deadline for bills to move from the first house to be exempted or waived.

Mr. Dick stated two bills that have gone through the Legislature and were signed by the Governor are both beneficial to public health; the bill for background checks on firearms and the renewable energy portfolio standards.

AB66, the Behavioral Health Policy Board's bill for Crisis Stabilization Centers has moved on to the Senate; Mr. Dick expressed hope that it would be passed through.

AB85 is written to clarify the legal 2000 NRS statutes and remove stigmatizing language in the NRS in regards to mental health. It has passed through to the Senate.

AB97 would have provided for public health funding and appropriation for public health funding, but did not pass committee. This bill had a fifteen million dollar appropriation that was not part of the Governor's budget.

AB470 would have provided for the age of sale for tobacco to be twenty-one and would have incorporated vaping and e-cigarettes into the Clean Indoor Air Act for restriction of where these products could be used. This bill also died.

SB263, Senator Ratti's bill, would provide for licensing of e-cigarettes and vape wholesalers and retailers, and would impose a wholesale tobacco products tax on those products. This tax would provide revenue for public health for distribution to District Boards of Health according to population, as well as supporting tobacco prevention. This bill has been declared exempt.

AB470 for Tobacco 21 and the Clean Indoor Air Act expansion has been determined to be germane to SB263 and may become included within SB263 in the future.

AB123 is written in regards to vaccinations and medical and religious exemptions, and it had been hoped it would move forward in a way that the parental notification for claiming those exemptions would be required to be submitted to the school district each year. Mr. Dick informed the bill had been substantially watered down and may now have provisions that conflict with existing NRS and the Health District's existing authorities, noting that health authorities in the state no longer support this bill.

Mr. Dahir inquired what the status of the measles outbreak currently is, noting that although it is not a local issue, it soon could be. Mr. Dick stated the Health District is very concerned about the measles and informed there have been a couple of cases in Clark County, and the number nationwide was approximately six hundred and ninety-five. He expressed the outcome of this bill (SB263) to be very disappointing in light of the current environment, and opined for the benefit of the population and public health, this bill should have moved forward. He explained the anti-vaxxers and parent's coalition were definitely active on this bill and influenced the sponsor of the bill in the Assembly, commenting that they did not realize their actions in regards to the amendments were not steps forward.

Mr. Dahir stated that in other areas where there is an emergency situation, there were extreme measures taken and inquired if the Health District has that authority in place. Mr. Dick informed that the District Board of Health has broad authorities to protect public health in Washoe County. He explained that a concern regarding AB123 as it is written now is that it provides for the school districts to provide their data only to the Nevada Division of Public and Behavioral Health. He informed that the Health District currently has in statute the authority to direct NDPBH to provide that data directly to the Health District when there is an outbreak.

Through Ms. Albee's efforts, AB231 has been amended to remove the offensive smog

provisions that would have exempted older vehicles from smog checks. This bill has moved forward and is expected to remain as amended.

AB430 would have established for the state to work with local programs and agencies to implement home visiting programs. Mr. Dick reminded the Health District had worked to obtain a grant for such a program but did not have the required funds match to obtain the grant. He informed the program would have cost over one million dollars per year to implement. This bill was of concern to the Health District because of the unfunded mandate, but noted it has since been amended to more of a study approach on home visiting programs and how the state might be able to best support and work with local agencies to provide such a program.

SB37 is supported by the Health District's CHIP focus area related to behavioral health; it expands the scope of practice for marriage and family therapists and clinical professional counselors to be able to counsel for psychotic disorders. Nevada is the only state in the nation that restricts their practice in this manner. Removing this restriction would increase the number of providers and access to these services. Mr. Dick informed that this bill has moved forward to the Assembly.

SB66, SB67 and SB68 are all related to preparedness planning and are moving forward to the Assembly and are either supported, (SB66 and SB68) or neutral, (SB67) by the Health District.

SB171 is also supported by the Health District as far as access to healthcare and behavioral health services; it expands data collection by the licensing board for better information on who is practicing and in which professions, and if they are actually providing those services or are licensed and not practicing, as well as which providers accept Medicaid.

SB418 would allow for raw milk to be sold in Nevada. All of the health authorities in the state and the Department of Agriculture are very concerned and fearful of this bill due to the lack of being able to develop a regulatory approach that would be sufficient to protect citizens from being sickened and potentially dying from consuming raw milk. Mr. Dick informed this bill has passed from the Senate and there is a two-pronged approach to mitigate negative health effects: one is to try to amend the bill with regulatory oversight and protections to reduce the threat of illness or death to the extent possible in the event it does become law, and then to continue to advocate in opposition of the bill.

SB448 is the affordable housing tax credit bill that has moved forward and provides ten million dollars in transferrable tax credits per year for the next four years in support of affordable housing.

SB94 has moved forward and provides state funding for family planning programs. Mr. Dick informed the bill had been amended from a six million dollar appropriation per year to a three million dollar appropriation per year for family planning, which is the amount included in the governor's budget. Mr. Dick informed the Health District is pleased this bill is expected to proceed because it could mitigate reductions in Title X funding. He stated the Health District intends to apply for and receive some of this funding support for family planning.

Mr. Delgado moved to accept the Update regarding Bill Draft Requests and Bill Drafts for the 2019 Legislative session. Dr. Danko seconded the motion which was approved six in favor and none against.

12. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director

Program Update – 2019 Legislative Session, Divisional Update, Monitoring and Planning and Permitting and Enforcement

Ms. Albee informed her report includes a statement in the program update that the data certification was submitted to EPA within the last month which includes data from all of AQM's monitoring sites. She informed AQM verifies all of this information and submits it to EPA for their review and certification. As a result of the 2018 fire season, there are three ozone monitors that are violating the ambient air quality standards; she explained this is the first step to non-attainment of those standards.

Ms. Albee stated AQM will now focus resources on submitting an initial notification to EPA by July 1st to flag the fire impacted data. She explained EPA has directed that the full Exceptional Events Demonstration should not be submitted until they are ready to go through another determination through the regulatory process on designations for attainment. The ozone standard is set to be reviewed in 2020 by EPA, which means that by 2021, Washoe County will be going through the National Ambient Air Quality Standards Attainment Designation process again. Ms. Albee informed that an Exceptional Events Demonstration packet will be prepared in advance of the request for submittal, and a draft will be submitted to EPA to be ready for their request for designations in 2020.

Ms. Albee informed that all of the designations are based on the past three year's data, which will be 2018-2020. With 2018 completed, she stated it is planned to prepare 2019 and 2020 data in the same manner, assuming there are fire seasons in those years.

Ms. Albee stressed AQM wanted to make sure the Board was informed that everything that can be done is being done to keep Washoe County in attainment for the public's health as well as the economic health of the area.

B. Community and Clinical Health Services, Steve Kutz, Director

Divisional Update – National STD Awareness Month; Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, and Women Infants and Children

Mr. Kutz stated he had nothing further to add to his report, but would answer any questions the Board might have. He informed he would introduce Ms. Howell to speak in regards to National STD Awareness Month.

Mr. Dahir congratulated Mr. Kutz on winning the Community Partner Collaboration Award. Mr. Kutz informed that Mr. Dick would speak more about that award in his report.

Mr. Kutz informed that Ms. Howell is CCHS's Sexual Health Program Coordinator, stating he had the excellent fortune to hire Ms. Howell nineteen years ago. He expressed Ms. Howell does amazing work and has been one of the best hires he has ever made, describing her as knowledgeable, passionate and very dedicated to public health and the promotion of sexual health.

Ms. Howell provided a detailed and informative presentation on sexually transmitted diseases (STDs), with an overview of the dramatic increase in STDs both locally and nationally. Discussion ensued regarding possible strategies to reduce the increasing incidence of STDs.

C. Environmental Health Services, Charlene Albee, Acting Director

Environmental Health Services (EHS) Division Program Updates – Community Development, Epidemiology, Food, Invasive Body Decoration (IBD), Land Development, Training, and Vector and Inspections.

Mr. Dick wished to inform the listing audience that the Board had been made aware previously that Mr. Westom, the Health District's former Division Director for Environmental Health, resigned to pursue other career opportunities. He stated Mr. Westom's official last day is April 26th, but he is taking leave time for the 25th and 26th.

Mr. Dick informed that Ms. Albee has agreed to be the Acting Environmental Health Services Division Director in the interim until a new Division Director for EHS can be hired. Mr. Dick thanked Ms. Albee for agreeing to take on this responsibility.

Ms. Albee, Acting Division Director for Environmental Health Services, stated the quality and dedication of her staff were the factors that allowed her to assume this position. She informed she has two Supervisors who are more than willing to act in her capacity and that all of her staff are willing to do whatever is necessary to support the Division in her absence. She informed she will remain engaged with Division leadership meetings to allow for a seamless transition when a replacement is found.

Ms. Albee informed on the 22nd she met with the Fiscal Compliance Officer for EHS to review budgets and grants. She informed she had also met with EHS Supervisors, gave them her expectations and got feedback from them on current status, challenges and opportunities. At the general staff meeting she addressed the entire staff, had good interaction and was well received; at a subsequent meeting with Tech Services she confirmed priorities for Accela development.

Ms. Albee informed Ms. Carr, Deputy Administrator for NDEP, would be in the area for a visit with her to discuss land development and the TMWA interlocal agreement in the coming week.

Mr. Dahir encouraged clear communication on any changes in process to the Board and development community to maintain and improve upon the positive advances that have been made.

Ms. Albee informed that is her intent, and, as she had informed staff, she had been a Registered Environmental Manager for a long period of time, that she is versed in environmental management and has an engineering degree. She explained she had one of the Supervisors attend the Enterprise Fund Committee meeting to inform them she would be the Acting Division Director. She noted she is familiar with a number of those participants through work in AQM, and the engineering community has been reaching out to her. Ms. Albee opined much of the hard work has been done and has moved to the implementation stage.

Mr. Young expressed his confidence in Ms. Albee to perform these duties and opined her ability to deal with the public and contractors will be sterling.

D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director

Program Updates for Communicable Disease, Outbreaks, Measles, Invasive Pneumococcal Disease, Seasonal Influenza Surveillance, PHP Program, Inter-Hospital Coordinating Council, Chemical Response Training, Medical Reserve Corps, Emergency Medical Services, Mass Gatherings, EMS Strategic Planning Initiatives, Mutual Aid Evacuation Agreement (MAEA) Plan Update, Trainings, and REMSA Response Data

Dr. Todd informed he had checked just before coming to the meeting on the CDC website for national measles statistics, and from January 1 through April 19 there had been six hundred twenty-six cases in twenty-two states. He reported that the number of cases had increased by seventy seven cases in just one week. By comparison, the highest year on record since 2000 was 2014, and there were six hundred and sixty-seven cases. At this pace, he opined that number has already been exceeded.

Dr. Todd informed that in Washoe County there has not been a case of measles

confirmed yet in 2019, although there had been one in 2018. He opined the reason for this community to be fortunate to be unaffected thus far is that, in Nevada, there is not a personal choice exemption for vaccination. He explained that some states offer medical, religious and/or personal choice exemptions.

Dr. Todd stated that the twelve sentinel providers reported a decrease in the percentage of influenza like illness from 2.4 to 1.5.

Dr. Novak requested an overview of the upcoming exercise. Ms. Conti informed the Hospital Preparedness Program is funded by the ASPR grant, and federally, there are requirements that need to be met. One of those requirements is the sourcing of alternate care sites in the event local facilities are not able to intake patients. She stated the region has collaborated to conduct an exercise over a seven day period where Northern Nevada Medical Center, Renown and Saint Mary's will be providing training on the set up of a portable hospital that is a state asset housed with REMSA. The training will begin on the 26th and continue to the 29th and 30th, with a full scale exercise on May 2nd out of those units at each of the three hospitals. She invited the Board to attend and participate as a patient in the exercise, and informed the tear-down of the hospital is Friday, May 3rd.

Ms. Conti reported this is the first exercise of this type in Nevada, and it is a true collaboration and partnership with all of the coalition members.

E. Office of the District Health Officer, Kevin Dick, District Health Officer

District Health Officer Report – Public Health Accreditation (PHAB), Community Health Improvement Plan, Workforce Development, Substance Abuse Community Coalition Accelerator, UNR School of Community Health Sciences Making Health Happen Awards, TMHC, Legislative Session, Other Events and Activities and Health District Media Contacts

Regarding Public Health Accreditation, Mr. Dick informed that the site visit team had a conference call earlier in the week to discuss the upcoming visit and the documents that they've reviewed. By the end of April, the Health District will be notified of any of the document areas they will want to re-open. He stated the site visit is still scheduled for June 25th and 26th.

Mr. Dick stated he wished to highlight the Substance Abuse Community Coalition Accelerator and the event that was held on April 5th. This event brought people together from across the region to improve and enhance activities to address the substance abuse epidemic and was attended by fifty three participants, including those from not-for-profits and medical and medication assisted treatment units, and from each of the governmental jurisdictions. Mr. Dick wished to particularly identify the new Sparks City Manager, Mr. Krutz, who attended and spent the whole day in the commitment to this initiative.

Mr. Dick informed there was good progress made in the break-out groups on strategies to move forward in the areas noted in his report, and those workgroups will be following up and working to further advance the momentum. He stated there was good feedback and it was a successful event.

Mr. Dick thanked Chief Brown and Councilman Dahir for joining Health District staff at the Making Health Happen Awards ceremony at the UNR School of Community Health Sciences on April 3rd. He informed it was a very nice event, and that he wished to acknowledge the Health District's Sexual Health Program that was nominated for a government agency program award. He stated that, although they did not receive the award, it was great recognition that they were nominated.

Mr. Dick also wanted to congratulate Mr. Kutz who was the award recipient of their prestigious Community Partner Collaboration Award. He informed the video of Mr.

Kutz played that evening at the event had been obtained and showed it for those present.

Mr. Dick stated Mr. Kutz has done a tremendous job with the partnership with the School of Community Health Sciences and all of the interns and students that he not only helps educate at the Health District, but teaches at the school, as well.

Within the TMHC section of his report and regarding the Regional Strategy for Housing Affordability, there will be a presentation for the Regional Planning Agency Governing Board that will occur on May 23rd, and there will also be a community event to present that strategy at 3:30 p.m. at the Joe Crowley Student Union on the third floor.

13. *Board Comment

Chair Novak closed the Board comment period.

Mr. Dahir informed he is honored to be on the Governor's task force for the census, noting that information is impactful in many areas.

Chair Novak reported he had attended a meeting earlier in the day on the upcoming alternate care site full-scale exercise. He informed this is one of the first exercises of this scope to be performed. He expressed he was amazed by the organization of the event and the amount of work by staff including Ms. Dayton and Ms. Esp. He encouraged the Board to stop by and see this exercise, opining there is much to be proud of at the Health District.

Mr. Dahir inquired if the Board Members would be able to participate as patients in this exercise, and volunteered to participate.

Chair Novak closed the Board comment period.

14. *Public Comment

As there was no one wishing to speak, Chair Novak closed the public comment period.

15. Adjournment

Chair Novak adjourned the meeting at 2:44 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 775.328.2415, 24 hours prior to the meeting.

Public Comment: During the "Public Comment" items, anyone may speak 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 will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a "Request to Speak" form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

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 – Limited to Announcement or Issues for future Agendas."

Posting of Agenda; Location of Website:

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

Washoe County Health District, 1001 E. 9th St., Reno, NV Reno

City Hall, 1 E. 1st St., Reno, NV

Sparks City Hall, 431 Prater Way, Sparks, NV

Washoe County Administration Building, 1001 E. 9th St, Reno, NV

Downtown Reno Library, 301 S. Center St., Reno, NV

Washoe County Health District Website www.washoecounty.us/health State of Nevada Website: <https://notice.nv.gov>

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. Laura Rogers, 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. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at lrogers@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

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Risk	<u> </u>

STAFF REPORT
BOARD MEETING DATE: May 23, 2019

TO: District Board of Health

FROM: Nancy Kerns Cummins, Fiscal Compliance Officer
775-328-2419; nkcummins@washoecounty.us

SUBJECT: Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2019 through December 31, 2019 in the total amount of \$135,000.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 11578 and authorize the District Health Officer to execute the Notice of Subaward.

SUMMARY

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on May 8, 2019 to support the Sexually Transmitted Disease (STD) Prevention and Control Program. The funding period is retroactive to January 1, 2019 through December 31, 2019. A copy of the Notice of Subaward is attached.

Health District Strategic Priorities supported by this item:

- 1. Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.

PREVIOUS ACTION

There has been no previous action this fiscal year.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Sexually Transmitted Disease Prevention and Control Program

Scope of the Project: The Subgrant scope of work includes conducting the following: STD testing, case identification and partner services; STD surveillance which includes the regular monitoring of STD surveillance database, maintaining case files and records, and conducting investigations; prepare and submit reports as required, respond to STD outbreaks; provide STD outreach and education to residents, organizations and communities; confidentiality and security training of all surveillance staff, IT department staff that have access to computers/servers containing HIV data, and all staff where the STD program is located.

The Subgrant provides funding for personnel, lab testing, and indirect expenditures.

Subject: Approve STD Notice of Subaward

Date: May 23, 2019

Page 2 of 2

Benefit to Washoe County Residents: This Award supports identification through examination and testing, treatment and control of sexually transmitted diseases in Washoe County.

On-Going Program Support: The Health District anticipates receiving continuous funding to support the STD Program.

Award Amount: \$135,000.00

Grant Period: January 1, 2019 – December 31, 2019

Funding Source: Centers for Disease Control and Prevention (CDC)

Pass Through Entity: State of Nevada, Department of Health and Human Services
Division of Public & Behavioral Health

CFDA Number: 93.977

Grant ID Number: 1 NH25PS005179-01-00 / HD #16987

Match Amount and Type: No match required

Sub-Awards and Contracts: No Sub-Awards are anticipated.

FISCAL IMPACT

The District anticipated this award and included funding in the adopted FY19 budget. As such, there is no fiscal impact to the FY19 adopted budget should the Board approve the Notice of Subaward.

RECOMMENDATION

It is recommended that the Washoe County Health District approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2019 through December 31, 2019 in the total amount of \$135,000.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 11578 and authorize the District Health Officer to execute the Notice of Subaward.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2019 through December 31, 2019 in the total amount of \$135,000.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 11578 and authorize the District Health Officer to execute the Notice of Subaward."



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health
 (hereinafter referred to as the Division)

Agency Ref. #: **HD 16987**
 Budget Account: **3219**
 Category: **09**
 GL: **8516**
 Job Number: **9397719**

NOTICE OF SUBAWARD

Program Name: STD Prevention and Control Program Nevada Division of Public and Behavioral Health Office of Public Health Investigations and Epidemiology	Subrecipient's Name: Washoe County Health District
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 E. Ninth St., Bldg. B Reno, NV 89512
Subaward Period: January 1, 2019, through December 31, 2019	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998

Purpose of Award: To identify, treat and control Sexually Transmitted Diseases (STD) in specified counties.

Region(s) to be served: Statewide Specific county or counties: Washoe County

Approved Budget Categories:	
1. Personnel	\$101,727.00
2. Travel	
3. Operating	\$21,000.00
4. Equipment	
5. Contractual/Consultant	
6. Training	
7. Other	
TOTAL DIRECT COSTS	\$122,727.00
8. Indirect Costs	\$12,273.00
TOTAL APPROVED BUDGET	\$135,000.00

FEDERAL AWARD COMPUTATION:	
Total Obligated by this Action:	\$ 135,000.00
Cumulative Prior Awards this Budget Period:	\$ 0.00
Total Federal Funds Awarded to Date:	\$ 135,000.00
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Amount Required this Action:	\$ 0.00
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

Budget Period:
 January 1, 2019, through December 31, 2019
Project Period:
 January 1, 2019, through December 31, 2023

FOR AGENCY USE ONLY

Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:
Centers for Disease Control and Prevention (CDC)	100%	93.977	NH25PS005179	1 NH25PS005179-01-00

Federal Grant Award Date by Federal Agency: December 06, 2018

Agency Approved Indirect Rate: 7.6% **Subrecipient Approved Indirect Rate:** 10%

- Terms and Conditions:**
 In accepting these grant funds, it is understood that:
1. This award is subject to the availability of appropriate funds.
 2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
 3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
 4. Subrecipient must comply with all applicable Federal regulations
 5. Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
 6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

- Incorporated Documents:**
- Section A: Grant Conditions and Assurances;
 - Section B: Description of Services, Scope of Work and Deliverables;
 - Section C: Budget and Financial Reporting Requirements;
 - Section D: Request for Reimbursement;
 - Section E: Audit Information Request;

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Section F: Current/Former State Employee Disclaimer; and
Section G: DPBH Business Associate Addendum

	Signature	Date
Kevin Dick, District Health Officer Washoe County Health District		
Melissa Peek-Bullock Bureau Chief/Deputy		
for Lisa Sherych Interim Administrator, Division of Public & Behavioral Health		

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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION A

GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Division of Public and Behavioral Health (hereafter referred to as "Division") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Division from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Division or Recipient from its obligations under this Agreement.
 - The Division may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Division and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Division. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Division, become the property of the Division, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Division may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Division may declare the Recipient ineligible for any further participation in the Division's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Division may withhold funding.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.

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5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with the Clean Air Act (42 U.S.C. 7401–7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251–1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
8. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:**

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009
contractunit@health.nv.gov***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the Subrecipient's fiscal year. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**

9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
 10. No funding associated with this grant will be used for lobbying.
 11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
 12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:
 1. Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 2. Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 3. Any attempt to influence:
 - (a) The introduction or formulation of federal, state or local legislation; or
 - (b) The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.

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4. Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 5. Any attempt to influence:
 - (a) The introduction or formulation of federal, state or local legislation;
 - (b) The enactment or modification of any pending federal, state or local legislation; or
 - (c) The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
 6. Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 7. Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 1. Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 2. Not specifically directed at:
 - (a) Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - (b) Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - (c) Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION B

Description of Services, Scope of Work and Deliverables

Washoe County Health District (WCHD), hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Washoe County Health District (WCHD)

Goal 1: Conduct STD surveillance, reporting, and identification of Chlamydia, Gonorrhea, Syphilis, Congenital Syphilis and adverse outcomes of STDs.						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure</i>	<i>Evaluation Tool</i>
1.1 Through December 2019, Washoe County Health District (WCHD) will identify, track and report all individuals with suspected or confirmed Sexually Transmitted Diseases (STDs) to include chlamydia, gonorrhea, syphilis, and congenital syphilis.	1.1.1 Maintain and update (NEDDS Based System) NBS or an equivalent CDC approved STD Surveillance System to capture the CDC required information and notify STD program of any upcoming changes.	STD Surveillance System	Jan 1, 2019 – Dec 31, 2019	Patients diagnosed with an STD	# of data systems maintained	NBS Data or Equivalent
1.2 Through December 2019, WCHD will collaborate with the STD Program to identify and investigate data quality issues.	1.2.1 Perform a quarterly match of HIV cases through eHARS with STD data, and, update the patient status to be consistent between the two data sets. 1.2.2 Conduct an edit check report on STD data quarterly to identify and reconcile errors and inconsistencies.	Report of reconciled cases Edit check report	Quarterly Reports Due: July 12, 2019 Oct 11, 2019 Jan 17, 2020	STD/HIV patients WCHD	# of cases reconciled # of Edit checks reports	Reconciled case report NBS data
Goal 2: Develop and maintain an outbreak capacity plan to respond to significant changes in STD epidemiology. Ensure that staff are trained and ready to implement the outbreak capacity plan						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure</i>	<i>Evaluation Tool</i>
2.1 Through December 2019, respond to STD Outbreaks in WCHD jurisdiction.	2.1.1 Develop capacity plans for WCHD. 2.1.2 Develop a monitoring tool for WCHD to utilize for reporting on outbreak activities.	Outbreak Capacity Plan Outbreak monitoring tool	Ongoing through the subaward period	WCHD Staff	# of Capacity Plans submitted # of Outbreak Monitoring Tools Submitted	Outbreak Capacity Plan Outbreak monitoring tool
Goal 3: Conduct congenital syphilis surveillance, disease investigation, and case management.						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure</i>	<i>Evaluation Tool</i>
3.1 Through December 31, 2019, WCHD will develop a mechanism to collect, track, analyze, and	3.1.1 Though the SFTP site or the excel document, ensure all CS cases are	Data transmissions	By the 15 th of each month	Congenital Syphilis patients	# of cases submitted on time / # of total cases	Evaluation Tool

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investigate 100% of infants diagnosed with Congenital Syphilis (CS).	reported to the STD Program on a monthly basis.	from WCHD to DPBH	Quarterly Reports Due: July 12, 2019 Oct 11, 2019 Jan 17, 2020	CS patients	# of cases categorized correctly / # of total cases	NBS Data, Quarterly Program Data
3.1.2 Utilizing the Council for State and Territorial Epidemiologists (CSTE) case definition, collect, verify, categorize, and report infants diagnosed with CS for confirmed, probable, and syphilitic stillbirth CS cases.	Infants diagnosed with CS	Infants diagnosed with CS				
3.1.3 Review the reported CS cases, as well as female syphilis surveillance data, to understand the populations affected and missed opportunities for prevention.	LHA quarterly CS report	LHA quarterly CS report			# of line listings received	NBS Data, Quarterly Program Data
3.1.4 Link the infant CS cases to the mother's syphilis case report record to further examine potential maternal demographic or risk behaviors associated with CS in your jurisdiction.	Maternal syphilis cases reported in NBS	Maternal syphilis cases reported in NBS	Ongoing through the subaward period		# of cases linked to the maternal record / # of total cases	NBS Data, Quarterly Program Data
3.1.5 Examine congenital syphilis cases to identify providers not following screening recommendations.	Congenital Syphilis case reviews	Congenital Syphilis case reviews			# of cases examined	NBS Data, Quarterly Program Data
3.2 By December 2019, respond to 100% of CS Medicaid, and vital matches.	Report on Birth/Death Registry Match Report on Medicaid Match	Report on Birth/Death Registry Match Report on Medicaid Match	Dec 31, 2019	Missing CS cases	# of unreported infants identified	Vital Data, Medicaid Data
Goal 4: Conduct health department disease investigation, partner services, and linkage to care for patients with STDs.						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure</i>	<i>Evaluation Tool</i>
4.1 Through December 2019, WCHD will provide partner services to STD patients, with priority assigned to cases of Neurosyphilis, Ocular Syphilis, Men who have sex with Men (MSM), and Women aged 15-44 years.	4.1.1 Create a Partner Services report outlining the percentage of patients receiving partner services by risk factor: <ul style="list-style-type: none"> Neurosyphilis Ocular Syphilis MSM Women aged 15-44 4.1.2 Maintain local prioritization matrix that prioritizes women aged 15-44 years (WRA) and reactive serology, MSM with	Partner Services report	Quarterly reports due July 12, 2019 Oct 11, 2019 Jan 17, 2020	Women aged 15-44 years, MSM, Neurosyphilis / Ocular Syphilis Patient	# of partner services reports submitted	NBS data, quarterly program data
		Prioritization matrix	Ongoing through the		# of matrix submitted	Prioritization matrix

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	Primary and Secondary (P&S) Syphilis, and those with neurosyphilis/ocular syphilis.	subaward period						
Goal 5: Develop Reports for STD for the CDC and STD Prevention and Control Program.								
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure</i>	<i>Evaluation Tool</i>		
5.1 Through December 2019, conduct epidemiological analysis, and data quality assurance of STD data.	5.1.1 Create a Quarterly report of data by meaningful geographic level, demographics, reporting provider and laboratory, and key dates. 5.1.2 Create a report of completed missing variables for CDC assigned core epidemiological STD and Syphilis variables.	Quarterly Fast Facts Reports Annual Provider Report Quarterly Missing Variables Report	Quarterly reports due July 12, 2019 Oct 11, 2019 Jan 17, 2020	STD Patients	# of Quarterly Fast Facts # of Annual Provider Reports # of Annual Key Date Report # of Missing Variables Reports submitted	NBS data, provider report, key date report NBS data		
Goal 6: Promote quality STD specialty care services								
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure</i>	<i>Evaluation Tool</i>		
6.1 Through December 2019, assess and promote correct STD treatment.	6.1.1 Provide a current list of all STD providers, clinics and or facilities within the jurisdiction. 6.1.2 Assess percent of STD cases with complete, and correct treatment data.	List of STD specialty care clinics Annual Treatment Report	December 31, 2019	STD Specialty Care Clinics STD patients	# of lists submitted # of STD patients with completed treatment by disease and age / # of STD patients total # of STD patients with correct treatment by disease and age / # of STD patients total	List of STD specialty care clinics Annual Treatment Report		
6.1.3 Identify providers not adhering to CDC recommended treatment and provide them with education packets of best practices of STD treatment.		Provider Packets		Local health providers	# of provider packets distributed	Provider Packets		

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6.2 By December 2019, WCHD will maintain an inventory of medications for the treatment of an STD.	6.2.1 Develop and maintain a process to an appropriate inventory of Benzathine penicillin G medication to treat and address any shortages.	Inventory of medications	Quarterly reports due July 12, 2019 Oct 11, 2019 Jan 17, 2020	Persons diagnosed with an STD	# of processes implemented # of medications utilized	Program data
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Deliverables:

- 1) Compile and complete reports outlined throughout the Scope of Work's objectives and activities.
- 2) Participate in the following calls throughout the project period. Specific conference call number and passcode will be provided within one (1) week prior to the scheduled call.

Syphilis Response Workgroup meeting at 1:00 PM on the second Tuesday of every month.

STD Quarterly Meetings at 2:00 PM on the following dates:

- April 30, 2019
- July 30, 2019
- September 30, 2019
- January 30, 2020

Technical Assistance Calls at 3:00 PM on the following dates:

- April 23, 2019
- July 23, 2019
- September 24, 2019
- January 16, 2020

Reporting Schedule

The awardee shall provide to the STD Prevention and Control Program an annual Work Plan within 30 days of receiving the Notice Of Award and Scope of Work. Submit quarterly and annual reports electronically to the STD Program Coordinator. Reports must include a summary of data collection and progress on performance measures that align with the approved activities and objectives

Quarterly Reports

- o Q1 Report (January 1, 2019 – March 31, 2019) due by July 12, 2019
- o Q2 Report (April 1, 2019 – June 30, 2019) due by July 12, 2019
- o Q3 Report (July 1, 2019 – September 30, 2019) due by September 13, 2019
- o Q4 Report (October 1, 2019 – December 1, 2019) due by January 10, 2020

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 1 NH25PS005179-01-00 from Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor Centers for Disease Control and Prevention.

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 1 NH25PS005179-01-00 from Centers for Disease Control and Prevention.

Subrecipient agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 101,727.00		
		\$ 33,562.00	Public Health Nurse: \$67,124 x 50% FTE = \$33,562
		\$ 35,640.00	Public Health Investigator: \$54,000 x 66% FTE = \$35,640
		32,525.00	Fringe: \$69,202 x 47% = \$32,525
2. Travel	\$		
		\$	
3. Operating	\$ 21,000.00		
		\$ 21,000.00	Aptima NAATs Tests: 2100 tests x \$10.00/test = \$21,000
4. Equipment	\$		
		\$	
5. Contractual Consultant	\$		
		\$	
6. Training	\$		
		\$	
7. Other	\$		
		\$	
Total Direct Cost	\$		
8. Indirect Cost	\$ 12,273.00		10% of total direct costs: \$122,727 x 10% = \$12,273
Total Approved Budget	\$ 135,000.00		

- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed the amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed the amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- If additional FTEs not listed on this budget are asked to be reimbursed, details (such as position title and work to be performed as it relates to this grant) are required to be given to the Division of Public and Behavioral Health and for prior approval.
- Personnel costs are based on estimated salaries. Actual salaries that will be charged will be based on time and effort.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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The Subrecipient agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed \$135,000.00 by December 31, 2019;
- Total reimbursement will not exceed \$67,500.00 by June 30, 2019;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Quarterly reports and other supporting documentation outlined within the scope of work are required to request reimbursement; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Division may not be able to provide reimbursement.
- If credit is owed to the Division after the 45-day closing period, the funds must be returned to the Division within 30 days of identification.

The Division agrees:

- The STD Prevention and Control Program will provide or accomplish the following items to ensure the successful completing of this project, such as:
 - Provide reimbursement of activities related to this subaward, not to exceed \$135,000.00 during the subaward period, given a receipt of appropriate documentation;
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed; and
 - Forwarding reports to the Centers for Disease Control and Prevention.
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation is submitted to and accepted by the Division.
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation is submitted to and accepted by the Division.

Both parties agree:

- The Division reserves the right to conduct a site visit regarding this subaward and deliverables. If deliverables are not met for this subaward period, then the Division is not obligated to issue continuation funding.
- Based on submitted narrative progress reports, financial reporting, and site visit findings, the Division may reduce the amount of the subaward award, and/or reallocate funding between categories if activities listed in the scope of work will not be completed as scheduled in Section B, and/or completed at a lesser cost than originally budgeted.
- The Subrecipient will, in the performance of the Scope of Work, specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out and sign Section F, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation is submitted to and accepted by the Division.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by

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either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

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SECTION D**

Agency Ref. #: HD 16987
Budget Account: 3219
GL: 8516
Draw #: _____

Request for Reimbursement

Program Name: STD Prevention and Control Program Nevada Division of Public and Behavioral Health Office of Public Health Informatics and Epidemiology	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, NV 89520
Budget Period: January 1, 2019, to December 31, 2019	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

	Month(s)	Calendar year				
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$101,727.00	\$0.00	\$0.00	\$0.00	\$101,727.00	0.0%
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$21,000.00	\$0.00	\$0.00	\$0.00	\$21,000.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Indirect	\$12,273.00	\$0.00	\$0.00	\$0.00	\$12,273.00	0.0%
Total	\$135,000.00	\$0.00	\$0.00	\$0.00	\$135,000.00	0.0%

I, a duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature	Title	Date
FOR DIVISION USE ONLY		

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

ASO or Bureau Chief (as required): _____

Date

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SECTION E**

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to division. Electronic copies are preferred and can be sent to contractunit@health.nv.gov. Mail hard copies to the following address:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time-period did your last audit cover? _____
8. Which accounting firm conducted your last audit? _____

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION F

Notification of Utilization of Current or Former State Employee

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

YES If "YES", list the names of any current or former employees of the State and the services that each person will perform.

NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Division.

Name

Services

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Division.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION G

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District (WCHD)

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

- I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
 2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
 3. **CFR** stands for the Code of Federal Regulations.
 4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
 5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
 6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing,

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enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.

7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the

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Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).

5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

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12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. **PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.** The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e)(2)(i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held

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confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.

- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. Prohibited Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. Effect of Termination:

- a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
- b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return, or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
- c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.

2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.

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3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

AHSO	___	AH	___
DHO	___	KD	___
DA	___		___
Risk	___		___

STAFF REPORT
BOARD MEETING DATE: May 23, 2019

TO: District Board of Health

FROM: Nancy Kerns Cummins, Fiscal Compliance Officer
775-328-2419; nkcummins@washoecounty.us

SUBJECT: Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2019 through December 31, 2019 in the total amount of \$63,503.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Surveillance Program IO# TBD and authorize the District Health Officer to execute the Notice of Subaward.

SUMMARY

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on May 9, 2019 to support the HIV Surveillance Program. The funding period retroactive to January 1, 2019 through December 31, 2019. A copy of the Notice of Subaward is attached.

Health District Strategic Priorities supported by this item:

- 1. Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.

PREVIOUS ACTION

There has been no previous action this fiscal year.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: HIV Surveillance Program

Scope of the Project: The Subgrant scope of work includes the following: identify and report persons with HIV; conduct death ascertainment; conduct intrastate de-duplication of HIV cases; participate in routine interstate duplication review of HIV cases; conduct risk factor ascertainment; assess data quality.

The Subgrant provides funding for personnel, staff local travel and indirect expenses.

Benefit to Washoe County Residents: This Award supports the Sexual Health Program’s mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program



Subject: Approve HIV Surveillance Notice of Subaward

Date: May 23, 2019

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emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

On-Going Program Support: The Health District anticipates receiving continuous funding to support the HIV Surveillance Program.

Award Amount: \$ 63,503.00

Grant Period: January 1, 2019 – December 31, 2019

Funding Source: Centers for Disease Control and Prevention (CDC)

Pass Through Entity: State of Nevada Department of Health and Human Services,
Division of Public & Behavioral Health

CFDA Number: 93.940

Grant ID Number: HD# 17115

Match Amount and Type: No match required.

Sub-Awards and Contracts: No Sub-Awards are anticipated.

FISCAL IMPACT

The District anticipated this award and included funding in the adopted FY19 budget. As such, there is no fiscal impact to the FY19 adopted budget should the Board approve the Notice of Subaward.

RECOMMENDATION

It is recommended that the Washoe County Health District approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2019 through December 31, 2019 in the total amount of \$63,503.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Surveillance Program IO# TBD and authorize the District Health Officer to execute the Notice of Subaward.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2019 through December 31, 2019 in the total amount of \$63,503.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Surveillance Program IO# TBD and authorize the District Health Officer to execute the Notice of Subaward."



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health
 (hereinafter referred to as the Division)

Agency Ref. #: **HD 17115**
 Budget Account: 3219
 Category: 18
 GL: 8516
 Job Number: 934019

NOTICE OF SUBAWARD

Program Name: HIV Surveillance Program Nevada Division of Public and Behavioral Health Office of Public Health Informatics and Epidemiology	Subrecipient's Name: Washoe County Health District
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 E. Ninth St., Bldg. B Reno, NV 89512
Subaward Period: January 1, 2019, through December 31, 2019	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998

Purpose of Award: To conduct HIV surveillance.

Region(s) to be served: Statewide Specific county or counties: Washoe

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$55,200.00	Total Obligated by this Action:	\$ 63,503.00
2. Travel	\$116.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating		Total Federal Funds Awarded to Date:	\$ 63,503.00
4. Equipment		Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant		Amount Required this Action:	\$ 0.00
6. Training		Amount Required Prior Awards:	\$ 0.00
7. Other		Total Match Amount Required:	\$ 0.00
TOTAL DIRECT COSTS	\$55,316.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	\$8,187.00	Budget Period: January 1, 2019, through December 31, 2019	
TOTAL APPROVED BUDGET	\$63,503.00	Project Period: January 1, 2019, through December 31, 2022	

FOR AGENCY USE ONLY

Source of Funds: Centers for Disease Control and Prevention	% Funds: 100%	CFDA: 93.940	FAIN: NU62PS924579	Federal Grant #: 5 NU62PS924579-02-00
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Federal Grant Award Date by Federal Agency: December 17, 2018

Agency Approved Indirect Rate: 7.6% **Subrecipient Approved Indirect Rate:** 14.8%

Terms and Conditions:
 In accepting these grant funds, it is understood that:

1. This award is subject to the availability of appropriate funds.
2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
4. Subrecipient must comply with all applicable Federal regulations
5. Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

Incorporated Documents:

Section A: Grant Conditions and Assurances;
 Section B: Description of Services, Scope of Work and Deliverables;
 Section C: Budget and Financial Reporting Requirements;
 Section D: Request for Reimbursement;
 Section E: Audit Information Request;
 Section F: Current/Former State Employee Disclaimer; and
 Section G: DPBH Business Associate Addendum

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	Signature	Date
Kevin Dick, District Health Officer Washoe County Health District		
Melissa Peek-Bullock Bureau Chief/Deputy		
for Lisa Sherych Interim Administrator, Division of Public & Behavioral Health		

STATE OF NEVADA
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SECTION A

GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Division of Public and Behavioral Health (hereafter referred to as "Division") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Division from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Division or Recipient from its obligations under this Agreement.
 - The Division may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Division and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Division. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Division, become the property of the Division, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Division may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Division may declare the Recipient ineligible for any further participation in the Division's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Division may withhold funding.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.

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5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with the Clean Air Act (42 U.S.C. 7401–7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251–1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
8. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:**

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009
contractunit@health.nv.gov***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the Subrecipient's fiscal year. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**

9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:
 1. Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 2. Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 3. Any attempt to influence:
 - (a) The introduction or formulation of federal, state or local legislation; or
 - (b) The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.

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4. Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 5. Any attempt to influence:
 - (a) The introduction or formulation of federal, state or local legislation;
 - (b) The enactment or modification of any pending federal, state or local legislation; or
 - (c) The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
 6. Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 7. Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 1. Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 2. Not specifically directed at:
 - (a) Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - (b) Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - (c) Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION B

Description of Services, Scope of Work and Deliverables

Washoe County Health District (WCHD), hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Washoe County Health District (WCHD)

Strategy 1: Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response

<i>Objective</i>	<i>Activities</i>	<i>Output</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure (Indicator)</i>	<i>Evaluation Tool</i>
1.1 Through December 31, 2019, Washoe County Health District (WCHD) will utilize the technical guidance manuals provided by the HIV Surveillance Program to maintain a complete, timely, and an accurate measure of the number of persons in need of HIV prevention, care, and treatment services.	1.1.1 Through the Enhanced HIV/AIDS Reporting System (eHARS), enter all new, maintenance, or updated HIV laboratory results within 30 days of the specimen collection date.	HIV laboratory results report	Quarterly Reports Due: April 30 th July 30 th Oct. 30 th Jan. 30 th	Patients with new or maintenance laboratory results	# of total laboratory results # of new lab results # of maintenance lab results	Quarterly program data, laboratory data, eHARS data
	1.1.2 Complete an in-person or medical record review for 100% of reported or confirmed HIV cases to obtain the required information.	In-person or medical record review report	Jan 1, 2019 - Dec 31, 2019	Patients with reported or confirmed HIV infection	# of HIV cases # of in-person or medical record review	Quarterly program data
	1.1.3 Ensure and maintain all laboratory results from the Adult Case Report Form (ACRF) are entered into eHARS within 30 days of the diagnosis to include HIV testing, a cluster of differentiation 4 (CD4) counts, viral loads, and mode of exposure.	ACRF	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Newly diagnosed cases	# of laboratory results not entered into eHARS within 30 days	Quarterly program data, eHARS data

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<p>1.1.4 Through eHARS, evaluate and maintain at least $\geq 97\%$ of HIV cases will meet the surveillance case definition within a diagnosis year and reassessed 12 months after the diagnosis year.</p>	<p>HIV cases meeting the case definition report</p>	<p>Quarterly Reports Due: July 30th Oct. 30th Jan. 30th</p>	<p>HIV cases</p>	<p># of HIV cases meeting the surveillance case definition</p>	<p>Quarterly program data, eHARS data</p>
<p>1.1.5 Through eHARS, perform data quality assessments to evaluate and update all newly diagnosed or reported cases in "Person View" status with a</p> <ul style="list-style-type: none"> • "A – Active," • "E – Error," • "R-Required field missing, or • "W – Warning" <p>and determine the reasons for the error(s), missing data field(s), or warning status and ensure all cases have a valid zip code.</p>	<p>Data quality assessments through the eHARS report</p>	<p>Quarterly Reports Due: July 30th Oct. 30th Jan. 30th</p>	<p>HIV cases</p>	<p># of data quality assessments performed # of cases evaluated # of cases updated in eHARS</p>	<p>Quarterly program data, eHARS data</p>
<p>1.1.6 Through the 2014 Morbidity and Mortality Weekly Report (MMWR) case definition and eHARS, maintain at least $\geq 97\%$ of cases will meet the surveillance case definition for HIV infection within a diagnosis year, have at least one (1) laboratory result indicative of HIV, have all required fields, and pass all standard data edit checks, reassessed 12 months after the diagnosis year.</p>	<p>HIV case definition report</p>	<p>Quarterly Reports Due: July 30th Oct. 30th Jan. 30th</p>	<p>HIV cases</p>	<p># of HIV cases in eHARS # of cases meeting the MMWR case definition # of cases not meeting the MMWR case definition</p>	<p>Quarterly program data, HIV MMWR case definition, eHARS data</p>

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	<p>1.1.7 Through eHARS, establish a mechanism to perform routine record searches to review records not meeting the HIV surveillance case definition per CDC guidelines.</p>	<p>HIV cases not meeting case definition report</p>	<p>Quarterly Reports Due: July 30th Oct. 30th Jan. 30th</p>	<p>HIV cases</p>	<p># of record searches # of cases not meeting the case definition # of cases meeting the case definition</p>	<p>Quarterly program data, eHARS data</p>
<p>1.2 Through December 31, 2019, WCHD will utilize the technical guidance manuals, provided by the HIV Surveillance Program, to monitor electronic laboratory reporting (ELR) for all HIV testing, CD4 counts and viral loads are being reported by providers.</p>	<p>1.2.1 Through established routine quality and assurance activities, ensure providers, facilities, and laboratories, etc. are reporting all HIV cases and laboratory results as required by NRS within six months of diagnosis.</p>	<p>ELR quality and assurance reports</p>	<p>Quarterly Reports Due: July 30th Oct. 30th Jan. 30th</p>	<p>HIV cases</p>	<p># of ELR laboratory reports # of paper laboratory reports # of providers reporting or not reporting</p>	<p>Quarterly program data, provider data</p>
	<p>1.2.2 Through eHARS, ensure at least ≥ 85% of cases for a diagnosis year have an initial CD4 test, and a viral load test result based on the collected specimen is entered into eHARS within one month following HIV diagnosis and reassessed 12 months after the diagnosis year</p>	<p>CD4 and viral load test in an eHARS report</p>	<p>Quarterly Reports Due: July 30th Oct. 30th Jan. 30th</p>	<p>HIV cases</p>	<p># of CD4 tests & viral load test received per month # of CD4 & viral load test are entered into eHARS # of cases reassessed</p>	<p>Quarterly program data, ELR data, eHARS data</p>
	<p>1.2.3 Through eHARS, ensure at least ≥ 85% of all labs with a specimen collection date in the diagnosis year are loaded in the surveillance system within two months of the specimen collection date and reassessed 12 months after the diagnosis year</p>	<p>Date specimen collected and loaded into the surveillance system report</p>	<p>Quarterly Reports Due: July 30th Oct. 30th Jan. 30th</p>	<p>HIV cases</p>	<p># of laboratory results received within two (2) months # of laboratory results loaded into the surveillance system</p>	<p>Quarterly program data, ELR data, eHARS data</p>

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	1.2.4 Maintain completeness of HIV case ascertainment at least ≥ 95% of the expected number of cases, for a diagnosis year, are reported and reassessed 12 months after the diagnosis year.	Completeness of HIV case ascertainment report	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	HIV cases	# of laboratory results reassessed 12 months later	Quarterly	# of HIV case # of cases reassessed # of reported HIV cases # of HIV cases reassessed	Quarterly program data,	
	1.2.5 Ensure timelines of HIV case ascertainment will maintain at least ≥ 90% of the expected number of cases for a diagnosis year are reported within six (6) months following diagnosis and reassessed 12 months after the diagnosis year.	Timelines of HIV case ascertainment	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	HIV cases	# of HIV cases in six (6) months # of HIV cases reported within six (6) months # of HIV cases reassessed	Quarterly	# of HIV cases in six (6) months # of HIV cases reported within six (6) months # of HIV cases reassessed	Quarterly program data,	
	1.2.6 Collect and provide all HIV laboratory results to include the format and the frequency of the received laboratory results.	Laboratory results report	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Laboratory results	# of laboratory results # of format and frequency of laboratory results	Quarterly	# of laboratory results # of format and frequency of laboratory results	Quarterly program data, laboratory data	
1.3 Through December 31, 2019, WCHD will utilize the technical guidance provided by the HIV Surveillance Program to identify early HIV	1.3.1 Through the Nevada Electronic Review Database (NERDS), process and review all incoming electronic laboratory messages to include labs that reflect negative or undetectable counts to track Stage 0. 1.3.2 Confirm laboratories and providers	Incoming electronic laboratory messages Reporting of new cases to	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Laboratory results	# of electronic laboratory messages # of negative undetectable test results	Quarterly	# of electronic laboratory messages # of negative undetectable test results	Quarterly laboratory data, NERDS data	
			Jan 1, 2019 - Dec 31, 2019	Providers, laboratories	# of awareness campaigns	Quarterly	# of awareness campaigns	Quarterly program data	

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infection to include acute, and stage 0.	maintain contact with local hospitals to ensure reporting of new cases and promote awareness with providers, hospitals, and laboratories.	promote awareness		, and hospitals	# of contacts and who contacted	
1.3.3 Through eHARS via NERDS, ensure at least ≥ 60% of HIV cases within a diagnosis year have an analyzable nucleotide laboratory sequence result and reassess 12 months after the diagnosis year.	HIV cases with an analyzable nucleotide sequence	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Laboratory results	# of laboratory test results analyzed & unanalyzable	# of laboratory results reassessed	Quarterly laboratory data, NERDS data
1.3.4 Through eHARS, within a diagnosis year, evaluate at least ≥ 70% of HIV cases with a prior antiretroviral (ART) history and reassess 12 months after the diagnosis year.	Prior antiretroviral history	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Patients with any antiretroviral history	# of HIV cases with an antiretroviral history and evaluated	# of cases reassessed	ARH data, program data
1.3.5 Through NERDS, ensure at least ≥ 70% of cases for a diagnosis year have a previous negative known value HIV test and reassessed 12 months after the diagnosis year.	Negative HIV tests	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Laboratory test results	# of laboratory results	# of negative HIV test results	Quarterly laboratory data, NERDS data
1.3.6 Through NERDS, ensure at least ≥ 50% of HIV cases, for a diagnosis year, with a previous negative HIV test have a valid date of the documented negative test result and reassessed 12 months after the diagnosis year.	HIV cases with a previous negative test	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Laboratory test results	# of negative HIV test results	# of cases reassessed	Quarterly laboratory data, NERDS data

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	<p>1.3.7 Per Nevada Regulation Statutes (NRS), monitor and follow-up with providers and/or laboratories who do not report positive HIV test results.</p>	<p>Providers who do not report HIV test results</p>	<p>Quarterly Reports Due: July 30th Oct. 30th Jan. 30th</p>	<p>HIV cases</p>	<p># of reporting providers # of providers who do not report positive HIV test results</p>	<p>Quarterly program data</p>
<p>1.4 Through December 31, 2019, WCHD will conduct surveillance of HIV cases and complete data entry into the surveillance database within 90 days of the report.</p>	<p>1.4.1 Assess and maintain contact with facilities &/or providers to ensure reporting of all HIV cases within six (6) months of diagnosis.</p>	<p>Facility &/or Provider reporting mechanism</p>	<p>Quarterly Reports Due: July 30th Oct. 30th Jan. 30th</p>	<p>Providers or facilities</p>	<p># of facilities &/or providers contacted and report within six (6) months of diagnosis</p>	<p>Quarterly program data</p>
	<p>1.4.2 Identify facilities &/or providers who do not report or do not report within 6 months and educate the providers on Nevada Revised Statutes (NRS) guidelines, HIV education, and referrals.</p>	<p>Providers &/or facilities who do not report</p>	<p>Quarterly Reports Due: July 30th Oct. 30th Jan. 30th</p>	<p>Providers or facilities</p>	<p># of providers contacted # of providers who report & do not report within six (6) months</p>	<p>Quarterly program data</p>
<p>1.5 Through December 31, 2019, WCHD will utilize technical guidance provided by the HIV Surveillance Program to collect and link death certificate records (DCRs) on persons with HIV infection.</p>	<p>1.5.1 Collaborate with the Clark County Office of the Coroner / Medical Examiner Office, hospitals, healthcare providers, or other sources to obtain a reporting mechanism to identify unreported HIV/AIDS deaths and follow the technical guidance collect all appropriate data items from the DCR and update eHARS accordingly.</p>	<p>HIV/AIDS death tracking system</p>	<p>Quarterly Reports Due: July 30th Oct. 30th Jan. 30th</p>	<p>Unreported HIV/AIDS deaths</p>	<p># of reports obtained from the Clark County Office of the Coroner / Medical Examiner office # of cases on the DCR # of DCRs # of records updated in eHARS</p>	<p>Quarterly program data</p>
	<p>1.5.2 Through eHARS, ensure ≥85% of HIV/AIDS deaths occurring in 2017 have an underlying cause of death</p>	<p>HIV cases with an underlying cause of death</p>	<p>Quarterly Reports Due: July 30th</p>	<p>HIV cases</p>	<p># of HIV/AIDS deaths # of cases with a cause of death</p>	<p>Quarterly program data</p>

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	and reassessed 24 months after the death year.	Oct. 30 th Jan. 30 th		# of cases reassessed	
1.6 Through December 31, 2019, WCHD will utilize the technical guidance manual provided by the HIV Surveillance Program to conduct a risk factor assessment and investigation on individuals exposed to the HIV infection.	1.6.1 Through eHARS, enter all HIV investigation transmissions for adults, adolescents, children, and infants and maintain at least ≥ 80% of HIV cases have an exposure category completed on the case report form (CRF), reassess 12 months after the reporting year.	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	HIV cases with a completed CRF	# of HIV investigations for adults, adolescents, children & adults. # of complete CRF # of cases reassessed	Quarterly program data
	1.6.2 Through eHARS, collect risk factor information to monitor trends in transmission, identify all new or unusual transmission circumstances, identify risk behavior to target interventions and resources, and provide evidence to support the lack of transmission in certain settings or circumstances.	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Risk factor reporting tool	# of risk factor information collected and # of target interventions # of settings or circumstances	Quarterly program data
	1.6.3 Through the HIV Confidential Case Report Form (CCRF), investigate and report to the HIV Surveillance Program rare or unusual patient information on all cases of public health importance (COPHI) to include: <ul style="list-style-type: none"> • Occupational exposure, • Human bite, • Tattoo, • Blood transfusion, or • Transplant recipient, e.g. 	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	HIV COPHI	# of CCRF completed forms # of COPHI cases # of investigation and follow-up of COPHI	Quarterly program data

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<p>1.7 Through December 31, 2019, WCHD will utilize the technical guidance manual provided by the HIV Surveillance Program to conduct Routine Interstate-Intrastate Duplicate Review (RIDR) and Intrastate duplicate case review of all HIV/AIDS cases.</p>	<p>These cases are a priority for investigation and follow-up.</p>	<p>Quarterly Reports Due: April 30th July 30th Oct. 30th Jan. 30th</p>	<p>Jan 1, 2019 - Dec 31, 2019</p>	<p>HIV/AIDS cases</p>	<p># of new HIV/AIDS cases # of RIDR cases</p>	<p>Quarterly program data</p>
<p>1.7.1 Through the Council of State and Territorial Epidemiologist (CSTE), perform a Routine Interstate Duplicate Review (RIDR) before entering a new HIV/AIDS case into eHARS and respond to record searches from other states.</p>	<p>Update health status information</p>	<p>Quarterly Reports Due: July 30th Oct. 30th Jan. 30th</p>	<p>HIV/AIDS cases</p>	<p># of cases updated in eHARS</p>	<p>Quarterly program data</p>	
<p>1.7.2 Through eHARS, update 100% of health status information on out-of-jurisdiction receiving care or testing in Clark County.</p>	<p>Identifiable HIV duplicate cases</p>	<p>Quarterly Reports Due: July 30th Oct. 30th Jan. 30th</p>	<p>Duplicate HIV cases from other states or jurisdictions</p>	<p># of reports provided # of identified duplicate HIV cases # of cases updated in the eHARS database</p>	<p>Quarterly program data, eHARS data</p>	
<p>1.7.3 Through eHARS, provide a report of identified duplicate cases from other states or jurisdictions to the HIV Surveillance Program to update the eHARS database of out-of-jurisdiction cases receiving care or testing in Nevada.</p>	<p>Laboratories indicative of HIV</p>	<p>Jan 1, 2019 - Dec 31, 2019</p>	<p>Patients diagnosed with HIV</p>	<p># of laboratory tests # of types of tested used to diagnose HIV # of newly diagnosed HIV patients</p>	<p>Quarterly program data, eHARS data</p>	

Strategy 2: Identify persons with HIV infection and uninfected persons at risk for HIV

<i>Objective</i>	<i>Activities</i>	<i>Output</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure (Indicator)</i>	<i>Evaluation Tool</i>
<p>2.1 Through December 31, 2019, WCHD will provide HIV testing to the high-risk population</p>	<p>2.1.1 Through eHARS, enter and track at least 90% of newly diagnosed &/or one (1) laboratory indicative of the HIV infection.</p>	<p>Laboratories indicative of HIV</p>	<p>Jan 1, 2019 - Dec 31, 2019</p>	<p>Patients diagnosed with HIV</p>	<p># of laboratory tests # of types of tested used to diagnose HIV # of newly diagnosed HIV patients</p>	<p>Quarterly program data, eHARS data</p>

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	PLWH infection	Jan 1, 2019 - Dec 31, 2019	PLWH infection	# of PLWH tracked	Quarterly program data, eHARS data
who are at risk of becoming infected with the HIV infection.	PLWH infection	Jan 1, 2019 - Dec 31, 2019	PLWH infection	# of PLWH tracked	Quarterly program data, eHARS data
2.1.2 Through eHARS, track at least ≥90% of all persons living with HIV (PLWH) infection and identify their HIV positive status.	Increase participation in HIV Partner Services	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Patients newly and previously diagnosed with the HIV infection	# of newly diagnosed HIV cases # of people interviewed for partner services # of previously diagnosed HIV cases and interviewed for partner services	Quarterly program data
2.2 Through December 31, 2019, WCHD will utilize Partner Services data to identify persons diagnosed with an STD and HIV while not receiving HIV care.	2.2.1 Through Partner Services, identify at least 85% of persons with newly diagnosed HIV infection and person previously diagnosed with the HIV infection.				
	2.2.2 Using Partner Services data, identify persons, clusters, and contacts diagnosed with the HIV infection and in cases where partners are identified as “Not In Care” (NIC) provide relinkage into care to include newly diagnosed and those out of care.	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Persons diagnosed with HIV	# of persons identified through Partner Services # of persons NIC # of cluster identified # of persons provided linkage into care	Quarterly program data
	2.2.3 Through eHARS and Partner Services, identify, track, and analyze STD and HIV data to detect and match cases, clusters, and contacts to locate areas of highest infection rates and provide intervention efforts.	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Persons diagnosed with HIV and STD data	# of persons diagnosed with HIV and an STD # of clusters identified # of intervention efforts	Quarterly program data
	2.2.4 Provide technical assistance (TA) to the community and medical partners to	Quarterly Reports Due: July 30 th	TA interventions	# of TA provided # of community partners	Quarterly program data

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	drive HIV continuum of care interventions.		Oct. 30 th Jan. 30 th		# of medical partners	
	2.2.5 Compare eHARS to Partner Services Web data and conduct a quarterly match to determine all cases are entered into both databases and update if necessary.	Quarterly match	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	HIV/AIDS cases in eHARS and Partner Services	# of cases in eHARS # of cases in Partner Services # of cases matched	Quarterly program data, eHARS data
2.3 Through December 31, 2019, WCHD will utilize the technical guidance manuals provided by the HIV Surveillance Program to identify persons living with HIV who are in need of HIV medical care or other services and facilitate linkage to care for the Data-to-Care (D2C) activities.	2.3.1 Develop a process to identify, track, and report persons diagnosed with HIV, not receiving HIV medical care, or persons not virally suppressed.	Report on D2C	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Persons NIC	# of persons identified # of persons not receiving HIV medical care # of persons not virally suppressed	Quarterly program data
	2.3.2 Through eHARS, collaborate with the HIV prevention activities to track 100% of persons diagnosed with HIV and Not-In-Care (NIC) or virally suppressed and provide linkage-to-care and/or re-engage into care within 15 months.	Persons who re-engage into care or provided linkage-to-care	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Persons NIC	# of activities to re-engage into care # of persons NIC # of virally suppressed individuals	Quarterly program data, eHARS data
	2.3.3 Through eHARS, identify pregnant women or mothers and their exposed infant(s) who have been diagnosed with HIV and may need medical care or other services for either the mother or infant.	HIV exposes infant or mother	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Mothers and infants exposed to the HIV infection	# of HIV exposed infants or mothers # of infants or mothers in need of medical care	Quarterly program data, eHARS data
	2.3.4 Collaborate and educate with HIV medical providers and essential support services to increase the number of individuals who are linked to and retained	Education to providers and support services	Quarterly Reports Due: July 30 th Oct. 30 th	Providers and support services	# of HIV medical providers	# of collaboration efforts with medical providers

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	in medical care within 30 days of diagnosis	Jan. 30 th		and support services
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Strategy 3: Develop, maintain, and implement an HIV Transmission, Cluster and Outbreak Response Plan.

<i>Objective</i>	<i>Activities</i>	<i>Output</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure (Indicator)</i>	<i>Evaluation Tool</i>
3.1 Through December 31, 2019, WCHD will identify and investigate all HIV transmission cluster and outbreaks.	3.1.1 Through eHARS and Partner Services, investigate and respond to all HIV transmission clusters and outbreaks by identifying laboratory results, molecular data, and contact investigations identified by the criteria outlined in the CDC, Cluster and Outbreak Response Plan (CDC).	HIV transmission clusters and outbreaks	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	HIV transmission cluster and outbreaks	# of identified laboratory results # of molecular data # of contact investigations # of investigations	Quarterly program data, eHARS data
3.2 Through December 31, 2019, WCHD will utilize the technical guidance provided by the HIV Surveillance Program to develop and implement an HIV Transmission Clusters & Outbreak Response Plan.	3.2.1 Develop, implement, maintain, and update (as needed), an OPHIE approved jurisdictional HIV Cluster and Outbreak Response Plan based on the CDC national model on potential outbreak zones. 3.2.2 Through eHARS, analyze and identify HIV transmission and molecular clusters outbreaks using the CDC-recommended processes.	HIV Transmission & Outbreak Response Plan.	By Oct 30, 2019	HIV transmission	# of HIV Cluster and Outbreak Detection Response Plan	Quarterly program data, Cluster and Outbreak Response Plan
	3.2.3 Based up the HIV Transmission Outbreak Response Plan, develop and implement internal & external capacity to identify, prioritize, review,	Capacity building for the HIV Transmission Outbreak	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th Jan 1, 2019 – Dec 31, 2019	Persons diagnosed with HIV HIV cluster's	# of identified HIV transmissions and molecular clusters # of molecular # of internal & external capacity # of clusters # of outbreaks	Quarterly program data, eHARS data HIV Transmission

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	investigate, and intervene in clusters and outbreaks.	Response Plan			Outbreak Response Plan
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Strategy 4: Provide a comprehensive HIV- related prevention services for people living with diagnosed HIV infection

Objective	Activities	Output	Timeline	Target Population	Evaluation Measure (Indicator)	Evaluation Tool
4.1 Through December 31, 2019, WCHD will use D2C activities and other strategies to provide linkage to, re-engagement in, and retention in HIV medical services.	4.1.1 Develop and implement a process to identify individuals diagnosed with HIV who are not receiving medical services or other prioritized groups such as persons not virally suppressed and provide a list of HIV-positive individuals potentially not in follow-up care.	List of HIV-positive individuals not in follow-up care	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Individuals NIC	# of individuals not receiving medical services # of other prioritized groups # of individuals not in follow-up care	Quarterly program data
	4.1.2 Through eHARS link ≥85% of newly diagnosed HIV cases into medical care ≤ 30 days after an HIV diagnosis. Increased linkage to and retention in HIV medical care among PLWH	Linked HIV cases into medical care	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Newly diagnosed HIV cases	# of new HIV diagnosis # of persons linked into medical care ≤ 30 days after HIV diagnosis	Quarterly program data
	4.1.3 Through eHARS, analyze the data for PLWH and maintain ≥90% are retained in medical care.	Persons retained in medical care	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	PLWH address in eHARS	# of cases analyzed # of persons retained in care	Quarterly program data
	4.1.4 Through eHARS, identify and confirm all persons NIC, living with the HIV infection, and are not receiving HIV medical care to re-engage the patient in HIV medical care within ≤	HIV-positive patients NIC list	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	NIC list	# of persons NIC # of persons living with the HIV infection	Quarterly program data

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	30 days after the confirmed date of NIC.					# of persons not receiving HIV medical care # of persons re-engaged within ≤ 30 days after the confirmed date of NIC	Quarterly program data
4.2 Through December 31, 2019, WCHD will monitor laboratory testing to increase HIV viral load suppression and monitor HIV drug resistance tests among PLWH	4.2.1 Laboratory data provided by OPHIE, identify and confirm PLWH with an elevated viral load of ≥200 VL or persons NIC and initiate interventions ≤6 months after the HIV diagnosis. 4.2.2 Through eHARS, monitor and maintain persons living with diagnosed HIV infection will sustain ≥80% of cases will have a viral load suppressed.	NERDS reports of VL ≥200 or community viral load	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	PLWH with an elevated viral load of ≥200 VL	# of PLWH with an elevated viral load of ≥200 VL # of person NIC # of days to initiate interventions	Quarterly program data	
		PLWH viral load suppressed	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	PLWH	% of PLWH infection laboratory results	Quarterly program data	

Strategy 5. Conduct perinatal HIV prevention and surveillance activities

<i>Objective</i>	<i>Activities</i>	<i>Output</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure (Indicator)</i>	<i>Evaluation Tool</i>
5.1 Through December 31, 2019, WCHD will follow the CDC guidelines provided by the HIV Surveillance Program to develop and implement a standard operating procedure to	5.1.1 Through the Perinatal HIV Exposure Reporting (PHER), report all HIV perinatal exposed infants within 30 days of birth. 5.1.2 Through the PHER, maintain ≥ 85% of HIV-exposed infants for a birth	Notification of HIV perinatal exposed infants Report of HIV-exposed infants	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th Quarterly Reports Due: July 30 th	Infants exposed to the HIV infection Quarterly program data	# of infants born and exposed to the HIV infection # of HIV-exposed infants	Quarterly program data Quarterly program data

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identify and follow-up on perinatal HIV-exposed infants.	year have an HIV infection status determined by 18 months of age.		Oct. 30 th Jan. 30 th			
	5.1.3 As part of the Fetal Infant Review Committee (FIRC), provide an update to the HIV Surveillance Program regarding the outcomes of the meeting relating to all infants exposed to HIV.	FIRC status report	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	HIV-exposed infants	# of reports provided	Quarterly program data
5.2 Through December 31, 2019, WCHD will utilize the technical guidance provided by the HIV Surveillance Program will collect and manage pediatric HIV surveillance.	5.2.1 Through ELR, notify all newly diagnosed pregnant women of their HIV infection within 72 hours of the date of the laboratory.	Newly diagnosed HIV-pregnant women	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Pregnant women diagnosed with HIV infection	# of newly diagnosed women with HIV infection # of notifications within 72 hours and not-within 72 hours	Quarterly program data
	5.2.2 Identify and report perinatal-HIV acquired infections born within the jurisdictions to include the year of birth.	Report of all perinatal-HIV acquired infections	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Perinatal-HIV acquired infections	# of perinatal-HIV acquired infections born within the jurisdictions	Quarterly program data
	5.2.3 Develop and implement outcome strategies to monitor the number of perinatal-acquired HIV infections and adjust the strategies based on outcomes.	Strategies to monitor perinatal-acquired HIV infections	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Perinatal-HIV acquired infections	# of perinatal-acquired HIV infections # of outcomes	Quarterly program data

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	5.2.4 Identify, track and report all perinatal exposed infants will be reported to the HIV Surveillance Program via eHARS within 30 days of birth.	Report of all perinatal infants exposed to the HIV infection	Quarterly Reports Due: July 30 th Oct. 30 th Jan. 30 th	Perinatal exposed infants	# of perinatal exposed infants born within the jurisdiction	Quarterly program data
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Strategy 6: Implement structural strategies to support and facilitate HIV surveillance and prevention

<i>Objective</i>	<i>Activities</i>	<i>Output</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure (Indicator)</i>	<i>Evaluation Tool</i>
6.1: Through December 31, 2019, WCHD staff will participate and complete in a minimum of two (2) continue education training.	6.1.1 Participate in the webinar course Data Security and Confidentiality Guidelines training through the DPBH Security and Confidentiality (SNC) training for the HIV/AIDS, Viral Hepatitis, STD, and TB Programs. 6.1.2 The Disease Intervention Specialist (DIS) will participate in the CDC supported Passport to Partner Services training course	Certificates of Completion	Jan 1, 2019 – Dec 31, 2019	WCHD staff	# of WCHD staff who attended the webinar # of certificated obtained	Training logs, quarterly program data
		Certificates of Completion	Jan 1, 2019 – Dec 31, 2019	WCHD staff	# of WCHD staff who attended the webinar # of certificated obtained	Training logs, quarterly program data

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 5 NU62PS924579-02-00 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Centers for Disease Control and Prevention.

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 5 NU62PS924579-02-00 from the Centers for Disease Control and Prevention.

Subrecipient agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 55,200.00		
		\$ 43,200.00	Public Health Nurse II: \$108,000/yr x 40% FTE = \$43,200
		12,000.00	Public Health Nurse/Public Health Investigator: \$80,000/yr x 15% FTE = \$12,000
2. Travel	\$ 116.00		
		\$ 116.00	Mileage: \$0.58/mi x 200 miles
3. Operating	\$		
		\$	
4. Equipment	\$		
		\$	
5. Contractual Consultant	\$		
		\$	
6. Training	\$		
		\$	
7. Other	\$		
		\$	
Total Direct Cost	\$		
8. Indirect Cost	\$ 8,187.00	Indirect: 14.8% of direct costs	
Total Approved Budget	\$ 63,503.00		

- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed the amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed the amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- If additional FTEs not listed on this budget are asked to be reimbursed, details (such as position title and work to be performed as it relates to this grant) are required to be given to the Division of Public and Behavioral Health and for prior approval.
- Personnel costs are based on estimated salaries. Actual salaries that will be charged will be based on time and effort.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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The Subrecipient agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed \$63,503;
- Total reimbursement will not exceed \$31,751.50 by June 30, 2019;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Quarterly reports and other supporting documentation outlined within the scope of work are required to request reimbursement; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Division may not be able to provide reimbursement.
- If credit is owed to the Division after the 45-day closing period, the funds must be returned to the Division within 30 days of identification.

The Division agrees:

- The STD Prevention and Control Program will provide or accomplish the following items to ensure the successful completing of this project, such as:
 - Provide reimbursement of activities related to this subaward, not to exceed \$63,503.00 during the subaward period, given a receipt of appropriate documentation;
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed; and
 - Forwarding reports to the Centers for Disease Control and Prevention.
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation is submitted to and accepted by the Division.
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation is submitted to and accepted by the Division.

Both parties agree:

- The Division reserves the right to conduct a site visit regarding this subaward and deliverables. If deliverables are not met for this subaward period, then the Division is not obligated to issue continuation funding.
- Based on submitted narrative progress reports, financial reporting, and site visit findings, the Division may reduce the amount of the subaward award, and/or reallocate funding between categories if activities listed in the scope of work will not be completed as scheduled in Section B, and/or completed at a lesser cost than originally budgeted.
- The Subrecipient will, in the performance of the Scope of Work, specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out and sign Section F, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation is submitted to and accepted by the Division.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for

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any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

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SECTION D**

Agency Ref. #: **HD 17115**
 Budget Account: 3219
 GL: 8516
 Draw #: _____

Request for Reimbursement

Program Name: HIV Surveillance Program Nevada Division of Public and Behavioral Health Office of Public Health Investigations and Epidemiology	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 E. Ninth St., Bldg. B Reno, NV 89512
Budget Period: January 1, 2019 to December 31, 2019	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

Approved Budget Category	Month(s)		Calendar year			
	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$55,200.00	\$0.00	\$0.00	\$0.00	\$55,200.00	0.0%
2. Travel	\$116.00	\$0.00	\$0.00	\$0.00	\$116.00	0.0%
3. Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Indirect	\$8,187.00	\$0.00	\$0.00	\$0.00	\$8,187.00	0.0%
Total	\$63,503.00	\$0.00	\$0.00	\$0.00	\$63,503.00	0.0%

I, a duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature	Title	Date
FOR DIVISION USE ONLY		

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

ASO or Bureau Chief (as required): _____ Date _____

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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to division. Electronic copies are preferred and can be sent to contractunit@health.nv.gov. Mail hard copies to the following address:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time-period did your last audit cover? _____
8. Which accounting firm conducted your last audit? _____

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION F

Notification of Utilization of Current or Former State Employee

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

YES If "YES", list the names of any current or former employees of the State and the services that each person will perform.

NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Division.

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Division.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION G

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District (WCHD)

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

I. **DEFINITIONS.** The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing,

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enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.

7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the

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Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).

5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

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12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. **PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.** The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e)(2)(i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.

- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. Prohibited Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. Effect of Termination:

- a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
- b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return, or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
- c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.

2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

Staff Report
Board Meeting Date: May 23, 2019

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us

SUBJECT: Approval of authorization to travel and travel reimbursements for NACCHO and NALBOH Conferences and Meetings for non-County employee Dr. John Novak for FY20 in the approximate amount of \$5500.

SUMMARY

The District Board of Health must authorize travel and travel reimbursements for non-County employees.

District Health Strategic Priorities supported by this item:

- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
- 6. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

PREVIOUS ACTION

No previous action has been taken relevant to this item.

BACKGROUND

As Chair of the District Board of Health, Dr. Novak's attendance at the 2019 NACCHO Conference in July 2019 will provide him with important information regarding public health initiatives and a broader basis of knowledge of this association in preparation for the upcoming NACCHO/NALBOH Meeting in Washington D.C.

Dr. Novak is Treasurer of the National Association of Local Boards of Health (NALBOH). The NALBOH 2019 Annual Conference will provide attendees with information, skills and resources focused on the six functions of public health governance. The meeting will also provide time for attendees to learn and share information on critical public health issues.

The NACCHO/NALBOH Meeting in Washington D.C., tentatively scheduled for March 2020, will provide the opportunity for Dr. Novak to meet jointly with the NALBOH and NACCHO Boards to strengthen their public health advocacy and support of local health departments and boards of health. It will also allow for him to participate in Hill visits to inform our Congressional delegations of important public health matters.

Subject: Dr. Novak – FY20 Travel

Date: May 23, 2019

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The cost of attending the 2019 NACCHO Conference held in Orlando, Florida from 7/8-7/11/2019 will be in the approximate amount of \$1,900. The cost of attending the NALBOH 2019 Annual Conference will be held in Denver, Colorado from 8/14-8/16, 2019, with an estimate of \$1800 to attend. The cost of attending the NALBOH Board Meeting and Joint NACCHO/NALBOH Meeting in Washington D.C. are tentatively scheduled in March 2020 with an approximate cost of \$1800. The total FY20 estimated travel expense for Dr. Novak to attend these events is \$5500.

The estimated cost of travel on all three trips includes airfare, lodging, per diem, ground transportation and parking.

FISCAL IMPACT

Should the Board approve this authorization to travel and travel reimbursement, there will be no additional fiscal impact to the adopted FY19 budget as travel expenses were anticipated and projected in the budget of the Office of the District Health Officer (Cost Center 170202).

RECOMMENDATION

Staff recommends the District Board of Health approve the authorization to travel and travel reimbursements for NACCHO and NALBOH Conferences and Meetings for non-County employee Dr. John Novak for FY20 in the approximate amount of \$5500.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Approve authorization to travel and travel reimbursements for NACCHO and NALBOH Conferences and Meetings for non-County employee Dr. John Novak for FY20 in the approximate amount of \$5500."

Staff Report
Board Meeting Date: May 23, 2019

TO: District Board of Health

FROM: Jennifer Pierce, Fiscal Compliance Officer
775-328-2418, jpierce@washoecounty.us

SUBJECT: Approve the Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon Board of Examiners approval through June 30, 2021 in the total amount of \$250,000 (\$125,000 per fiscal year) in support of the Environmental Health Services Division (EHS) Safe Drinking Water Act (SDWA) Program, IO 10017; and if approved, authorize the District Health Officer to execute the Agreement.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$100,000 per contractor; over \$100,000 would require the approval of the District Board of Health.

District Health Strategic Priorities supported by this item:

- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- 6. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

PREVIOUS ACTION

There has been no action taken by the Board this year. The Agreement that ends June 30, 2019 was approved by the Board on June 22, 2017.

BACKGROUND

Project/Program Name: Safe Drinking Water Act (SDWA) Program.

Scope of the Project: The Washoe County Health District is in discussions with the State of Nevada regarding this contract and associated scope of work. Scope of work negotiations will be completed and, if approved by the Board, the District Health Officer will be able to execute the contract prior to the May 31, 2019 deadline for submittal to the Board of Examiners.

ADMINISTRATIVE HEALTH SERVICES

1001 East Ninth Street, Building B, Reno, Nevada 89512

AHS Office: 775-328-2410 | Fax: 775-328-3752 | washoecounty.us/health

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Subject: Approval of Agreement – SDWA Program

Date: May 23, 2019

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For reference, the previously approved scope of work included the following:

- Conduct Public Water System engineering and construction plan reviews
- Conduct and document sanitary surveys
- Utilize the Safe Drinking Water Information System (SDWIS) for various updating and reporting purposes
- Provide oversight and assistance to ensure public water systems comply with drinking water regulations
- Assist State personnel in documenting public water system and/or engineering non-compliance leading to formal enforcement actions, as necessary.
- Participate in training programs
- Assist the State in preparing reports on variance and exemption requests to be presented by State staff to State Environmental Commission
- Submit quarterly reports to the State
- Maintain forms and applications for the Drinking Water State Revolving Fund and Grant Program, administered by the State, and will dispense information to Washoe County public water systems that may be interested in these programs
- Adopt and local regulations or ordinances needed to fully implement the requirements of NRS 445A.800 to 445A.955 and regulations adopted pursuant thereto
- Coordinate with State personnel to schedule a comprehensive Drinking Water Program review by the end of State fiscal year 2018
- Assist community water systems in reviewing annual Consumer Confidence Reports to ensure the information is correct and consistent with compliance data reported

Benefit to Washoe County Residents: This Agreement supports the EHS SDWA program purpose to ensure safe and healthy drinking water.

On-Going Program Support: These funds support on-going activities in the SDWA program.

Award Amount: Total award is \$250,000 (\$125,000 per fiscal year)

Grant Period: July 1, 2019 – June 30, 2021

Funding Source: State Public Water System Supervision

Pass Through Entity: Nevada Department of Conservation and Natural Resources,
Division of Environmental Protection

CFDA Number: 66.432

Grant ID Number: DEP 20-005

Match Amount and Type: None

Sub-Awards and Contracts: No Sub-Awards are anticipated.

Subject: Approval of Agreement – SDWA Program

Date: May 23, 2019

Page 3 of 3

FISCAL IMPACT

There is no additional fiscal impact should the Board approve the Agreement as this award is anticipated and included in the FY20 budget in Internal Order 10017.

RECOMMENDATION

Staff recommends that the District Board of Health approve the Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon Board of Examiners approval through June 30, 2021 in the total amount of \$250,000 (\$125,000 per fiscal year) in support of the Environmental Health Services Division (EHS) Safe Drinking Water Act (SDWA) Program, IO 10017; and if approved, authorize the District Health Officer to execute the Agreement.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon Board of Examiners approval through June 30, 2021 in the total amount of \$250,000 (\$125,000 per fiscal year) in support of the Environmental Health Services Division (EHS) Safe Drinking Water Act (SDWA) Program, IO 10017; and if approved, authorize the District Health Officer to execute the Agreement."

INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract Between the State of Nevada
Acting By and Through Its

**Department of Conservation and Natural Resources,
Division of Environmental Protection
Hereinafter the "State"**
901 S. Stewart Street, Carson City, NV 89701-5429
775-687-9515 Contact: My-Linh Nguyen, Ph.D., P.E.
and

**Washoe County Health District
Hereinafter the "Public Agency"**
**1101 East Ninth Street
PO Box 11130
Reno, NV 89520**
775-328-2610 Contact: James English, REHS, CP-FS

WHEREAS, NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform; and

WHEREAS, it is deemed that the services of Public Agency hereinafter set forth are both necessary to State and in the best interests of the State of Nevada;

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

1. **REQUIRED APPROVAL.** This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. **DEFINITIONS.** "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. **CONTRACT TERM.** This Contract shall be effective upon approval to 06/30/2021, unless sooner terminated by either party as set forth in this Contract.
4. **TERMINATION.** This Contract may be terminated by either party prior to the date set forth in paragraph (3), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason federal and/or State Legislature funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. **NOTICE.** All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.
6. **INCORPORATED DOCUMENTS.** The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence:
ATTACHMENT A: SCOPE OF WORK
ATTACHMENT B: ADDITIONAL AGENCY TERMS & CONDITIONS

7. CONSIDERATION. [AGENCY NAME] agrees to provide the services set forth in paragraph (6) at a cost of \$ N/A per N/A (state the exact cost or hourly, daily, or weekly rate exclusive of travel or per diem expenses) with the total Contract or installments payable: Monthly, not exceeding \$ 125,000.00 per year and \$250,000.00 total. Any intervening end to a biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.

8. ASSENT. The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.

9. INSPECTION & AUDIT.

a. Books and Records. Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and documents as are necessary to fully disclose to the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with all state and federal regulations and statutes.

b. Inspection & Audit. Each party agrees that the relevant books, records (written, electronic, computer related or otherwise), including but not limited to relevant accounting procedures and practices of the party, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location where such records may be found, with or without notice by the State Auditor, Employment Security, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives.

c. Period of Retention. All books, records, reports, and statements relevant to this Contract must be retained a minimum three years and for five years if any federal funds are used in this Contract. The retention period runs from the date of termination of this Contract. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

10. BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs. It is specifically agreed that reasonable attorneys' fees shall not exceed \$150 per hour.

11. LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. Actual damages for any State breach shall never exceed the amount of funds which have been appropriated for payment under this Contract, but not yet paid, for the fiscal year budget in existence at the time of the breach.

12. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, acts of public enemy, acts of terrorism, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

13. INDEMNIFICATION. Neither party waives any right or defense to indemnification that may exist in law or equity.

14. INDEPENDENT PUBLIC AGENCIES. The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.

15. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

16. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

17. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

18. OWNERSHIP OF PROPRIETARY INFORMATION. Unless otherwise provided by law any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under this Contract), or any other documents or drawings, prepared or in the course of preparation by either party in performance of its obligations under this Contract shall be the joint property of both parties.

19. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

20. CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.

21. PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in paragraph (6).

22. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the exclusive jurisdiction of and venue in the First Judicial District Court, Carson City, Nevada for enforcement of this Contract.

23. ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by the Office of the Attorney General.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.

Washoe County Health District

Public Agency #1

Kevin Dick, District Health Officer

Public Agency #1 Signature

Date

Title

Department of Conservation and Natural Resources, Division of Environmental Protection (DEP)

Public Agency #2

Greg Lovato, NDEP Administrator

Public Agency #2 Signature

Date

Title

APPROVED BY BOARD OF EXAMINERS

Signature – Nevada State Board of Examiners

On _____
(Date)

Approved as to form and compliance with law by:

Deputy Attorney General for Attorney General, State of Nevada

On _____
(Date)

ATTACHMENT B
NDEP ADDITIONAL TERMS & CONDITIONS
CONTRACT CONTROL #DEP 20-005

1. For contracts utilizing federal funds, the Nevada Division of Environmental Protection (NDEP) shall pay no more compensation per individual (including any subcontractors) than the federal Executive Service Level 4 (U.S. Code) daily rate (exclusive of fringe benefits): This limitation applies to consultation services of designated individuals with specialized skills who are paid at a daily or hourly rate. The current Level 4 rate is **\$78.94** per hour.

2. ***NDEP shall only reimburse the Contractor for actual cash disbursed.*** Invoices may be provided via email or facsimile and must be received by NDEP no later than forty (40) calendar days after the end of a month or quarter except:

- at the end of the fiscal year of the State of Nevada (June 30th), at which time invoices must be received by the first Friday in August of the same calendar year;
- at the expiration date of the grant, or the effective date of the revocation of the contract, at which times original invoices must be received by NDEP no later than thirty-five (35) calendar days after this date.

Failure of the Contractor to submit billings according to the prescribed timeframes authorizes NDEP, in its sole discretion, to collect or withhold a penalty of ten percent (10%) of the amount being requested for each week or portion of a week that the billing is late. The Contractor shall provide with each invoice a detailed fiscal summary that includes the approved contract budget, expenditures for the current period, cumulative expenditures to date, and balance remaining for each budget category. If match is required pursuant to paragraph 3 below, a similar fiscal summary of match expenditures must accompany each invoice. The Contractor shall obtain prior approval to transfer funds between budget categories if the funds to be transferred are greater than ten percent (10%) cumulative of the total Contract amount.

3. If match is required, the Contractor shall, as part of its approved Scope of Work or Workplan and budget under this Contract, provide third party match funds of not less than: **\$ N/A**. If match funds are required, the Contractor shall comply with additional record-keeping requirements as specified in 48 CFR 31.2 (which, if applicable, is attached hereto and by this reference is incorporated herein and made part of this contract).

4. Unless otherwise provided in the Scope of Work or Workplan, the Contractor shall submit quarterly reports or other deliverables within ten (10) calendar days after the end of each quarter.

5. At the sole discretion of NDEP, payments will not be made by NDEP unless all required reports or deliverables have been submitted to and approved by NDEP within the Scope of Work /Workplan agreed to.

6. Any funds obligated by NDEP under this Contract that are not expended by the Contractor shall automatically revert back to NDEP upon the completion, termination or cancellation of this Contract. NDEP shall not have any obligation to re-award or to provide, in any manner, such unexpended funds to the Contractor. The Contractor shall have no claim of any sort to such unexpended funds.

7. For contracts utilizing federal funds, the Contractor shall ensure, to the fullest extent possible, that at least the "fair share" percentages as stated below for prime contracts for construction, services, supplies or equipment are made available to Disadvantaged Business Enterprise (DBE) organizations owned or controlled by Minority Business Enterprise (MBE) or (Women Business Enterprise (WBE).

	MBE	WBE
Construction	2%	2%
Services	1%	2%
Supplies	1%	1%
Equipment	1%	1%

The Contractor agrees and is required to utilize the following seven affirmative steps:

- a. Include in its bid documents applicable “fair share” percentages as stated above and require all of its prime contractors to include in their bid documents for subcontracts the “fair share” percentages;
- b. Include qualified MBEs and WBEs on solicitation lists;
- c. Assure that MBEs, and WBEs are solicited whenever they are potential sources;
- d. Divide total requirements, when economically feasible, into small tasks or quantities to permit maximum participation of MBEs, and WBEs;
- e. Establish delivery schedules, where the requirements of the work permit, which will encourage participation by MBEs, and WBEs;
- f. Use the services and assistance of the Small Business Administration and the Minority Business Development Agency, U.S. Department of commerce as appropriate; and
- g. If a subcontractor awards contracts/procurements, require the subcontractor to take the affirmative steps in subparagraphs a. through e. of this condition.

8. The Contractor shall complete and submit to NDEP a Minority Business Enterprise/Woman Business Enterprise (MBE/WBE) Utilization Report (EPA Form 5700-52A) within fifteen (15) calendar days after the end of each federal fiscal year (September 30th) for each year this Contract is in effect and within fifteen (15) calendar days after the termination date of this Contract.

9. Unless otherwise provided in the Scope of Work or Workplan, when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with funds provided under this Contract, the Contractor shall clearly state that funding for the project or program was provided by the Nevada Division of Environmental Protection and, if applicable, the U.S. Environmental Protection Agency. The Contractor will ensure that NDEP is given credit in all approved official publications relative to this specific project and that the content of such publications will be coordinated with NDEP prior to being published.

10. Unless otherwise provided in the Scope of Work or Workplan, all property purchased with funds provided pursuant to this Contract is the property of NDEP and shall, if NDEP elects within four (4) years after the completion, termination or cancellation of this Contract or after the conclusion of the use of the property for the purposes of this Contract during its term, be returned to NDEP at the Contractor’s expense. Such property includes but is not limited to vehicles, computers, software, modems, calculators, radios, and analytical and safety equipment. The Contractor shall use all purchased property in accordance with local, state and federal law, and shall use the property only for Contract purposes unless otherwise agreed to in writing by NDEP.

For any unauthorized use of such property by the Contractor, NDEP may elect to terminate the Contract and to have the property immediately returned to NDEP by the Contractor at the Contractor’s expense. To the extent authorized by law, the Contractor shall indemnify and save and hold the State of Nevada and NDEP harmless from any and all claims, causes of action or liability arising from any use or custody of the property by the Contractor or the Contractor’s agents or employees or any subcontractor or their agents or employees.

11. The Contractor shall use recycled paper for all reports that are prepared as part of this Contract and delivered to NDEP. This requirement does not apply to standard forms.

12. The Contractor and any subcontractors shall obtain any necessary permission needed, before entering private or public property, to conduct activities related to the Scope of Work or Workplan. The property owner will be informed of the program, the type of data to be gathered, and the reason for the requested access to the property.

13. Nothing in this Contract shall be construed as a waiver of sovereign immunity by the State of Nevada. Any action brought to enforce this contract shall be brought in the First Judicial District Court of the State of Nevada. The Contractor and any of its subcontractors shall comply with all applicable local, state and federal laws in carrying out the obligations of this Contract, including all federal and state accounting procedures and requirements established in 2 CFR 1500 EPA Uniform Administrative Requirements, Cost Principles, and audit requirements for federal awards. The Contractor and any of its subcontractors shall also comply with the following:

- a. 40 CFR Part 7 - Nondiscrimination In Programs Receiving Federal Assistance From EPA
- b. 40 CFR Part 29 - Intergovernmental Review of EPA Programs and Activities.
- c. 40 CFR Part 31 - Uniform Administrative Requirements For Grants And Cooperative Agreements To State and Local Governments;
- d. 40 CFR Part 32 – Government-wide Debarment And Suspension (Non-procurement) And Government-wide Requirements For Drug-Free Workplace (Grants);
- e. 40 CFR Part 34 - Lobbying Activities;
- f. 40 CFR Part 35, Subpart O - Cooperative Agreements And Superfund State Contracts For Superfund Response Actions (Superfund Only); and
- g. The Hotel and Motel Fire Safety Act of 1990.

Staff Report
Board Meeting Date: May 23, 2019

TO: District Board of Health

FROM: Daniel Inouye, Acting AQM Division Director
775-784-7214, dinouye@washoecounty.us

SUBJECT: Presentation, discussion, and possible approval of the donation of three obsolete ambient air monitoring shelters with a current market value estimated at \$-0- that have exceeded the useful value for regulatory purposes but may still have value for educational, research, and community organizations.

SUMMARY

The Washoe County District Board of Health (DBOH) must approve the donation of equipment and supplies to ensure there is a benefit to the citizens of Washoe County.

District Health Strategic Priority supported by this item: Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

PREVIOUS ACTION

July 28, 2018. The DBOH approved the donation of various obsolete equipment with a current market value estimated at \$-0- to Desert Research Institute, University of Nevada, Reno - Seismology Department, and Washoe County Community Services Department - Facilities Management.

September 28, 2017. The DBOH approved the donation of five pieces of obsolete equipment with a current market value estimated at \$-0- to the Atmospheric Sciences Program at the University of Nevada, Reno

BACKGROUND

AQMD currently operates and maintains a network of seven (7) monitoring sites located in southern Washoe County. Five of the seven sites are standalone skid-mounted shelters. Since 2014, two sites have been shut down and those shelters are currently being stored at the County's Longley Lane Corporation Yard. An additional shelter is currently in service on City of Reno (COR) property, but the interlocal agreement between COR and the Health District was terminated in Fall 2018. Monitoring will be relocated to Libby Booth Elementary School which is expected to be completed in Summer 2019. The surplus shelters are impractical to use at future AQMD monitoring sites because of the cost needed to upgrade them to current building codes.

Subject: Donation of Obsolete Ambient Air Monitoring Shelters

Date: May 23, 2019

Page 2 of 2

Rather than disposing of these obsolete shelters, AQMD has established relationships with a number of organizations in the community that identified value in the equipment. Past recipients of these donations have been the University of Nevada, Reno (UNR) - Atmospheric Sciences; UNR - Seismology Department; Desert Research Institute; and Washoe County Community Services Department - Facilities Management.

The equipment identified in the following table will follow the process of notifying Washoe County Purchasing and Health District Administrative Health Services to confirm the \$-0- value and coordinated the removal of the equipment from the current inventory. This notification process includes complying with grant obligations for disposal of equipment. The shelters will be offered to all Washoe County Departments. Shelters with no interest from within the County will then be offered to community organizations such as the Washoe County School District. The following is an itemized list of the \$-0- value shelters and proposed recipients.

Quantity	Description	Recipient	Notes
2	8' x 12' Skid-mounted shelter	Washoe County School District	Available immediately
1	8' x 24' Skid-mounted shelter	Washoe County School District	Available Fall 2019

FISCAL IMPACT

Should the Board approve these donations, there will be no fiscal impact to the adopted budgets as the eligible equipment has \$-0- value.

RECOMMENDATION

Staff recommends the District Board of Health approve the donation of the skid-mounted shelters with a current market value estimated at \$-0- that have exceeded the useful value for regulatory purposes but may still have value for educational, research, and community organizations.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the donation of the three obsolete skid-mounted shelters with a current market value estimated at \$-0- that have exceeded the useful value for regulatory purposes but may still have value for educational, research, and community organizations."

STAFF REPORT
BOARD MEETING DATE: May 23, 2019

TO: District Board of Health

FROM: Charlene Albee, Acting EHS Division Director
(775) 328-2644, calbee@washoecounty.us

SUBJECT: Presentation, discussion, and possible approval of the donation of various pieces of surplus office furniture and supplies with a current market value estimated at \$-0- that have exceeded the useful value for programmatic purposes but may still have value for educational, research and community organizations.

SUMMARY

The Washoe County District Board of Health must approve the donation of equipment and supplies to ensure there is a benefit to the citizens of Washoe County.

District Health Strategic Objective supported by this item: Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

PREVIOUS ACTION

There has been no previous action this fiscal year.

BACKGROUND

The Vector-Borne Disease Program is vacating 1,200 sq. feet of office space located at 405 Western Road, Building D, Units #4, 5 and 6, by June 30th, 2019. Several pieces of property in the space have been classified as “surplus” and need to be removed. The Washoe County Purchasing Division requires that handling of “Surplus Property” follow guidelines as outlined in the Purchasing Procedures Manual for all property and equipment. This allows for the donation of surplus office furniture and supplies that have reached a current market value of \$-0- and are considered obsolete for programmatic purposes.

Rather than disposing of the surplus items, WCHD has established relationships with a number of organizations in the community that identified value in the items. Donation of this surplus office furniture and supplies will help expedite the relocation of the office to 9th street and support the recycling/reuse of surplus items.

The equipment identified in the following table was evaluated by the Washoe County Purchasing Division and Health District Administrative Health Services to confirm the \$-0- value and is eligible for removal from the current inventory. The equipment was initially offered to Washoe County Community Services Department and they identified a number of pieces would be beneficial to the Northern Nevada Adult Mental Health facility. Any remaining equipment and supplies will be offered to other Washoe County Departments. If no interest is received from within the County, the remaining equipment and supplies will be offered to community organizations including the Washoe County School District and Habitat for Humanity. The following is an itemized list of the \$-0- value equipment and proposed recipients:

Description
Office Desks
Office Chairs
Storage Cabinets
File Cabinets
Bookshelves
Plan Review Bin
Office consoles
Tabletop Work Surfaces
Office Supplies
Cubicle Partitions
Conference Tables

FISCAL IMPACT

Should the Board approve these donations, there will be no fiscal impact to the adopted budgets as the eligible equipment has \$-0- value.

RECOMMENDATION

Staff recommends the District Board of Health approve the donation of various pieces of surplus office furniture and supplies with a current market value estimated at \$-0- that have exceeded the useful value for programmatic purposes but may still have value for educational, research and community organizations.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the donation of various pieces of surplus office furniture and supplies with a current market value estimated at \$-0- that have exceeded the useful value for programmatic purposes but may still have value for educational, research and community organizations."

Staff Report
Board Meeting Date: May 23, 2019

TO: District Board of Health

FROM: Daniel Inouye, AQM Acting Division Director
775-784-7214, dinouye@washoecounty.us

SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Southern Way Industrial Investors LP, Case No. 1210, Notice of Violation Citation No. 5700, with a \$2,515.00 negotiated fine.

SUMMARY

Washoe County Air Quality Management Division staff recommends Notice of Violation Citation No. 5700 be **upheld** and a fine of **\$2,515.00** be levied against Southern Way Industrial Investors LP for failure to renew an operating permit at an existing source and failure to provide records of operation which affect the potential of the source to emit air pollutants. This action is a **major violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Sections 030.000 and 030.2175.

District Health Strategic Priority supported by this item:

2. Healthy Environment - Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

No previous actions.

BACKGROUND

On December 21, 2018, Air Quality Specialist Trainee (AQST) Brittney Osborn was assigned the annual inspection of stationary source Permit to Operate (PTO) AAIR16-0506 for Southern Way Industrial Investors LP. On January 3, 2019, AQST Osborn contacted the property manager, Amy Rasilla, of the Bendetti Company, to complete the evaluation of the fuel burning equipment permitted at Southern Way Industrial Investors LP. On the same day, AQST Osborn followed the phone call with an email to Ms. Rasilla requesting an updated fuel burning equipment list for the property at Greg Street and Southern Way in Sparks, Nevada, which is owned and managed by the Bendetti Company. The request for information was an effort to update the Permit to Operate (PTO) with accurate information regarding the make, model, serial number and maximum input BTU information of the fuel burning equipment present at these properties. The request further stated that the information should be organized by address, as there are multiple addresses associated with this property.

On February 21, 2019 after approximately (7) additional contacts with Ms. Rasilla and the Bendetti Company, AQST Osborn issued Notice of Violation (NOV) Warning No. 5752 to Southern Way Industrial Investors LP requiring the permittee to submit the requested information no later than February 28, 2019. NOV Warning No. 5752 was sent to the permittee via email and certified mail. The PTO was due to expire on February 28, 2019 and would not be renewed without the requested information.

On March 5, 2019 after several additional attempts to contact the permittee, NOV Citation No. 5700 was issued to Southern Way Industrial Investors LP citing failure to submit complete records as indicated in a written request on January 3, 2019 and NOV Warning No. 5752 which resulted in a failure to renew the PTO by the expiration date of February 28, 2019. NOV Citation No. 5700 was sent to the permittee via email and certified mail.

On March 12, 2019, Ms. Rasilla emailed the updated fuel burning equipment inventory, signed NOV Citation No. 5700 and a petition to appeal to the Washoe County Air Pollution Control Hearing Board (APCHB). Ms. Rasilla decided that Southern Way Industrial Investors LP would like to attempt to negotiate a settlement of NOV Citation No. 5700 on April 12, 2019 prior to hearing the violation in front of the APCHB.

On April 12, 2019, Sr. Air Quality Specialist (Sr. AQS) Joshua Restori conducted a negotiated settlement meeting attended by AQST Osborn and Ms. Amy Rasilla, regarding NOV Citation No. 5700. Sr. AQS Restori explained to Ms. Rasilla that Southern Way Industrial Investors LP was issued NOV Citation No. 5700 per Section 030.000 and 030.2175 for failure to renew an operating permit at an existing source and failure to provide records of operation which affect the potential of the source to emit air pollutants. During the discussion, Ms. Rasilla stated that Southern Way Industrial Investors LP had incurred a cost to produce the fuel burning equipment list and requested consideration of that cost in the final citation amount. The cost of obtaining the fuel burning equipment list was considered in the final citation amount. After discussing the case and agreeing on a citation amount, Ms. Rasilla acknowledged the violation and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on April 12, 2019.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board upholding the issuance of the Notice of Violation Citation and associated fine. All fine money collected is forwarded to the Washoe County School District to be used for environmentally focused projects for the benefit of the students.

RECOMMENDATION

Staff recommends the Board uphold an uncontested citation issued to Southern Way Industrial Investors LP, Case No. 1210, Notice of Violation Citation No. 5700, with a \$2,515.00 negotiated fine.

ALTERNATIVE

An alternative to upholding the Staff recommendation as presented would include:

1. The Board may determine no violation of the regulations has occurred and dismiss Notice of Violation Citation No. 5700.

Or

2. The Board may determine to uphold Notice of Violation Citation No. 5700 and levy any fine in the range of \$0.00 to \$10,000.00 per day per violation.

POSSIBLE MOTION(s)

Should the Board agree with Staff's recommendation or the alternatives, a possible motion would be:

1. "Move to uphold an uncontested citation issued to Southern Way Industrial Investors LP, Case No. 1210, Notice of Violation Citation No. 5700 with a \$2,515.00 negotiated fine."

Or, should the Board wish to consider an alternative motion the item should be pulled from the Consent Agenda for discussion and, the possible motion may be:

2. "Move to uphold Case No. 1210, Notice of Violation Citation No. 5700, and levy a fine in the amount of (*range of \$0.00 to \$10,000.00*) per day for each violation, with the matter being continued to the next meeting to allow for Southern Way Industrial Investors LP to be properly noticed."



WASHOE COUNTY HEALTH DISTRICT
 AIR QUALITY MANAGEMENT DIVISION
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512
 (775) 784-7200



NOTICE OF VIOLATION

NOV 5700

DATE ISSUED: 3/4/2019

ISSUED TO: Southern Way Industrial Investors LP PHONE #: _____

MAILING ADDRESS: 2 Executive Circle Ste. 150 CITY/ST: Irvine, CA ZIP: 92614

NAME/OPERATOR: Amy Rasilla (Bendetti Company) PHONE #: 1-949-565-3727

COMPLAINT NO. NCMP19-00408 PTO# AA1216-0506

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 3/4/2019 (DATE) AT 1500 (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 DUST CONTROL | <input checked="" type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 ODOR/NUISANCE | <input checked="" type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 DIESEL IDLING | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |

VIOLATION DESCRIPTION: ^① Failure to submit records by February 28, 2019, as required by NOV# 5752. ^② Failure to renew permit by expiration date (2/28/2019) is considered operating without a permit.

LOCATION OF VIOLATION: Greg Street and Southern Way properties

POINT OF OBSERVATION: Review of documents during permit renewal process.

Weather: N/A Wind Direction From: NE SW

Emissions Observed: N/A
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 3/4/2019 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 14 hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: Amy Rasilla Date: 3/12/19

Issued by: Brittney Osborn Title: AQST

PETITION FOR APPEAL FORM PROVIDED
 H-AIR-09 (Rev. 04/12)



WASHOE COUNTY HEALTH DISTRICT
 AIR QUALITY MANAGEMENT DIVISION
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512
 (775) 784-7200



NOTICE OF VIOLATION

NOV 5752

DATE ISSUED: 2/21/2019

ISSUED TO: Southern Way Industrial Investors LP PHONE #: _____

MAILING ADDRESS: 2 Executive Circle Ste-150 CITY/ST: Irvine, CA ZIP: 92614

NAME/OPERATOR: Amy Rasilla (Bendelli Company) PHONE #: 1-949-565-3727

COMPLAINT NO. WCMP19-00408 PTO# AAIR16-0506

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 2/21/2019 (DATE) AT 09:00 (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 ODOR/NUISANCE | <input checked="" type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 DIESEL IDLING | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |

VIOLATION DESCRIPTION: Failure to submit records by January 20, 2019. Per permit condition

P: "Any records of operation which affect the potential of the source to emit air pollutants (e.g. current inventory of fuel burning equipment including BTU rating)... must be maintained for a period of at least 5 years and made available to the Control Officer upon request."

LOCATION OF VIOLATION: Greg Street and Southern Way properties.

POINT OF OBSERVATION: Review of documents during permit renewal inspection.

Weather: N/A Wind Direction From: N E S W

Emissions Observed: N/A
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective 9:00 a.m./p.m. 2/21/2019 (date) you are hereby ordered to abate the above violation within 7 hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on _____ (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within _____ hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: _____ Date: _____

Issued by: Brittney Osborn Title: AQST

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: 04/12/2019

Company Name: Southern Way Industrial Investors LP

Address: 2 Executive Circle Suite 150 Irvine, CA 92614

Notice of Violation # 5700 Case # 1210

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 030.2175 Operation contrary to the permit conditions specified in the Permit to Operate; 030.000 Operating an existing source without a current Permit to Operate.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 2,515.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on May 23, 2019.

The undersigned agrees to waive an appeal to the Air Pollution Control Hearing Board so this matter may be submitted directly to the District Board of Health for consideration.

Amy Rasilla
Signature of Company Representative

Amy Rasilla
Print Name

Senior Manager
Title

Witness

Joshua C. Restori
Signature of District Representative

Joshua C. Restori
Print Name

Sr. Air Quality Specialist
Title

[Signature]
Witness

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: 04/12/2019

Company Name: Southern Way Industrial Investors LP

Address: 2 Executive Circle Suite 150 Irvine, CA 92614

Notice of Violation # 5700 Case # 1210

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 030.2175 Operation contrary to the permit conditions specified in the Permit to Operate; 030.000 Operating an existing source without a current Permit to Operate.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 2,515.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on May 23, 2019.

The undersigned agrees to waive an appeal to the Air Pollution Control Hearing Board so this matter may be submitted directly to the District Board of Health for consideration.

Signature of Company Representative

Print Name

Title

Witness



Signature of District Representative

Joshua C. Restani

Print Name

Sr. Air Quality Specialist

Title



Witness

Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet

Company Name Southern Way Industrial Investors LP
Contact Name Amy Rasilla

Case 1210 NOV 5700 WVIO-AQM 19-0002

I. Violation of Section 030.2175 Violation of Permit Condition

I. Recommended/Negotiated Fine = \$ 2250

II. Violation of Section 030.000 Operating an existing source without a Permit to Operate

II. Recommended/Negotiated Fine = \$ 265

III. Violation of Section 0

III. Recommended/Negotiated Fine = \$ 0

IV. Violation of Section 0

IV. Recommended/Negotiated Fine = \$ 0

V. Violation of Section 0

V. Recommended/Negotiated Fine = \$ 0

Total Recommended/Negotiated Fine = \$ 2515



Air Quality Specialist

4/12/2019

Date



Senior AQ Specialist/Supervisor

4-12-19

Date

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name Southern Way Industrial Investors LP
Contact Name Amy Rasilla

Case 1210 NOV 5700 WVIO-AQM 19-0002

Violation of Section 030.2175 Violation of Permit Condition

I. Base Penalty as specified in the Penalty Table = \$ 2500.00

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 Adjustment Factor 1

Comment: Violation of Section 030.2175 constitutes a major violation per 020.040 Section A

2. Toxicity of Release

Criteria Pollutant – 1x
Hazardous Air Pollutant – 2x Adjustment Factor 1.0

Comment: Fuel burning equipment is associated with criteria pollutants

3. Environmental/Public Health Risk (Proximity to sensitive environment or group)

Negligible – 1x Moderate – 1.5x Significant – 2x Adjustment Factor 1.0

Comment: There were negligible health impacts associated with this violation

Total Adjustment Factors (1 x 2 x 3) = 1

B. Adjusted Base Penalty

Base Penalty \$ 2500.00 x Adjustment Factor 1 = \$ 2500.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 2500.00 x Number of Days or Units 1 = \$ 2500.00

Comment: _____

D. Economic Benefit

Avoided Costs \$ 0.00 + Delayed Costs \$ 0.00 = \$ 0.00

Comment: No economic benefit was noted.

Penalty Subtotal

Adjusted Base Penalty \$ 2500.00 + Economic Benefit \$ 0.00 = \$ 2500.00

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%) - 0%

B. Mitigating Factors (0 – 25%) - 5%

1. Negotiated Settlement
2. Ability to Pay
3. Other (explain)

Comment Negotiated Settlement

C. Compliance History

No Previous Violations (0 – 10%) - 5%

Comment No prior violations

Similar Violation in Past 12 months (25 - 50%) + 0%

Comment: _____

Similar Violation within past 3 year (10 - 25%) + 0%

Comment: _____

Previous Unrelated Violation (5 – 25%) + 0%

Comment: _____

Total Penalty Adjustment Factors – sum of A, B, & C -10%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

<u>\$ 2500.00</u>	x	<u>-10%</u>	=	<u>-250.00</u>
Penalty Subtotal		Total Adjustment Factors		Total Adjustment Value
(From Section II)		(From Section III)		

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

<u>\$ 2500.00</u>	+/-	<u>\$ -250.00</u>	=	<u>\$ 2250</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine


Air Quality Specialist

4/12/2019
Date


Senior AQ Specialist/Supervisor

4-12-19
Date

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	-	<u>0%</u>
B. Mitigating Factors (0 – 25%)	-	<u>5%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
Comment <u>Negotiated Settlement</u>		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u>5%</u>
Comment <u>No Prior Violations</u>		
Similar Violation in Past 12 months (25 - 50%)	+	<u>0%</u>
Comment: _____		
Similar Violation within past 3 year (10 - 25%)	+	<u>0%</u>
Comment: _____		
Previous Unrelated Violation (5 – 25%)	+	<u>0%</u>
Comment: _____		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-10%</u>

IV. Recommended/Negotiated Fine

Penalty Adjustment:			
\$ <u>5000.00</u>	x	<u>-10%</u>	= <u>-500.00</u>
Penalty Subtotal		Total Adjustment Factors	Total Adjustment Value
(From Section II)		(From Section III)	

Additional Credit for Environmental Investment/Training - \$ 4235

Comment: Credit for cost to obtain the fuel burning inventory

Adjusted Penalty:

\$ <u>5000.00</u>	+/-	\$ <u>-500.00</u>	= \$ <u>265.00</u>
Penalty Subtotal		Total Adjustment Value	Recommended/Negotiated
(From Section II)		(From Section III + Credit)	Fine



Air Quality Specialist

4/12/2019

Date



Senior AQ Specialist/Supervisor

4-12-19

Date

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation	1st Violation	2nd Violation
040.005 Visible Emissions	1000	2500
040.030 Dust Control (fugitive)	1000	2000
040.035 Open Fires	500	1000
040.040 Fire Training	500	1000
040.050 Incinerator	1000	2000
040.051 Woodstoves	500	1000
040.055 Odors	1000	2000
040.080 Gasoline Transfer (maintenance)	1000	2000
040.200 Diesel Idling	500	1000
050.001 Emergency Episode	1000	2000
040.030 Construction Without a Dust Control Permit		
Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
Project Size – 10 acres or more	\$1,000 + \$50 per acre	

II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

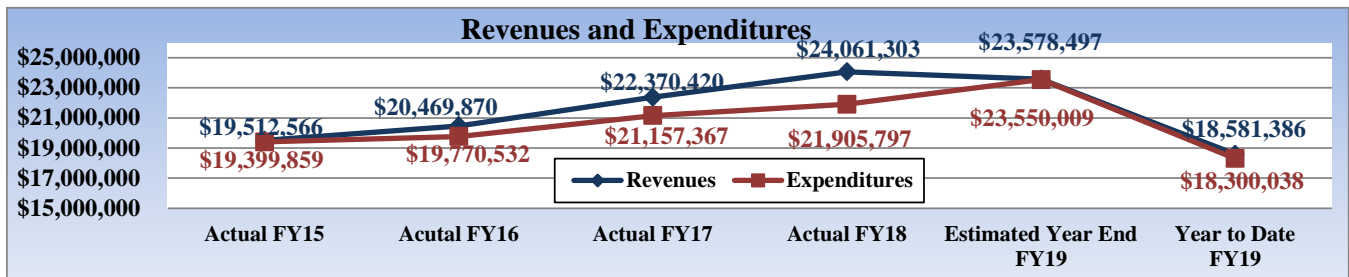
DD	NA
DHO	KD
DA	NA
Risk	NA

Staff Report
Board Meeting Date: May 23, 2019

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, aheenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health Fund Financial Review for April, Fiscal Year 2019

SUMMARY

The tenth month of fiscal year 2019, (FY19) ended with a cash balance of \$7,330,291. Total revenues of \$18,581,386 were 79.3% of budget and a decrease of \$725,235 over FY18 mainly due to a decline in General Fund transfer of \$534,835 that was for additional chemical supplies for the mosquito abatement required in FY18 and also due to a delay in the receipt of grant reimbursements. The expenditures totaled \$18,300,038 or 72.7% of budget and up \$239,131 compared to FY18 mainly due to the cost of negotiated labor agreements between the County and the Health District staff.



District Health Strategic Priority supported by this item:

- 5. Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community’s health by growing reliable sources of income.

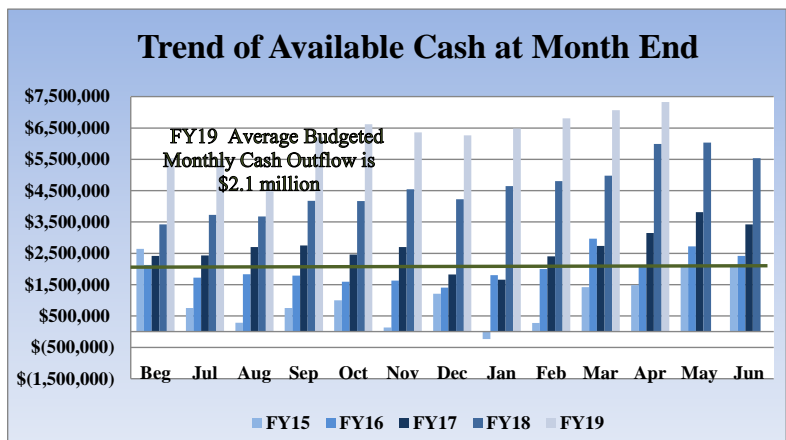
PREVIOUS ACTION

Fiscal Year 2019 Budget was adopted May 22, 2018.

BACKGROUND

Review of Cash

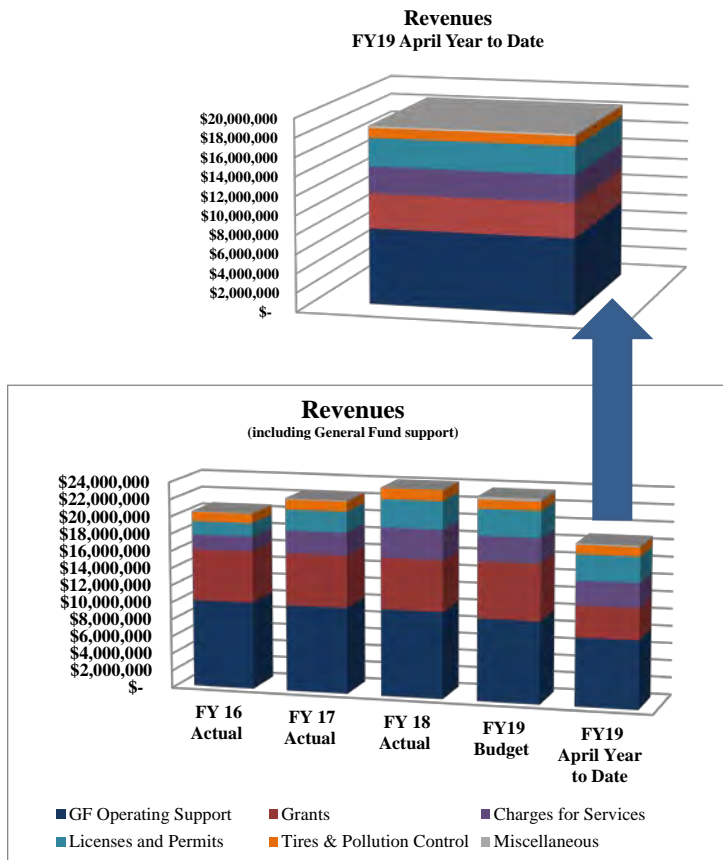
The available cash at the end of April FY19 was \$7,330,291, which is enough to cover approximately 3.5 months of expenditures. The encumbrances and other liability portion of the cash balance totals \$1.7 million; the cash restricted as to use is approximately \$1.6 million (e.g. Air Quality DMV pollution control revenue, Solid Waste Management Tire Fee revenue, Accela Regional Permitting Technology Fees and the Hazardous Materials 1995 litigation revenue); leaving a balance of approximately \$4.0 million.



Note: January FY15 negative cash is due to no County General Fund support

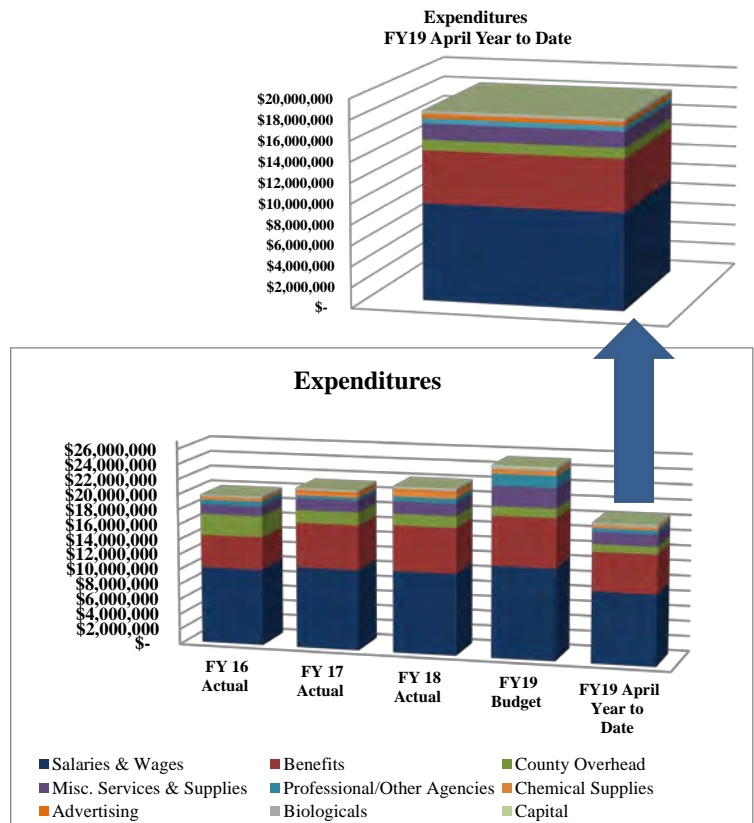


Review of Revenues (including transfers from General Fund) and Expenditures by category



The total **revenues** year to date were \$18,581,386 down \$725,235 or 3.8% compared to April FY18. The revenue categories up over FY18 were: licenses and permits of \$2,965,087 up \$294,478 or 11.0%; charges for services of \$2,827,893 up \$51,391 or 1.9%; tire and pollution control funding of \$1,050,398 up \$5,279; and, miscellaneous revenues of \$161,083 up \$105,709 due to the closing of the Environmental Health Hazardous Materials oversight checking account. Revenue categories down compared to FY18 were: Federal and State grants of \$3,646,204 down \$647,266 or 15.1%; and, the County General Fund support of \$7,930,713 down \$534,835 or 6.3% due to the contingency transfer in FY18 for mosquito abatement chemicals not needed in FY19.

The total year to date **expenditures** of \$18,300,038 increased by \$239,131 or 1.3% compared to FY18. Salaries and benefits expenditures for the fiscal year were \$14,524,899 up \$429,134 or 3.0% over the prior year and 77.9% of budget. The total services and supplies of \$3,720,651 down \$151,207 or 3.9% compared to FY18 and 58.7% of budget. The main reason for the decline is a reduction in chemical supplies not required in FY19 due to sufficient inventory. The major expenditures included in the services and supplies were; the professional/other agency services, which totaled \$509,877 up \$99,347 or 24.2% over FY18; chemical supplies of \$392,517 down \$374,275 or 48.8%; the biologicals of \$245,589, were down \$10,904 or 4.3%; and, County overhead charges of \$1,015,066 were down \$252,118 or 19.9%. There has been \$54,488 in capital expenditures down \$38,797 or 41.6% compared to FY18.



Review of Revenues and Expenditures by Division

ODHO has spent \$1,037,163 up \$259,493 or 33.4% over FY18 mainly due to funding in FY19 not in FY18 for The Children’s Cabinet for the support for Signs of Suicide; installation of staff badge reader access into the facility; furniture beyond its useful life requiring replacement; and, increased funding in FY19 for Truckee Meadows Healthy Communities public health initiatives.

AHS has spent \$929,674 down \$8,362 or 0.9% compared to FY18 mainly due to salary savings from a vacant position and a decline in utilities and County overhead charges.

AQM revenues were \$2,566,168 down \$279,269 or 9.8% due to a delay in the receipt of grant funding. The Division spent \$2,433,959 up \$48,255 or 2.0% over FY18 due to the annual licensing payment for the Regional Permitting System; an employee retirement payout for accrued vacation and sick leave; and, filling vacant positions.

CCHS revenues were \$2,735,732 down \$436,982 or 13.8% over FY18 due to a decline in grant reimbursements, Medicaid, and insurance reimbursements. The division spent \$6,230,842 or \$17,829 more than FY18 mainly due to the cost of a payout on accrued benefits for an employee that retired.

EHS revenues were \$3,882,134 up \$417,975 or 12.1% over FY18 mainly in food service permits and the deposit of Hazardous Material funds due to closing a bank account from a 1995 settlement agreement for a Tank Farm Litigation. EHS spent \$5,457,440 a decline of \$225,308 over last year due to an inventory of chemical supplies in the Vector program allowing for a chemical supply expenditure reduction compared to FY18. With excluding Vector costs from FY18 and FY19 the total expenditures are up \$261,583 or 6% over FY18 mainly due to the annual licensing payment for the Regional Permitting System and the purchase of computer equipment needed for field inspections.

EPHP revenues were \$1,466,560 up \$111,240 over last year due to increased grant funding and spent \$2,210,960 up \$147,224 over FY18 due to temporary help to assist during the recruitment of a vacant position and additional operating expenditures from the increased grant funding.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2014/2015 through April Year to Date Fiscal Year 2018/2019 (FY19)									
	Actual Fiscal Year			Fiscal Year 2017/2018		Fiscal Year 2018/2019			
	2014/2015	2015/2016	2016/2017	Actual Year End	April Year to Date	Adjusted Budget	April Year to Date	Percent of Budget	FY19 Increase over FY18
Revenues (all sources of funds)									
ODHO	-	15,000	51,228	3,365	3,365	-	-	-	-100.0%
AHS	151	-	-	-	-	-	-	-	-
AQM	2,427,471	2,520,452	2,979,720	3,543,340	2,845,438	3,086,133	2,566,168	83.2%	-9.8%
CCHS	3,520,945	3,506,968	3,872,898	4,179,750	3,172,714	4,321,392	2,735,732	63.3%	-13.8%
EHS	2,008,299	2,209,259	3,436,951	4,428,294	3,464,237	4,332,380	3,882,212	89.6%	12.1%
EPHP	1,555,508	2,141,334	2,027,242	1,854,862	1,355,320	2,166,533	1,466,560	67.7%	8.2%
GF support	10,000,192	10,076,856	10,002,381	10,051,691	8,465,548	9,516,856	7,930,713	83.3%	-6.3%
Total Revenues	\$19,512,566	\$20,469,870	\$22,370,420	\$24,061,303	\$19,306,621	\$23,423,294	\$18,581,386	79.3%	-3.8%
Expenditures (all uses of funds)									
ODHO	481,886	594,672	904,268	826,325	777,670	1,656,566	1,037,163	62.6%	33.4%
AHS	1,096,568	996,021	1,119,366	1,016,660	938,036	1,188,894	929,674	78.2%	-0.9%
AQM	2,587,196	2,670,636	2,856,957	2,936,261	2,385,704	3,670,794	2,433,959	66.3%	2.0%
CCHS	6,967,501	6,880,583	7,294,144	7,538,728	6,213,013	8,156,778	6,230,842	76.4%	0.3%
EHS	5,954,567	5,939,960	6,366,220	7,030,470	5,682,748	7,496,886	5,457,440	72.8%	-4.0%
EPHP	2,312,142	2,688,659	2,616,411	2,557,352	2,063,736	2,986,667	2,210,960	74.0%	7.1%
Total Expenditures	\$19,399,859	\$19,770,532	\$21,157,367	\$21,905,797	\$18,060,907	\$25,156,585	\$18,300,038	72.7%	1.3%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	(481,886)	(579,672)	(853,040)	(822,960)	(774,305)	(1,656,566)	(1,037,163)		
AHS	(1,096,417)	(996,021)	(1,119,366)	(1,016,660)	(938,036)	(1,188,894)	(929,674)		
AQM	(159,725)	(150,184)	122,763	607,078	459,734	(584,661)	132,209		
CCHS	(3,446,556)	(3,373,615)	(3,421,246)	(3,358,978)	(3,040,299)	(3,835,386)	(3,495,110)		
EHS	(3,946,268)	(3,730,701)	(2,929,269)	(2,602,176)	(2,218,511)	(3,164,506)	(1,575,228)		
EPHP	(756,634)	(547,325)	(589,169)	(702,490)	(708,416)	(820,134)	(744,400)		
GF Operating	10,000,192	10,076,856	10,002,381	10,051,691	8,465,548	9,516,856	7,930,713		
Surplus (deficit)	\$ 112,707	\$ 699,338	\$ 1,213,053	\$ 2,155,505	\$ 1,245,714	\$ (1,733,291)	\$ 281,348		
Fund Balance (FB)	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402		\$ 4,603,111			
FB as a % of Expenditures	11.7%	15.0%	19.8%	28.9%		18.3%			

Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund

FISCAL IMPACT

No fiscal impact associated with the acknowledgement of this staff report.

RECOMMENDATION

Staff recommends that the District Board of Health acknowledge receipt of the Health Fund financial review for April, Fiscal Year 2019.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund financial review for April, Fiscal Year 2019.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 10 2019 P&L Accounts Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts * Fund Center: *
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
422503 Environ Permits	79,727-	90,573-	10,846	114	79,990-	84,332-	4,342	105
422504 Pool Permits	263,625-	251,056-	12,569-	95	245,334-	216,276-	29,059-	88
422505 RV Permits	31,139-	26,178-	4,961-	84	25,783-	28,263-	2,480	110
422507 Food Serv Permits	1,374,436-	1,357,748-	16,688-	99	1,263,372-	1,097,898-	165,474-	87
422508 Wat Well Const Per	173,167-	94,471-	78,696-	55	146,747-	105,141-	41,606-	72
422509 Water Co Permits	34,456-	39,760-	5,304	115	29,941-	82,627-	52,686	276
422510 Air Pol Permits	622,898-	578,322-	44,576-	93	766,406-	567,571-	198,835-	74
422511 ISDS Permits	255,177-	283,014-	27,837	111	234,031-	254,494-	20,463	109
422513 Special Event Perm	170,067-	139,639-	30,428-	82	208,827-	137,086-	71,741-	66
422514 Initial Applic Fee	85,526-	104,326-	18,800	122	104,711-	96,921-	7,790-	93
* Licenses and Permits	3,090,218-	2,965,087-	125,131-	96	3,105,142-	2,670,608-	434,534-	86
431100 Federal Grants	5,604,940-	3,115,352-	2,489,587-	56	5,340,594-	3,808,214-	1,532,380-	71
431105 Fed. Grants-Indire	488,253-	328,900-	159,353-	67	472,592-	359,925-	112,667-	76
432100 State Grants	433,984-	179,374-	254,610-	41	373,951-	115,740-	258,211-	31
432105 State Grants-Indir	18,160-	22,577-	4,417	124	17,396-	9,592-	7,804-	55
432310 Tire Fee 444A.090	450,000-	400,016-	49,984-	89	450,000-	389,864-	60,136-	87
432311 Pol Ctrl 445B.830	587,828-	650,382-	62,554	111	587,828-	655,255-	67,427	111
* Intergovernmental	7,583,165-	4,696,601-	2,886,563-	62	7,242,361-	5,338,889-	1,903,772-	74
460162 Services O Agencies	10,000-	6,105-	3,895-	61	19,000-	21,886-	2,886	115
460173 Reimb Reno								
460500 Other Immunization	60,000-	63,563-	3,563	106	20,000-	56,535-	36,535	283
460501 Medicaid Clinic Sv	175,500-	136,088-	39,412-	78	85,500-	176,338-	90,838	206
460503 Child Immunization					200-	21-	179-	11
460508 Tuberculosis	6,000-	5,332-	668-	89	6,580-	5,563-	1,017-	85
460509 Water Quality	500-		500-		500-		500-	
460510 IT Overlay	60,672-	10-	60,662-	0	48,435-	37,318-	11,117-	77
460511 Birth Death Certif	515,000-	455,149-	59,851-	88	515,000-	449,759-	65,241-	87
460512 Duplication Servic		160-	160			1,368-	1,368	
460513 Other Health Servs	97,571-	109,311-	11,740	112	75,753-	109,547-	33,794	145
460514 Food Service Certi								
460515 Medicare Reimburse	185,500-	167,015-	18,485-	90	66,000-	172,969-	106,969	262
460516 Pgm Inc-3rd Prty R								
460517 Influenza immuniza								
460518 STD Fees	35,000-	26,972-	8,028-	77	25,000-	30,746-	5,746	123
460519 Outpatient Servic		21-	21		500-		500-	
460520 Eng Serv Health	203,040-	255,959-	52,919	126	168,844-	257,298-	88,454	152
460521 Plan Review - Pool	6,008-	24,220-	18,212	403	1,179-	16,396-	15,217	1,391
460523 Plan Review - Food	87,098-	95,184-	8,086	109	81,584-	79,350-	2,234-	97
460524 Family Planning	50,000-	73,288-	23,288	147	40,000-	62,769	22,769	157
460525 Plan Review - Vect	102,964-	75,409-	27,555-	73	99,179-	82,041-	17,138-	83
460526 Plan Review-AQM	95,210-	73,239-	21,971-	77	122,695-	69,979-	52,716-	57
460527 NOE-AQM	273,074-	202,430-	70,644-	74	238,433-	254,823-	16,390	107
460528 NESHAP-AQM	221,452-	188,248-	33,204-	85	225,847-	172,176-	53,671-	76

Period: 1 thru 10 2019 P&L Accounts Fund: 202 Health Fund
 Accounts: GO-P-L Fund Center: *
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
460529 Assessments-AQM	111,765-	102,333-	9,432-	92	106,866-	97,924-	8,942-	92
460530 Inspector Registr-	4,175-		4,175-		6,750-		6,750-	
460531 Dust Plan-AQM	362,521-	510,759-	148,238	141	334,771-	425,479-	90,708	127
460532 Plan Rvw Hotel/Mot		6,507-	6,507			6,279-	6,279	
460534 Child Care Inspect	22,470-	19,176-	3,294-	85	21,169-	17,245-	3,924-	81
460535 Pub Accomod Inspect	28,380-	36,930-	8,550	130	46,666-	33,887-	12,779-	73
460570 Education Revenue								
460723 Other Fees	193,032-	194,482-	1,450	101	197,528-	138,808-	58,720-	70
* Charges for Services	2,906,932-	2,827,893-	79,039-	97	2,553,979-	2,776,502-	222,523	109
		5-	5			7-	7	
481150 Interest-Non Poole	10-	10-		100	5,000-		5,000-	
484000 Donation,Contrib.	6,500-	6,408-	92-	99	16,050-	9,503-	6,547-	59
484050 Donation Fed Pgm I	14,804-	11,857-	2,947-	80	14,428-	12,945-	1,483-	90
484197 Non-Gov. Grants-In	48,283-	34,305-	13,978-	71	46,084-	32,716-	13,368-	71
485100 Reimbursements	258,426-	108,498-	149,929-	42		203-	203	
485300 Other Misc Govt Re	328,023-	161,083-	166,940-	49	81,562-	55,374-	26,188-	68
* Miscellaneous	13,908,338-	10,650,664-	3,257,673-	77	12,983,044-	10,841,073-	2,141,970-	84
** Revenue	10,644,138	8,410,946	2,233,192	79	10,324,398	8,244,291	2,080,108	80
701110 Base Salaries	302,258	294,175	8,083	97	230,388	218,091	12,297	95
701120 Part Time	549,606	371,549	178,058	68	419,740	355,976	63,764	85
701130 Pooled Positions	4,319	1,868	2,451	43	4,319	1,512	2,807	35
701140 Holiday Work								
701150 xcContractual Wage								
701199 Lab Cost Sav-Wages	166,100	77,057	89,043	46	164,408	79,914	84,494	49
701200 Incentive Longevit	114,569	70,277	44,292	61	68,241	60,528	7,713	89
701300 Overtime	300	197	103	66	300	331	31-	110
701403 Shift Differential	38,000	26,946	11,054	71	38,000	26,916	11,084	71
701406 Standby Pay	5,000	1,876	3,124	38	5,000	1,539	3,461	31
701408 Call Back								
701410 Detective Pay								
701412 Salary Adjustment	169,232	99,645	169,232	147	100,893	12,336	100,893	17
701413 Vac Payoff Sick Te	67,722		31,923-		73,676	1,101	61,340	100
701414 Vac Denied-Payoff					1,101	3,402	1,333-	164
701417 Comp Time	16,320	30,804	14,484-	189	2,069	7,194	7,194	
701419 Comp Time - Transf					7,194			
701500 Merit Awards								
* Salaries and Wages	12,077,563	9,385,337	2,692,225	78	11,439,728	9,005,937	2,433,791	79
705110 Group Insurance	1,676,674	1,224,651	452,024	73	1,648,117	1,295,590	352,527	79
705115 ER HSA Contribs	88,000	66,440-	66,440-	176	66,000	93,176	27,176-	141
705190 OPEB Contribution	1,286,542	1,072,118	214,423	83	1,305,189	1,087,657	217,531	83
705199 Lab Cost Sav-Benef								
705210 Retirement	3,120,662	2,464,946	655,716	79	3,001,406	2,398,913	602,494	80
705215 Retirement Calc								
705230 Medicare Apr 86	151,817	129,406	22,410	85	148,683	123,733	24,950	83

Period: 1 thru 10 2019 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts *
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
705240 Insur Budgeted Inc	48,610		48,610		48,610		48,610	
705320 Workmens Comp	100,432	83,883	16,550	84	97,901	80,813	17,088	83
705330 Unemploy Comp	9,755	10,118	363-	104	10,298	9,946	352	97
705360 Benefit Adjustment	84,148		84,148		28,461		28,461	
* Employee Benefits	6,566,639	5,139,562	1,427,077	78	6,354,665	5,089,828	1,264,837	80
710100 Prof Services	608,967	205,759	403,208	34	460,662	156,444	304,218	34
710105 Medical Services	10,721	6,310	4,411	59	9,121	4,132	4,989	45
710108 MD Consultants	58,936	41,539	17,397	70	58,936	36,120	22,816	61
710110 Contracted/Temp Sv	128,538	34,376	94,162	27	53,610	61,891	8,281-	115
710119 Subrecipient Payme								
710155 Lobbying Services	600	600		100				
710200 Service Contract	93,962	40,460	53,503	43	61,929	77,718	15,790-	125
710201 Laundry Services	650	1,401	751-	216		1,508	1,508-	
710205 Repairs Maint	9,645	8,600	1,045	89	13,645	12,534	1,111	92
710210 Software Maintenan	3,000	1,698	1,302	57	3,000	3,059	59-	102
710300 Operating Supplies	203,925	115,625	88,300	57	151,280	69,767	81,513	46
710302 Small Tools & Allo	1,435	434	1,001	30	1,435	51	1,384	4
710308 Animal Supplies	1,600	880	720	55	1,600	780	820	49
710312 Special Dept Expen						480	480-	
710319 Chemical Supplies	392,700	392,517	183	100	767,535	766,792	743	100
710323 Asphalt	16,000		16,000					
710325 Signs and Markers		8,336	8,336-					
710334 Copy Mach Exp	24,141	14,428	9,713	60	26,066	15,215	10,852	58
710335 Copy Mach-Copies	7,751	6,944	807	90	4,044	5,774	1,730-	143
710350 Office Supplies	58,646	40,042	18,604	68	36,698	25,760	10,938	70
710355 Books/Subscription	8,258	9,355	1,097-	113	8,145	8,179	34-	100
710360 Postage	17,811	16,170	1,641	91	19,260	13,968	5,292	73
710361 Express Courier	100	35	65	35	100	13	87	13
710391 Fuel & Inube	125		125		125		125	
710400 Pmts to O Agencies	743,421	221,894	521,526	30	140,650	151,943	11,293-	108
710412 Do Not Use								
710500 Other Expense	137,579	76,834	60,745	56	31,606	12,389	19,217	39
710502 Printing	30,809	22,532	8,277	73	29,343	9,098	20,245	31
710503 Licenses & Permits	8,345	8,837	492-	106	8,345	4,913	3,432	59
710504 Registration		750	750-			1,400	1,400-	
710505 Rental Equipment	200		200			1,812	1,812-	
710506 Dept Inseductible		750	750-			300	300-	
710507 Network,Data Lines	6,540	10,590	4,050-	162	9,050	5,360	3,690	59
710508 Telephone Land Lin	36,542	30,612	5,930	84	35,611	29,797	5,814	84
710509 Seminars Meeting	66,818	56,198	10,620	84	43,748	34,522	9,226	79
710512 Auto Expense	11,346	7,094	4,252	63	10,415	4,967	5,448	48
710514 Reg Assessments	20,000	29,488	9,488-	147	20,000	14,885	5,115	74
710519 Cellular phone	14,697	12,802	1,895	87	14,821	11,382	3,439	77

Period: 1 thru 10 2019 P&L Accounts Health Fund
 Accounts: GO-P-L Fund Center: *
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2019 Plan	2019 Actuals	Balance	Act\$	2018 Plan	2018 Actual	Balance	Act\$
710529 Dues	21,555	14,066	7,489	65	32,129	31,008	1,121	97
710535 Credit Card Fees	52,457	51,433	1,024	98	51,157	44,404	6,753	87
710546 Advertising	151,745	49,975	101,770	33	173,119	88,723	84,396	51
710551 Cash Discounts Los		48	48-			6	6-	
710563 Recruitment		280	280-			771	771-	
710571 Safety Expense	56,279	30,726	25,553	55	57,891	25,468	32,423	44
710577 Uniforms & Special	2,700	2,098	602	78	4,200	6,157	1,957-	147
710585 Undesig Budget	543,923	2,281	543,923		794,954	794,954		
710594 Insurance Premium	5,815	5,605	210	96	5,815	5,605	210	96
710600 IT Lease-Office	75,813	63,839	11,974	84	76,607	63,839	12,768	83
710620 IT Lease-Equipment								
710703 Biologicals	356,681	245,589	111,092	69	282,612	256,493	26,119	91
710714 Referral Services	6,780	9,040	2,260-	133	6,780	5,424	1,356	80
710721 Outpatient	94,259	82,916	11,343	88	124,693	62,062	62,631	50
710872 Food Purchases	3,244	2,281	963	70	2,744	896	1,848	33
711008 Combined Utilities	71,118	59,265	11,853	83	90,800	75,667	15,133	83
711010 Utilities								
711100 ESD Asset Mgmt	50,274	42,836	7,439	85	40,091	35,280	4,811	88
711113 Equip Srv Replace	60,891	38,967	21,924	64	55,159	41,279	13,880	75
711114 Equip Srv O & M	61,103	46,721	14,382	76	64,486	58,024	6,462	90
711115 Equip Srv Motor Po	5,000	6,750	1,750-	135	5,000		5,000	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	31,839	23,547	8,292	74	27,852	23,530	4,322	84
711119 Prop & Liab Billin	82,007	68,339	13,668	83	82,007	68,339	13,668	83
711210 Travel	181,890	78,864	103,026	43	172,135	82,633	89,502	48
711213 Travel-Non Cnty Pe	32,500	5,444	27,056	17		1,944-	1,944-	
711300 Cash Over Short		3-	3			22	22-	
711399 ProCard in Process		10	10-					
711400 Overhead - GenFund	1,218,080	1,015,066	203,014	83	1,520,621	1,267,184	253,437	83
711410 Overhead - Admin								
711502 Build Imp nonCapit								
711504 Equipment nonCapit	146,989	164,845	17,856-	112	83,270	77,434	5,835	93
711508 Computers nonCapit	220,130	94,855	125,275	43	20,000	1,944	18,056	10
711509 Comp Sftw nonCap	4,281	42,148	37,867-	985	2,631	4,770	2,139-	181
* Services and Supplies	6,261,161	3,669,436	2,591,724	59	5,797,533	3,871,858	1,925,675	67
781002 Build Imprv Capita	35,000		35,000					
781004 Equipment Capital	100,000	54,538	45,462	55	100,000	70,025	29,975	70
781007 Vehicles Capital								
781009 Comp Sftw Capital	45,000	50-	45,050	0-	25,000	23,260	1,741	93
* Capital Outlay	180,000	54,488	125,512	30	125,000	93,285	31,716	75
** Expenses	25,085,362	18,248,823	6,836,539	73	23,716,926	18,060,907	5,656,019	76
485192 Surplus Equip Sale		8-	8					
* Other Fin. Sources		8-	8					

Period: 1 thru 10 2019 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts *
 Business Area: * Fund Center: *
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
621001 TF General								
* Transfers In	9,516,856-	7,930,713-	1,586,143-	83	10,051,691-	8,465,548-	1,586,143-	84
812230 To Reg Permits-230	9,516,856-	7,930,713-	1,586,143-	83	10,051,691-	8,465,548-	1,586,143-	84
814430 To Reg Permits Cap	73,123	51,215	21,908	70	100,271	100,271	100,271	85
* Transfers Out	73,123	51,215	21,908	70	100,271	100,271	100,271	85
** Other Financing Src/Use	9,443,733-	7,879,507-	1,564,226-	83	9,951,420-	8,465,548-	1,485,871-	85
*** Total	1,733,291	281,348-	2,014,639	16-	782,463	1,245,714-	2,028,177	159-

Alternate Care Site Exercise

The Inter-Hospital Coordinating Council conducted a community-wide alternate care exercise (ACS) April 25-May 3. The exercise started with a tabletop exercise, testing the ACS evaluation committee, followed by the activation of a Joint Information Center. This led into four days of training and setup of the mobile medical facility, concluding with a full-scale exercise. The region worked together and tear down of the three facilities took one day. Training was facilitated by REMSA for the regional hospitals and CERT.

Regional partners included Northern Nevada Medical Center, REMSA, Reno Fire Department, Renown Regional Medical Center, and Saint Mary's Regional Medical Center for participation in the full-scale exercise on May 2. The implementation of three ACSs was unique to each healthcare facility and an inter-facility transport capability. The exercise was supported by WCHD staff, CERT, volunteers from UNR, Image Perspectives and two DBOH board members participating as patients. The EMS Coordinator worked with healthcare PIOs to post media advisories and press releases on WebEOC as well as conducted a mock press conference at the Regional Emergency Operations Center.



Participating Agencies - Bolded agencies participated in the full-scale exercise.

Cascades of the Sierra
Circle of Life Hospice
Community Emergency Response Team (CERT)
Community Health Alliance
DaVita – Sierra Rose
Eden Home Health
Eden Hospice
Fresenius Kidney Care – Home Therapies
Fresenius Kidney Care – Northwest
Fresenius Kidney Care – South Reno
Hearthstone
Image Perspectives
Infinity Hospice Care
Inter-Hospital Coordinating Council (IHCC)
Kindred Hospice
Lakeside Health and Wellness
Liberty Dialysis Reno Home

Life Care Center of Reno
Nevada Adult Mental Health Services
Northern Nevada Medical Center
Northern Nevada State Veterans Home
REMSA
Reno Fire Department
Renown Health
Renown Home Health
Renown Hospice
Saint Mary's Regional Medical Center
Sierra Ridge Health and Wellness
Sierra Rose Dialysis Center
Summit Surgery Center
Summit View Hospice
VA Sierra Nevada Healthcare System
Washoe County District Board of Health
Washoe County Health District
West Hills Hospital
Wingfield Hills Health and Wellness

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Reno Fire Department
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Renown Home Health
Renown Hospice
Saint Mary's Regional Medical Center
Sierra Ridge Health and Wellness
Sierra Rose Dialysis Center
Summit Surgery Center
Summit View Hospice
VA Sierra Nevada Healthcare System
Washoe County District Board of Health
Washoe County Health District
West Hills Hospital
Wingfield Hills Health and Wellness

DD	CA
AHSO	AH
DHO	KD
DA	

Staff Report
Board Meeting Date: May 23, 2018

TO: District Board of Health

FROM: Charlene Albee, EHS Acting Division Director
775-784-7211, calbee@washoecounty.us

SUBJECT: Review, discussion and possible adoption of the Business Impact Statement regarding a proposed revision to the District Board of Health Fee Schedule, referenced in Section 020.085 of the Washoe County District Board of Health Regulations Governing Food Establishments, for the newly formed category of Mobile Food Unit Pre-Packaged Food Permit with a finding the proposed fee will not impose a direct and significant economic burden on a business; nor does the proposed fee directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed fee for June 27, 2019, at 1:00 pm.

SUMMARY

The Washoe County District Board of Health (Board) must adopt any changes to the District Board of Health fee schedule governing food establishments. Per Nevada Revised Statutes (NRS) 237, Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the proposed revisions.

District Health Strategic Priorities supported by this item:

- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

- December 17, 2015 The current EHS fee schedule was adopted by the DBOH.

- September 2018 In response to multiple concerns received from the regulated community who indicated that assessed fees for their low risk operations were too high, staff was directed by the Board to review Mobile Food fees with particular regard to units which sell only pre-packaged items.

Subject: Approval of BIS for Sections 020.085

Date: May 23, 2019

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BACKGROUND

The most current version of the EHS fee schedule was adopted by the DBOH on December 17, 2015 after the proposed changes were presented to the public in established protocol. This included public workshops, coverage on local news television and radio, online postings, etc. Business impact statements were generated and presented leading to the ultimate adoption of the fee schedule. Under this fee schedule, Mobile Food permitting resulted in the combination of two formerly separate fees (Mobile Unit fee & Service Area fee) into a single Mobile Food permit fee. This single permit fee has since been applied to all Mobile Food units regardless of risk level, which can range from completely pre-packaged food sales only units up to fully-equipped complete meal service units.

EHS has received multiple voiced concerns from lower risk Mobile Food operators (pre-packaged ice cream), indicating that their operations are being inequitably charged based on the nature of their operations. Therefore, an evaluation of these Mobile Food Units was performed.

The existing Mobile Food Unit/Service Area fee accounts for 2.5 hours of staff time. The Mobile Food Unit Pre-Package Permit is based upon the average amount of staff time necessary to conduct an annual routine inspection. The average amount of time spent by an Environmental Health Specialist to conduct an inspection, including completion of the necessary paperwork, for each unit in this category is 1.58 hours. The resulting recalculated fee at the adjusted staff time rate for Mobile Food Unit Pre-Package Permit is \$318.00, which is the proposed new fee. EHS currently has approximately 37 active Mobile Food Unit permits which will qualify for this category of permit.

Public notice for the proposed revision to the Washoe County Health District fee schedule was published in the Reno Gazette-Journal on April 24th, April 30th and May 7th. The Notice of Proposed Action and a copy of the proposed change to the fee schedule were also made available in the "Public Notices" section of the Washoe County Health District website (www.washoecounty.us/health). Public workshops were held on May 7th and May 8th at 5:00 pm in the Health District Conference Room B to address any questions or concerns; no one from the public attended. The published Notice of Proposed Action included instructions that written comments must be submitted to the WCHD by May 8th 2019, no comments were received by close of business.

FISCAL IMPACT

The fiscal impacts resulting from the Board adopting the Business Impact Statement for the proposed new fee are in compliance with the methodology adopted by the Board for cost recovery of the administrative duties associated with the implementation of the food safety program. If the Board approves this new permit fee during the June 2019 DBOH meeting there will be a reduction of about \$6,700 in fees collected during FY 20.

Subject: Approval of BIS for Sections 020.085

Date: May 23, 2019

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RECOMMENDATION

Staff recommends the District Board of Health adopt the Business Impact Statement regarding a proposed revision to the District Board of Health Fee Schedule, referenced in Section 020.085 of the Washoe County District Board of Health Regulations Governing Food Establishments, for the newly formed category of Mobile Food Unit Pre-Packaged Food Permit, with a finding the proposed fee will not impose a direct and significant economic burden on a business; nor does the proposed fee directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed fee for June 27, 2019, at 1:00 pm.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be:

“Move to adopt the Business Impact Statement regarding a proposed revision to the District Board of Health Fee Schedule, referenced in Section 020.085 of the Washoe County District Board of Health Regulations Governing Food Establishments, for the newly formed category of Mobile Food Unit Pre-Packaged Food Permit, with a finding the proposed fee will not impose a direct and significant economic burden on a business; nor does the proposed fee directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed new fee for June 27, 2019, at 1:00 pm.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Environmental Health Services (EHS) Mobile Food Unit Pre-Package Food Permit (PPFP).

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal on April 24, April 30 and May 7, 2019. Informational letters describing the process were sent to each current permit holder who is directly affected by this change. The notice of the public workshops and hearings were posted on the Health District website and a designated phone number was provided for public comment. In addition, the proposed new fee was also posted on the Health District website. Two public workshops were held to solicit feedback on May 7 and 8. No one from the public attended either meeting. Staff received no written or verbal comments from anyone.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: None; the PPFP fees for this category will be reduced.

Beneficial effects: The permittee will have a reduced fee and be provided the same service.

Direct effects: The proposed fee revisions will reduce the fee for the permittee.

Indirect effects: There will not be any indirect effects to the changing of this fee.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

The PPFP was established as a separate Mobile Food Unit Fee in recognition that the time required for inspection of these units is less than the time required to inspect mobile food units that conduct additional food preparation processes. By creating a new permit fee specifically for these units the Health District was able to reduce the permit cost.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There will be a reduction in fees collected by this agency of about \$6,700.
5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases an existing fee and the total annual amount expected to be collected is: Proposed fee is a decrease with an expected revenue of \$11,766 per year.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: ensure the safety of the mobile food unit pre-packaged food.
7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary: Not applicable
8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: The proposed fee reduction will not have any adverse effect on the permittee. The reduction of this specific fee will more closely represent the time spent on this type of inspection. The permittee will receive the same inspection as previous.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.

Kevin Dick, District Health Officer

Date

Staff Report
Board Meeting Date: May 23, 2019

TO: District Board of Health
FROM: Christina Conti, Preparedness & EMS Oversight Program Manager
 775-326-6042, cconti@washoecounty.us
SUBJECT: Regional Emergency Medical Services Advisory Board May Meeting Summary

District Health Strategic Priorities supported by this item:

- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

BACKGROUND

The Regional EMS Advisory Board (Board) held its quarterly meeting on May 2, 2019. Below is a summary of items discussed.

Prehospital Medical Advisory Committee (PMAC) Update: PMAC has been working on the annual fees to keep the PMAC going for the insurance requirement and scholarship for paramedic students. Additionally an update on the POLST forms and having the forms available in an electronic form was provided. The cost was more than anticipated so it is being tabled but still worked on.

Updates to the EMSAB:

The Board heard updates on several projects the EMS Oversight Program (Program) is working on, which included highlighting the following projects:

- The scheduled multi-day tabletop to prepare the region for the November 2019 Complex Coordinated Terrorism Attacked full scale exercise. This is a FEMA supported exercise, so the tabletop allows our region to test the same plans for possible revisions prior to the full scale exercise.
- The protocols task force met on March 7th with two out-of-county fire agency representatives attending. The agencies are considering joining Washoe County in the future for expanded regional protocols. In addition, REMSA will be utilizing penalty funds to pay for a program called RightDose. This will be utilized by EMS providers on scene to ensure they are giving citizens the right medication dose based on their stated weight.

Subject: EMSAB Meeting Summary

Date: May 23, 2019

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- The revisions of the Mutual Aid Evacuation Annex and revisions based on the no-notice healthcare exercise.
- The CASPER survey statistics of completion and the work of the WCHD.

CAD-to-CAD Interface Update:

The final requirements were approved by both REMSA and the City of Reno. At this time, Reno/REMSA are waiting on the finalized specifications and requirements documents for signatures and a schedule for the testing environment to be updated and available. A Go-Live schedule will be determined once the testing is in place.

Data Reports:

The Board reviewed the mid-year EMS report for FY19. The report included the approved regional and jurisdictional tables, including the jurisdictional identified measurement. In addition, the Nurse Health Line and Omega call report information was provided. (Attached)

Five-Year Strategic Plan: The Board received the Washoe County EMS Strategic Plan 2019-2023. The Board had minor edits and approved the strategic plan to be presented to the District Board of Health for possible acceptance.

EMS Mutual Aid Agreements: The Board heard a presentation on the EMS mutual aid agreements (MAA), an objective within the Washoe County EMS 5-year Strategic Plan. The recommendation continues to recommend that agencies establish an internal process to review MAAs when a new Fire Chief or Chief Executive Officer is hired or set a regular internal review process. (Attached is the reviewed MAAs)

Board Requests: The Board received a presentation in response to the Washoe County planning permit trends and the potential impact on the EMS system. The presentation gave information on the Truckee Meadows Regional Planning Agency and the public maps available to show planned unit development and tentative map boundaries. The outcome of the presentation is the annual franchise map review will continue to be retrospective look at calls and at this time will be unable to be proactive with forecasting.

Board Updates:

- The Board recognized Manager John Slaughter and Fire Chief Chris Maples on their upcoming retirements as this would be their last EMS Advisory Board meeting.

Washoe County Health District EMS Oversight Program Mid-Year Data Report

The regional tables depict analyses approved by the EMS Advisory Board on January 2017. The jurisdictional tables and figures reflect performance relative to the standards and measures adhered to by local fire departments. Regional and jurisdictional performance measure analyses include 911 EMS data for Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, and REMSA.

NOTE: Jurisdictional performance analyses are not comparable across the various jurisdictions due to different performance measures being utilized across Washoe County.

- Regional Tables; Table 1- Table 5
- Reno Fire Department
- Sparks Fire Department Jurisdictional Performance; Table 6 & Figure 1
- Truckee Meadows Fire Protection District Jurisdictional Performance; Table 7, Figure 2, Table 8, & Figure 3

REMSA Call Priority

- Priority 0: Priority Zero, or an unknown priority, occurs when the emergency medical dispatching (EMD) questioning process has begun however either A) REMSA was cancelled prior to arriving on scene before the EMD process was completed; or B) REMSA arrived on scene prior to the EMD process being completed.
- Priority 1: High acuity calls, deemed life-threatening.
- Priority 2: Medium acuity calls, no imminent danger.
- Priority 3: Low acuity calls, no clear threat to life.
- Priority 9: Also referred to as Omega calls, are the lowest acuity call.

Table 1: Total number of fire calls that matched to REMSA calls, by REMSA call priority.

Unable to perform due to delay in data received.

Table 2: Travel time for fire (time from when fire agency goes en route to fire agency arrival on scene) median, mean (average), and 90th percentile. Only REMSA priority 1 and 2 calls were used for this analysis.

Unable to perform due to delay in data received.

Table 3: Travel time for REMSA (time from when REMSA goes en route to arrival on scene) median, mean (average), and 90th percentile. Only REMSA priority 1 and 2 calls were used for this analysis.

Unable to perform due to delay in data received.

Table 4: How long a patient is waiting from the initial 911 call to the first arriving unit on scene.

Unable to perform due to delay in data received.

Table 5: Jurisdiction arrival on scene by REMSA priority.

Unable to perform due to delay in data received.

Reno Fire Department

The City of Reno's Master Plan, approved December 13, 2017, provides definitions that can be utilized to assess performance relative to the identified measures, although the document states these are not performance standards.

The first definition is identified as a performance measure to gauge and measure progress toward the guiding principles and goals of the Master plan¹. The identified definition is to maintain or decrease the fire service average response time of 6 minutes 0 seconds.

Travel Time: Fire En Route → Fire Arrival

Unable to perform due to delay in data received.

Additionally, the concurrency management system ensures new development does not decrease existing levels of service targets. Specific to the Reno Fire Department it states that fire stations should be distributed throughout the city and its sphere of influence (SOI) to provide adequate fire protection for the entire city and to provide any one area of the city with an adequate response time. While these are not performance measurement standards, the City of Reno strives for response times as follows²:

Urban: First fire department response unit will arrive at a fire emergency or medical emergency within four minutes 30 seconds from time of dispatch 85 percent of the time.

Suburban: First fire department response unit will arrive at a fire emergency or medical emergency within six minutes 30 seconds from time of dispatch 85 percent of the time.

Unable to perform due to lack of the designation "urban" or "suburban" and delay in data received.

Sparks Fire Department

In the City of Sparks, the responding fire captain designates 911 calls as a Priority 1, high acuity, or a Priority 3, low acuity. The following SFD analyses only include those Sparks Fire Department calls designated as a Priority 1 per the responding captain.

City of Sparks has not conducted a Standards of Cover study and uses the National Fire Protection Association (NFPA) standards for response time. The NFPA creates and maintains private copyrighted standards and codes for usage and adoption by local governments.

Per NFPA 1710 4.1.2.1 (2016 Edition) *A fire department shall establish the following "240 second or less travel time for the arrival of a unit with automatic external defibrillator (AED) or higher level capacity at an emergency medical incident." for 90 percent of incidents.*³

¹ REIMAGINE RENO. (2017). The City of Reno Master Plan, page 13. Reno, NV.

² REIMAGINE RENO. (2017). The City of Reno Master Plan, page 183. Reno, NV.

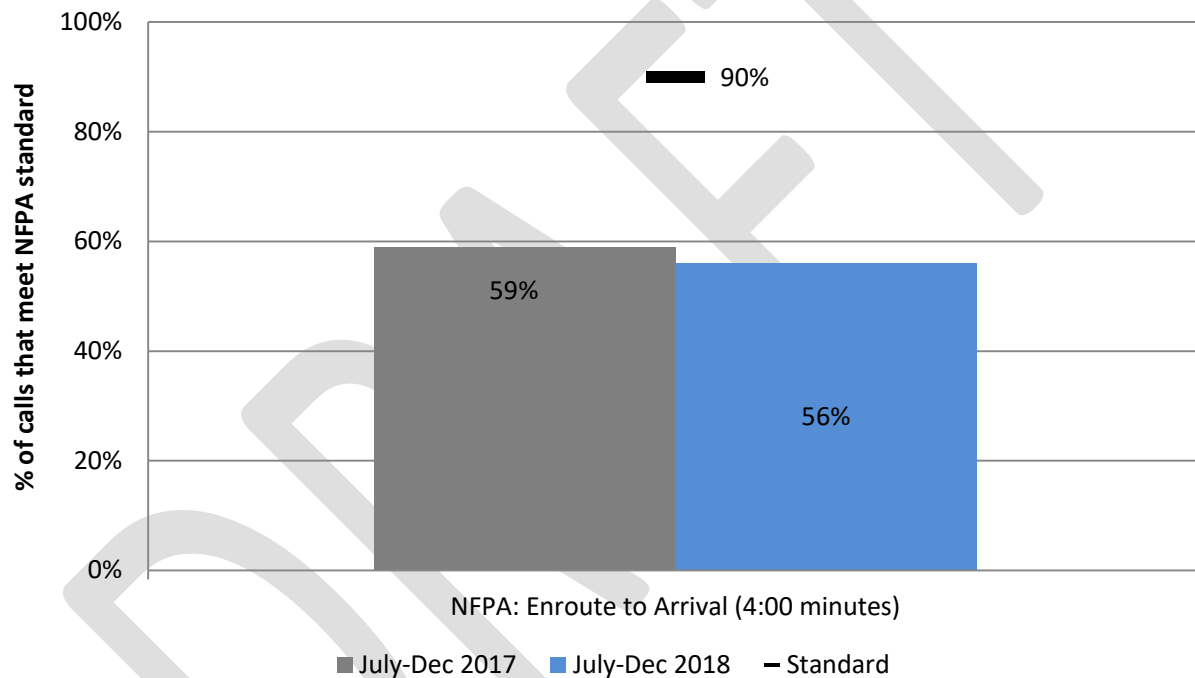
³ NFPA 1710 Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments. 2016 Edition, page 6. Quincy, MA.

In Table 5, SFD travel time performance per NFPA Standards is displayed. Travel time is the time the responding unit leaves the station, or is en route to the incident, to the time of arrival on scene. Only SFD designated Priority 1 calls were used for this analysis.

Table 5: SFD Travel Time Performance per NFPA Standards, July-December 2018

Variables	Standard	Expected	Calls Used	Met Standard		Median Time	Average Time
		%	#	#	%		
NFPA: Fire Enroute to Arrival	240 seconds or less (4:00 minutes)	90%	2,604	1,470	56%	0:03:46	0:04:25

Fig. 1: SFD Travel Time Performance per NFPA Standard, Priority 1 Calls Only, July-December 2017 and July-December 2018



Truckee Meadows Fire Protection District

A Regional Standards of Cover study was conducted by Emergency Services Consulting International (ESCI) for the Washoe County area. Study recommendations were presented in April 2011 during a joint meeting of Reno City Council, Washoe County Board of County Commissioners, Sierra Fire Protection District, and the Truckee Meadows Fire Protection District Board of Fire Commissioners. The language outlining the response standards adopted by TMFPD is provided below.

Regional Standards of Cover Response Time Recommendations⁴

Turnout Time: Fire Dispatch → Fire En route

For 85 percent of all priority responses, the Region fire agencies will be en route to the incident in 90 seconds or less, regardless of incident risk type.

Travel Time: PSAP Created → Fire Arrival on Scene

First-Due Service Tier One

Urban: The first unit response capable of initiating effective incident mitigation should arrive within 8 minutes, 85 percent of the time from receipt of the call.

Suburban: The first unit response capable of initiating effective incident mitigation should arrive within 10 minutes, 85 percent of the time from receipt of the call.

Rural: The first unit response capable of initiating effective incident mitigation should arrive within 20 minutes, 85 percent of the time from receipt of the call.

Frontier: The first unit response capable of initiating effective incident mitigation should arrive as soon as practical based on the best effort of response forces.

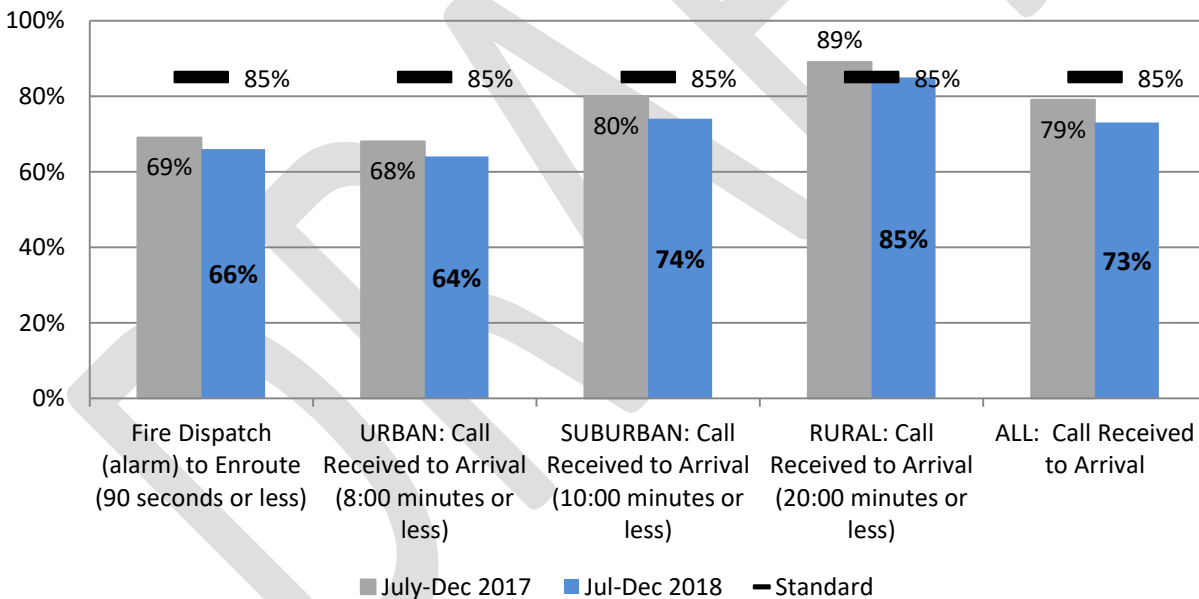
In table 6, TMFPD performance per Regional Standards of Cover Tier One is displayed. All TMFPD EMS-related calls that matched to REMSA and were categorized as a Priority 0, Priority 1, or Priority 2 through REMSA's EMD process were analyzed. Unmatched TMFPD calls, or matched REMSA Priority 3 and Priority 9 calls were excluded from the jurisdictional analyses.

⁴ Emergency Services Consulting International. (2011). Regional Standards of Cover, page 2. Reno, NV.

Table 6: TMFPD Performance Relative to Standards of Cover, REMSA Priority 1 and Priority 2 calls only, July-December 2018

Measurement	Standard	Expected	Calls Used	Met Standard		Median Time	Average Time
		%	#	#	%		
Fire Dispatch to Enroute	90 seconds or less	85%	2,639	1,745	66%	01:13	01:29
Response time measured from call received to arrival time.							
URBAN: Call Received to Arrival	8:00 minutes or less	85%	390	248	64%	08:13	11:00
SUBURBAN: Call Received to Arrival	10:00 minutes or less	85%	1,930	1,419	74%	09:15	13:14
RURAL: Call Received to Arrival	20:00 minutes or less	85%	331	280	85%	07:43	09:40
*ALL: Call Received to Arrival	Depends on density	85%	2,651	1,947	73%	08:03	10:42
*All calls include calls occurring in the frontier which do not have a performance metric and are not included in the rows above the "All" row							

Figure 2: TMFPD Performance Relative to Standards of Cover Standards, July-December 2017 and July-December 2018



Additionally, Truckee Meadows Fire Protection District evaluates response times in close alignment with NFPA standards, measuring response time from time of dispatch to the time of arrival. This allows for independent measuring of the call processing time, which is handled by fire dispatchers.

In table 7, the number and percentage of TMFPD EMS calls for service during July to December 2018 that meet performance measures as measured from time of dispatch to time of arrival are displayed. All TMFPD EMS-related calls that matched to REMSA and were categorized as a Priority 0, Priority 1, or

Priority 2 through REMSA’s EMD process were analyzed. Unmatched TMFPD calls, or matched REMSA Priority 3 and Priority 9 calls were excluded from the jurisdictional analyses.

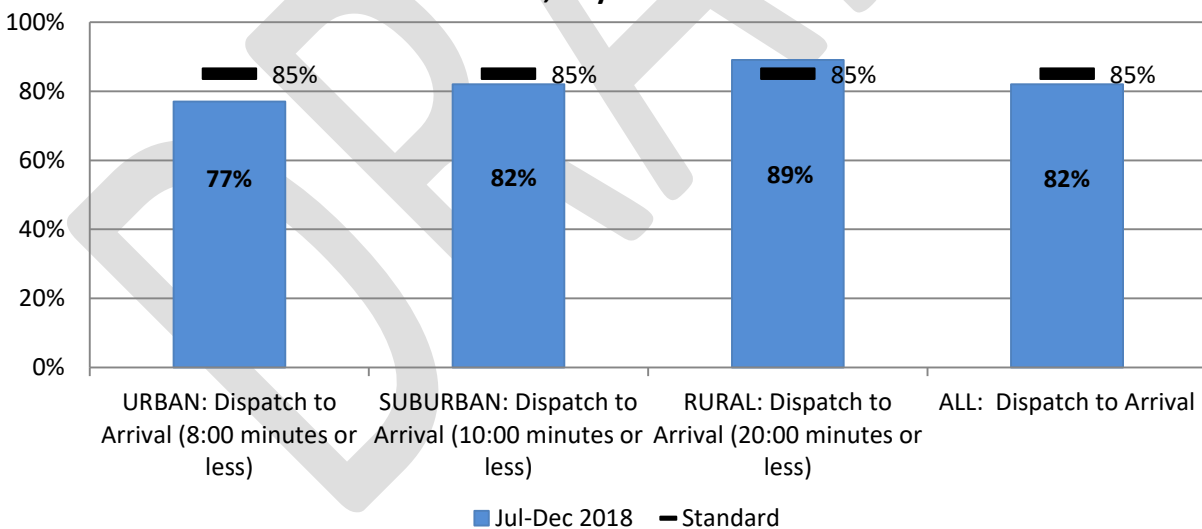
Table 7: Truckee Meadows Fire Protection District Performance, REMSA Priority 1 and Priority 2 calls only, July-December 2018

Measurement	Standard	Expected	Calls Used	Met Standard		Median Time	Average Time
		%	#	#	%		
Response time measured from dispatch time to arrival time.							
URBAN: Dispatch to Arrival	8:00 minutes or less	85%	390	301	77%	06:55	08:06
*SUBURBAN: Dispatch to Arrival	10:00 minutes or less	85%	1,929	1,587	82%	07:41	09:23
RURAL: Dispatch to Arrival	20:00 minutes or less	85%	331	294	89%	06:23	07:17
**ALL: Dispatch to Arrival	depends on density	85%	2,650	2,182	82%	06:43	07:53

*One call in a Suburban area was missing a dispatch time, therefore one fewer call was able to be measured for this category compared to Table 6

**Total all calls include calls occurring in the frontier which do not have a performance metric and are not included in the rows above the "All"

Figure 3: TMFPD Response Performance Measured from Dispatch to Arrival, July-December 2018

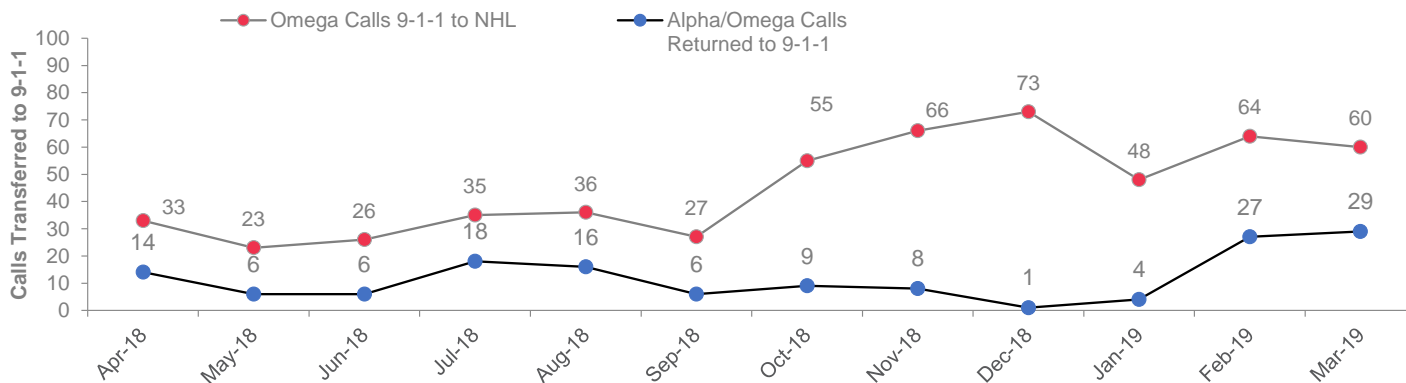




Nurse Health Line Alpha and Omega Call Report

04/01/2017 - 03/31/2018

Alpha and Omega Calls Transferred to the Nurse Health Line and Calls Returned to 911



	Total 911 Calls	Alpha/Omega Calls 9-1-1 to NHL	% of Total 911 Calls	Alpha/Omega Calls Returned to 9-1-1	% of Alpha/Omega Calls Returned to 911
Apr-18	7,017	33	0.5%	14	42.4%
May-18	7,488	23	0.3%	6	26.1%
Jun-18	7,638	26	0.3%	6	23.1%
Jul-18	7,763	35	0.5%	18	51.4%
Aug-18	8,091	36	0.4%	16	44.4%
Sep-18	7,485	27	0.4%	6	22.2%
Oct-18	7,582	55	0.7%	9	16.4%
Nov-18	7,396	66	0.9%	8	12.1%
Dec-18	7,623	73	1.0%	1	1.4%
Jan-19	7,610	48	0.6%	4	8.3%
Feb-19	6,954	64	0.9%	27	42.2%
Mar-19	7,816	60	0.8%	29	48.3%
Total	90,463	546	0.6%	144	26.4%

* Note: Approved Alpha Determinants were included starting in October 2018

EMS Mutual Aid, Auto Aid and Cooperative Agreements

Agreement submitted for 2019 review

Gerlach			
Agreement	Date Signed	EMS Oversight Reviewed	Recommendation
Cedarville	6/28/2016	2/20/2019	N/A
Eagleville	6/28/2016	2/20/2019	N/A
Fort Bidwell	6/28/2016	2/20/2019	N/A
Surprise Valley	6/28/2016	2/20/2019	N/A
Pyramid Lake Paiute Tribe	7/15/2016	2/20/2019	N/A
Pershing County Fire	7/25/2017	2/20/2019	N/A

North Lake Tahoe Fire Protection District			
Agreement	Date Signed	EMS Oversight Reviewed	Recommendation
Lake Tahoe Regional Fire Chiefs Agreement	2012	2/20/2019	Needs update
REMSA	6/6/2008	2/20/2019	Needs update

REMSA			
Agreement	Date Signed	EMS Oversight Reviewed	Recommendation
Carson City Fire	9/24/2007	2/20/2019	Needs update
Mt. Rose ALS Program	10/27/2016	2/20/2019	N/A
North Lake Tahoe Fire Protection District	6/6/2008	2/20/2019	Needs update
North Lyon County Fire Protection District	10/13/2010	2/20/2019	Needs update
Pyramid Lake Paiute Tribe	7/7/2017	2/20/2019	N/A
Reno Fire Department	10/26/2016	2/20/2019	N/A
Sierra Emergency Medical Services Alliance	4/1/2007	2/20/2019	Needs update
Storey County Fire Department	2/4/2011	2/20/2019	Needs update
Truckee Fire Protection District	3/15/1999	2/20/2019	Needs update
Truckee Meadows Fire Protection District	6/21/2016	2/20/2019	N/A

Reno Fire Department			
Agreement	Date Signed	EMS Oversight Reviewed	Recommendation
Sparks Fire Department	8/22/2016	2/20/2019	N/A
REMSA	10/26/2016	2/20/2019	N/A
Truckee Meadows Fire Protection District	11/2/2016	2/20/2019	N/A

TMFPD

Agreement	Date Signed	EMS Oversight Reviewed	Recommendation
North Lake Tahoe Fire Protection District	8/28/2012	2/20/2019	Needs Update
Pyramid Lake Paiute Tribe	5/22/2018	2/20/2019	N/A
Regional Hazardous Materials Response Agreement	4/13/2016	2/20/2019	N/A
Reno Fire Department	11/2/2016	2/20/2019	N/A
REMSA	6/21/2016	2/20/2019	N/A
Sparks Fire Department - Cooperative Agreement	8/8/2016	2/20/2019	N/A
Sparks Fire Department - Enhanced Auto Aid	2/26/2018	2/20/2019	N/A

Staff Report
Board Meeting Date: May 23, 2019

TO: District Board of Health

FROM: Brittany Dayton, EMS Coordinator
775-326-6043, bdayton@washoecounty.us

SUBJECT: Presentation, discussion, possible approval of the Washoe County EMS Strategic Plan (2019-2023), a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.

SUMMARY

Since August 2018 EMS partners met on a monthly basis to revise the existing EMS Strategic Plan. This agenda item is for discussion and possible approval of the Washoe County EMS Strategic Plan (2019-2023), a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.

PREVIOUS ACTION

On October 6, 2016 the EMS Advisory Board approved the Five Year EMS Strategic Plan and during the District Board of Health (DBOH) meeting on October 27, 2016, the DBOH moved to accept the presentation and the Five Year EMS Strategic Plan.

On October 5, 2017, the EMS Advisory Board accepted an update to the Five Year EMS Strategic Plan, which involved revising several completion dates associated with objectives and/or strategies.

On May 2, 2019, the EMS Advisory Board approved the plan, with edits to be presented to the DBOH.

BACKGROUND

The EMS Oversight Program was created through an Interlocal Agreement (ILA) signed by the City of Reno (RENO), City of Sparks (SPARKS), Washoe County (WASHOE), Truckee Meadows Fire Protection District (FIRE), and the Washoe County Health District. Within the ILA there are eight duties outlined for the EMS Oversight Program.

The ILA tasks the EMS Oversight Program to “maintain a Five-Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE and FIRE.”

EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS

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Beginning in August 2015, the EMS Program Manager worked with Washoe County agencies to develop a strategic plan. The stakeholders included representatives from each jurisdiction, REMSA and a regional communications representative. As part of the development of the strategic plan, the process for evaluation and update was included. Every two years, beginning in October 2018, the regional partners would convene to review the status of the current strategies and objectives. Upon completion of the review of existing strategies and objectives, the EMS Oversight Program would begin to develop goals, strategies and objectives for years 2022-2023. This would create a new rolling strategic planning document. The strategic plan, with the outline of the evaluation and update, was heard and approved at the October 6, 2016 EMS Advisory Board meeting and October 27, 2016 District Board of Health.

The review process began in August 2018 with an assessment of the current EMS Strategic Plan and discussions on future ideas for improving the EMS system. The stakeholders met monthly to revise the plan and develop new goals, objectives and strategies. The final meeting was held on April 11, 2019 to review the final draft of the Washoe County EMS Strategic Plan 2019-2023 in its entirety. Below is a summary of the goals and associated objectives recommended to be included in the revised plan:

- Goal #1 – Enhanced utilization of EMS resources
 - Objective 1.1. Develop appropriate protocols to determine service level for low acuity EMS calls that receive an alternative response by July 1, 2019.
 - Objective 1.2. Develop standardized procedures for eligible patients to receive funded alternative transportation to obtain medical care at an alternative destination by November 4, 2021.
- Goal #2 – Improve pre-hospital EMS performance
 - Objective 2.1. Implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch closest available unit by December 31, 2022.
 - Objective 2.2. Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31st annually.
 - Objective 2.3. Monitor national trends and plan for response, specifically active assailant, by December 31, 2019.
- Goal #3 – Improve communications
 - Objective 3.1. Enhance radio communication systems within Washoe County by June 30, 2023.
 - Objective 3.2. Establish a CAD-to-CAD (computer aided dispatch) interface between the three PSAPs and REMSA dispatch center by December 2022.
- Goal #4 – Enhanced EMS system through improved continuity of care
 - Objective 4.1. Establish a regional process that continuously examines performance of the EMS system by August 2020.

- Objective 4.2. Produce an annual report on EMS system performance that includes hospital outcome data by January 31, 2021.
- Goal #5 – Identify recurrent callers of the EMS system
 - Objective 5.1. Develop a process to identify and report the recurrent callers in the community by December 31, 2019.
 - Objective 5.2. Participate in community workgroup to provide recurrent callers with other resources, reducing the impact to the EMS system by November 30, 2021.
- Goal #6 – Continue collaborative models
 - Objective 6.1. Coordinate and report on strategic planning objectives quarterly through June 2023.
 - Objective 6.2. Promote the EMS Oversight Program through regional education of the strategic plan’s goals and initiatives through June 2023.
 - Objective 6.3. Create a new EMS strategic plan for 2023-2028 by February 2023.

During the EMS Advisory Board presentation, discussion occurred about the CAD-to-CAD implementation dates. Board members reiterated the urgency of the project and the desire to include City of Sparks and Truckee Meadows Fire Protection District in the process in the near future. The motion to approve the Strategic Plan for presentation to the DBOH included language directing staff to bring back a revised EMS Strategic Plan for approval should the implementation of CAD-to-CAD be achievable more rapidly.

FISCAL IMPACT

There is no fiscal impact to the Board on this agenda item.

RECOMMENDATION

Staff recommends the Board to approve the Washoe County EMS Strategic Plan (2019-2023).

POSSIBLE MOTION

Should the Board agree with staff’s recommendation a possible motion would be:

“Move to approve the Washoe County EMS Strategic Plan (2019-2023).”

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Washoe County EMS
Strategic Plan
2019-2023

FINAL DRAFT



Public Health
Prevent. Promote. Protect.

The Washoe County Emergency Medical Services (EMS) Five-Year Strategic Plan was created with EMS Advisory Board support, and developed and/or reviewed by the following agencies:

Stakeholder Organizations and County Departments

Airport Authority Fire Department
Gerlach Volunteer Fire Department
North Lake Tahoe Fire Protection District
Pyramid Lake Fire Rescue
REMSA
Reno Dispatch
Reno Fire Department
Sparks Dispatch
Sparks Fire Department
Truckee Meadows Fire Protection District
Washoe County Communications
Washoe County EMS Oversight Program
Washoe County Shared Communication System

Approved By

District Board of Health
EMS Advisory Board

Distributed To

Incline Village Community Hospital
Northern Nevada Medical Center
Renown Regional Medical Center
Saint Mary's Regional Medical Center
Stakeholder Organizations and County Departments
Veterans Affairs Sierra Nevada Health Care System

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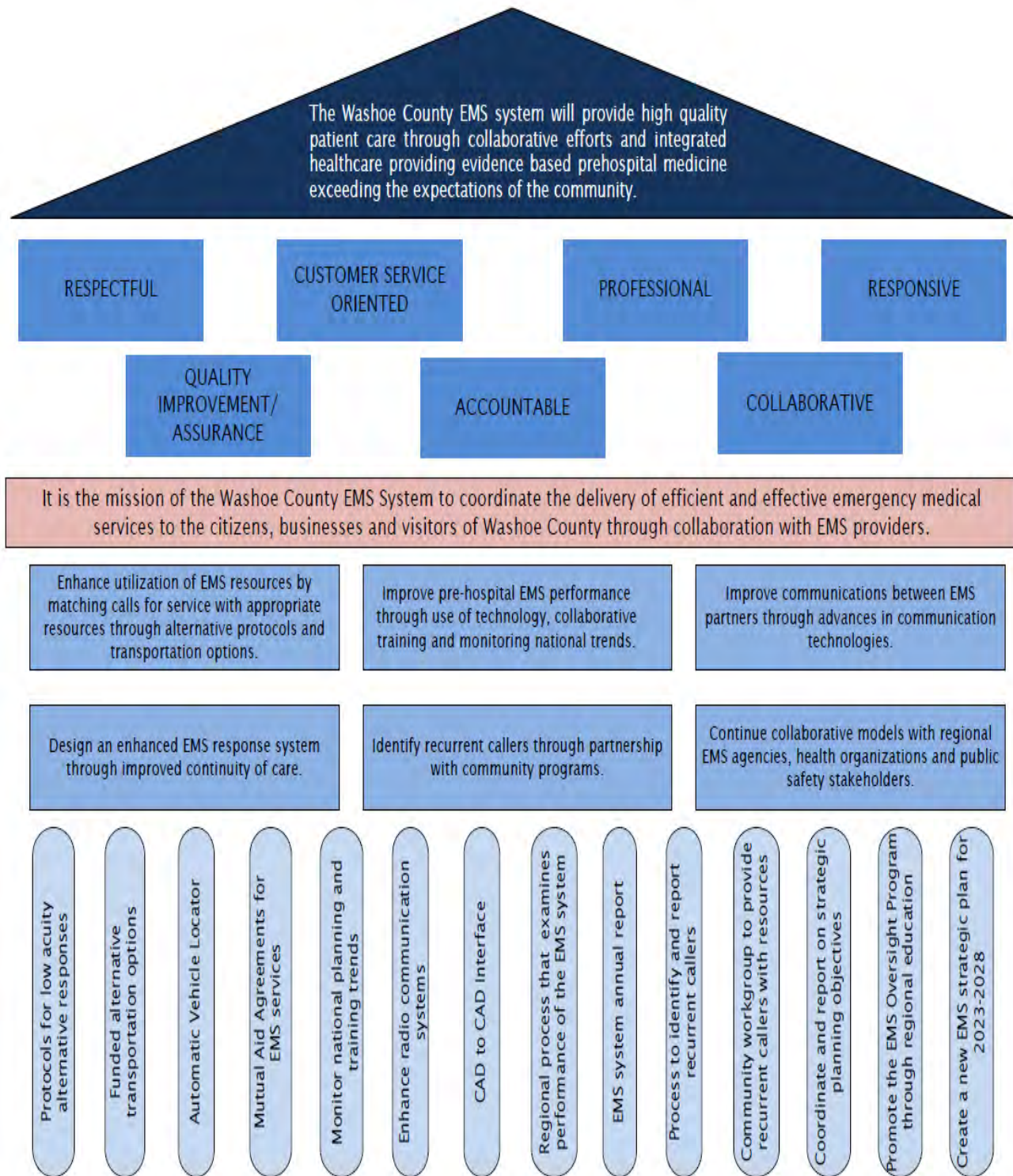
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Strategic Plan at a Glance



Executive Summary

Washoe County is the second largest EMS region in the state of Nevada. It is 6,551 square miles in size and has approximately 433,000 residents. Washoe County is diverse geographically in its mountainous, urban, suburban, rural and wilderness/frontier terrain.

There are many EMS system stakeholder organizations including police and fire agencies, dispatch centers, healthcare organizations, and a contracted ambulance provider. The current ambulance contractor provides service to Washoe County; excluding the Gerlach Volunteer Fire Department service area and the North Lake Tahoe Fire Protection District.

The best EMS systems are based on collaborations among the diverse organizations that comprise the EMS system. When these organization's strengths are emphasized by system-wide integration and a culture of trust, the EMS system can more effectively capitalize on new opportunities and mitigate threats to the system. The planning process for Washoe County was supported by and involved EMS stakeholder leadership.

The initial Washoe County EMS Five-Year Strategic Plan was created between August 2015 and October 2016 to guide the future direction of the Washoe County EMS System. The assessment process evaluated the strengths and weaknesses, as well as the opportunities and threats facing the EMS system from national, regional and local influences. The information obtained through the analysis created goals to optimize the structure, processes, and outcomes of the EMS Strategic Plan, focusing on: 1) maintaining or improving clinical care and patient satisfaction; and 2) improving operational efficiency and collaboration across the region.

The strategic planning process was collaborative and included consensus building processes within the region and provided periodic updates to the EMS Advisory Board and District Board of Health. The results of this process were the EMS System's Mission, Vision, Values, Goals and Objectives. The first iteration of the EMS Strategic Plan was approved by the EMS Advisory Board on October 6, 2016, and approved by the District Board of Health on October 27, 2016.

In August 2018, the stakeholders reconvened to conduct an assessment of the current EMS Strategic Plan and discuss additional ideas for improving the EMS system. The stakeholders then met on a monthly basis to revise the plan and develop new goals, objectives and strategies. The Washoe County EMS Strategic Plan (2019-2023) was approved by the EMS Advisory Board on [May 2](#), 2019, and approved by the District Board of Health on , 2019.

The six goals within Washoe County EMS Strategic Plan are most relevant to the EMS

system's ability to adapt to the changing healthcare environment, specifically focusing on pre-hospital care. Three goals within the strategic plan focus on improvements related to clinical care and matching resources with patient needs. The remaining three goals focus on improving operational efficiencies within the county, both internally and externally through collaboration. These include proposed changes to existing processes that will positively impact the EMS System in its entirety.

Emergency Medical Services Mission, Vision and Values

Mission Statement

It is the mission of the Washoe County EMS System to coordinate the delivery of efficient and effective emergency medical services to the citizens, businesses and visitors of Washoe County through collaboration with EMS providers.

Vision

The Washoe County EMS system will provide high quality patient care through collaborative efforts and integrated healthcare, providing evidence-based prehospital medicine exceeding the expectations of the community.

Values of the Washoe County EMS System

- **Respectful:** To be open-minded of all stakeholder's views and ideas.
- **Customer Service Oriented:** To be responsive to our customers' needs, striving to provide high quality services in a respectful and courteous manner.
- **Accountable:** To be responsible for our behaviors, actions and decisions.
- **Professional:** To be dedicated in our service to the region and ourselves through adherence of recognized policies, rules and regulations. This includes maintaining the highest moral and ethical standards.
- **Responsive:** To rapidly identify emerging issues and respond appropriately.
- **Quality Improvement/Assurance:** To continuously evaluate operations, procedures and practices, to ensure the EMS system is meeting the needs of our patients and stakeholders.
- **Collaborative:** To work together toward delivering efficient and effective emergency medical services to the citizens, businesses, and visitors of Washoe County.

Emergency Medical Services Authority

Washoe County is comprised of three political jurisdictions, the City of Reno, City of Sparks and unincorporated Washoe County. In addition to the political bodies and their operational policy decisions, the State Division of Public and Behavioral Health also oversees EMS licensing and certifications within Washoe County.

There are multiple regulations that impact how the EMS system operates in Washoe County. At the State level, Nevada Revised Statute 450B is the overarching legislation that identifies minimum requirements for EMS services. In addition, the Nevada Administrative Code includes codified regulations for EMS personnel and agencies.

At the local government level, by the authority established through Nevada Revised Statute (NRS 439.370 et seq.) and the 1986 Interlocal Agreement (last amended 1993), the Washoe County Health District has jurisdiction over all public health matters in Reno, Sparks, and Washoe County through the policy-making Washoe County District Board of Health (DBOH). Through this authority, the DBOH established an exclusive ambulance franchise in August 1986 in Washoe County, excluding Gerlach and the North Lake Tahoe Fire Protection District. This Franchise was awarded to the Regional Emergency Medical Services Authority (REMSA) in May 1987. Through a regional process, the agreement was amended, restated and approved by the DBOH in May 2014. As part of the regional process, one recommendation for improvement of the delivery of patient care and outcomes and the delivery of emergency medical services, was the creation of a Regional Emergency Medical Oversight Program through an Inter Local Agreement (ILA).

The ILA was fully executed in August 2014, and is an agreement between five political jurisdictions; City of Sparks¹, City of Reno², Washoe County Board of County Commissioners³, District Board of Health⁴, and Truckee Meadows Board of Fire Commissioners⁵. The ILA establishes an Emergency Medical Services Advisory Board (EMS Advisory Board).

The EMS Advisory Board is comprised of the following members:

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)

¹ Referred to as "SPARKS" within the ILA

² Referred to as "RENO" within the ILA

³ Referred to as "WASHOE" within the ILA

⁴ Referred to as "DISTRICT" within the ILA

⁵ Referred to as "FIRE" within the ILA

f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)

The purpose of the EMS Advisory Board is to review reports, evaluations and recommendations of the Regional Emergency Medical Services Oversight Program and to discuss issues related to regional emergency medical services. The function of the EMS Advisory Board is to thoroughly discuss changes within the regional EMS system prior to making recommendations to the respective Board(s), of the five signatories, and placing items on an agenda for possible approval and implementation.

Additionally, the EMS Advisory Board can make recommendations to the District Health Officer and/or the District Board of Health related to performance standards and attainment of those standards, medical protocols, communication, coordination, and other items of importance to a high performing Regional Emergency Medical Services System, and providing for concurrent review and approval by the Managers of the City of Reno, City of Sparks and Washoe County, striving to have a uniform system maintained for the region whenever possible.

The ILA also established the Regional Emergency Medical Services Oversight Program (Program). The purpose of the Program is to provide oversight of all emergency medical services provided by the EMS personnel within the signatory jurisdictions, as well as REMSA. Additionally, the Program is expected to achieve the duties outlined within the ILA. The program consists of a Program Manager, Program Coordinator and Statistician. The eight duties specifically detailed within the ILA are:

1. Monitor the response and performance of each agency providing Emergency Medical Services and provide recommendations to each agency for the maintenance, improvement, and long-range success of the Emergency Medical Services;
2. Coordinate and integrate provision of Medical Direction for RENO, SPARKS, WASHOE, FIRE and REMSA providing emergency medical services;
3. Recommend regional standards and protocols for RENO, SPARKS, WASHOE, FIRE and REMSA;
4. Measure performance, analysis of system characteristics, data and outcomes of the Emergency Medical Services and provide performance measurement and recommendations to RENO, SPARKS, WASHOE, FIRE and REMSA;
5. Collaborate with REMSA, RENO, SPARKS, WASHOE, FIRE and DISTRICT on analysis of EMS response data and formulation of recommendations for modifications or changes to the Regional Emergency Medical Response Map;

6. Identify sub-regions as may be requested by RENO, SPARKS, WASHOE, FIRE or the DISTRICT to be analyzed and evaluated for potential recommendations regarding EMS response services in order to optimize the performance of system resources;
7. Provide a written Annual Report on the State of Emergency Medical Services to RENO, SPARKS, WASHOE, FIRE and REMSA, covering the preceding fiscal year (July 1st to June 30th), containing measured performance in each agency including both ground and rotary wing air ambulance services provided by REMSA in Washoe County; the compliance with performance measures established by the District Emergency Medical Services Oversight Program in each agency, and audited financial statements and an annual compliance report by REMSA as required in the exclusive Emergency Medical Ambulance Service Franchise;
8. Maintain a Five-Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform, including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE and FIRE.

The ILA also outlines the duties of the signatories, which support the expectation that the strategic planning objectives will be achieved. Those duties are:

- a. Providing information, records, and data on Emergency Medical Services dispatch and response from their respective Public Safety Answering Points (PSAPs) and Fire Services, for review, study and evaluation by DISTRICT.
- b. Participating in working groups established by DISTRICT for coordination, review, evaluation, and continuous improvement of Emergency Medical Services.
- c. Participating in establishing and utilizing a Computer Aided Dispatch (CAD) - to - CAD two-way interface with REMSA, which provides for the instantaneous and simultaneous transmission of call-related information for unit status updates;
- d. Working cooperatively with DISTRICT to provide input to the development of the Five Year Strategic Plan and to ensure consistent two-way communication and coordination of the Emergency Medical Services System between RENO, SPARKS, WASHOE, FIRE, and REMSA in the future, as technologies, equipment, systems, and protocols evolve;

- e. Participating on the Regional Emergency Medical Services Advisory Board;
- f. Striving to implement recommendations of DISTRICT, or submitting those recommendations to their governing bodies for consideration and possible action, if determined necessary and appropriate by the respective managers; and
- g. Submitting recommendations regarding the Emergency Medical Services System to DISTRICT for implementation, or for consideration and possible action by the District Board of Health, if determined necessary and appropriate by the District Health Officer.

DRAFT

Strategic Plan Process, Objectives and Implementation

Washoe County has a two tiered system response to emergency medical calls. When an individual dials 9-1-1, the call routes through one of three Public Safety Answering Points (PSAPs): Reno, Sparks or Washoe County. Jurisdictional fire departments are dispatched to a medical call by PSAP personnel. If appropriate, the caller is then transferred to REMSA's communications center for Emergency Medical Dispatch (EMD). EMD allows REMSA dispatch to prioritize the caller's chief complaint, to dispatch appropriate resources, and provide pre-arrival instruction to the caller.

There are several agencies and organizations involved in the response to an emergency medical call. The EMS Advisory Board recognizes the need to provide optimal emergency care under the varied conditions throughout Washoe County. Therefore, the EMS Advisory Board strives to influence the coordination of all stakeholders, as it develops and sustains a system to ensure appropriate and adequate emergency medical services. With this in mind, the Five-Year EMS strategic plan was constructed.

To ensure the objectives of the entire region were considered, the EMS Working Group convened and participated in a SWOT analysis. The SWOT analysis looks at the strengths (internal), weaknesses (internal), opportunities (external), and threats (external) for the regional EMS system. Representatives from both dispatch and operations for the EMS agencies provided input and feedback on the development of the strategic plan. The EMS Oversight Program met frequently with the representatives to review the goals, objectives, and strategies, while discussing realistic timelines for implementation. These meetings were an integral part of the process to ensure the regional planning goals mirrored the jurisdictional strategic planning goals of the individual EMS agencies. This culminated in the development of a regional strategic plan for the EMS Advisory Board's consideration.

The Washoe County EMS strategic plan includes goals, objectives and strategies. The six goals of the strategic plan are broad statements, to identify future achievements of the Washoe County EMS system. Each goal includes objectives designed to measure progress towards the attainment of the goal. The strategies for each goal describe a major approach or method for attaining the objectives.

Additionally, the strategic plan outlines the method to achieve effective and efficient solutions to system-wide challenges. The strategic plan calls for maximum collaboration, to achieve the objectives and strategies within the five year planning period (2019-2023). Through continued collaboration, the strategic plan can be updated to capitalize on new opportunities or to mitigate threats to the system. This process will ensure key stakeholders remain involved in regional emergency medical services planning activities.

Goal #1

Enhance utilization of EMS resources by matching calls for service with appropriate resources through alternative protocols and transportation options by November 4, 2021.

Objective 1.1. Develop appropriate protocols to determine service level for low acuity EMS calls that receive an alternative response by July 1, 2019.

Strategy 1.1.1. Develop regional Standard Operating Procedures to address responses to low acuity calls by January 1, 2019.

Strategy 1.1.2. Determine data elements required for process verification by January 30, 2019.

Strategy 1.1.3. Presentation to the EMS Advisory Board about service levels for low acuity calls by February 7, 2019.

Strategy 1.1.4. Analyze, interpret and report data elements to EMS Advisory Board and partner agencies biannually, beginning July 1, 2019.

Objective 1.2. Develop standardized procedures for eligible patients to receive funded alternative transportation to obtain medical care at an alternative destination by November 4, 2021.

Strategy 1.2.1. Continue research on alternative transportation options utilized across the United States, by October 31, 2020.

Strategy 1.2.2. If applicable, develop processes to select eligible patients to receive funded alternative transport to facilities that accept patients who meet alternative destination criteria (e.g. urgent care, physician's office criteria), by August 31, 2021.

Strategy 1.2.3. If applicable, obtain approval by the EMS Advisory Board for standardized procedures for patients to receive funded alternative transportation to obtain medical care, by November 4, 2021.

Goal #2

Improve pre-hospital EMS performance through use of technology, collaborative training and monitoring national trends by February 1, 2023.

Objective 2.1.

Implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch closest available unit by February 2023.

Strategy 2.1.1. Verify and revise the regional assessment to update existing AVL capabilities equipment and recognize other potential factors for dispatching the closest EMS responder by June 30, 2020.

Strategy 2.1.2. Approval to utilize AVL to dispatch the closest available unit to EMS calls by individual Councils/Boards and EMS Advisory Board, by December 31, 2021.

Strategy 2.1.3. Develop regional dispatching process that will utilize AVL technology to dispatch the closest unit to EMS calls for service by June 30, 2022.

Strategy 2.1.4. Provide a report to EMS Advisory Board on implementation of AVL dispatching by February 2023.

Objective 2.2. Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31st annually.

Strategy 2.2.1. Identification of operational opportunities by Washoe County EMS agencies through a review of mutual aid agreements (MAA) and/or memorandum of understanding (MOU) that include EMS services for Washoe County annually.

Strategy 2.2.2. Deliver EMS Oversight Program agency MAAs/MOUs with partner agencies as necessary by December 31, annually.

Strategy 2.2.3. Provide an annual update to EMS Advisory Board on all MAA/MOU process changes, additional agreements and any recommendations by February 28 annually.

Goal #2 (continued)

Improve pre-hospital EMS performance through use of technology, collaborative training, and monitoring national trends by February 1, 2023.

Objective 2.3. Monitor national trends and plan for response, specifically active assailant, by December 31, 2020.

Strategy 2.3.1. Identify regional workgroup and integrate to monitor and identify current national trends relating to active assailant response by February 28, 2020.

Strategy 2.3.2. Conduct assessment of regional response equipment (protective, medical and supportive) maintained by EMS and law enforcement agencies by March 31, 2020.

Strategy 2.3.3. Participate in regional response plan reviews and updates, as requested biennially, or after a national or international incident, beginning April 2020.

Goal #3

Improve communications between EMS partners through advances in communication technologies by June 30, 2023.

Objective 3.1.
Enhance radio communication systems within Washoe County by June 30, 2023.

~~**Strategy 3.1.1.** After 800 MHz Joint Operating Committee determination, obtain clarification from District Board of Health regarding Amended and Restated Franchise section 5.1 by December 2020.~~

Strategy 3.1.12. REMSA will maintain interoperability between UHF and 800 MHz through a gateway connection between REMSA and Washoe County Regional Communication System (WCRCS) during the P25 upgrade system roll out.

Strategy 3.1.23. Develop a comprehensive migration interoperability plan for WCRCS that outlines the enhancement of the radio communication system to include completion of upgrades, maintenance of REMSA gateway connection and identified equipment needs by December 31, 2019.

Strategy 3.1.34. REMSA and regional public safety partners will develop a plan to upgrade their systems, coordinating with contractor and WCRCS, by June 30, 2020.

Strategy 3.1.45. Agencies will purchase all necessary equipment and complete upgrade by June 30, 2023.

Objective 3.2.
Establish a CAD-to-CAD interface between the three PSAPs and REMSA dispatch center by December 2022.

Strategy 3.2.1. Provide updates to EMS Advisory Board quarterly, beginning April 7, 2016.

Strategy 3.2.2. As technology allows, City of Reno to implement configuration process regarding data exchange by December 2019.

Strategy 3.2.3. Dispatch centers begin work on policies, processes, procedures and training on CAD-to-CAD by October 2020.

Strategy 3.2.4. The additional PSAPs will implement CAD-to-CAD by December 2022.

Goal #4

Design an enhanced EMS response system through improved continuity of care by January 31, 2021.

Objective 4.1. Establish a regional process that continuously examines performance of the EMS system by August 2020.

Strategy 4.1.1. In accordance with the Create a regional team, including Pre-hospital Medical Advisory Committee (PMAC) approved CQI process create a regional team representation, which would work to improve the system through examination of system performance by June 30, 2019.

Strategy 4.1.2. The regional team will determine goals and identify performance measures, utilizing individual agency metrics, to be used for the regional continuous quality improvement program by November 30, 2019.

Strategy 4.1.3. Acceptance by the EMS Advisory Board of the performance initiatives to be used during the review process by February 2020.

Strategy 4.1.4. Present information from the quarterly meeting to the appropriate entity, beginning August 2020.

Objective 4.2. Produce an annual report on EMS system performance that includes hospital outcome data by January 31, 2021.

Strategy 4.2.1. Collaborate with hospital partners on data available for submission to the EMS Oversight Program for cardiac, stroke and STEMI patients by February 7, 2020.

Strategy 4.2.2. Pilot the annual report with hospital outcome data with one regional hospital by April 2020.

Strategy 4.2.3. Draft for distribution an annual report with relevant regional hospital partner data included by June 30, 2020.

Strategy 4.2.4. Review annual report with ePCR implementation and determine enhancements available for hospital outcome data, by October 31, 2020.

Strategy 4.2.5. Draft for distribution an annual report with enhanced data included by January 31, 2021.

Goal #5

Identify recurrent callers through partnership with community programs by November 2021.

<p>Objective 5.1. Develop a process to identify and report the recurrent callers in the community by December 31, 2019.</p>	<p>Strategy 5.1.1. Research, understand and work within the confines of HIPAA limitations for data sharing amongst first-responder and healthcare agencies by July 31, 2019.</p> <p>Strategy 5.1.2. Identify the community partner(s) to report recurrent caller information for follow-up by July 31, 2019.</p> <p>Strategy 5.1.3. Develop the process and/or variables for defining and identifying recurrent callers that are misusing the system by December 31, 2019.</p>
<p>Objective 5.2. Participate in community workgroup to provide recurrent callers with other resources, reducing the impact to the EMS system, by November 30, 2021.</p>	<p>Strategy 5.2.1. Obtain information regarding social, health and other community services that are available for recurrent callers, by March 31, 2019.</p> <p>Strategy 5.2.2. Contribute to Countywide committee/workgroup to review possible recurrent callers that could be eligible for resources/options other than 911, by December 31, 2020.</p> <p>Strategy 5.2.3. Determine data elements required for committee/workgroup program verification by June 30, 2021.</p> <p>Strategy 5.2.4. Analyze impact annually and report to the EMS Advisory Board and regional partners, beginning November 2021.</p>

Goal #6

Continue collaborative models with regional EMS agencies, health organizations and public safety stakeholders.

<p>Objective 6.1. Coordinate and report on strategic planning objectives quarterly through June 2023.</p>	<p>Strategy 6.1.1. Maintain Gantt chart for the regional partners with the details of the goals by June 30, 2019.</p> <p>Strategy 6.1.2. Maintain structured feedback loops for the current initiatives of the strategic plan goals.</p> <p>Strategy 6.1.3. Provide progress reports to the EMS Advisory Board quarterly.</p>
<p>Objective 6.2. Promote the EMS Oversight Program through regional education of the strategic plan's goals and initiatives through June 2023.</p>	<p>Strategy 6.2.1. Maintain current structure of reporting to the signatories of the Inter-Local Agreement and ambulance franchisee Board for updates on the status of the regional EMS system annually, beginning June 2019.</p>
<p>Objective 6.3. Create a new EMS strategic plan for 2023-2028 by February 2023.</p>	<p>Strategy 6.3.1. Conduct a SWOT analysis with regional partners to determine current strengths, weaknesses, opportunities and threats by February 2022.</p> <p>Strategy 6.3.2. Create a committee to meet monthly develop the strategic plan by February 28, 2022.</p> <p>Strategy 6.3.3. Present EMS strategic plan to the EMS Advisory Board by February 2023.</p>

Strategic Plan Evaluation and Update

In an effort to ensure the successful implementation of the strategies and objectives of the EMS Advisory Board strategic plan, the EMS Oversight Program will develop a Gantt chart. The chart will be distributed to the regional partners upon approval of the strategic plan by the District Board of Health. The chart will be reviewed semi-annually to ensure all projected timelines remain achievable. Progress on the strategic planning strategies and objectives will be included in the “Program and Performance Data Update” staff report at the EMS Advisory Board meeting.

In 2022, the stakeholders should conduct a SWOT analysis and develop a Washoe County EMS Strategic Plan for 2023-2028. Upon completion, the EMS Oversight Program will bring a new 5-year strategic plan to the EMS Advisory Board for review, input and approval.

DRAFT



EMS Oversight Program, EMSProgram@washoecounty.us



Regional Emergency Medical Services Authority

A non-profit community service using no taxdollars

REMSA

FRANCHISE COMPLIANCE REPORT

APRIL 2019



**REMSA Accounts Receivable Summary
Fiscal 2019**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 35%
July	3982	\$4,876,285.40	\$1,224.58	\$1,224.58	\$ 428.60
August	4120	\$5,042,259.20	\$1,223.85	\$1,224.21	\$ 428.47
September	3900	\$4,741,010.00	\$1,215.64	\$1,221.43	\$ 427.50
October	3934	\$4,811,199.20	\$1,222.98	\$1,221.81	\$ 427.63
November	4104	\$4,999,093.60	\$1,218.10	\$1,221.05	\$ 427.37
December	4146	\$5,090,365.00	\$1,227.78	\$1,222.20	\$ 427.77
January	4209	\$5,410,215.20	\$1,285.39	\$1,231.57	\$ 431.05
February	3755	\$4,867,315.80	\$1,296.22	\$1,239.12	\$ 433.69
March	4371	\$5,659,458.80	\$1,294.77	\$1,245.78	\$ 436.02
Totals	36,521	\$45,497,202	\$1,245.78		
Current Allowable Average Bill: \$1,294.87					

Year to Date: July 2018 through April 2019

COMPLIANCE			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-18	5 Minutes 48 Seconds	91%	97%
Aug-18	5 Minutes 52 Seconds	90%	95%
Sep-18	5 Minutes 47 Seconds	92%	97%
Oct-18	5 Minutes 47 Seconds	92%	95%
Nov-18	5 Minutes 56 Seconds	92%	94%
Dec-18	6 Minutes 04 Seconds	91%	90%
Jan-19	5 Minutes 52 Seconds	91%	98%
Feb-19	5 Minutes 48 Seconds	91%	92%
Mar-19	5 Minutes 52 Seconds	90%	91%
Apr-19	5 Minutes 48 Seconds	92%	94%

Year to Date: July 2018 through April 2019

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
5 Minutes 54 Seconds	91%	95%



Year to Date: July 2018 through April 2019

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-18	P-1	5:14	6:02	7:45
	P-2	5:22	6:16	8:23
Aug-18	P-1	5:16	5:52	8:23
	P-2	5:23	6:12	8:12
Sep-18	P-1	5:06	6:00	7:51
	P-2	5:12	6:09	7:20
Oct-18	P-1	5:06	5:56	7:45
	P-2	5:13	6:14	7:40
Nov-18	P-1	5:17	6:13	8:14
	P-2	5:23	6:19	7:55
Dec-18	P-1	5:24	6:09	8:17
	P-2	5:40	6:25	8:15
Jan-19	P-1	5:12	6:16	7:35
	P-2	5:14	6:15	8:48
Feb-19	P-1	5:10	6:08	8:16
	P-2	5:23	7:01	7:02
Mar-19	P-1	5:16	6:18	7:55
	P-2	5:13	6:32	7:55
Apr-19	P-1	5:13	6:06	7:52
	P-2	5:20	6:13	7:32

Year to Date: July 2018 through April 2019

Priority	Reno	Sparks	Washoe County
P-1	5:16	6:08	8:09
P2	5:24	6:21	8:12



**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 07/01/2018 THRU 4/30/2019**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	4/18/19 15:49	4/18/19 16:09	1C35	00:04:39	0:04:39
UNK	4/20/19 0:02	4/20/19 0:07	1C40	0:05:02	0:05:02
Zone A	4/30/19 18:59	4/30/19 18:59	1C23	-00:00:07	0:00:17

UPGRADE REQUESTED				
Zone	Clock Start	Clock Stop	Unit	Response Time
Zone A	4/18/19 16:09	14/18/19 16:09	1C35	0:03:09

EXEMPTIONS REQUESTED					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
4/9/2019	Exemption Approved	Off Road	Zone A	19:11:00	3:12:00



GROUND AMBULANCE OPERATIONS REPORT APRIL 2019

1. Overall Statics

- a) Total number of system responses: 6560
- b) Total number of responses in which no transports resulted: 2433
- c) Total number of system transports (including transports to out of county):
4127

2. Call Classification

- a) Cardiopulmonary Arrests: 1.6%
- b) Medical: 56.6%
- c) Obstetrics (OB): 0.6%
- d) Psychiatric/Behavioral: 9.8%
- e) Transfers: 13.8%
- f) Trauma – MVA: 7.2%
- g) Trauma – Non MVA: 5.9%
- h) Unknown: 4.2%

3. Medical Director's Report

- a) The Clinical Director or designee reviewed:
 - 100% of cardiopulmonary arrests
 - 100% of pediatric patients (transport and non-transport)
 - 100% of advanced airways (excluding cardio pulmonary arrests)
 - 100% of STEMI alerts or STEMI rhythms
 - 100% of deliveries and neonatal resuscitation
 - 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.

Total number of ALS Calls: 1,878

Total number of above calls receiving QA Reviews: 131

Percentage of charts reviewed from the above transports: 6.97%



APRIL 2019 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	34	142
BLS CPR	130	553
Continuing Education	1	30
Heartsaver (CPR)	160	905
PALS	18	82

COMMUNITY OUTREACH APRIL 2019

Point of Impact		
03/1-31/2019	Seven (7) office installation appointments; Seven (7) cars and eleven (11) seats inspected.	
02/09/19	POI Checkpoint at Champion Chevrolet in Reno. Ten (10) cars and fifteen (15) seats inspected.	Ten (10) Volunteers; Two (2) Staff
Cribs for Kids/Community		
04/03/19	Made a video for Public Health Week to post on our Facebook page.	
04/05/19	Attended Washoe County Child Death Review @ WCHSA.	
04/11/19	A CPR Judge at the NV Skills USA competition held at the Silver Legacy.	22 Students Competing
04/11/19	Attended Truckee Meadows Vision Zero meeting Washoe County's Task Force on Pedestrian Safety.	
04/12/19	Cribs for Kids Train-the-Trainer.	1 Participant
04/23-04/26	Attended the Bi- Annual National Cribs for Kids Conference with the Education Manager in Pittsburg, Pennsylvania. We presented our abstract on Providing Safe Sleep to the Communities in Nevada.	
04/27/19	Held a booth for Immunize Nevada's Community Baby Shower at Meadowood Mall.	450 Participants Passing Through Event
04/30/19	Code Zero. A program to show students the patient/care provider side during an accident (15-20.) In partnership with NV Office of Traffic Safety and Renown.	12 Student Participants



REMSA

Reno, NV
Client 7299



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EMS System Report

April 1, 2019 to April 30, 2019

Your Score

92.70

Number of Your Patients in this Report

150

Number of Patients in this Report

8,063

Number of Transport Services in ALL EMS DB

152





Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **04/01/2019** and **04/30/2019**.

The overall mean score for the standard questions was **92.70**; this is a difference of **-0.17** points from the overall EMS database score of **92.87**.

The current score of **92.70** is a change of **-2.71** points from last period's score of **95.41**. This was the **61st** highest overall score for all companies in the database.

You are ranked **16th** for comparably sized companies in the system.

82.51% of responses to standard questions had a rating of Very Good, the highest rating. **96.63%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

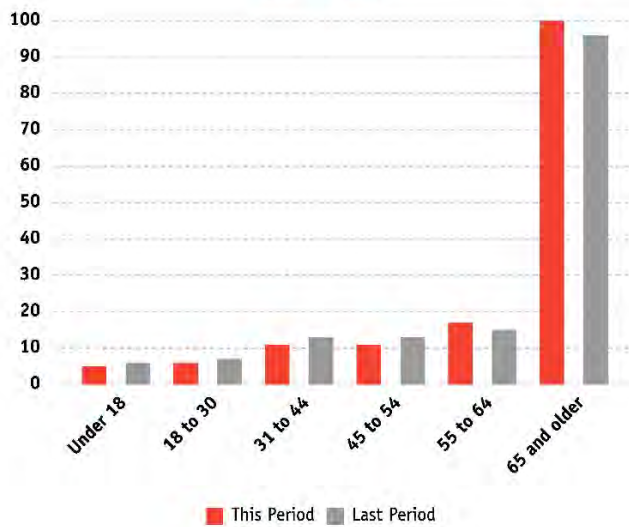




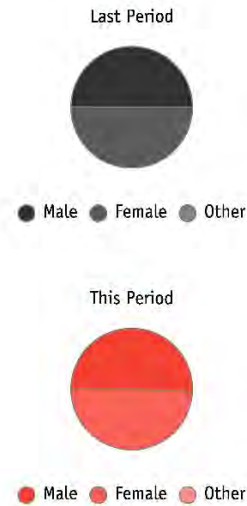
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service population.

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	6	4	2	0	5	4	1	0
18 to 30	7	4	3	0	6	6	0	0
31 to 44	13	8	5	0	11	8	3	0
45 to 54	13	3	10	0	11	6	5	0
55 to 64	15	8	7	0	17	5	12	0
65 and older	96	48	48	0	100	47	53	0
Total	150	75	75	0	150	76	74	0

Age Ranges



Gender





REMSA
April 1, 2019 to April 30, 2019

Monthly Breakdown

Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

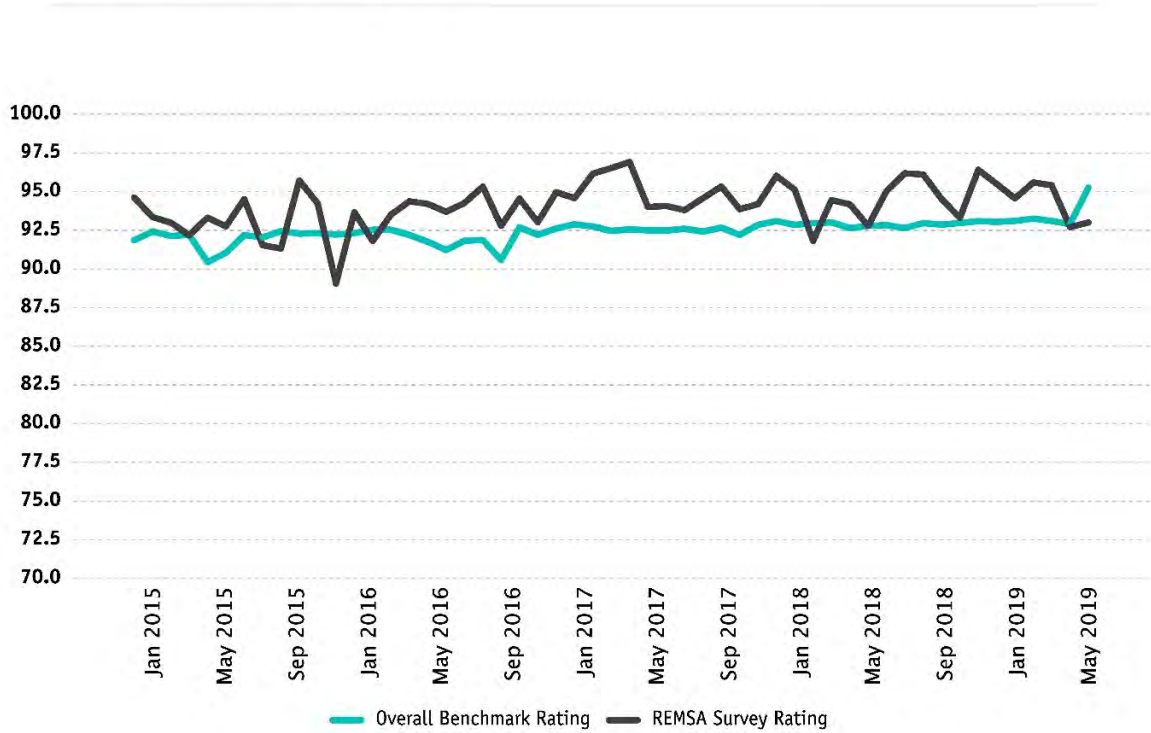
	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019
Helpfulness of the person you called for ambulance service	99.42	96.67	96.25	96.79	95.59	95.74	96.95	96.62	94.23	96.34	96.88	96.20	88.46
Extent to which you were told what to do until the ambulance	99.39	96.59	96.05	98.61	94.15	96.59	96.88	93.38	92.79	96.98	97.28	95.56	88.78
Extent to which the ambulance arrived in a timely manner	93.55	90.28	95.58	95.87	96.06	95.54	93.39	95.60	95.57	95.16	94.23	94.26	91.49
Cleanliness of the ambulance	94.53	93.72	97.17	96.04	97.27	96.82	93.55	97.02	97.65	98.11	96.50	95.51	94.32
Skill of the person driving the ambulance	95.63	93.77	96.17	96.88	96.46	95.21	93.92	95.51	97.13	96.38	96.39	94.55	93.29
Care shown by the medics who arrived with the ambulance	94.37	92.91	94.51	96.95	95.84	94.64	94.11	97.72	95.99	94.53	96.60	97.22	93.18
Degree to which the medics took your problem seriously	94.85	92.30	94.60	96.97	97.73	94.02	94.07	97.91	95.15	94.86	95.61	96.83	93.87
Degree to which the medics listened to you and/or your family	95.44	92.65	95.04	95.93	96.41	93.51	93.99	97.56	95.64	95.13	95.11	96.74	93.52
Extent to which the medics kept you informed about your	94.26	92.27	93.56	95.27	94.93	94.30	92.18	95.09	95.09	93.19	94.54	93.60	92.19
Extent to which medics included you in the treatment decisions	92.69	91.80	93.54	94.35	95.76	93.65	91.56	95.20	95.06	91.20	93.94	94.28	92.43
Degree to which the medics relieved your pain or discomfort	90.45	91.24	92.12	94.76	93.03	92.55	89.49	94.09	92.04	91.57	93.21	91.68	91.78
Medics' concern for your privacy	94.51	93.74	96.00	97.04	97.50	95.33	92.77	97.04	96.21	93.60	96.05	95.38	94.19
Extent to which medics cared for you as a person	95.28	94.11	95.74	96.02	96.20	94.67	93.90	96.01	96.28	95.43	97.20	96.07	93.93
Professionalism of the staff in our ambulance service billing	94.57	88.46	98.08	94.79	95.72	94.79	97.00	95.83	90.00	100.00	96.59	99.24	91.00
Willingness of the staff in our billing office to address your	95.24	89.32	98.08	94.57	94.86	92.71	96.00	95.83	95.00	100.00	96.46	99.22	90.06
How well did our staff work together to care for you	94.78	93.73	95.52	97.24	96.44	95.90	94.67	96.79	96.95	95.23	97.60	96.40	94.02
Extent to which the services received were worth the fees	85.38	90.19	86.88	91.22	95.45	87.19	88.38	97.50	87.89	88.40	82.86	87.54	82.16
Overall rating of the care provided by our Emergency Medical	93.82	93.50	95.28	96.84	96.07	95.14	93.09	96.93	95.33	94.41	96.75	95.70	93.08
Likelihood of recommending this ambulance service to others	94.92	93.83	97.37	96.83	96.93	95.05	93.73	96.79	96.21	94.41	95.39	95.59	92.79
Your Master Score	94.18	92.78	95.04	96.18	96.11	94.52	93.30	96.41	95.50	94.56	95.59	95.41	92.70
Your Total Responses	150	153	151	150	150	150	150	150	150	150	150	150	150



REMSA
 April 1, 2019 to April 30, 2019



Monthly tracking of Overall Survey Score





REMSA GROUND AMBULANCE APRIL 2019 CUSTOMER REPORT

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
1	02/18/2019	"They did a very good job with the I.V. They got it done fast and got me to the hospital fast as well."	"Oh I don't know. They seemed to know what they were doing. Real good people you got on your team there."			
2	02/18/2019	"They were great- Real excellent work."	"Nothing- they were very professional and took care of me very well."			
3	02/20/2019		"Reduce costs."			
4	02/20/2019	"Medics did a wonderful job, they have every time! Very kind and respectful!"				
5	02/22/2019	"Promptness."				
6	02/22/2019	"Patient stated the medics immediately started a breathing treatment and got her situated for a timely arrival to the hospital."				
7	02/22/2019	"The medics got the IV started right away and explained everything well as they went along."				
8	02/22/2019	"I have no complaints. Medics all did very good."				
9	02/22/2019	"Medics did good for what they could do."				
10	02/22/2019	"My father passed away, but overall the care was amazing."				
11	02/23/2019	"The medics made conversation with me and took good care of me."				
12	02/23/2019	"They all did very well."				
13	02/23/2019	"The care and making me feel comfortable."	"Everything was really good - I'm not really sure what they could do better."			



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
14	02/23/2019	"Everything!"	"Well, hopefully there is no next time - hahah no I don't know what they could do better - They come here fast and take very good care of me!"			
15	02/23/2019	"I had fallen and hit the back of my head pretty hard. I don't remember everything, but my wife told me that they handled everything very well and got there in a timely manner."	"I have nothing to add - From what I was told from the whole situation, everything went well, so I'm not really in the place to say."	"Don't remember, but my wife told me they got here very fast."		
16	02/23/2019	"Well, everything was fast and everything was explained to me."	"Well, this is the first time and I thought it was professionally done - So I don't see anything."	"I really don't remember if they gave me a choice on treatment. They did tell me what they were doing and why, but I don't remember if they gave me a choice. I don't think they did. We didn't have an accident, but I mean I didn't know."		
17	02/23/2019	"Well, I mean they did everything I could have asked for."	"Nothing that I am aware of."			
18	02/23/2019	"I think that the overall care...They were very gentle with her and made sure she was comfortable and not scared."	"Everything was good."	"They went over and above to make sure her and myself were okay and kept me calm."		
19	02/23/2019	"Well, they just came right away and got me in the unit and to the hospital."	"Hopefully never, but I don't think anything. I have no complaints."	"Well, it was almost impossible to relieve my pain, but I believe they did the best they could have. I was in quite a bit of pain."		
20	02/23/2019	"Very nice people, very nice ride. They watch over you well. Keep up the good	"I don't have to go haha - Because of my problem I had to go, but I didn't want			



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
		work and if I need to go again I'll be calling!"	to. When you start to get old, you start using that ambulance more."			
21	02/24/2019	"Patient stated everything was done well by REMSA."				
22	02/24/2019	"The paramedics were very attentive and communicated well with each other all the while keeping the patient up-to-date."				
23	02/24/2019	"The check-in process was a very smooth transition."				
24	02/24/2019	"Patient's father stated the arrival was timely and the ambulance service quickly got his son to the hospital."				
25	02/24/2019	"Everything."				
26	02/25/2019	"Very professional about everything."		"The drivers were wonderful."		
27	02/25/2019			"They were just down the street."		
28	02/25/2019	"All the paramedics were great. Very courteous and very nice."				
29	02/25/2019	"Give all of the medics a pat on the back, they did awesome!"				
30	02/25/2019	"Very smooth and went very well."				
31	02/25/2019	"Everything was good except for the comfort of the ride."	"Fix the comfort of the ride."	"Comfort of the ride was miserable."		
32	02/26/2019	"Just the overall care. They were really professional."				
33	02/26/2019	"Everything was good this last time."	"I've always been very satisfied with the service- expect for one time a medic didn't know how to put my I.V. in, but that was			



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
			last year and every ride since that has been fine."			
34	02/26/2019	"They did great- They came in the house and got my son- Like I said, he fell down in the bathroom and couldn't get up - I shook their hands with tears in my eyes and told them how thankful I was."	"Nothing. They really helped us that night."	"They had 5 or 6 men here - He was yelling and screaming, but they did one great job getting him off the floor and into the ambulance. I wasn't allowed to ride with him, but I assume they did a good job driving because he got there fine."		
35	02/26/2019	"They were very respectful of my feelings and my condition. They kept me informed about my treatment and why they were doing the things they were doing."	"I don't know if there is more they could have done. I believe they did everything in their power to help me. They gave me oxygen the whole ride and made sure I was taken to a treatment room and ready to see the doctor."	"REMSA has treated me many times. This last year I've had to ride with them a lot and they always treat me with respect."		
36	02/27/2019	"Well, I know they were nice to me - Just everything about them was good to be honest with you."	"I don't know- You guys did everything."	"I have nothing bad to say about them."		
37	02/27/2019	"They got me there quickly and took care of me."				
38	02/27/2019	"Their entire service was done well."		"Your staff is fantastic!" "John's the best!"		
39	02/27/2019	"They immediately noticed that I was dehydrated and put me on an I.V. right away. I asked the lady not to leave me alone and for her to speak to me and she did. They were genuine."	"I would appreciate it if the EMTs had more say-so. I felt like I was going to have a seizure and needed something to calm me down, but they said they couldn't do anything until the doctor saw me. It was over an hour."	"I wish that they had more say-so in what's going on with you. They can only give you so much before you see a doctor. I was astonished at the lady that did the I.V. on me because I have tiny veins and she got the I.V. in right away. The REMSA people were fantastic!"		



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
40	02/28/2019	"Gave me two breathing treatments and helped me get into the ambulance and on the gurney."		"I'm only two blocks away from the hospital."		
41	02/28/2019	"Both times were great. On time and they were really good."		"They were all super!"		
42	02/28/2019	"Everything. They always have!"				
43	02/28/2019	"They took my blood pressure and were talking to me. They were very accommodating."				
44	02/28/2019	"They put her shoulder back in place by wrapping her by the time she got to the hospital."				
45	02/28/2019	"Arrived on a timely basis; Were very caring and concerned for my wellbeing and if I was in any pain; Explained what they were doing and why they were doing it; Gave me a choice on whether or not I wanted to go to the hospital and which hospital I wanted to go to."				
46	02/28/2019	"They were very good. They gave me an I.V. in my arm and treated me very kind."	"I have no complaints."	"Yes, they got here very fast."		



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
47	02/28/2019	"Well uh, it seems everything. You know- Like I said earlier they seemed very professional with everything I saw- They seemed to be very caring with everything they did- Overall they were helpful to both of us."	"Um- I can't think of anything off hand- They seem to do their job and do it well- We use you guys a number of number and I can't think of a time that was bad. No problems and we never have a problem recommending the service."	"I think that just always remember to maintain the act of professionalism without trying to imply anything negative- There was one time that one of the fellows seemed a little rude- Where they were saying it wasn't important to take a ride to the VA and we finally ended up giving up- But we ended up. We had a number of times- From where we have used the service- Other than one time, they have always been helpful. I would never wait to call- You guys have been wonderful."		
48	03/02/2019	"All I remember is that I was trying to fight the EMT's."	"They did what they could at the moment."	"I was blacked out for most of it."		
49	03/01/2019	"Just their mannerisms and how they treated me."				
50	03/02/2019	"The actual care was done very well. Assistance with dealing with my insurance was done well."	"Expand care to other insurances. They need more vehicles in the Reno/Tahoe area"	"Only a five minute trip."		
51	03/02/2019	"Took care of me and got me to the hospital."	"I've never had any problems. There just happened to be a miscommunication this	"She couldn't understand me and she ended up calling my family member, who then called	Assigned Barton 5.6.19 #6908	See follow up below



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
			time with the dispatcher. That's the first time that's ever happened."	me back. My family member had to call her back. It was quite a while before I heard the ambulance coming."		
52	03/02/2019	"I don't know I was so sick I wasn't paying much attention to what they were doing in detail."	"I don't think much of anything."			
53	03/01/2019	"I was having chest pain and my family thought that we should call 911 and so we did and they got here very quickly and treated me good."	"Actually nothing - I've always been well taken care of each time."	"Keep up the great work!"		
54	03/01/2019	"Well she had a back injury- They had to use a sliding stretcher type thing, so they were very careful with her. I thought that they showed her a lot of care and didn't inflict any more pain."	"I can't think of anything... they did pretty well."	"She was in a lot of pain. They tried their best to help her, they might have even gave her something."		
55	03/01/2019	"Give everything 10! If we can do that hahaha."	"No you can't do anything better than what they did. They were awesome."	"The one medic stayed with me until I was checked in - Which I thought was something. The two guys were really there to help me - What I had was the flu. I couldn't even move I was hurting so bad. The hospital didn't have anywhere to put me and they stayed with me the whole time. I honestly thought that was so caring and awesome."		
56	03/01/2019	"Everything in general - I mean they took care of everything they needed to	"Uhhh nothing, I think you guys are good."	"I can't lie, I wasn't really looking around to make		



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
		take care of. Driving was easy, the care was easy, and everything they did went smoothly. No complaints from this end haha."		sure that it was clean hahaha."		
57	03/03/2019	"Everything was great. I am very satisfied with the care from you guys. You have a wonderful team."	"I don't have any idea."			
58	03/03/2019	"The teamwork between the medics was excellent. You could really tell they cared. I wasn't just another person to them."	"Ohhh I really don't think there could be anything better. They were so sweet to me and my husband."			
59	03/03/2019	"In the past they have treated me very well. This last time they still treated me with care, but I was upset by the end of it all."	"I have taken REMSA many times and they have been good with taking care of me. But this last time they resuscitated me when I'm not supposed to be resuscitated, so it really just upset me. I don't want to take away from the help I've gotten from you guys, but that did upset me."	"I really don't remember any of this honey. To be honest, I probably wouldn't recommend them."	Assigned Jones 5.6.19 #6909	See follow up below
60	03/03/2019	"They gave me oxygen, they started an I.V., I don't know if they gave me an injection of something... I don't remember. They did very well with me though."	"I have no problem with the medics or anyone in the medical field. I give them 5 stars hahaha."	"Oh yes, they took it very seriously. They tried to help me with the pain, they really did, but I needed to be taken to the hospital. I really don't remember. I was pretty out of it by the time I was actually in the ambulance."		
61	03/03/2019	"Ah! Very professional and kind people. They got to me in a timely matter and took good old care of me."	"I don't know, I was treated very well - I had broken my hip, and the next thing I know the ambulance is here and I'm			



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
			being taken to the hospital."			
62	03/04/2019	"They were... well what was done well, was that they knew exactly what to do and helped calm me down because I was scared."	"Maybe get there a little faster- They took about 15 20 minutes."			
63	03/04/2019	"The kindness and the professionalism they were able to give was wonderful."	"I really can't think of anything, besides maybe keep up the good work! hahah"			
64	03/04/2019	"Everything. I mean they have always been very good to us. They have also been professional and caring and good about keeping us all at ease. Just wonderful service. Even when a firetruck got stuck in the mud out here haha all wonderful people."	"Uh nothing. I have never had a complaint about them."			
65	03/04/2019	"Well I was kind of out of it, but they seemed to have done everything right. They were very professional and kind with me. Picked me up, then took me to the hotel.... the hospital that is haha."	"Uh I don't really know of what they could do better."	"Yeahh! They did alright. Kind people."		
66	03/04/2019	"They were very good. That's all I want to tell you. Okay?"	"No, nothing."			
67	03/04/2019	"Everything."	"Nothing. They were terrific."			
68	03/04/2019	"I'm still not well - That's not their fault, though. I am very satisfied with the care I received from them. The men that came out to	"Oh, I really don't think nothing could have been better that time."			



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
		the house that day really took charge and made sure I was taken to the hospital right away."				
69	03/05/2019	"One of them they saw that I really needed pain meds and they gave it to me and treated me like a person."	"They are charging my insurance way too much money- I got a bill for 2,180- I had two guys not want to take me- Well they could show more kindness too."	"Gave me some pain medicine- I was sick as a dog- No one wanted to help an old man with no money, but I have nice insurance. Some of them were professionals- Some of them not to much. I got a bone to pick with them - because some of them are not so good."	Assigned Jones 5.6.19 #6910	See follow up below
70	03/05/2019	"Both guys were very friendly- They tried to please me- They asked me what hospital I wanted to go to - They called and really helped me out and made sure I was taken care of."	"Hopefully there won't be. I was very pleased!"			
71	03/05/2019	"They were good to me and my wife and always have been."	"Nothing. Very professional team."			
72	03/05/2019	"Very respectful."	"They were very professional. I don't think anything could have been better."			
73	03/05/2019	"They were good that's all I want to say."	"Nothing it was all good."			
74	03/06/2019	"Well, I had fallen and they all worked together to get me up. I'm not a small person. My head was	"Honestly, I had never been in an ambulance before these two last times. So, I really have nothing to compare it to. I	"There was two ambulance and a fire truck. So there was about 6 men in my house and		



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
		bleeding and they worked well together."	was so grateful for the help. I'm not sure what you could do, you got me out of a bad situation. They did a great job."	"They all worked together great."		
75	03/05/2019	"The way they treated me was professional and kind. The care was excellent."	"They treated me so well honey, I'm not sure what the medics could possible do better."			
76	03/06/2019	"Well, they saved my life."	"I couldn't think of anything."			
77	03/06/2019	"They got me on the stretcher without me falling out and got me there on time."				
78	03/06/2019	"REMSA! Oh I love them. Always gets here fast."	"For real, nothing."			
79	03/07/2019	"The way they took me out of my mobile home- They were very careful."	"I hope there isn't a next time, but they have always been real nice real good."			
80	03/07/2019	"Well they came in and knew what they were doing, they got me to the hospital after having a heart attack. So I am very grateful."		"I don't think there really was any treatment"		
81	03/07/2019	"The ambulance driver was very good and so were the medics. Makes me want to have another trip haha."	"Nope. Nothing at all."			
82	03/10/2019	"How the medics cared for me. It was very professional."	"They did everything well. I'm truly thankful."			
83	03/08/2019	"The men that showed up to help me were very professional and kind. They are also very kind to my wife."	"Maybe get to the house a little faster, but other than that I'm not too sure."			
84	03/10/2019	"The staff was very caring and excellent!"	"Everything was done correctly."			



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
85	03/09/2019		"My head was bouncing around. I had vertigo. They assumed I was a drug addict. Medics said some code and then laughed. Show more compassion. Don't judge. Don't make jokes and laugh."	"I had to search for the medics. One said I know what this is and said the code number. My head was spinning and I had to deal with the medics."	Assigned Jones 5.6.19 #6911	See follow up below
86	03/11/2019	"Everything overall was very good."				
87	03/11/2019	"Medics took very good care of me! I was in so much pain."				
88	03/12/2019	"They were there in a timely manner and went straight to the hospital with no problems at all."	"A painless injection would be nice."			
89	03/12/2019	"Arrival and taking me to where I wanted to go."				
90	03/12/2019	"The entire experience was everything that I had hoped it would be. I think it was better to call them, so I was treated and admitted immediately."		"The fire department got here first, but they're closer."		
91	03/13/2019	"Took care of business really quick."	"Improve travel time."	"I didn't ride in the ambulance. They just picked me up off the floor and got me to where I could move around. Took about half an hour to get to me."		
92	03/13/2019	"Everything they did. They took good care of me and checked out all the things they needed to, let me know what was going on and listened to me."		"They were fantastic. Very kind and sweet Absolutely amazing! Kind, knowledgeable, on top of things, let me know everything they were doing."		



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93	03/13/2019	"Everything was good. Professional."		"Arrived in less than 5 minutes. He's a hell of a driver"		
94	03/16/2019	"Overall care made me feel comfortable."				
95	03/16/2019		"As (patient) told her story of her March 16th REMSA ambulance ride and as someone who was listening as the surveyor, I was truly taken aback by the things (patient) endured while dealing with the harassing behavior of two REMSA medics."		Assigned to Jones 5.6.19 #6912	See follow up below
96	03/15/2019	"They were great with me. My husband and I were at the mall and he had slipped going up the stairs and ending up falling on me- Breaking my hip. I was down on the ground for some time but when they got to me- They knew what they were doing."	"The only thing is that they took 30 minutes - It just seemed like it took them awhile. I couldn't believe how long it took- I was in so much pain. But otherwise they took care of me pretty well."	"They treated me very well. Bumpy! I don't think those things have shocks in 'em haha."		See follow up below
97	03/16/2019	"I guess I'd have to say the service in general. I don't know how to explain it. They came in and took me away."	"Nothing at the moment that I can think of."	"I don't think I received treatment from them. I wasn't given a shot or anything."		
98	03/16/2019	"Everything, the REMSA people did really good."	"Uhh I don't think there's much more you could have done that day."	"Wonderful, just wonderful people."		



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
99	03/15/2019	"They were just really kind and knew what to do and they did it and they did it good- They were reassuring - I think my mom felt very comfortable with them."	"You know there probably will be a next time and everything was really good."	"For what I saw, everything seemed right."		
100	03/15/2019	"They were very good all the way down the line. I can't say enough good things about them!"	"No, they were very good- They got me to the hospital and they medicated me in the ambulance. I felt very secure with them."	"Wonderful EMT's"		
101	03/16/2019	"The men? Oh yeah, very professional people. Knew what they had to do."		"Some good guys ya got there!"		
102	03/17/2019	"The medics got to the house right away and started on me as soon as they came in. I guess just everything... Even the I.V."	"Nothing. They did everything they could have and I am thankful for all the things they did for me."			
103	03/17/2019	"Everything. They do blood tests- I.V.- They get me ready me for the ER in the hospital and did everything they could to make me comfortable."	"You can't do anything better. You guys are the best."	"One out of ten has been bad but the rest have been good, but it only happened once and I don't think it will ever happen again. This last time they saved my life. The driver was good! She'd tell me when bumps were coming haha. I couldn't ask anything better. I'm a pain in the neck sometimes and I admit it haha so I'm just so so thankful for you guys."		
104	03/17/2019	"The service they gave us was been excellent. Very professional."		"Oh, yeah - They treated her real good. Never have done anything wrong to us. I don't think there is		



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
				anything else in town hahaha."		
105	03/17/2019	"They were able to get me out of the house quickly and start an I.V. - Then we were rushed on our way to the hospital."	"Seemed alright to me."			
106	03/17/2019	"I honestly don't remember much, but I do know they listen to me and got me the help I needed. I just want to say thank you."	"No - I called, you came, you guys got me, picked me up. And like I said I'm alive and happy. There's not much more I can ask for."	"I spoke to them and asked them to put my purse in the ambulance and then they started to do treatment on me and I was out. But I'm alive and kicking hahaha so I think they have done everything they possibly could have."		
107	03/17/2019	"Honey, they have always been wonderful to me and my family. I can't thank them enough for all they have done for me."		"You know, seems like they take forever even when they don't. I'm sure they were going as fast as they could haha."		
108	03/18/2019		"Arrive in a timely manner."		Assigned to Kitts 5.6.19 #6913	See follow up below
109	03/18/2019	"Listened to me and helped in a fast manner"				
110	03/18/2019	"Everything"				
111	03/19/2019	"They were very sweet, communicated well, and took care of (patient). Pretty friendly"				
112	03/20/2019	"They were able to put the I.V. in my arm quickly. Sometimes it takes them a couple times, but this last time they did really well."	"I'm not sure. They seemed rather professional and sure did act like they knew what they were doing haha No, I'm sure they did. I'm thankful for their service."			



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
113	03/20/2019	"When they got to the house, they came right in and didn't wait to get me out of there."	"Getting to the house faster. They just took a little longer than I thought they should have, but other than that the ride was fine."	"There wasn't much they could do."	Assigned to Kitts 5.6.19 #6914	See follow up below
114	03/20/2019	"I'm with the Reno Police Department and I was hurt on the job. They came in quickly and were effective. They were also understanding. I couldn't have gotten better guys."	"I don't think anything"	"The three medics that I had to deal with were amazing."		
115	03/20/2019	"They came and picked me up and took me to the hospital. I am grateful of the ride, but nothing really else from them, ya know?"	"The next time to pay attention to your patient and know what's going on. Look into their eyes and try to see what they are feeling. I felt like I was dying inside. I felt like they could have done better. They are good people and tried their best, I think. But I would have liked more compassion."	"I don't agree with the treatment they gave me- No. I don't think they understood completely what was going on with me."	Assigned Jones 5.6.19 #6915	See follow up below
116	03/19/2019	"The dispatcher was helpful. He was very in touch with my feelings."	"Care about the patients more. They considered me a joke."	"The treatment that I got from them was very poor. They were really nice and concerned when I called, but the ambulance people were very rude. Usually, I don't have a bad time, but they wouldn't come upstairs to get me. They made me walk to the ambulance myself."	Assigned to Jones 5.6.19 #6916	See follow up below



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
117	03/19/2019	"Put me in the ambulance and took my blood pressure. It was really low, so they decided to take me to the hospital."				
118	03/19/2019	"They were very professional and they knew what they were doing."				
119	03/19/2019	"Got here quickly, addressed the situation, and kept everyone informed. Everyone worked well together."	"Get your units to have a softer ride. Rode like a lumber truck."			
120	03/19/2019	"Overall care was excellent."				
121	03/19/2019	"Professionalism and overall excellence."				
122	03/20/2019	"Everything was good."				



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123	03/21/2019	"The medics got him to the hospital and where he needed to be upon arrival."				
124	03/20/2019	"Very prompt arrival and a timely trip to the hospital. It was a smooth check-in."				
125	03/20/2019	"Pt stated the medics frequently checked her son's oxygen."				
126	03/21/2019	"Patient stated the paramedics arrived quickly and took very good care of him."				
127	03/21/2019	"The paramedics are very well trained, professional and caring. Pt stated she has always received the best care."				
128	03/21/2019	"Pt stated that the medics were concerned for his well-being and health."				
129	03/21/2019	"Everything was done quickly, no time was wasted and they answered all of the questions."				
130	03/16/2019	"Patient care"				
131	03/22/2019	"Arrived in a very timely."				



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
132	03/22/2019	"Really good job getting me relaxed and calm."				
133	03/22/2019	"They made sure I got in."	"Get more funding!!! Better pay for the medics!"			
134	03/23/2019	"They were very professional and awesome. Really couldn't have asked for anything better."	"Nothing!"			
135	03/23/2019	"They responded to me very well- They knew what was what- I told them I was having a heart attack and they did everything like I think they should have - I have no complaints at all- They need to be known for the good service they provide- Everyone should realize these three women. I went in in pretty bad shape and they comforted me."	"I don't know if anything could have been better - Ya know? The night that I left and got in the ambulance, they covered me up and everything. No, I don't think there's anything better than what they did."	"I got very good care from the two young ladies."		
136	03/23/2019	"I have no complaints honey. They gave me excellent service."		"Excellent care."		
137	03/24/2019	"I'm really thankful for the group effort. They worked real well together to help me and were professional - I can't thank them enough."	"Really, nothing I can think up. Keep up the good work."	"I don't think there's anything they could have really done for me pain wise. They treated me fine still."		
138	03/24/2019	"I was really impressed with the direct care I got. They got to the house pretty quick and didn't wait to get me loaded up and on my way."				
139	03/23/2019	"When the medics got here, I noticed they were real kind and professional."	"Better shocks! haha was a pretty rough ride."	"Wonderful medics."		



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
		"They made sure to make me and my family feel comfortable during a not so good time."				
140	03/24/2019	"They did a good job at keeping me informed about what was going on and kept me calm. They really tried to make sure I was comfortable."	"Everything was excellent. There nothing more I could ask for."			
141	03/24/2019	"I think the overall care they gave me that day was very professional. They seemed to know what they were doing and treated me well."	"I wouldn't have changed anything as the care was excellent. Tell them I'm very thankful for the service."	"They tried their best, but I don't think there as much they could do until I got to the hospital."		
142	03/23/2019	"They got me to the hospital fast and treated me right away. I don't think there was much they could do, but they kept me informed as best as they could which made me feel more comfortable. The situation at hand wasn't ideal, but they were awesome."	"No, I really don't think there's anything. They did everything they were supposed to that I'm aware of."			
143	03/23/2019	"They did a good job talking to me and my husband. They talked to me the whole time I was in the ambulance until they had to leave me and I was pretty shocked. I can't say enough good things about them I would give them higher ratings if I could hahaha."	"The only thing I can think of is getting here faster, but that might not have even been their fault."			
144	03/23/2019	"The medics care in general. The two that		"I had really good medics."		



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
		helped me were trained very well and it showed."				
145	03/23/2019	"They were quick, but not sloppy."	"Nothing. The medics were very knowledgeable."			
146	03/24/2019	"Everything about the trip was done well. Everything was done very fast and I was taken care of. I don't think I have ever had a complaint about REMSA. If I'm going to be honest. They are just the best."	"Like I said, I truly have no complaints. Your guys are excellent and always have been."			
147	03/23/2019	"I have never rode in an ambulance before this time- But from everything that they did, nothing gave me a bad feeling or like I wasn't being taken care of well. They handled the situation professionally from what I'm aware of."	"I'm not sure there's anything you could have done better."			
148	03/23/2019	"They were great and helped out!"				
149	03/27/2019	"Excellent people."				
150	04/02/2019	"Did a good job carrying me out to the ambulance and getting me to the hospital- They were not messing around!"	"There's nothing I can think of. The service was very professional."			
151	04/02/2019	"REMSA has been good to me and the wife, whenever we have needed them. They make sure to get out here pretty quick too."	"Well, I don't think there's much more they could do."	"Oh, they did great! I do talk very highly of them already."		
152	04/02/2019	"The medics were great. They listened to me and did an overall good job taking caring of and getting me to the hospital."	"No, I don't think so, I was treated very well that day"	"The bill was pretty expensive, but I do understand why."		



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153	04/02/2019	"The ambulance got here quickly and the medics did really good at telling me what they were doing and asking me questions. Did a real good job keeping me calm and comfortable."	"Uh probably nothing. Everything was quick and professional."			
154	04/02/2019	"Getting the I.V. in. It usually takes them a couple times poking me before getting it in right. But not them! I was shocked haha."	"Nothing! They are the best. Tell them thank you."			
155	04/02/2019	"Well I think they took my blood pressure and hooked me up to some fluids and by the time I knew it, we were already at the hospital."	"Well I hope there's not a next time!"	"I wasn't really looking around the ambulance to notice the cleanliness - uhh but nothing was noticeable out of place."		
156	04/03/2019	"The medics were very kind to me and my husband. Treated us both with respect."				
51	<p>On 3/2/2019 @ 02:12:56, Call taker received a call from LifeLine requesting an ambulance to respond to a local apartment complex matching the Case Record. Call taker went through the correct Protocol questioning and received a callback number from LifeLine.</p> <p>At 02:15:32, Call taker advised LifeLine she would be attempting to call the patient.</p> <p>At 02:16:51, Call Taker initiated a callback to the LifeLine subscriber. There was no answer.</p> <p>At 02:17:58, Call taker answered another 911 call, not associated to this.</p> <p>No further contact was made.</p>					



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
59	5/8/19 1420,	I was able to contact the pt., she was very nice, very hard to understand at times. We talked about her complaint on the transport for 3/3/19. PT was unhappy because she was treated and transported but did not want to be, she was altered. I told her a family member was on scene and was very concerned about her. She told me there was no one with her and she just wanted to die, we talked about POLST. PT told me she had a POLST, but she is still being transported, someone told her there was a "1 hr. window" for the paramedics to treat her. I apologized to PT and explained there was no "window" and how the POLST worked. During our conversation she told me she was very tired and ready to go because of all of her medical problems. She knew the POLST needed to be on the door or refrigerator. I thanked PT for talking to me and she also thanked me. Nothing in the chart about POLST. No further.				
69		Message left for patient 5/7/19 @ 1110, 5/8/19 @ 1605, I left a message for the pt.				
83		Per chart the times are as followed: Recvd: 01:48 03-08-19 Dispatch: 01:48 03-08-19 En route: 01:48 03-08-19 At scene: 01:54 03-08-19 At patient: 01:55 03-08-19				
85		Message left for patient 4/7/19 @ 1114, 5/8/19 @ 1510, I left a message for pt.				
95		I spoke with the patient and her concerns were with calls that occurred previous to this one. She said there were 2 male REMSA attendants who "bullied her" and acted like they did not wish to treat her. She was unable to provide dates or time frames, and since she has been transported 52 times by REMSA, it's difficult to determine which 2 males she is referring to. She did say that most of the time REMSA has been great to her. I asked her to call REMSA directly and ask to speak to a supervisor if she has further problems.				
96		Times were as followed per chart: Dispatch: 13:27 03-15-19 En route: 13:27 03-15-19 At scene: 13:33 03-15-19 At patient: 13:35 03-15-19				
108		Here are the run times per the chart: Recvd: 11:58 03-18-19 Dispatch: 11:58 03-18-19 En route: 11:59 03-18-19 At scene: 12:13 03-18-19 At patient: 12:19 03-18-19 Multiple calls in the south area just prior to this incident including the Wedge unit. Closest unit assigned after clearing RMC.				
113		Per the chart the run times are as followed: Recvd: 07:35 03-20-19 Dispatch: 07:35 03-20-19 En route: 07:35 03-20-19 At scene: 07:52 03-20-19 At patient: 07:54 03-20-19 Response from S McCarran and Home Garden, Initial OMEGA. No divers.				
115	5/8/19 1620,	I spoke to the pt., he was very short and told me he already talked to someone about this and it was taken care of. I thanked him for his time, I read the chart, and crew treated pt. well. Monitor, IV, blood sugar, ASA, Ondansetron. No further.				



	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comments	Assigned	Results After Follow Up
116				Message left with patient 5/7/19 @ 1405, 5/9/19 @ 0937, I left a message for the pt. Will have the crew complete occurrence reports.		



APRIL 2019 REMSA AND CARE FLIGHT PUBLIC RELATIONS REPORT



Since 1986, REMSA has provided nationally recognized ground ambulance service within Washoe County, Nevada. As the largest employer of EMS personnel in Northern Nevada,

REMSA provides residents and visitors with 9-1-1 response and transport, interfacility transport, disaster preparedness, special events coverage, search and rescue, tactical medical support, and public education. REMSA provides ground ambulance services under a performance-based franchise agreement with the Washoe County Health District and is the sole provider of emergency and inter-facility ground ambulance transport services within Washoe County (excluding Incline Village and Gerlach). REMSA is a private nonprofit community-based service which is solely funded by user fees with no local community tax subsidy.

REMSA maintains its operational and clinical standards as one of the most recognized high-performance EMS systems in the country. REMSA responds to approximately 70,000 requests for service per year.



PUBLIC AND COMMUNITY RELATIONS

Alpha Omega Protocols – KTVN, KOLO

Alpha and Omega protocols are a way to medically triage and distinguish between different levels of service needed by patients. Adam Heinz provided interviews to two local networks about REMSA's use of these protocols.



Telecommunications Week - KRNV

REMSA's medically-trained telecommunications specialists were highlighted for their expertise during National Telecommunications Week. All of REMSA's dispatchers are trained as EMTs or higher and many of them have worked in the field, giving them a unique and important perspective when providing care over the phone. A reporter participated in a ridealong and interviewed members of the telecommunications team.





PUBLIC AND COMMUNITY RELATIONS



Someone to Know - KTVN

REMSA is particularly proud that our director, Adam Heinz was featured by KTVN as Someone 2 Know. In addition to working as a paramedic in the field, Adam oversees REMSA's clinical communications center and the clinical quality department. His commitment to clinical excellence at every step of patient care is commendable.





EMPLOYEE RELATIONS



On April 18, six of REMSA's employees Vanessa Coyle, Markus Dorsey-Hirt, Matt Hauth, Kenny Kitts, Daniel Moriarty and Jennifer Walters visited the Nevada Legislature and were honored by the Nevada Ambulance Association as Stars of Life. These outstanding healthcare professionals were selected for their high performance, dedication, clinical excellence and important contributions to the EMS industry. They were introduced during the session and had the opportunity to meet Governor Sisolak. They joined other Stars of Life from across the state for this important occasion.





SOCIAL MEDIA HIGHLIGHTS

Website referral sessions from social media decreased by 51% year-over-year. However, Facebook, LinkedIn, Instagram and Yelp all drove traffic back to the website.



Last year in April, we were running a paid social campaign for the open house in Tonopah between April 18 - April 27, 2018.

Facebook

Likes to-date: 3,112 +53 likes since March 2019
Followers to-date: 3,254 +142 followers since March 2019
April posts: 24
April post comments: 166
April post shares: 126
April post reactions: 1.72k



SOCIAL MEDIA HIGHLIGHTS

Top 3 Posts by Reach

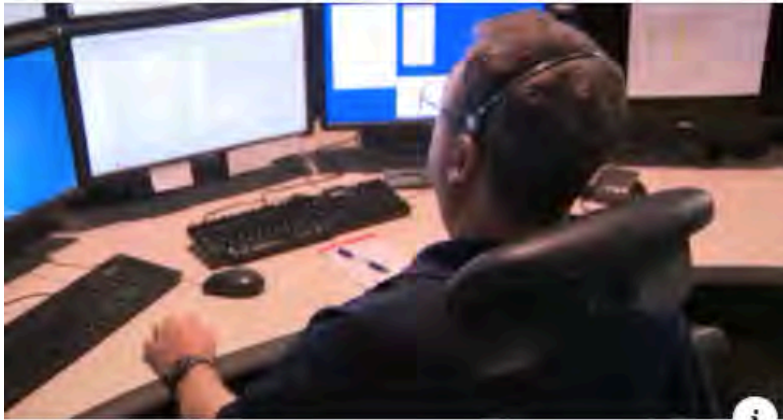
1.

11,778 people reached, 51 reactions, comments & shares
 Facebook engagement: 314 -
 Engagement is defined as post clicks, likes, shares and comments.



Regional Emergency Medical Services Authority - REMSA Published by KPS3 [?] · April 12 at 10:23 AM · 🌐

Learn about our Alpha Omega Protocols in our medical 9-1-1 communications center. The protocols are a way to medically triage and distinguish between different levels of service needed by patients, so that we can provide them with the best level of care and be ready to transport them to the most appropriate provider. Because of our [International Academies of Emergency Dispatch - IAED](#) accreditation, we are the only agency in Nevada able to offer this type of program 24 hours a day. #AlwaysReady



KTVN.COM
REMSA Rolls Out New Protocol at 911 Call Center
 Over the past year, REMSA has rolled out a protocol called Alpha and...

🌱 **Get More Likes, Comments and Shares**
 Boost this post for \$50 to reach up to 12,000 people.

11,778 People Reached	314 Engagements	Boost Post
---------------------------------	---------------------------	----------------------------

👍❤️😄 Sue Silva, Michael Hamilton and 26 others 5 Shares

👍 Like 💬 Comment ➦ Share ⚙️

SOCIAL MEDIA HIGHLIGHTS

2.

3,510 people reached, 436 reactions, comments & shares
 Facebook engagement: 1,345 -
 Engagement is defined as post clicks, likes, shares and comments.


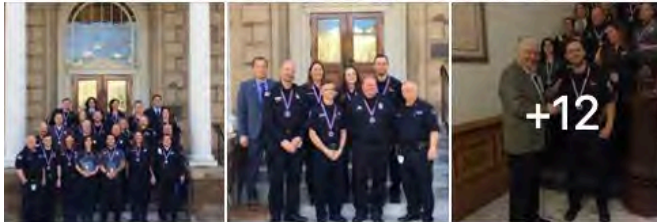


Regional Emergency Medical Services Authority - REMSA Published by KPS3 [?] · April 19 at 2:22 PM ·

Meet the 2019 Nevada Stars of Life from REMSA and Care Flight: Vanessa Coyle, Markus Dorsey-Hirt, Matt Hauth, Kenny Kitts, Daniel Moriarty and Jennifer Walters.


This group of outstanding mobile healthcare professionals was selected for their high performance, dedication, clinical excellence and important contributions to the EMS industry. They were recognized at the Nevada Legislature yesterday and had the opportunity to meet Governor Steve Sisolak. They also joined other Stars of Life from across the state.

You can view more photos from Nevada Ambulance Association here: <https://bit.ly/2DpSadu> #NVStarofLife #AlwaysReady

Get More Likes, Comments and Shares
 Boost this post for \$50 to reach up to 12,000 people.

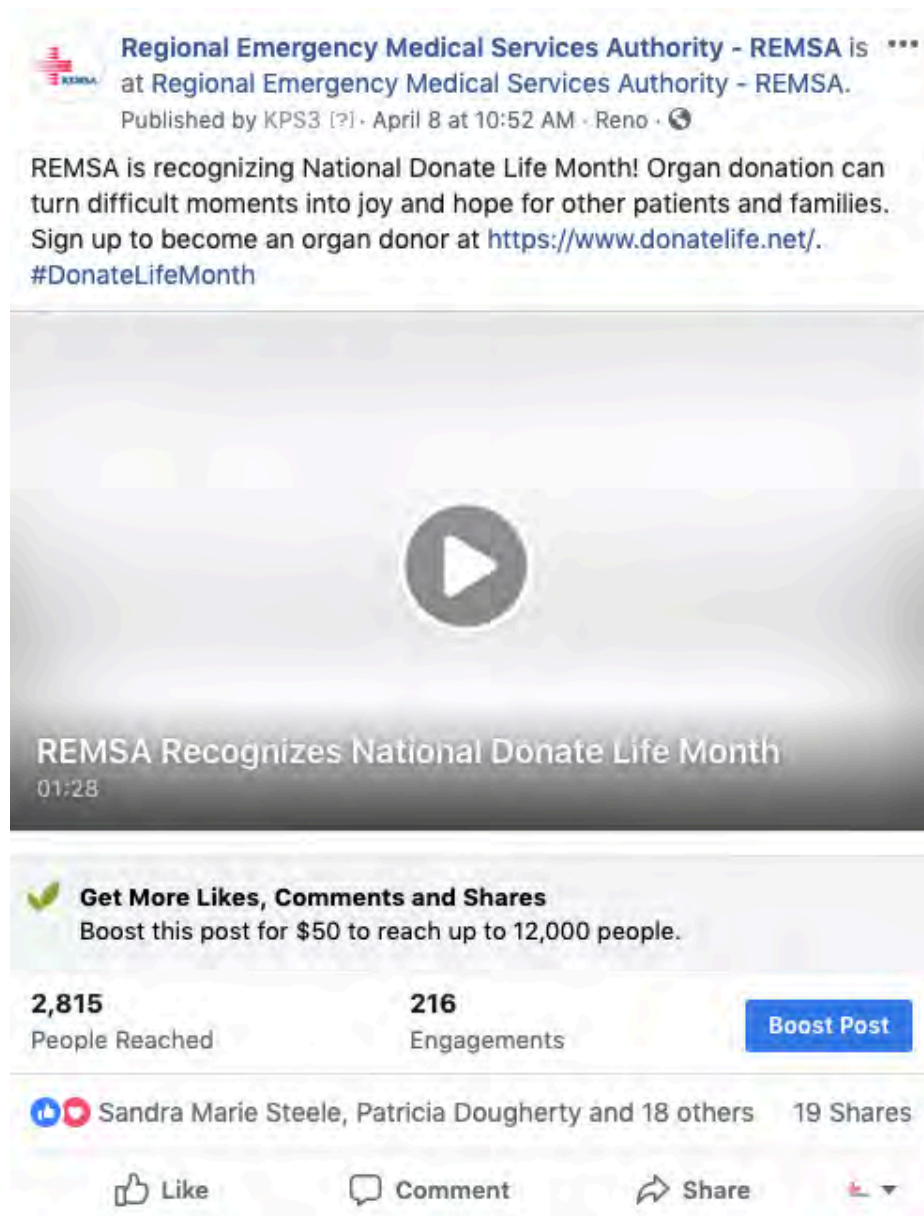
3,510 People Reached **1,345** Engagements [Boost Post](#)

 Megan Duggan, Bill Landon and 136 others 18 Comments 12 Shares

SOCIAL MEDIA HIGHLIGHTS

3.

2,815 people reached, 83 reactions, comments & shares
Facebook engagement: 216 -
Engagement is defined as post clicks, likes, shares and comments.



Regional Emergency Medical Services Authority - REMSA is ...
at Regional Emergency Medical Services Authority - REMSA.
Published by KPS3 [?] · April 8 at 10:52 AM · Reno · 🌐

REMSA is recognizing National Donate Life Month! Organ donation can turn difficult moments into joy and hope for other patients and families. Sign up to become an organ donor at <https://www.donatelife.net/>.
#DonateLifeMonth

REMSA Recognizes National Donate Life Month
01:28

Get More Likes, Comments and Shares
Boost this post for \$50 to reach up to 12,000 people.

2,815 People Reached **216** Engagements **Boost Post**

Sandra Marie Steele, Patricia Dougherty and 18 others · 19 Shares

Like Comment Share



SOCIAL MEDIA HIGHLIGHTS



Top Post by Impressions

Followers to-date: 1,125 +34
followers since March 2019
March Posts: 7

601 impressions, 255 clicks and 14 likes

REMSA
1,125 followers
2w • Edited

Meet the 2019 Nevada Stars of Life from REMSA and Care Flight: [Vanessa Coyle](#), [Markus Dorsey-Hirt, RN, CFRN](#), Matt Hauth, Kenny Kitts, Daniel Moriarty and Jennifer Walters.

This group of outstanding mobile healthcare professionals was selected for their high performance, dedication, clinical excellence and important contributions to the EMS industry. They were recognized at the Nevada Legislature yesterday and had the opportunity to meet Governor Steve Sisolak. They also joined other Stars of Life from across the state. [#NVStarsofLife](#) [#AlwaysReady](#)

14

Like Comment Share

Reactions



SOCIAL MEDIA HIGHLIGHTS



Visitor Demographics by Location

Visitor demographics ⓘ | Time range: Apr 1, 2019 - Apr 30, 2019 ▼ | Data for: Location ▼

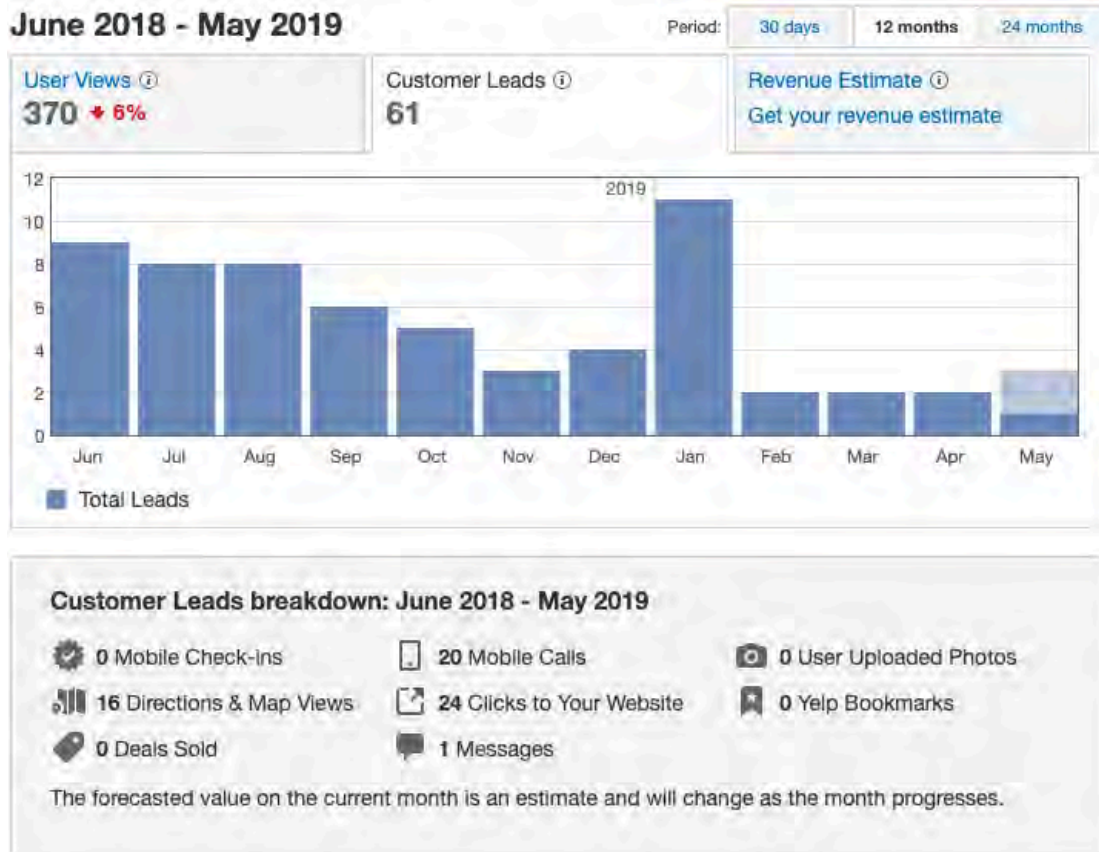
Top locations

	Visitors	% of Visitors
Reno, Nevada Area	21	20.19%
San Francisco Bay Area	10	9.62%
Pune Area, India	6	5.77%
Bengaluru Area, India	5	4.81%
Hyderabad Area, India	4	3.85%
Kalyan Area, India	4	3.85%
Region IVA - Calabarzon, Philippi...	4	3.85%
Greater New York City Area	3	2.88%
London, Canada Area	3	2.88%
Southern Punjab Multan, Pakistan	3	2.88%

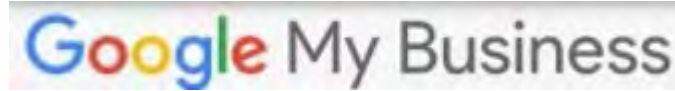


The information on Yelp pages is used when people are using Siri Search on iPhones or trying to look up business information on Apple Maps. We have had 61 leads come from Yelp between information pulled for June 2018 - May 7, 2019

SOCIAL MEDIA HIGHLIGHTS



SOCIAL MEDIA HIGHLIGHTS



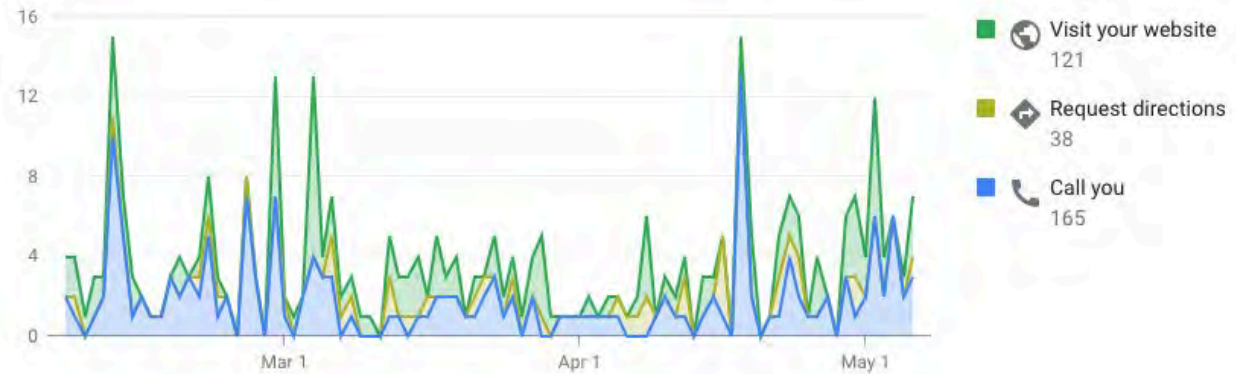
REMSA's Google My Business Insights

Customer actions

The most common actions that customers take on your listing

1 quarter ▾

Total actions 324



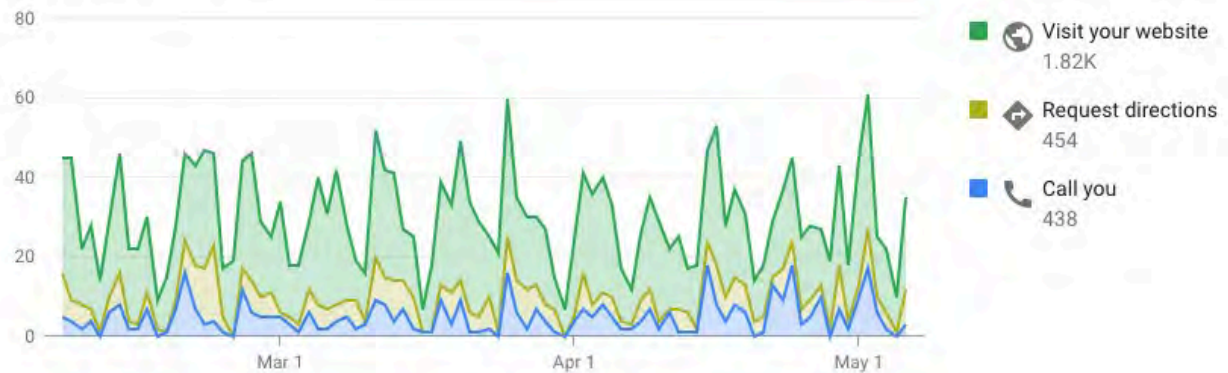
REMSA Education's Google My Business Insights

Customer actions

The most common actions that customers take on your listing

1 quarter ▾

Total actions 2.71K





SOCIAL MEDIA HIGHLIGHTS



REMSA regularly posts videos about topical matters such as safe sleep practices, wellness tips for special populations and general safety information.
Subscribers to-date: 13








REMSA/Care Flight
12 subscribers

CUSTOMIZE CHANNEL YOUTUBE STUDIO (BETA)




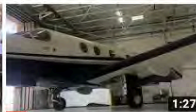

HOME VIDEOS PLAYLISTS CHANNELS DISCUSSION ABOUT 🔍

REMSA Celebrates National Public Health Week
REMSA/Care Flight • No views • 1 hour ago
Happy National Public Health Week! REMSA is proud to partner with private and public agencies across our region and state. To learn more about our outreach efforts, please visit <https://bit.ly/2OSr...>

Community Advisory ▶ PLAY ALL

 Back the Pack Responsibly REMSA/Care Flight 26 views • 6 months ago	 Wolf Pack Back to School Wellness Tips REMSA/Care Flight 21 views • 7 months ago	 Back to School Safety Tips 2018 REMSA/Care Flight 83 views • 7 months ago	 Nugget Rib Cook-Off Safety Tips REMSA/Care Flight 49 views • 7 months ago	 Hot August Nights Wellness and Special Event Info REMSA/Care Flight 34 views • 7 months ago
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

EMS Week ▶ PLAY ALL

 REMSA Logistics - EMS Week REMSA/Care Flight	 REMSA Leadership - EMS Week REMSA/Care Flight	 REMSA Ground - EMS Week REMSA/Care Flight	 REMSA Fixed Wing - EMS Week REMSA/Care Flight	 REMSA Education - EMS Week REMSA/Care Flight
-----------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

FEATURED CHANNELS

- City of Reno (SUBSCRIBED)
- NWSReno (SUBSCRIBED)
- American Heart Associ... (SUBSCRIBED)

POPULAR CHANNELS

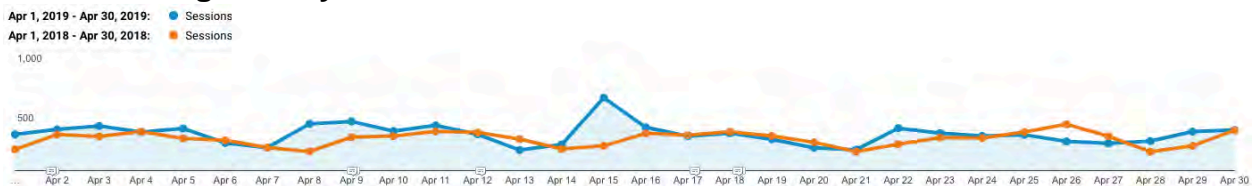
- CNN (SUBSCRIBE)
- ABC News (SUBSCRIBE)
- Fox News (SUBSCRIBE)
- CBS News (SUBSCRIBE)
- CBS This Morning



SOCIAL MEDIA HIGHLIGHTS



REMSA Website Google Analytics



Overview of Site Data in April (Year-Over-Year Comparison)

- Sessions: 16% increase year-over-year
- Users: 18% increase year-over-year
- Pageviews: 1% increase year-over-year
- Pages / Session: 13% decrease year-over-year
- Avg. Session Duration: 4% decrease year-over-year
- Bounce Rate: 5% decrease year-over-year (a good thing!)

There are various ways people come to the REMSA website. We pay close attention to the following channels:

- Referral traffic is Google's method of reporting visits that came to your site from sources outside of its search engine, i.e. a partner website, news website, etc.
- Direct traffic is users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to strong brand awareness, as well.
- Organic search is natural ranking determined by search engine algorithms that can be optimized throughout the year.

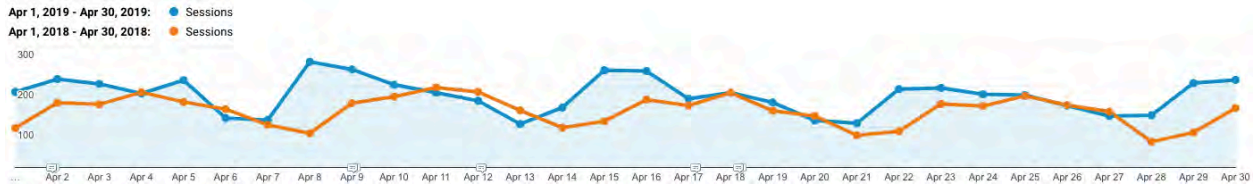
Sessions coming from direct traffic year-over-year in the month of April increased by 32% and referral sessions decreased by 15%. In March 2018, we removed internal IP traffic (visits from within your network) from analytics. This results in a more accurate understanding of how the community is using remsahealth.com. It's been a year since we filtered out internal IP traffic and we're able to compare referral traffic apples to apples. Organic search sessions increased by 28%.



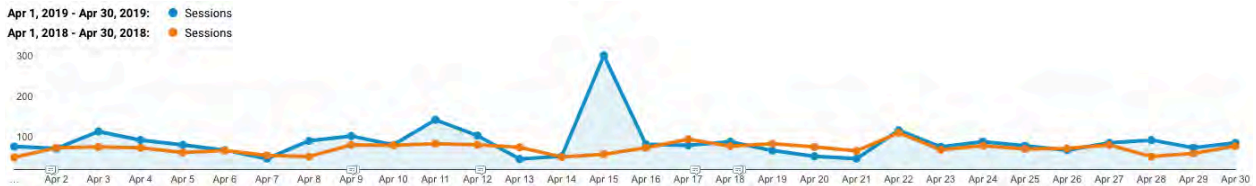
SOCIAL MEDIA HIGHLIGHTS



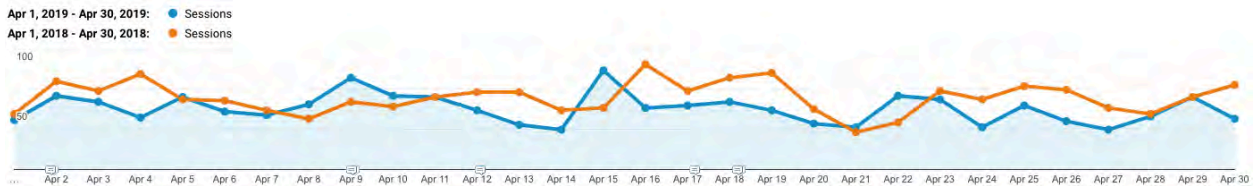
Organic Traffic



Direct Traffic



Referral Traffic





SOCIAL MEDIA HIGHLIGHTS



Top 3 Referral Sites:

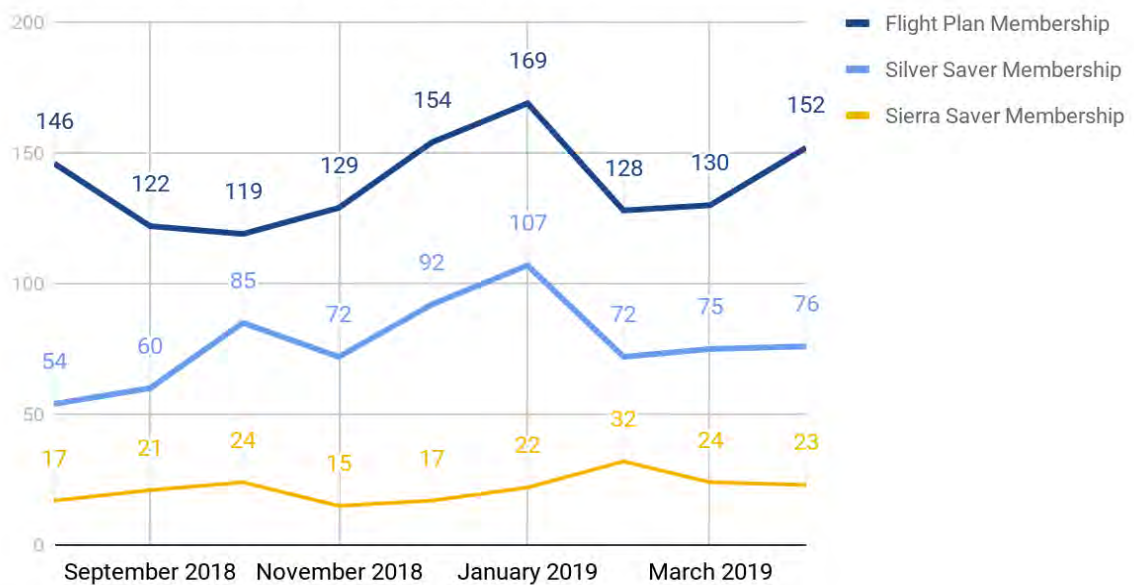
1. REMSA Enrollware
2. Lifelight.org - <https://www.lifelight.org/membership/>
3. Eastern Sierra ATV and UTV Jamboree

We have also implemented event tracking for three specific goals on the website: Membership Leads, Pay Your Bill Online and Phone Calls.

Website visitors who clicked to fill out a Membership form:

- Flight Plan Membership form: 152 website visitors clicked the external link to fill out the Flight Plan Membership form
- Silver Saver Membership: 76 website visitors clicked the external link to fill out the Silver Saver Membership form
- Sierra Saver Membership: 23 website visitors clicked the external link to fill out the Sierra Saver Membership form

Website Clicks on Membership Plans



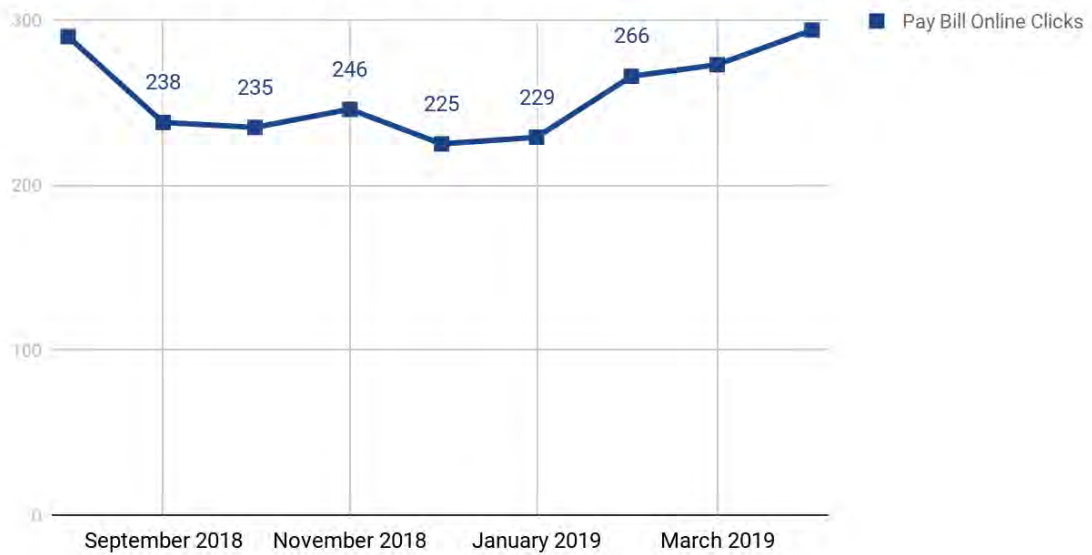


SOCIAL MEDIA HIGHLIGHTS



Website visitors who clicked to pay their bill online: 294

Website Clicks to Pay Bill Online





- Top 5 phone numbers that visitors clicked on:
 - 775-858-5700 - Main Phone Number - 112 clicks
 - 775-482-3377 - Nurse Health Line in Northern Nye County - 46 clicks
 - 775-858-5745 - Membership Questions - 10 clicks
 - 775-982-2620 - Point of Impact - 8 clicks
 - 775-353-0739 - Private Insurance - 4 clicks



REMSA 2018-19 Penalty Fund Reconciliation as of March 31, 2019

2018-19 Penalty Fund Dollars Accrued by Month

Month	Amount
July 2018	7,899.78
August 2018	9,263.79
September 2018	6,652.17
October 2018	5,948.07
November 2018	7,298.64
December 2018	9,349.44
January 2019	8,486.91
February 2019	7,443.06
March 2019	9,029.85
April 2019	
May 2019	
June 2019	
Total Penalty Fund Dollars Accrued	\$71,371.71

2018-19 Penalty Fund Dollars Encumbered by Month

Program	Amount	Description	Submitted
Public Service Announcement Web Header	1,400.00	Professional Services to design and implement header bar for remsahealth.com	January 2019
Bleeding Control Supplies for Regional Development	1,839.04	Tourniquets, Glow Sticks, Breachpens, Battle Boards and Load Out Bag Supplies for Armored Rescue Kits	January 2019
Bleeding Control Supplies for Regional Development	11,585.39	Bags, Battleboards, Breachpens, Cricothyrotomy Kits, Hypothermia Kits, Suction Devices and other misc. items for Armored Rescue Kits	March 2019

Total encumbered as of 02/28/2019 **\$14,824.43**

Penalty Fund Balance at 02/28/2019 **\$56,547.28**



**REMSA INQUIRIES
April 2019**

No inquiries for April 2019

DD	KD
DHO	KD

Staff Report
Board Meeting Date: May 23, 2019

TO: District Board of Health

FROM: Joelle Gutman, Government Affairs Liaison
775-326-6044, jgutman@washoecounty.us

THROUGH: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us

SUBJECT: Update regarding Bill Draft Requests and Bill Drafts for the 2019 Legislative session.

SUMMARY

This is an update regarding bill draft requests (BDRs) or bill drafts which may be of interest to or impact the District Board of Health.

PREVIOUS ACTION

Each biennium, WCHD has monitored Legislative activities and acted on them as directed by the District Board of Health.

BACKGROUND

Staff will monitor and provide comment on bill drafts, bills, and/or legislative action during the 2019 legislative session. DBOH will be briefed on these comments and activities during monthly 2019 meetings. These monthly briefings can be used for discussion and for any specific direction the DBOH would like to provide for the Health District’s legislative actions.

FISCAL IMPACT

Should the Board approve staff’s recommendation, there will be no fiscal impact to the adopted (FY19) budget.

RECOMMENDATION

Staff recommends the Board accept the May 2019 legislative session update, provide their input on legislative priorities or concerns, and direct staff to monitor and act upon 2019 Legislative Session bill drafts affecting the Health District and/or public health.

POSSIBLE MOTION

A possible motion would be: Accept the May 2019 Nevada legislative session update, and *[provide input and/or direction as DBOH may feel is appropriate]*.

**Air Quality Management
Division Director Staff Report
Board Meeting Date: May 23, 2019**

DATE: May 10, 2019
TO: District Board of Health
FROM: Daniel Inouye, Acting Division Director
 775-784-7214, dinouye@washoecounty.us
SUBJECT: Program Update - Updated Design Values, Divisional Update, Program Reports
 (Monitoring and Planning; Permitting and Enforcement)

1. Program Update

a. Updated Design Values

Now that the 2018 ambient air monitoring data have been submitted and certified, we can calculate our new design values (DV's). DV's are the statistic used to compare our monitoring data against the NAAQS. Each pollutant's DV is calculated by procedures specified in the Code of Federal Regulations. Below is a summary of each NAAQS and our current DV.

Pollutant	Averaging Time	Level	Design Value (2018)	Design Value as percentage of NAAQS
Ozone	8-hour	0.070 ppm	0.071 ppm	101
PM _{2.5}	24-hour Annual	35 ug/m ³ 12 ug/m ³	25 ug/m ³ 7.6 ug/m ³	71 63
PM ₁₀	24-hour	150 ug/m ³	0.0 expected exceedances	0
Carbon Monoxide	8-hour 1-hour	9 ppm 35 ppm	2.2 ppm 2.7 ppm	24 8
Nitrogen Dioxide	1-hour Annual	100 ppb 53 ppb	48 ppb 12 ppb	48 23
Sulfur Dioxide	1-hour	75 ppb	5 ppb	7
Lead	3-month	0.15 ug/m ³	n/a	n/a

So, what does this mean? The table says that the air we breathe is generally very clean, but we have big challenges with summertime ozone. The main takeaways are:

- Our ozone levels do not meet the health-based NAAQS.
- The U.S. Environmental Protection Agency (EPA) could re-designate all, or portions of, Washoe County as “non-attainment” for the ozone NAAQS.
- Wildfire smoke contributes to our summertime PM_{2.5} and ozone levels. This smoke is outside of our control, but most of our ozone is from homegrown sources such as cars and trucks.
- If we don't improve our ozone levels, we'll see higher rates of respiratory illnesses such as asthma and COPD. The most vulnerable portions of our population are the young, elderly, and those with existing respiratory illnesses.
- A “non-attainment” designation could be a red flag for businesses that are considering relocating or expanding in Washoe County.

AQM has been encouraging our local jurisdictions to implement voluntary Ozone Advance strategies to reduce motor trips and vehicle miles traveled (VMT). Land use patterns are the most important factor determining how much we drive our cars. Ozone Advance strategies are now embedded in plans such as ReImagine Reno and the Regional Transportation Plan. The City of Reno is currently updating their land development code (Title 18) which is the perfect time to ensure future growth will give us more transportation choices to leave our cars at home.

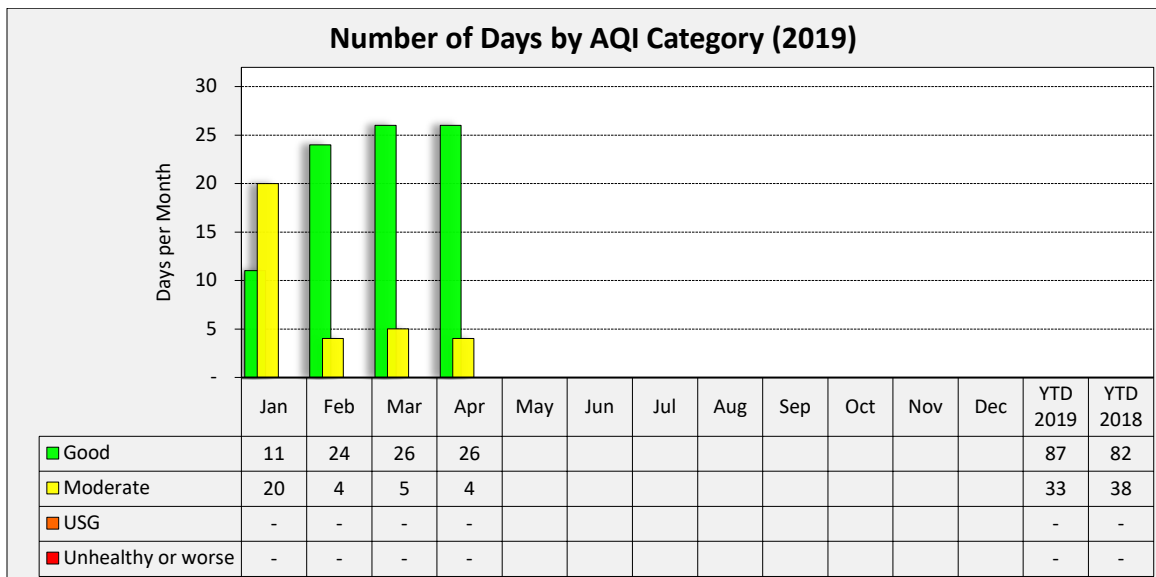
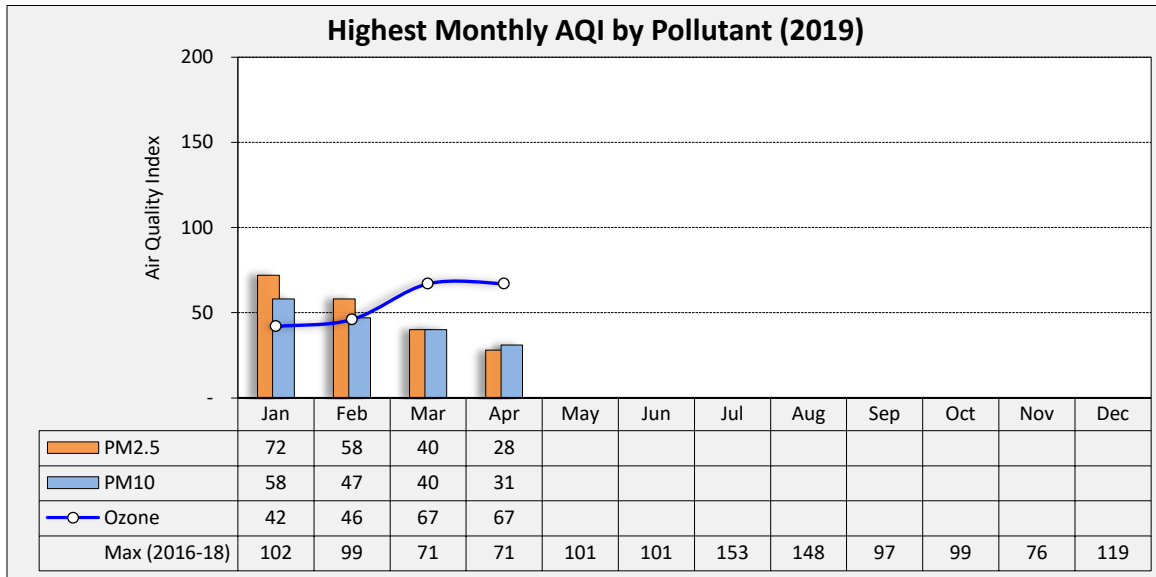
Here is a link (www.unr.edu/nevada-today/blogs/2018/campus-cycling) to a recent online story entitled “Better Biking Around Campus”. It describes two projects that provide transportation options around the UNR campus. Projects like these take cars off the road and improve our quality of life.



Daniel K. Inouye, Acting Director
Air Quality Management Division

2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. The first chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The second chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note the ambient air monitoring data are neither fully verified nor validated and should be considered PRELIMINARY. As such, the data should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the most recent ambient air monitoring data, visit OurCleanAir.com.

3. Program Reports

a. Monitoring and Planning

April Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of April.

Smart Trips 2 Work (ST2W): Motor vehicles are the largest category of ozone precursors in Washoe County. RTC developed our local Smart Trips program in the 1990's. RTC is in the process of modernizing it to meet the current and future needs of our community. ST2W is a resource for businesses of all sizes to reduce the number of single occupant vehicles (SOV's) during the morning and afternoon commute periods. The primary requirement for smaller businesses will be to provide their employees with information about alternatives to driving alone. Larger businesses will be able to choose from a menu of options that includes carpool parking and compressed work week programs. Reducing SOV's reduces number of vehicle trips and vehicle miles traveled (VMT). ST2W has multiple benefits including:

- Improving air quality, especially ozone,
- Reducing traffic congestion,
- Reducing greenhouse gas (GHG) emissions, and
- Managing existing traffic congestion which may reduce or delay the need for major transportation infrastructure improvements.

ST2W is designed to satisfy Employee Trip Reduction (ETR) requirements should jurisdictions choose to have this added as a condition for land development projects. The City of Reno has recently required a ST2W program for the Northern Nevada Sierra Medical Center. This project, located at Longley and Double R, will employ over 1,200 people and generate thousands of vehicle trips. The cumulative benefits of a community-wide Smart Trips program will help drive us towards a Healthy Community.



Daniel K. Inouye
Acting Division Director

a. Permitting and Enforcement

Staff reviewed fifty (50) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In April 2019, Staff conducted seventy (70) stationary source inspections; five (5) initial compliance inspections; and twenty (20) gasoline station inspections with two (2) initial compliance inspections. Staff was also assigned fifteen (15) new asbestos abatement projects, overseeing the removal of approximately 25,000 square feet of asbestos-containing materials. Staff received seven (7) new building demolition projects to monitor. Further, there were fifteen (15) new construction/dust projects to monitor, totaling 162 new acres of land being worked for various projects. Staff performed forty-two (42) construction site inspections. Each asbestos, demolition and construction notification project is monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to nineteen (19) complaints.

Type of Permit	2019		2018	
	April	YTD	April	Annual Total
Renewal of Existing Air Permits	96	366	92	1064
New Authorities to Construct	5	20	5	50
Dust Control Permits	15 (162 acres)	59 (738 acres)	11 (142 acres)	279 (3129 acres)
Wood Stove (WS) Certificates	43	123	28	403
WS Dealers Affidavit of Sale	17 (9 replacements)	26 (17 replacements)	2 (2 replacements)	84 (55 replacements)
WS Notice of Exemptions	749 (5 stoves removed)	2312 (23 stoves removed)	719 (13 stoves removed)	8334 (87 stoves removed)
Asbestos Assessments	102	385	84	1129
Asbestos Demo and Removal (NESHAP)	22	90	25	309

COMPLAINTS	2019		2018	
	April	YTD	April	Annual Total
Asbestos	0	4	1	16
Burning	1	3	0	11
Construction Dust	7	19	7	58
Dust Control Permit	0	1	0	2
General Dust	5	10	4	56
Diesel Idling	0	1	1	2
Odor	1	4	3	17
Spray Painting	3	3	0	6
Permit to Operate	2	3	0	4
Woodstove	0	2	0	6
TOTAL	19	50	16	178
NOV's	April	YTD	April	Annual Total
Warnings	1	3	3	16
Citations	1	2	0	13
TOTAL	2	5	3	29

*Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf
 Chief, Permitting and Enforcement

DD	SK
DHO	KD

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: May 23, 2019**

DATE: May 10, 2019
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
775-328-6159; skutz@washoecounty.us
SUBJECT: Divisional Update – Teen Pregnancy Prevention Month; Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, and Women Infants and Children

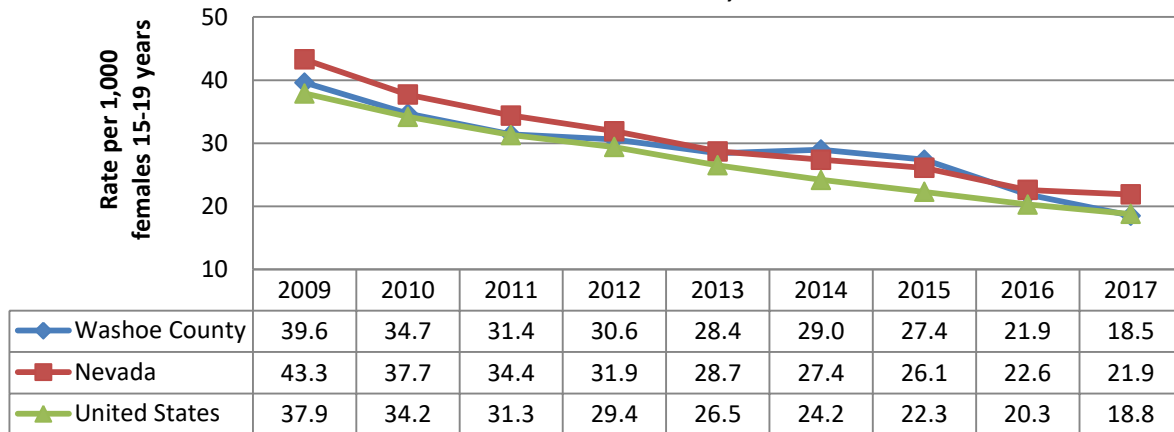
1. Divisional Update

a. May is National Teen Pregnancy Prevention Month



According to The National Campaign to Prevent Teen and Unintended Pregnancy there has been a steep decline of 67% in the teen pregnancy rate in the United States since 1991. Likewise, Nevada has also seen a significant decrease in both the teen pregnancy and teen birth rate. The teen birth rate in Nevada declined 71% between 1991 and 2017 and the teen pregnancy rate from 1998 to 2013 (the most recent data available) declined 66%. Following the state and national trends, Washoe County has also experienced a decline in the teen birth rate.

Fig. 5 Teen Birth Rate Females 15-19 years, Washoe County, Nevada, and the United States, 2009-2016



This downward trend in the teen pregnancy rate leaves a positive impact on the teens themselves as well as the communities they live in. The National Campaign to Prevent Teen and Unintended Pregnancy reports preventing teen pregnancy reduces poverty, improves a teens lifelong income, increases the graduation rate, improves health and child welfare, supports responsible fatherhood, and reduces other risky behaviors. Additionally, in 2015 it is estimated that the state of Nevada saved \$29 million due to the falling teen birth rate.

The reasons for the drop in the teen pregnancy rates are multifactorial and include increased access to contraception, and less risky sexual behavior by teens. According to the 2017 Nevada High School Youth Risk Behavior Report (YRBS) 36.8 % of those surveyed had ever had sex and 25.8% of those surveyed were sexually active (sexual activity in the 3 months prior to survey). This compares to 2015 when 38.5% reported ever having sex and 25.8% who were sexually active. Increased access to birth control is also reflected in the YRBS survey. In 2017 83.2% of teens surveyed reported use of some form of contraception at their last sexual encounter. This is a decrease from 2015 when 87.6% of teens surveyed reported the use of some form of contraception at their last sexual encounter.

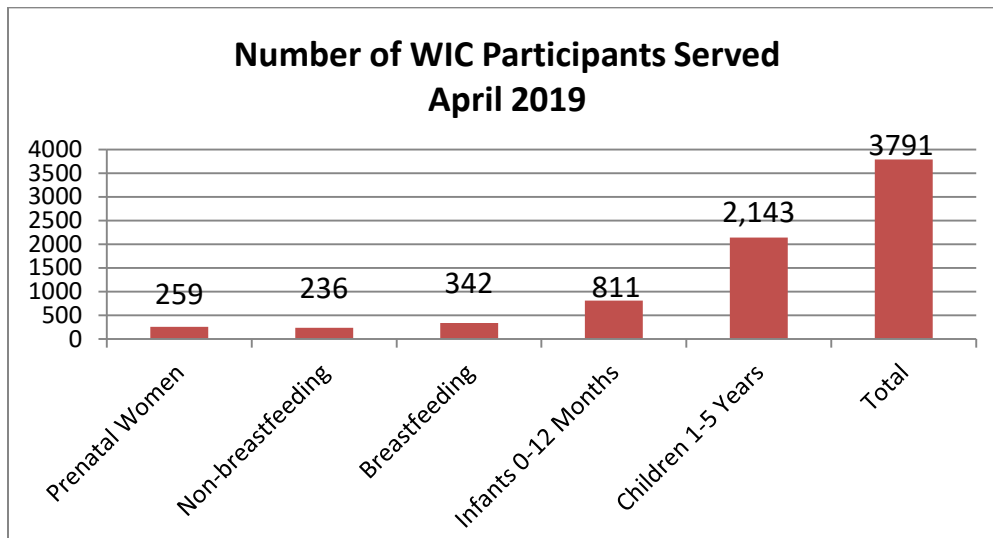
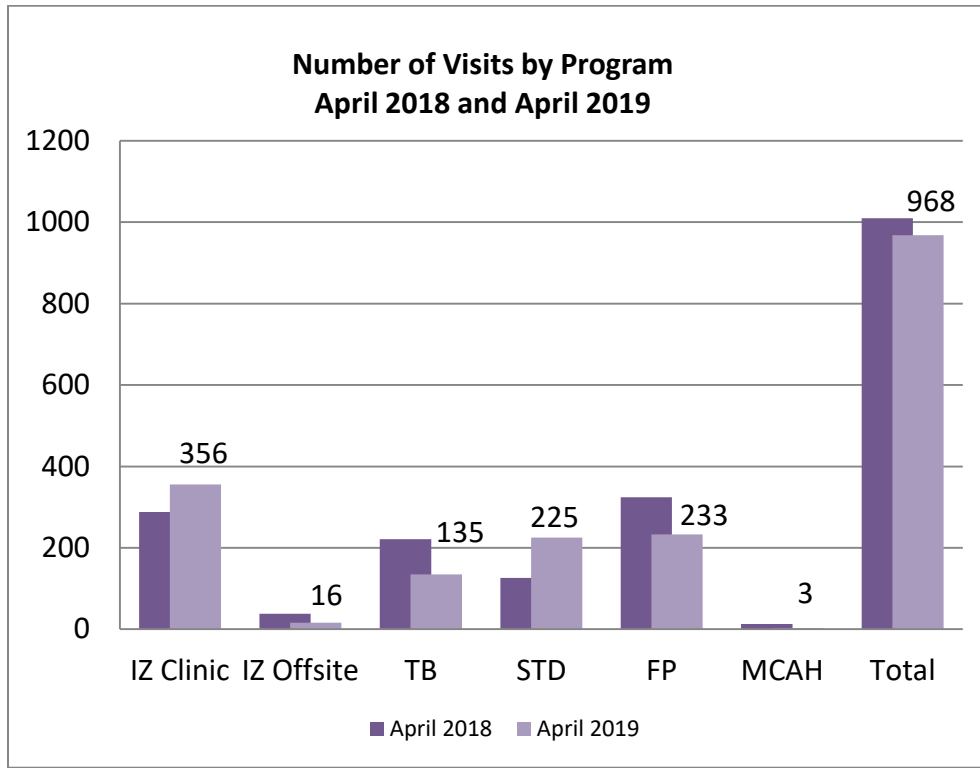
While the teen birth rate continues to decrease, there are still areas for improvement to ensure the trend continues in both the teen birth and teen pregnancy rate. As of 2017 (latest year for which data is available), Nevada ranks 33 out of 50 states for the teen birth rate and 41 out of 50 states

for the teen pregnancy rate. In Nevada, the majority of teen births are to older teens (18-19 year olds). However, the repeat teen birth rate in Nevada remains a challenge. It is estimated that 17% of the teen births were to teens who already had a child. Access to confidential services for sexual and reproductive health for teens also remains a barrier. Confidentiality concerns are a significant issue to teens with 1 in 5 teens aged 15-17 reporting that they would not seek sexual and reproductive health care because of concerns that their parents may find out. In one survey, only 22% of teens aged 15-17 years old with confidentiality concerns had received contraceptive services in the prior year.

CCHS, specifically the Family Planning Clinic, Teen Health Mall, and Sexual Health Program, continue to strive to provide teens with education and access to confidential services to promote sexual and reproductive health. In collaboration with the Sexuality, Health, and Responsibility Education (SHARE) program, students at Sparks High School, Wooster High School, and Reno High School are given presentations regarding birth control, pregnancy options, and sexual health using the SHARE curriculum.

As a federally funded family planning clinic the provision of confidential services is key to the continued decline in the teen pregnancy rate. Although services are confidential, family involvement is always encouraged. It is estimated that the teen pregnancy rate would have been 73% higher without federally funded family planning programs. CCHS' Sexual Health Program (Family Planning, HIV and STD) provides integrated services that support healthy community outcomes including teen pregnancy prevention.

b. Data/Metrics



Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Amy Rhoades starts as a Public Service Intern on May 13, 2019. She will be completing her Master of Public Health (MPH) 200 hour internship with the Sexual Health program. The goal of her project is to educate community providers about syphilis and congenital syphilis to improve testing and treatment procedures in Washoe County.

HIV Surveillance and STD participated in a state site visit to review program activities, fiscal compliance, and data security on May 7, 2019. Staff will participate in a statewide CDC site visit for HIV Surveillance and HIV Prevention May 13-16, 2019.

- b. **Immunizations** –Staff participated in the Community Baby Fair event at Meadowood Mall on April 27, 2019 to celebrate National Infant Immunization Week, in partnership with Immunize Nevada. Staff administered 29 doses of vaccine to 16 participants at this event.
- c. **Tuberculosis (TB) Prevention and Control Program** – There was one new active TB case in April, requiring a complex investigation. Additionally, TB clinic nurses have been working with multiple agencies in attempt to locate a gentleman from out of state that needs ongoing treatment for active TB. Staff also just completed an urgent evaluation of a family who returned from long-term travel abroad that were in close contact with an active case.
- d. **Family Planning/Teen Health Mall** – See Divisional Update. In addition, staff will participate in a Women's Health Connection site visit on May 28, 2019.
- e. **Chronic Disease Prevention Program (CDPP)** – Staff presented and offered technical assistance to Community Health Alliance (CHA) who is working towards implementing a tobacco free campus policy. This is important as it protects its staff and clients from second hand smoke exposure while encouraging a smoke/tobacco free lifestyle. As CHA serves low income populations which have a higher burden of tobacco use and exposure, this is a positive change for the organization and our community. Staff has significant experience assisting other agencies implement tobacco free campuses and looks forward to the day when the Washoe County Complex becomes a tobacco and vape free campus.

Staff contributed to Bike Month planning, including proclamations and a promotional video.

Staff has been collaborating with community partners to put on free park events to encourage physical activity and nutritious eating. CDPP will be co-hosting two events:

- i. Family Night out at Pat Baker Park, 5/31, 5:30-7:30pm
- ii. Summer Reading Blast Off Party at Ardmore Park, 6/14, 4:00-6:00pm

- f. **Maternal, Child and Adolescent Health (MCAH)** – The Fetal Infant Mortality Review (FIMR) program received multi-year data from the Nevada Department of Health and Human Services Office of Analytics to be used for a multi-year summary. Nursing staff continue to abstract data from local hospitals, private physicians and Vital Statistics for fetal and infant deaths.

Nursing staff provided a group Cribs for Kids safe sleep training with Pack and Play portable crib distribution for three participants, in continued collaboration with our WIC program.

- g. **Women, Infants and Children (WIC)** – Three staff attended a four day Certified Lactation Educator (CLE) training May 21-24. This training is an in-depth course that provides best practices for staff to educate and guide clients through the breast feeding experience.

DD	CA
DHO	KD

**Environmental Health Services
Division Director Staff Report
Board Meeting Date: May 23, 2019**

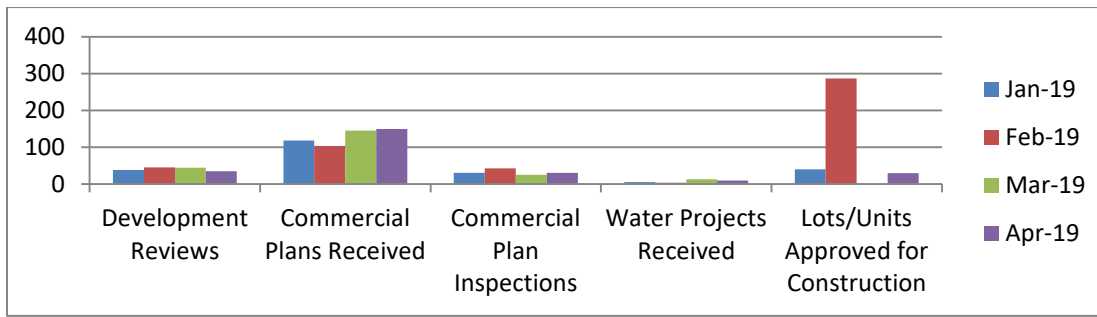
DATE: May 10, 2019
TO: District Board of Health
FROM: Charlene Albee, Acting Division Director
 775-328-2644; calbee@washoecounty.us
SUBJECT: Environmental Health Services (EHS) Division Program Updates – Community Development, Epidemiology, Food, Invasive Body Decoration (IBD), Land Development, Safe Drinking Water, Training, Vector and Waste Management, and Inspections.

Program Updates

Community Development

- The following table details the specific number of plans per program, inspections and the number of lots or units that were approved for construction within Washoe County:

Community Development	JAN 2019	FEB 2019	MAR 2019	APR 2019	2019 YTD	2018 TOTAL
Development Reviews	38	45	44	35	162	436
Commercial Plans Received	118	103	145	149	515	1,272
Commercial Plan Inspections	30	42	25	30	127	339
Water Projects Received	5	3	13	9	30	224
Lots/Units Approved for Construction	40	287	0	29	356	5,067



Epidemiology

- EHS Epidemiology Program staff worked with Communicable Disease (CD) Program staff on an outbreak of gastrointestinal illness (GII) at a local childcare in April. There were 20 cases reported to EHS on April 3, 2019. After a list was provided on April 5, staff from EHS started

making calls to collect samples. Over the next week, six sample kits were delivered and on April 10, a positive result for Norovirus GII was reported by the Nevada State Public Health Lab (NSPHL). The facility and patient were advised by EHS staff of the findings and provided with instructions to control illness. A second positive result for Norovirus GII was reported by NSPHL on April 19. The outbreak was over by April 22. Out of a census of 269 there were 33 cases reported in children and 18 reported in staff. It was only the second outbreak in childcare facilities to date in 2019 and in both cases EHS was able to collect samples and have the causative agent identified early on.



Food

- Sixteen staff members attended the Nevada Food Safety Task Force – Nevada Environmental Health Association Conference held in Reno on April 23-24. The conference provided the opportunity for participants to learn about new food safety and environmental health concerns. Attendees included representatives from the food safety industry, food establishment operators and regulatory agencies in the state of Nevada. Funding for staff participation in the conference was provided by an FDA and Association of Food and Drug Officials (AFDO) grant. Participation in food safety task force activities and conferences meets the criteria of Standard 7 - Industry and Community Relations and Standard 2 –Trained Regulatory Staff.
- Two staff members successfully completed field standardization training using the FDA Standardization Procedures. The standardization procedures evaluate the inspector's abilities to apply food safety knowledge and skills, ensuring staff is conducting risk-based inspections and obtaining corrective actions for risk factors that will directly contribute to foodborne illness. Field Standardization of staff conducting food establishment inspection meets the criteria of Standard 2 – Trained Regulatory Staff.
- **Special Events** – The first major outdoor events of the year typically occur in April with Earth Day being the largest; however, Earth Day was significantly downsized this year resulting in decreased April inspection totals when compared to previous years. Several other small events took place in April to kick-off the special event season. Cinco de Mayo and the Reno River Festival are two large events scheduled to occur during May.

Invasive Body Decoration (IBD)

- The 17th Annual Lady Luck Tattoo Expo took place during April at the Circus Circus Hotel & Casino. Staff performed a total of 76 temporary IBD inspections over the course of the event. Inspection staff from the State of Nevada shadowed EHS staff during the event to gain experience as these types of events are less common in the State jurisdiction.

Land Development

- Septic Plan submittals through May 1, 2019, were 256 versus 246 for 2018. Currently the team is receiving submittals on many difficult parcels as the housing boom and search for buildable land in Washoe County continues.
- Inspections are back in full swing as the weather warms. Issues continue with contractors who are either new to the area or are unfamiliar with septic system procedures in Washoe County. Program staff is working to educate and resolve issues in the field.

Land Development	JAN 2019	FEB 2019	MAR 2019	APR 2019	2019 YTD	2018 TOTAL
Plans Received (Residential/Septic)	85	43	80	85	293	890
Residential Septic/Well Inspections	71	20	77	100	268	987
Well Permits	11	3	4	4	22	108

Safe Drinking Water

- Over the first quarter, no sanitary surveys were conducted as the team focused its efforts on other duties. The goal for the next two months is to complete 80% or more of required sanitary surveys, including report issuance. Resources have been relieved in other areas to accommodate this priority.
- The team is undertaking several internal projects to improve the function of the group. These projects include training of clerical staff to expand their role, cleanup of the server, developing handouts for customers to facilitate requirements, and cleaning up old, unresolved database issues.

Training

- EHS welcomed a new intermittent staff member who already has a Registered Environmental Health Specialist (REHS) certificate. Staff set up a schedule of orientation and accompanied the intermittent inspector who has already helped out in the Schools Inspection Program and will be assisting with Pool and Spa openings.

Vector-Borne Diseases

- The program will conduct their second aerial larviciding application on May 23, 2019, at the Stead airport beginning at 6:00am. The product being used is Vectolex FG, which is a granular formulation of larvicides that uses the bacteria *Bacillus sphaericus* for residual control of mosquito larvae. This product provides extended control of all *Culex* species. It is particularly effective in controlling mosquito larvae in waters high in organic matter such as catch basins, animal waste lagoons, and stagnant ponds. The *Culex* species of mosquitoes is known for carrying West Nile Virus (WNV), a mosquito-borne infection that can be fatal to humans, equines, and avians, among others. WNV was first introduced to the United States in 1999 and is rapidly spreading across the country. Urban catch basins are prime breeding sites for mosquitoes, especially those identified as WNV carriers.
- Four new college interns were hired, in addition to one returning intern, for the 2019 vector season. On May 20, all five officially start. The paid internships are seasonal (7 months), with 40 hours weekly during the summer (June, July and August), and shorter hours in April, May, September and October. Interns assist with mosquito and plague prevention programs to include applying control products for mosquito and flea control; sampling wetlands, ditches, storm drains and other areas for mosquito larvae; mapping areas for helicopter applications; and operating handheld GIS devices to track applications. Additional field and laboratory work conducted by interns include setting CO₂ mosquito traps, identification of mosquitoes to species level and submitting to state lab for viral testing. The Vector-Borne Disease Program (VBDP) annually relies on interns to treat over 20,000 catch basins in Washoe County. It is an advantageous partnership for the interns who have the potential to rehire each season until completion of their college or university degree. The interns get real world Integrated Pest Management (IPM) experience and the VBDP gets the resources needed to operate a comprehensive IPM.
- The VBDP is conducting droplet testing on all the program's mosquito foggers. Droplet sizes of mosquito repellants in natural state and after dispersion from a fogger may differ substantially. Different products are suited for different spray or fogging applications, and each of our sprayers can produce either large or smaller particles. It is important to calibrate and droplet test our fogging equipment to determine the most effective size for particles to terminate different types of insects and pests. Spray particles are measured in microns. For example, the

human hair is approximately 70 microns, aerosol spray 50 microns, ultra-low volume fogger 20 microns and thermal foggers at 5 microns. As mosquitoes are pretty small insects, adulticides need to be sprayed into tiny particles. The most effective particle size to conquer a mosquito problem is from 5-30 microns. This droplet size eliminates the majority of mosquito breeds.

- Lastly, VBDDP is planning to vacate the office space located at 405 Western Road, Building D, Units 4, 5 & 6. The Warehouse space in Building A, Units 15, 20 & 23 will be entering into a new agreement under a new lease renewal term.

Waste Management

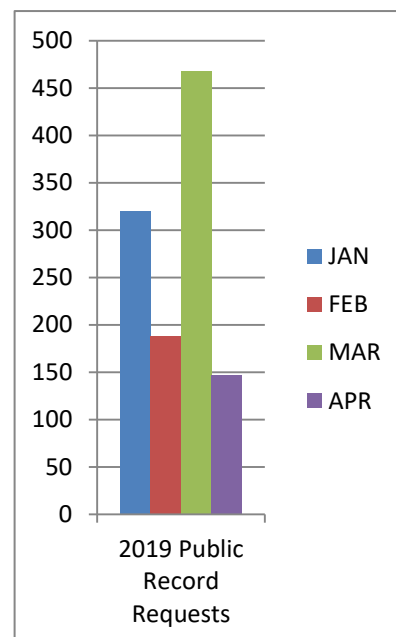
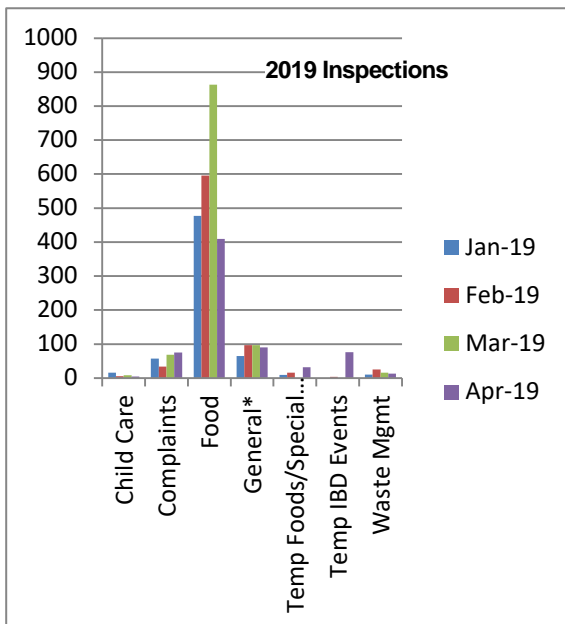
- EHS partnered with Keep Truckee Meadows Beautiful (KTMB) for the Great Community Cleanup that occurred on Saturday, April 27, 2019.
- The Washoe County 2018 recycle report was submitted a week ahead of schedule and was accepted by NDEP.
- EHS continues to see an increase in illegal dumping complaints as the weather improves.



EHS 2019 Inspections

	JAN 2019	FEB 2018	MAR 2018	APR 2018	2019 YTD	2018 TOTAL
Child Care	16	6	8	5	35	116
Complaints	57	34	69	75	235	756
Food	477	596	863	409	2,345	5,810
General*	65	97	97	90	349	2,254
Temporary Foods/Special Events	9	16	17	32	74	1,630
Temporary IBD Events	0	4	0	76	80	99
Waste Management	10	25	16	13	64	141
TOTAL	634	778	1,070	700	3,182	10,806
EHS Public Record Requests	320	188	468	147	1,173	2,001

* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.



**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: May 23, 2019**

DATE: May 10, 2019
TO: District Board of Health
FROM: Randall Todd, DrPH, EPHP Director
775-328-2443, rtodd@washoecounty.us
SUBJECT: Program Updates for Communicable Disease, Outbreaks, Measles, Invasive Pneumococcal Disease, Seasonal Influenza Surveillance, PHP Program, Inter-Hospital Coordinating Council, Chemical Response Training, Medical Reserve Corps, Emergency Medical Services, Mass Gatherings, EMS Strategic Planning Initiatives, Mutual Aid Evacuation Agreement (MAEA) Plan Update, Trainings, and REMSA Response Data

Communicable Disease (CD)

Outbreaks – Since the last District Board of Health meeting in April, the Communicable Disease (CD) Program has opened one outbreak investigation for gastrointestinal (GI) illness in a daycare. The outbreak was quickly closed due to repairs being done to the facility. A total of 5 cases were reported.

Measles - From January 1 to May 3, 2019, 764 individual cases of measles have been confirmed in 23 states. This is the greatest number of cases reported in the U.S. since 1994 and since 2000 when it was declared eliminated in the U.S. States that have reported cases to CDC are Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Missouri, Nevada, New Hampshire, New Jersey, New York, Oregon, Pennsylvania, Texas, Tennessee, and Washington.

The CD Program has investigated a total of 10 suspect measles cases so far this year. All have been ruled out for measles after testing was completed. At this time there have not been any confirmed cases of measles in Washoe County for 2019.

Seasonal Influenza Surveillance – For the week ending April 27, 2019 (CDC Week 17) twelve participating sentinel providers reported a total of 111 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the twelve providers was 1.6% (111/6794) which is below the regional baseline of 2.3%. By age group, ILI activity was highest among 0-4 years (8.0%) and lowest among 25-49 years (0.7%). During the previous week (CDC Week 16), the percentage of visits to

U.S. sentinel providers due to ILI was 2.1% which is below the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 0.8% to 3.2%.

Five death certificates were received for week 17 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 17 was 92. This reflects a P&I ratio of 5.4%. The total P&I deaths registered to date in Washoe County for the 2018-2019 influenza surveillance season is 186. This reflects an overall P&I ratio of 6.1% (186/3056).

Public Health Preparedness (PHP)

Inter-Hospital Coordinating Council – The Inter-Hospital Coordinating Council conducted a community-wide alternate care exercise (ACS) April 25-May 3. The exercise started with a tabletop exercise, testing the ACS evaluation committee, followed by the activation of a Joint Information Center. This led into four days of training and setup of the mobile medical facility, concluding with a full-scale exercise. The region worked together and tear down of the three facilities took one day. Training was facilitated by REMSA for the regional hospitals and CERT.

Regional partners included Northern Nevada Medical Center, REMSA, Reno Fire Department, Renown Regional Medical Center, and Saint Mary's Regional Medical Center for participation in the full-scale exercise on May 2. The implementation of three ACSs was unique to each healthcare facility and an inter-facility transport capability. The exercise was supported by WCHD staff, CERT, volunteers from UNR, Image Perspectives and two DBOH board members participating as patients. The EMS Coordinator worked with healthcare PIOs to post media advisories and press releases on WebEOC as well as conducted a mock press conference at the Regional Emergency Operations Center.

The purpose of the exercise was to evaluate the WCHD Alternate Care Site draft Plan. Revisions to the plan will be made and the plan will be presented to the DBOH in June for approval as an annex to the Mutual Aid Evacuation Annex.



-Renown Alternate Care Site Exercise Operations 5-2-19

Point of Dispensing Operations - On April 25 the PHEP PHERC met with the Reno-Sparks Indian Colony for the bi-yearly Emergency Planning, Training and Exercise Workgroup and discussed expanding the coordination between the Health District and the Indian Colony for the fall POD exercises.

Medical Reserve Corps – WCHD staff continue to collaborate with the Washoe County Emergency Management & Homeland Security Program to coordinate the development of a Regional Volunteer and Donations Management Plan. The Plan will provide a framework by which our region will be better prepared for the processing and management of spontaneous volunteers and donations efforts during times of disasters.

Emergency Medical Service (EMS)

Mass Gatherings – Staff continue to review special event permits and provide recommendations for medical coverage based on the DBOH approved mass gathering mitigation EMS Flow Chart algorithm.

EMS Strategic Plan Initiatives – The District Health Officer approved a REMSA request to use penalty fund monies for the purchase of the Right Dose phone application. This phone application will link to the current medications and approved doses outlined within the Washoe County EMS Protocols and allow providers to enter a patient weight to calculation the “right dose” of medication. The new tool was discussed at the protocols tasks force meeting on May 8.

Mutual Aid Evacuation Agreement (MAEA) Plan Update – The revisions to the Mutual Aid Evacuation Agreement (MAEA) are complete and will be presented to the Board in June 2019. All community partners, from EMS to healthcare agencies, had an important role in the process and provided valuable input and suggestions.

Trainings – On April 26, EMS staff had an opportunity to observe a REMSA, Reno Police Department and Reno Fire Department joint active assailant training. The training involved first responders arriving at an active scene on the Nevada Army National Guard base. Rescue task force teams entered the scene to eliminate the threat, set up treatment areas and care for patients involved in the incident.

**REMSA Percentage of Compliant Responses
 FY 2018 -2019**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2018	91%	97%	100%	100%	97%	91%
August 2018	90%	96%	93%	N/A	95%	91%
September 2018	92%	96%	97%	100%	97%	92%
October 2018	92%	93%	100%	100%	95%	92%
November 2018	92%	96%	95%	100%	96%	92%
December 2018	91%	88%	95%	100%	90%	91%
January 2019	91%	100%	94%	100%	98%	91%
February 2019	91%	96%	89%	75%	92%	91%
March 2019	90%	88%	100%	100%	91%	91%
April 2019	92%	90%	100%	100%	94%	92%
YTD	91%	94%	96%	94%	94%	91%

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2018	8:45	14:56	14:42	N/A*
August 2018	8:49	13:42	19:07	N/A*
September 2018	8:33	13:50	15:40	17:45
October 2018	8:39	15:31	17:24	N/A*
November 2018	8:36	13:33	17:54	N/A*
December 2018	8:53	16:20	17:24	N/A*
January 2019	8:46	12:21	18:08	N/A*
February 2019	8:45	13:58	20:52	N/A*
March 2019	8:55	16:33	14:38	N/A*
April 2019	8:30	13:50	15:50	N/A*

**There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90th percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

**Office of the District Health Officer
District Health Officer Staff Report
Board Meeting Date: May 23, 2019**

DATE: May 23, 2019
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775-328-2416; kdick@washoecounty.us
SUBJECT: District Health Officer Report - Public Health Accreditation (PHAB), Crisis Standards of Care, Washoe Regional Behavioral Health Policy Board, Community Health Improvement Plan, Workforce Development, TMHC, Silver Syringe Awards, Other Events and Activities and Health District Media Contacts

Public Health Accreditation (PHAB)

We received notification on May 3rd, of items that were re-opened by the PHAB team prior to their site visit. Items that were re-opened can be revised or have additional information added to more fully meet the measure; revisions have to be submitted by May 31st. We have been reviewing all reopened items to determine what we can submit to more fully meet the measure. The PHAB team is back at work to ensure we have our best work presented for review.

Crisis Standards of Care

On April 30, Dr. Todd, Ms. Conti, and I participated along with the Health Officials and representatives from Southern Nevada Health District, Carson City Health and Human Services, and Hospital and Pre-hospital Care Organizations, in a Crisis Standards of Care exercise conducted by the State Division of Public and Behavioral Health in the State Emergency Operations Center in Carson City. The exercise provided an opportunity for discussion of Crisis Standards of Care.

In its 2009 Report, the Institute of Medicine's (IOM) Committee on Guidance for Establishing Standards of Care for Use in Disaster Situations defined crisis standards of care (CSC) to be a “substantial change in the usual health care operations and the level of care it is possible to deliver....justified by specific circumstances and...formally declared by a state government in recognition that crisis operations will in effect for a sustained period” (Institute of Medicine. (2009). Guidance for establishing crisis standards of care for use in disaster situations: A letter report. Washington, DC.; The National Academies Press, p3).

Under Crisis Standards of Care, medical care delivered during disasters shifts beyond focusing on individuals to promoting the thoughtful stewardship of limited resources intended to result in the best possible health outcomes for the population as a whole.

The State Chief Medical Officer, in consultation with the Governor's Office, the Attorney General's Office, local health officials, and Division of Emergency Management (DEM), has the authority to activate the NV CSC Plan and convene the State Disaster Medical Advisory Committee (SDMAC) during a declared emergency. The SDMAC will provide recommendations for the Governor's approval that can include:

- Guidelines for the provision of EMS;
- Primary, secondary, and tertiary triage guidelines for healthcare facilities;
- Expanding scopes of practice for healthcare professionals, as approved by regulatory authorities;
- Priorities for allocation and utilization of scarce medical resources, including space, staff, and supplies; and
- Guidelines for healthcare access points, including hospitals, out-of-hospital facilities, and alternate care sites.

Washoe Regional Behavioral Health Policy Board

The Washoe Regional Behavioral Health Policy Board met on May 6. Mr. Lemus with Washoe County Human Services provided an update on the Crossroads Program and changes being made to further improve the program and assess outcomes. AB66, the Board's Crisis Stabilization Center Bill, was discussed and was scheduled to be heard on May 8 in the Senate Health and Human Services Committee. The Health District is funding a UNR MPH intern to provide support for the Policy Board during the summer semester. She was introduced to the Board.

Community Health Improvement Plan

CHIP implementation has continued as we have met or exceeded the majority of the performance measures outlined in the plan.

Housing/Homelessness - The RAAH Youth homelessness committee continues to meet monthly and has put a substantial amount of work into developing a HUD Youth Demonstration grant application. This is a very competitive national grant so funding is in no way guaranteed, however the application provides the opportunity to compete for much needed federal dollars to reduce youth homelessness in Washoe County. The Director of Programs and Projects continues to be an active participant in the RAAH Leadership Committee which oversees the Continuum of Care activities required to maintain HUD funding currently provided to the community.

Behavioral Health - The CHIP Behavioral Health Committee has continued to monitor legislative items and conducted an update meeting in April in collaboration with the Community Case Manager meeting. Moving forward, we will conduct our quarterly meetings together to improve collaboration and increase efficiency.

Nutrition/Physical Activity - Results from the workplace wellness surveys administered through the Reno- Sparks Chamber, and Washoe County have been distributed and the results have been shared with key stakeholders. The survey feedback is being used to tailor toolkits for workplace wellness and

trainings for ways to implement the workplace aspect of 5210 are being planned. We conducted a “School Garden Groundbreaking” media event on April 26th with kids and parents at Lemmon Valley Elementary school. Councilman Delgado participated in the event. Urban Roots Garden Classrooms, a local non-profit, will be incorporating the 5210 curriculum into their school garden programming to further spread the 5210 message.

Workforce Development

A training on conversational intelligence skills was conducted; four sessions were made available to staff in partnership with Washoe County Human Resources to allow for maximum participation. A customer service training is being scheduled for June. This topic was identified as a priority based on the results of the customer service survey conducted in late February.

TMHC

A Family Health Festival is scheduled on May 20 from 3-6 pm at the Sparks Christian Fellowship. The event will provide free health services, vaccinations, physical activities and food resources to families in the community.

The Regional Strategy for Housing Affordability will be presented to the Truckee Meadows Regional Planning Agency Governing Board on May 23.

Silver Syringe Awards

Steve Kutz, CCHS Division Director, was awarded the Platinum Syringe Award at the 21st Annual Silver Syringe Awards on April 25, 2019, for his vision, leadership and dedication to immunizations. This is a prestigious award that is not presented every year. The Silver Syringe Awards is an annual recognition event of Immunize Nevada.

Other Events and Activities

4/26/19	REMSA Board Meeting
4/30/19	Crisis Standards of Care Exercise
5/2/19	Quarterly EMS Advisory Board Meeting
5/2/19	Monthly Development Meeting with CSD
5/2/19	NV Health Authority Conference Call
5/3/19	NPHA Advocacy Call
5/3/19	Monthly Meeting w/Dave Solaro
5/3/19	UNR School of Community Health Sciences Advisory Board Meeting
5/6/19	Washoe Regional Behavioral Health Policy Board Meeting
5/6/19	Substance Abuse Task Force Meeting
5/7/19	Conversational Intelligence Training
5/8/19	Department Heads Meeting

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5/8/19	AB66 Senate Testimony
5/9/19	Washoe County CCA – Youth Protective Factors Action Group
5/10/19	NPHA Advocacy Call
5/13/19	CCHS Division Director Interviews
5/14/19	Monthly Meeting with DBOH Chair (held with Vice Chair)
5/14/19	TMHC Governance Committee Meeting
5/14/19	NALHO Teleconference
5/16/19	Office 365 Training
5/16/19	UNR MPH Hooding Reception and Ceremony
5/21/19	Meeting with Senator Rosen’s Northern Nevada Director
5/22/19	EMS Award Ceremony at REMSA

Health District Media Contacts: April 2019

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
4/29/2019	KKOH 780 AM - CNN Reno	Jake Parker	Increasing STDs - Howell
4/29/2019	KOLO CH8 - ABC Reno	Terri Russell	Swan Lake Water for Dust Control - Inouye
4/29/2019	KRNV CH4 - NBC Reno	Samantha Smerzniack	Air Quality Awareness Week - Inouye
4/24/2019	KRNV CH4 - NBC Reno	Karsen Buschjost	Food Safety - Franchi, Messinger-Patton, Macaluso
4/24/2019	KTVN CH2 - CBS Reno	Zack Mooney	Food Safety - Franchi
4/24/2019	KKOH 780 AM - CNN Reno	Daniella Soninno	Food Safety - Franchi
4/16/2019	Reno Media Group	Bill Schultz	WashoeEats Mobile App - English, Touhey, Long
4/16/2019	KOLO CH8 - ABC Reno	John Gutag	Mosquitos - Ulibarri
4/16/2019	KRNV CH4 - NBC Reno	Scott Magruder	Mosquitos - Ulibarri
4/15/2019	Noticiero Movi	Temiloluwa Durojaiye	Immunizations - Shore
4/15/2019	KTVN CH2 - CBS Reno	Andi Guevara	Polio - Ulibarri
4/15/2019	KOLO CH8 - ABC Reno	Ben Dietch	WashoeEats - Ulibarri
4/10/2019	KUNR 88.7 FM - NPR Reno	Anh Gray	Public Health Funding - Dick
4/3/2019	KKOH 780 AM - CNN Reno	Daniella Soninno	Mosquitos - Ulibarri
4/3/2019	KOLO CH8 - ABC Reno	Terri Russell	Mosquitos - Ulibarri

Press Releases/Media Advisories/Editorials/Talking Points

4/25/2019	Lemmon Valley Community Garden	Ulibarri
4/22/2019	Health District releases 2018 Annual Reports	Ulibarri
4/15/2019	Health District launches new Mobile App	Ulibarri
4/11/2019	First mosquito abatement	Ulibarri

Social Media Postings**Facebook**

AQMD/CCHS/ODHO	76
EHS	(CCHS 11 EHS 16 ODHO 21 AQM 28)

Twitter

AQMD/CCHS	46
	(AQM 42 CCHS 4)

2019 Legislative Summary

AB/SB	Bill#	Text	Sponsor	Status	Summary	Division	Track/ Monitor	Testify	Support/ Oppose	Evaluation	Hearing	Results	Next Hearing	Results
AB	1	.state.nv.us/App/NELIS/REL/80th/2019/Bill/5885/Overview	Assembly Committee on Natural Resources, Agriculture, and Mining	No further action	Revises provisions governing the adoption of certain regulations by the State Environmental Commission or a local air pollution control board	AQM	Monitor	Yes	Support	removing the requirement to publish proposed actions in the local newspaper once a week for three weeks prior to the public hearing. Publishing in the newspaper has become an antiquated requirement when considering the	4/19/19 In Senate Read first time.	Referred to Committee on Natural Resources. To committee.	5/18/19 No further action allowed	
AB	4	.state.nv.us/App/NELIS/REL/80th/2019/Bill/5889/Overview	Assembly Committee on Government Affairs	Pending	Authorizes cities to create a district for a city fire department	ODHO, EPHP	Track	No	Neutral	Sparks to create a Fire District. This will allow transport options and an additional tax. If enacted and Reno or Sparks establish Fire Protection Districts the interlocal agreement for Regional EMS Oversight might no longer	2/19/19 Assembly Committee on Gov't Affairs	Heard	4/15/19 Assembly Government Affairs	Waiver granted effective: April 12, 2019
AB	19	.state.nv.us/App/NELIS/REL/80th/2019/Bill/5905/Overview	Assembly Committee on Judiciary	Exempt	Revises provisions related to certain temporary and extended orders for protection	ODHO, EPHP	Track	No	Support	establishes priority for service of process of temporary or extended orders for protection, extends the time period that these orders are effective, and increases the penalties for violation of these orders. The bill prohibits the introduction of testimony as to the	4/22/19 Assembly Judiciary	Amended. Referred to Committee on Ways and Means. Exemption	4/23/19 Assembly Ways and Means, from printer	To committee
AB	45	.state.nv.us/App/NELIS/REL/80th/2019/Bill/5945/Overview	Assembly Committee on Judiciary	Approved	Creates the Nevada Threat Analysis Center and the Nevada Threat Analysis Center Advisory Committee in the Investigation Division of	ODHO, EPHP	Track	No	Support	the Nevada Threat Analysis Center in the Investigation Division of the Department of Public Safety to collect information regarding potential threats to public safety, and analyze and provide this information to governmental agencies or a private entity as	5/8/19 In Assembly	To enrollment	5/9/19 Enrolled and delivered to Governor	5/14/19 Approved by the Governor, Chapter 30
AB	47	.state.nv.us/App/NELIS/REL/80th/2019/Bill/5947/Overview	Assembly Committee on Health and Human Services	Exempt	Makes an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services to establish a pilot program	ODHO, EPHP, CCHS	Monitor	Yes	Support	crises response program. This bill is for certain counties: (although not stated in the bill) Elko, Eureka, Humboldt, Lander, Lincoln, Pershing and White Pine Counties (rural behavioral health policy board) The bill	4/22/19 Committee on HHS	Amended. Referred to Committee on Ways and Means. Exemption	4/23/19 From printer	To committee
AB	49	.state.nv.us/App/NELIS/REL/80th/2019/Bill/5949/Overview	Assembly Committee on Health and Human Services	Approved	Revises provisions relating to the monitoring of prescriptions for controlled substances	ODHO, EPHP, CCHS	Track	No	Support	has a direct impact on the Health District. It is making changes to NRS 441A which does deal with the reporting of communicable disease. Communicable disease is reportable to local health authorities. However, the	5/8/19 In Assembly	To enrollment	5/9/19 Enrolled and delivered to Governor	5/14/19 Approved by the Governor, Chapter 31
AB	54	.state.nv.us/App/NELIS/REL/80th/2019/Bill/5954/Overview	Assembly Committee on Growth and Infrastructure	Pending	Repeals certain provisions relating to energy efficiency.	ODHO, AQM,	Track	No	Support	the bill removes outdated provisions of NRS related to energy efficiency. The amended language for the bill allows the Governor's Office of Energy to establish regulations that require improved levels of energy efficiency performance from lightbulbs thereby	5/2019 Senate Growth and Infrastructure	Read third time. Passed. To Assembly.	5/21/19 Senate Growth and Infrastructure	In Assembly. To enrollment

AB 63	state.nv.us/App/NELIS/REL/80th/2019/Bill/5988/Overview	Assembly Committee on Growth and Infrastructure	Approved	Revises provisions governing vehicles.	AQM	Track	No	Support	No fiscal impact as funds will continue to be distributed through the process established in NRS 445B.830	5/8/19 Approved by the Governor	5/9/19 Chapter 16	
AB 66	state.nv.us/App/NELIS/REL/80th/2019/Bill/5991/Overview	Assembly Committee on Health and Human Services	Exempt	Provides for the establishment of crisis stabilization centers in certain counties	ODHO	Monitor	Yes	Support	Revises Behavioral Health Policy Board. It requires NDPBH to establish a center to provide crisis stabilization services in Counties with a population of 100,000 or more. Provides this may be done through contract with provider.	5/8/19 Senate HHS	5/15/19 Senate HHS (WS)	Amend, and do pass as amended
AB 70	state.nv.us/App/NELIS/REL/80th/2019/Bill/6012/Overview	Assembly Committee on Government Affairs	Pending	Revises provisions governing the Open Meeting Law	ODHO	Track	No	Neutral	The amendment removes all provisions from the original bill that would have negatively impacted the Health District. The amended bill extends the retention time for audio recordings of meetings from 1 year to 3 years	5/8/19 Senate Gov't Affairs	5/15/19 Senate Gov't Affairs	Amend, and do pass as amended
AB 71	state.nv.us/App/NELIS/REL/80th/2019/Bill/6014/Overview	Assembly Committee on Government Affairs	Exempt	Makes various changes concerning expenditures related to disasters and emergencies	ODHO, EPHP	Track	No	Neutral	This bill has two aspects for emergency funds and the mechanism to distribute/receive those funds. The first is tribal gov't and second is borrowing from State general fund if emergency fund isn't sufficient	5/10/19 Senate Gov't Affairs (WS)	5/14/19 Senate Gov't Affairs	5/14/19 Referred to Committee on Finance. Exemption effective
AB 73	state.nv.us/App/NELIS/REL/80th/2019/Bill/6016/Overview	Assembly Committee on Taxation	Pending	Provides for additional sources of funding for services and affordable housing for persons who are homeless or indigent	ODHO	Track	No	Support	Revises provisions for affordable housing for individuals who are homeless or indigent through taxes on certain transfers of real property in Counties with a population over 700,000 and through an annual surcharge on sewer service	5/20/19 Senate Revenue and Economic Development	5/21/19 Taken from General File	Placed on Secretary's desk
AB 76	state.nv.us/App/NELIS/REL/80th/2019/Bill/6019/Overview	Assembly Committee on Health and Human Services	Exempt	Revises provisions relating to regional behavioral health policy boards	ODHO	Track	No	Support	Behavioral Health Policy Board's bill. This bill does the following: 1) Adds Lincoln County to the SNBHPB, 2) Grants some leeway for certain board appointments (psychiatrist/psychologist, private/public	5/20/19 Senate HHS	5/21/19 In Assembly	Read third time. Passed, as amended. To Assembly.
AB 85	state.nv.us/App/NELIS/REL/80th/2019/Bill/6041/Overview	Assembly Committee on Health and Human Services	Approved	Revises provisions governing mental health	ODHO, CCHS	Monitor	Yes	Support	Revises chapter 222B regarding involuntary holds (legal 2000). It replaces "person with mental illness" to "person in a mental health crisis" and defines mental health crisis, defines the criteria needed for an individual to be placed on a legal hold (section 4), requires	5/8/19 In Assembly	5/9/19 Enrolled and delivered to Governor	5/15/19 Approved by the Governor. Chapter 66
AB 106	state.nv.us/App/NELIS/REL/80th/2019/Bill/6107/Overview	Assemblywoman Lisa Krasner	Exempt	Makes an appropriation to Crisis Support Services of Nevada.	ODHO	Track	No	Support	The Health District supports funding for additional staffing for the Crisis Call Center for the crucial services they provide.	2/25/19 Ways and Means		Notice of exemption

AB	114	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6131/Overview	Assemblyman John Ellison	Revises provisions governing the prevention of suicide by pupils.	ODHO	Monitor	Yes	Support	<p>THIS BILL REQUIRES THE BOARD OF TRUSTEES OF EACH school district and the governing body of each charter school to submit to the Department of Education certain information concerning: (1) courses of study for pupils in the prevention of suicide; (2) training for teachers and provides for an actuarial study to determine the cost of establishing Medicaid reimbursement rates that are 90% of the Medicare rates. Increased rates would increase access to services. Amendment allows for the state to apply for grants and allotments to reimburse parents requesting annual OK for exemptions, and conflicts with broader public health related NRS. Allows parents to submit religious and medical exemptions that are good for the duration of the child's enrollment.</p>	5/20/19 Senate Education	Read third time. Passed To Assembly.	5/21/19 In Assembly	To enrollment
AB	116	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6137/Overview	Assembly Committee on Health and Human Services	Provides for an actuarial study to determine the cost of revising certain Medicaid reimbursement rates.	ODHO, AHS, CCHS	Track	No	Support	<p>THIS BILL REQUIRES THE BOARD OF TRUSTEES OF EACH school district and the governing body of each charter school to submit to the Department of Education certain information concerning: (1) courses of study for pupils in the prevention of suicide; (2) training for teachers and provides for an actuarial study to determine the cost of establishing Medicaid reimbursement rates that are 90% of the Medicare rates. Increased rates would increase access to services. Amendment allows for the state to apply for grants and allotments to reimburse parents requesting annual OK for exemptions, and conflicts with broader public health related NRS. Allows parents to submit religious and medical exemptions that are good for the duration of the child's enrollment.</p>	4/15/19 Assembly Committee on HHS	Amended. Referred to Committee on Ways and Means. Exemption.	4/16/19 From printer. To Engrossment. Engrossed.	First reprint. To committee.
AB	123	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6167/Overview	Assemblywoman Connie Munk	Revises provisions governing the requirements concerning immunizations of pupils for purposes of enrollment in school.	CCHS	Monitor	Yes	Support	<p>THIS BILL REQUIRES THE BOARD OF TRUSTEES OF EACH school district and the governing body of each charter school to submit to the Department of Education certain information concerning: (1) courses of study for pupils in the prevention of suicide; (2) training for teachers and provides for an actuarial study to determine the cost of establishing Medicaid reimbursement rates that are 90% of the Medicare rates. Increased rates would increase access to services. Amendment allows for the state to apply for grants and allotments to reimburse parents requesting annual OK for exemptions, and conflicts with broader public health related NRS. Allows parents to submit religious and medical exemptions that are good for the duration of the child's enrollment.</p>	4/19/19 In Senate. Referred to Committee on Education	To committee	5/18/19 No further action allowed	
AB	124	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6168/Overview	Assemblywoman Connie Munk	Requires a hospital or independent center for emergency medical care to take certain actions when treating a female victim of sexual assault.	ODHO, EPHP	Track	No	Support	<p>THIS BILL REQUIRES THE BOARD OF TRUSTEES OF EACH school district and the governing body of each charter school to submit to the Department of Education certain information concerning: (1) courses of study for pupils in the prevention of suicide; (2) training for teachers and provides for an actuarial study to determine the cost of establishing Medicaid reimbursement rates that are 90% of the Medicare rates. Increased rates would increase access to services. Amendment allows for the state to apply for grants and allotments to reimburse parents requesting annual OK for exemptions, and conflicts with broader public health related NRS. Allows parents to submit religious and medical exemptions that are good for the duration of the child's enrollment.</p>	5/8/19 In Assembly	To enrollment	5/9/19 Enrolled and delivered to Governor	5/15/19 Approved by the Governor. Chapter 63
AB	129	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6179/Overview	Assemblyman Sprinkle	Requires certain first responders to receive certain training concerning persons with developmental disabilities.	EPHP	Track	Yes	Neutral	<p>THIS BILL REQUIRES THE BOARD OF TRUSTEES OF EACH school district and the governing body of each charter school to submit to the Department of Education certain information concerning: (1) courses of study for pupils in the prevention of suicide; (2) training for teachers and provides for an actuarial study to determine the cost of establishing Medicaid reimbursement rates that are 90% of the Medicare rates. Increased rates would increase access to services. Amendment allows for the state to apply for grants and allotments to reimburse parents requesting annual OK for exemptions, and conflicts with broader public health related NRS. Allows parents to submit religious and medical exemptions that are good for the duration of the child's enrollment.</p>	5/20/19 Senate HHS	Read third time. Passed, as amended. To Assembly.	5/21/19 In Assembly	
AB	133	.state.nv.us/App/NELIS/REL/80th/2019/Subscription/M	Assemblymen McCurdy II, Flores, Carrillo, Brooks, Diaz, Joiner and	Revises provisions governing runaway or homeless youth.	ODHO	Track	No	Support	<p>THIS BILL REQUIRES THE BOARD OF TRUSTEES OF EACH school district and the governing body of each charter school to submit to the Department of Education certain information concerning: (1) courses of study for pupils in the prevention of suicide; (2) training for teachers and provides for an actuarial study to determine the cost of establishing Medicaid reimbursement rates that are 90% of the Medicare rates. Increased rates would increase access to services. Amendment allows for the state to apply for grants and allotments to reimburse parents requesting annual OK for exemptions, and conflicts with broader public health related NRS. Allows parents to submit religious and medical exemptions that are good for the duration of the child's enrollment.</p>	5/10/19 Assembly HHS	Enrolled and delivered to Governor	5/15/19 Approved by the Governor	Chapter 52
AB	141	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6208/Overview	Assemblywoman Hardy, Assemblyman Roberts	Prohibits a pharmacy benefit manager from imposing certain limitations on the conduct of a pharmacist or pharmacy.	ODHO	Track	No	Support	<p>THIS BILL REQUIRES THE BOARD OF TRUSTEES OF EACH school district and the governing body of each charter school to submit to the Department of Education certain information concerning: (1) courses of study for pupils in the prevention of suicide; (2) training for teachers and provides for an actuarial study to determine the cost of establishing Medicaid reimbursement rates that are 90% of the Medicare rates. Increased rates would increase access to services. Amendment allows for the state to apply for grants and allotments to reimburse parents requesting annual OK for exemptions, and conflicts with broader public health related NRS. Allows parents to submit religious and medical exemptions that are good for the duration of the child's enrollment.</p>	5/20/19 From committee. Amend, and do pass as amended	Placed on Second Reading File. Read second time.	5/21/19 From printer. Re-engrossed. Second reprint.	Placed on General File for next legislative day.
AB	153	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6229/Overview	Assemblyman Ozzie Fumo, Alexander Assefi, Assemblywoman Shannon	Revises provisions governing the storage of firearms.	ODHO	Track	No	Support	<p>THIS BILL REQUIRES THE BOARD OF TRUSTEES OF EACH school district and the governing body of each charter school to submit to the Department of Education certain information concerning: (1) courses of study for pupils in the prevention of suicide; (2) training for teachers and provides for an actuarial study to determine the cost of establishing Medicaid reimbursement rates that are 90% of the Medicare rates. Increased rates would increase access to services. Amendment allows for the state to apply for grants and allotments to reimburse parents requesting annual OK for exemptions, and conflicts with broader public health related NRS. Allows parents to submit religious and medical exemptions that are good for the duration of the child's enrollment.</p>	4/24/19 In Senate. Referred to Committee on Judiciary	To committee	5/18/19 No further action allowed	

AB	Bill Number	Assemblyman	Committee	Tracking	Support	Description	5/7/19 Assembly Ways and Means	Read third time, Passed as amended. To Senate	5/8/19 In Senate. Referred to Committee on Judiciary	To committee
AB 157	state.nv.us/App/NELIS/REL/80th/2019/Bill/6243/Overview	Assemblyman John Hambrick, John Ellison, Assemblywoman Jill Tolles	ODHO	Track	No	Provides certain protections and services for victims of human trafficking.	5/7/19 Assembly Ways and Means	Read third time, Passed as amended. To Senate	5/8/19 In Senate. Referred to Committee on Judiciary	To committee
AB 166	state.nv.us/App/NELIS/REL/80th/2019/Bill/6253/Overview	Assemblywoman Jill Tolles	ODHO, CCHS	Monitor	Yes	Revises provisions relating to prostitution	5/13/19 Senate Judiciary	Heard, No Action	5/17/19 Senate Judiciary (WS)	Amend, and do pass as amended
AB 169	state.nv.us/App/NELIS/REL/80th/2019/Bill/6257/Overview	Assemblywoman Moreno, Miller, Axelrod, Thompson, Assemblyman Approved	ODHO, EPHP, CCHS	Track	No	Establishes the Maternal Mortality Review Committee.	5/3/19 Enrolled and delivered to Governor	Approved by the Governor	5/7/19 Chapter 9	
AB 170	state.nv.us/App/NELIS/REL/80th/2019/Bill/6259/Overview	Assemblywoman Ellen Spiegel	CCHS	Track	No	Revises provisions relating to health insurance coverage.	5/8/19 In Assembly. Senate Amendment No. 655 concurred in	To enrollment	5/9/19 Enrolled and delivered to Governor	5/15/19 Approved by the Governor. Chapter 61
AB 174	state.nv.us/App/NELIS/REL/80th/2019/Bill/6275/Overview	Assemblywoman Tyrone Thompson, Assemblywoman Bea Duran, Assemblyman Pending	ODHO	Track	No	Establishes the Nevada Interagency Advisory Council on Homelessness to Housing.	5/20/19 Senate Govt Affairs	Read second time, Amended. To Printer	5/21/19 From printer. Re-engrossed. Second reprint.	Read third time. Passed, as amended. To Assembly.
AB 175	state.nv.us/App/NELIS/REL/80th/2019/Bill/6278/Overview	Assemblywoman Sarah Peters	EHS	Monitor	Yes	Revises provisions governing environmental health specialists.	5/16/19 Senate Commerce and Labor	Placed on General File for next legislative day.	5/20/19 Senate Commerce and Labor	Taken from General file. Placed on Secretary's desk
AB 176	state.nv.us/App/NELIS/REL/80th/2019/Bill/6279/Overview	Assemblyman Steve Yeager, Senator Nicole Cannizzaro	ODHO, CCHS	Track	No	Enacts the Sexual Assault Survivors' Bill of Rights.	4/22/19 Amend, and do pass as amended.	Amended. Referred to Committee on Ways and Means. Exemption	4/23/19 From printer. To Engrossment	Engrossed. First reprint. To committee.
AB 185	state.nv.us/App/NELIS/REL/80th/2019/Bill/6288/Overview	Assemblywoman Ellen Spiegel, Assemblywoman Shannon Bilbray-	ODHO, CCHS	Track	No	Revises provisions relating to insurance coverage of prescription drugs.	4/22/19 Assembly Commerce and Labor	Amended. Referred to Committee	4/23/19 Assembly Ways and Means, from printer	Engrossed. First reprint. To committee

AB 191	https://www.legis.nv.gov/legislation/assembly/bills/2019/Bill/6294/ Overview	ASSEMBLYMAN Al Kramer, Assemblywoman Robin Titus, Senator Joseph Hardy	Exempt	Makes an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services to award grants to provide Mobile Health Units.	ODHO	Track	No	Support	Provides \$1.1 million appropriation per annum for the biennium to be used to provide funds to Counties with population of less than 100,000 to provide Mobile Outreach Safety Team services. The appropriation is not included in the executive budget. This would be included in the executive budget.	2/25/19 Assembly Ways and Means	Notice of exemption	Placed on General File for next legislative day.	
AB 205	https://www.legis.nv.gov/legislation/assembly/bills/2019/Bill/6320/ Overview	Assemblywoman Michelle Gorelow	Pending	Makes various changes concerning pest management in public schools.	EHS	Track	No	Neutral	changes concerning pest management in public schools. Schools would be required to have new policies, including a procedure for monitoring the property of the district to determine when pests or weeds are present	5/20/19 Senate Education	Read second time.	5/21/19 Taken from General File	
AB 206	https://www.legis.nv.gov/legislation/assembly/bills/2019/Bill/6321/ Overview	Assemblyman William McCurdy	Pending	Revises provisions relating to emergency management.	EHPH	Track	No	Neutral	This bill relates to the Division of Emergency Management and the plans they are responsible for writing, tracking and reviewing.	5/20/19 Senate Govt Affairs	Read third time. Passed. To Assembly.	5/21/19 In Assembly	To enrollment
AB 212	https://www.legis.nv.gov/legislation/assembly/bills/2019/Bill/6329/ Overview	Assemblywoman Alexis Hansen	Pending	Revises provisions governing the confidentiality of personal information of certain persons.	ODHO	Track	No	Neutral	Enforcement of public health regulations can be considered tasks related to code enforcement.	5/20/19 Senate Govt Affairs	Read third time. Passed. To Assembly.	5/21/19 In Assembly	To enrollment
AB 223	https://www.legis.nv.gov/legislation/assembly/bills/2019/Bill/6387/ Overview	Assemblywoman Dina Neal	Exempt	Requires the Department of Health and Human Services to seek a federal waiver to allow certain dental care for persons with diabetes to be	ODHO, CCHS	Track	No	Neutral	Acquires DHR to apply for a waiver to provide Medicaid coverage for dental care for persons 21 and older with diabetes. Appropriates \$7 million each year of the biennium. This is a significant appropriation and it is uncertain that this is the best use of DHR amendment removes an language related to the tablet solution for OBD testing and pre-1996 vehicle exemption from tailpipe testing. Amended bill no longer has any impact on emissions or AQM State Implementation Plans. The bill is supported with the	4/23/19 Assembly Ways and Means, from printer	Amended. Referred to Committee on Ways and Means. Exemption	4/23/19 Assembly Ways and Means, from printer	To committee
AB 231	https://www.legis.nv.gov/legislation/assembly/bills/2019/Bill/6405/ Overview	Assemblyman Richard Carillo	Approved	Revises provisions governing automobile emissions.	AQM	Monitor	Yes	Support	Revises provisions governing automobile emissions.	5/8/19 In Assembly	To enrollment	5/9/19 Enrolled and delivered to Governor	5/14/19 Approved by the Governor. Chapter 35.
AB 232	https://www.legis.nv.gov/legislation/assembly/bills/2019/Bill/6408/ Overview	Assemblywoman Suzanne Yeager, Monroe Morano, Benitez	Pending	Makes various changes to provisions governing hospitals.	ODHO	Track	No	Support	psychiatric, rural or critical access hospitals to participate as a provider for Medicare. This could provide additional service resources for members of the community that are Medicare recipients without potential financial burden	5/20/19 Senate HHS	From committee. Amend, and do pass as amended	5/21/19 Senate HHS	Read second time. Amended. To printer
AB 239	https://www.legis.nv.gov/legislation/assembly/bills/2019/Bill/6425/ Overview	Assembly Committee on HHS	Pending	Revises provisions governing prescriptions for controlled substances.	ODHO, CCHS	Track	No	Support	Revises provisions governing prescriptions for controlled substances. It reduces requirements for prescriptions of 30 days or less. It removes consideration of certain	5/20/19 Senate Commerce and Labor	Taken from General file. Placed on General File for next legislative	5/21/19 Senate Commerce and Labor	Read third time. Passed. As amended. To Assembly.

AB	326	state.nv.us/App/NELIS/REL/80th/2019/Bill/6592/Overview	Assemblyman McCurdy, Wheeler, Fumo, Roberts, Assemblywmm Peters, Senator Exempt	Establishes a program to provide loans to certain operators of grocery stores located in underserved communities.	ODHO	Track	No	Support	develop and carry into effect a program under which a person who operates or wishes to operate a grocery store which is located in or will be located in an underserved community may obtain a loan to finance the	4/17/19 Assembly Government Affairs	Referred to Committee on Ways and Means	4/18/19 From printer. To engrossment. Engrossed.	First reprint. To committee.
AB	331	state.nv.us/App/NELIS/REL/80th/2019/Bill/6614/Overview	Assemblyman Yager Exempt	Creates the Outdoor Education and Recreation Grant Program	ODHO, CCHS	Track	No	Support	Creates an outdoor education and recreation grant program that would focus resources on youth and programs that target engaging economically disadvantaged communities or students struggling academically. There is no fiscal note on this bill because there is no	4/22/19 Assembly Natural Resources, Agriculture and Mining	Amend, and do pass as amended. Exemption effective. Referred to	4/23/19 Assembly Ways and Means, from printer	To committee
AB	340	state.nv.us/App/NELIS/REL/80th/2019/Bill/6632/Overview	Assemblyman Hambriek, Wheeler, Assemblywmm Titus Pending	Makes various changes concerning the acquisition and use of opioid antagonists by schools.	ODHO, CCHS	Track	No	Support	Focuses opioid antagonists to the existing law allowing schools to obtain, possess and administer epinephrine. This bill allows opioid antagonists to be prescribed to a public or private school, and allows public and private schools to possess and administer opioid	5/20/19 Senate HHS	Amend, and do pass as amended. Placed on Second Reading file.	5/21/19 From printer. Engrossed. First reprint.	Taken from General file. Placed on General File for next legislative
AB	353	state.nv.us/App/NELIS/REL/80th/2019/Bill/6657/Overview	Assemblywmm Swank Pending	Revises provisions governing the disposition of certain types of materials and waste produced by certain governmental entities.	ODHO, EHS	Track	No	Neutral	Revises provisions governing the disposition of certain types of materials and waste produced by certain governmental entities. This bill is related to recycling and, if adopted, it would require certain governmental entities to recycle certain additional products and waste unless they determine the cost is unreasonable. It excludes construction and demolition wastes	5/20/19 Senate HHS	Taken from General file. Placed on General File for next legislative	5/21/19 From printer. To engrossment. Engrossed.	First reprint. To committee.
AB	358	state.nv.us/App/NELIS/REL/80th/2019/Bill/6673/Overview	Assemblyman Haften, Kramer, Leavitt, Assemblywmm Titus Pending	Makes certain changes to attract medical professionals to practice in Nevada.	ODHO	Track	No	Support	Provides for education loan repayment assistance for healthcare practitioners practicing in rural Nevada. Appropriates \$21 million over the biennium for Graduate Medical Education Grants. Intended to increase access to healthcare by incentivizing	4/22/19 Assembly Education	Notice of eligibility for exemption. Amended.	4/23/19 From printer. To engrossment. Engrossed.	First reprint. To committee.
AB	367	state.nv.us/App/NELIS/REL/80th/2019/Bill/6689/Overview	Assemblyman Yeager, Assemblywmm Krasner, Munk, Senator Pickard Pending	Revises provisions governing persons affected by addictive disorders.	ODHO	Track	No	Support	Revises provisions governing persons affected by addictive disorders and other terms related to such persons in the Nevada Revised Statutes and the Nevada Administrative Code in order to refer to them respectfully and in a non-derogatory manner. Existing law requires that all patient books and records of a governmental entity are required to be open at all times during office hours for inspection and copying of receipt of a copy unless the records are otherwise declared by law to be confidential. This bill requires the medical plan for the management of a crisis, emergency or suicide involving a pupil to include a plan for transporting a pupil with a mental illness to a mental health facility or hospital; clarifies that consent from any parent or legal guardian of a person	5/20/19 Senate Legislative Operations	Taken from General file. Placed on General File for next legislative	5/21/19 Senate Legislative Operations	Taken from General file. Placed on General File for next legislative
AB	371	state.nv.us/App/NELIS/REL/80th/2019/Bill/6703/Overview	Assemblyman Daly Exempt	Revises provisions governing public records	ODHO	Track	No	Neutral	Revises provisions governing public records	4/24/19 In Senate	Referred to Committee on Government Affairs, to committee	5/8/19 Senate Gov't Affairs	Heard, No Action
AB	378	state.nv.us/App/NELIS/REL/80th/2019/Bill/6714/Overview	Assemblywmm Hansen Pending	Makes various changes relating to the transportation and admission of certain persons alleged to be a danger to themselves or	ODHO, EPHP	Track	No	Support	Revises provisions governing public records	5/21/19 Senate Education	Read second time. Amended. To Printer	5/22/19 Senate Education	From printer. Re-engrossed. Third reprint.

AB	Bill Number	Assemblyman	Approved	Revisions	Committee	Track	Support	Description	4/23/19 Assembly Gov't Affairs	Enrolled, and delivered to Governor	4/25/19 Approved by the Governor	Chapter 6
AB 381	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6728/Overview	Assemblyman Titus, Thompson, Senator Ratti, Hardy	Approved	Designates April 16 as "Healthcare Decisions Day" in Nevada.	ODHO	Track	No	Designates April 16 as "Healthcare Decisions Day" in Nevada.	4/23/19 Assembly Gov't Affairs	Enrolled, and delivered to Governor	4/25/19 Approved by the Governor	Chapter 6
AB 413	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6789/Overview	Assembly Committee on Government Affairs	Pending	Revises provisions relating to local governments.	ODHO	Track	No	Authorizes a business-to-me-a-penitor objecting to a rule adopted by a governing body if the body failed to consider the business impact statement in adopting the rule. Requires that the governing body meeting during which the business impact	5/20/19 Senate Gov't Affairs	From committee. Do pass. Placed on Second Reading File	5/21/19 Senate Gov't Affairs	Taken from General File. Placed on General File for next legislative
AB 414	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6792/Overview	Assembly Committee on Ways and Means	Exempt	Makes appropriations to provide grants to senior citizens and certain other persons with independent living.	ODHO	Track	No	Appropriates funds to provide grants of \$1,200 each and reduce wait list for grants to provide respite care or relief of informal caretakers to assist senior citizens and others with independent living.	3/26/19 Committee on Ways and Means, from printer	To committee		
AB 430	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6816/Overview	Assemblyman Frierson	Pending	Establishes a family home visiting system to provide support to new parents	CCHS	Track	No	Legislative Committee on Child Welfare and Juvenile Justice to conduct a study during the 2019-2020 interim concerning maternal, infant and early childhood home visitation services.	5/20/19 Senate HHS	Taken from General file. Placed on General File for next legislative	5/21/19 Senate HHS	Taken from General file. Placed on General File for next legislative
AB 469	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6896/Overview	Assembly Committee on Health and Human Services	Approved	Revises provisions governing billing for certain medically necessary emergency services.	ODHO	Track	No	The bill requires that health insurance cover the costs of out of network emergency care so that the insured's cost do not exceed their copayment, coinsurance, or deductible and provides mechanisms for determining the amount to be paid by insurance to the out of	5/14/19 Senate HHS	Re- engrossed. Passed, as amended. To Assembly, To enrollment	5/15/19 Enrolled and delivered to Governor	Approved by the Governor. Chapter 62.
AB 472	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6899/Overview	Assembly Committee on Health and Human Services	Pending	Revises provisions relating to insurance coverage of maternity and pediatric care.	ODHO, CCHS	Track	No	Provides for insurance coverage of surrogate mothers and babies under health insurance requirements for maternity and newborn infant care.	5/20/19 Senate Commerce and Labor	Taken from General file. Placed on General File for next legislative	5/21/19 Senate Commerce and Labor	Taken from General file. Placed on General File for next legislative
AB 483	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6933/Overview	Assembly Committee on Growth and Infrastructure	Exempt	Revises provisions relating to motor vehicles	ODHO, AQM,	Monitor	Yes	bill provides direction to DMV to conduct a pilot program to collect data from vehicles during the registration/renewal process. Sec. 2 declares the state faces major financial challenges to adequately fund state highways as a result of vehicles becoming more	4/22/19 Referred to committee on Ways and Means.	Exemption effective. To printer.	4/23/19 Assembly Ways and Means, from printer	From printer. Engrossed. First reprint. To committee.
AB 533	.state.nv.us/App/NELIS/REL/80th/2019/Bill/7056/Overview	Assembly Committee on Judiciary	Pending	Revises provisions relating to cannabis.	ODHO, AQM,	Monitor	Yes	Creates the Cannabis Advisory Commission and the Cannabis Compliance Board and provides oversight for the registration for employees involved in the cannabis industry. It establishes requirements for licensing and operation of cannabis lounges, and authorizes	5/15/19 Assembly Judiciary	From printer. To committee	5/21/19 Assembly Judiciary	Heard.

AB	534	state.nv.us/App/NELIS/REL/80th/2019/Bill/7058/Overview	Assembly Committee on Judiciary	Pending	Revises provisions regarding response to emergencies.	EPPP	Track	No	Support if Amended	beginning sections are specifically relating to the existing Victims of Crime program within Nevada. It changes the State agency the program is administered under and then several adjustments to the application/appeal	5/17/19 Assembly Judiciary	Rescind, discussed as BDR. From printer. To committee	5/22/19 Assembly Judiciary	
SB	7	state.nv.us/App/NELIS/REL/80th/2019/Bill/5863/Overview	Senate Committee on Judiciary	Pending	Revises provisions relating to the prohibition against soliciting a child for prostitution	ODHO, CCHS	Track	No	Neutral	Increasing the penalties for pandering and solicitation of sex trafficking of children and adults aims to hold those responsible for the supply and demand of sex work.	4/30/19 Assembly Judiciary	Heard	5/17/19 Assembly Judiciary (WS)	Amend, and do pass as amended
SB	9	state.nv.us/App/NELIS/REL/80th/2019/Bill/5865/Overview	Senate Committee on Judiciary	Approved	Revises provisions governing the time for commencing a criminal prosecution for crimes associated with murder, sexual assault and sex	CCHS	Track	No	Neutral	Extending the statute of limitations on sexual assaults would allow more perpetrators to be tested for HIV and STDs per current NRS and provide that info to victims. The statute of limitations on sexual assault and sex trafficking has a hindrance on the ability to	5/14/19 Assembly Judiciary	Enrolled and delivered to Governor	5/16/19 Approved by the Governor.	Chapter 86.
SB	13	state.nv.us/App/NELIS/REL/80th/2019/Bill/5869/Overview	Senate Committee on Government Affairs	Pending	Authorizes the board of county commissioners of a county to form a nonprofit corporation to aid the county in providing certain	ODHO	Track	No	Neutral	Authorizes the board of county commissioners to form a nonprofit corporation to aid the county in providing certain services during an emergency or time of need; and providing other matters properly relating thereto.	5/14/19 Assembly Gov't Affairs (WS)	Amend, and do pass as amended	5/21/19 Assembly Gov't Affairs (WS)	From committee. Amend, and do pass as amended
SB	15	state.nv.us/App/NELIS/REL/80th/2019/Bill/5874/Overview	Senate Committee on Government Affairs	Pending	Provides for the establishment of incident management teams	EPPP	Track	No	Support	This bill is changing titles of the State assistance that could deploy in an emergency but expands it to allow for screened volunteers.	5/19/19 In Assembly. Read first time.	Referred to Committee on Gov't Affairs. To committee	5/21/19 Assembly Gov't Affairs	From committee. Amend, and do pass as amended
SB	25	state.nv.us/App/NELIS/REL/80th/2019/Bill/5908/Overview	Senate Committee on Government Affairs	Pending	Revises provisions governing the administration of the surcharge imposed on telephone users	ODHO, EPPP	Track	No	Neutral	Allows telephone surcharge rates to be used to pay for personnel and training for maintaining, updating and operating the equipment, hardware and software necessary for portable event recording devices and vehicular event recording	5/16/19 Assembly Gov't Affairs	Taken from General File. Placed on General File for next legislative	5/20/19 Assembly Gov't Affairs	Taken from General File. Placed on Chief Clerk's desk
SB	35	state.nv.us/App/NELIS/REL/80th/2019/Bill/5924/Overview	Senate Committee on Government Affairs	Pending	Creates the Nevada Resilience Advisory Committee	ODHO, EPPP	Track	No	Support	Commission - the purpose is streamline emergency preparedness planning in the state and focus on resilience rather than simply response. Public Health is an area to be represented on the committee. So there is	5/19/19 In Assembly. Read first time.	Referred to Committee on Gov't Affairs. To committee	5/21/19 Assembly Gov't Affairs	From committee. Amend, and do pass as amended

SB 37	state.nv.us/App/NELIS/REL/80th/2019/Bill/5956/Overview	Senate Committee on Commerce and Labor	Pending	Revises provisions relating to the regulation of marriage and family therapists and clinical professional counselors	ODHO	Monitor	Yes	Support	This bill provides clean up language for the scope of practice for MFTs and CPCs and allows for increases to license renewal fees. Bill proposes to repeal NRS 604A.010	4/29/19 Assembly Commerce and Labor	Heard	5/17/19 Assembly Commerce and Labor (WS)	Amend, and do pass as amended
SB 42	state.nv.us/App/NELIS/REL/80th/2019/Bill/5961/Overview	Senate Committee on Growth and Infrastructure	Pending	Repeals provisions requiring certain fleets of motor vehicles to use alternative fuels, clean vehicles or vehicles that use alternative fuels. Requires the Director of the Department of Corrections to establish a program of treatment for offenders with substance use disorders	AQM	Monitor	Yes	Support	Alternative Fuels Program for Motor Vehicle Fleets. This program was developed to promote the use of alternative fuels to reduce emissions from fleet vehicles. This program served as a bridge to reduce vehicle emissions creates requirement for Dept. of Corrections	5/20/19 Assembly Growth and Infrastructure	From committee: Do pass.	5/21/19 Assembly Growth and Infrastructure	Read second time.
SB 49	state.nv.us/App/NELIS/REL/80th/2019/Bill/5968/Overview	Senate Committee on Judiciary	Exempt	Revises provisions relating to natural resources.	ODHO	Track	No	Support	to establish therapeutic communities to provide treatment to offenders, to replace with the Director in conjunction with NDPBH, and with approval of the Board, to establish treatment for offenders with bill repealer - but provides for a language change from "controlled burns" to "prescribed fires". As presented, the bill maintains existing language regarding prescribed fires commenced in compliance with laws relating to air pollution deemed in	4/15/19 Senate Judiciary	Notice of eligibility for exemption. Re-referred to Committee on Finance.	4/16/19 From printer. To engrossed. Engrossed. First reprint.	To committee. Exemption effective
SB 56	state.nv.us/App/NELIS/REL/80th/2019/Bill/5975/Overview	Senate Committee on Natural Resources	Pending	Revises provisions relating to school property	AQM	Track	No	Neutral	bill repealer - but provides for a language change from "controlled burns" to "prescribed fires". As presented, the bill maintains existing language regarding prescribed fires commenced in compliance with laws relating to air pollution deemed in	5/20/19 Assembly Natural Resources, Agriculture and Mining	Read third time. Passed. To Senate	5/21/19 In Senate.	To enrollment.
SB 57	state.nv.us/App/NELIS/REL/80th/2019/Bill/5976/Overview	Senate Committee on Education	Pending	Revises provisions relating to school property	ODHO, EHS, AQM	Track	No	Neutral	bill repealer - but provides for a language change from "controlled burns" to "prescribed fires". As presented, the bill maintains existing language regarding prescribed fires commenced in compliance with laws relating to air pollution deemed in	5/16/19 Assembly Education (WS)	Do pass	5/21/19 Assembly Education	From committee. Do pass
SB 62	state.nv.us/App/NELIS/REL/80th/2019/Bill/5993/Overview	Senate Committee on Revenue and Economic Development	Pending	Revises provisions relating to manufacturers and wholesale dealers of tobacco products	CCHS	Track	No	Neutral	This bill addresses wholesale tobacco dealers at the State level. No direct impact to the program. This bill repeals a state disaster	5/20/19 Enrolled and delivered to Governor	Enrolled and delivered to Governor	5/21/19 Approved by the Governor	Chapter 89
SB 66	state.nv.us/App/NELIS/REL/80th/2019/Bill/5997/Overview	Senate Committee on Government Affairs	Pending	Revises provisions relating to emergency management	ODHO, EPHP	Monitor	Yes	Support	Identification Team that would be deployed to do victim tracking, reunification and family notification. It would also establish a registry of individuals from the event. It was put forth in response to the issues identified in this bill repeals a state disaster	5/14/19 Assembly Gov't Affairs (WS)	Amend, and do pass as amended	5/21/19 Assembly Gov't Affairs	From committee. Amend, and do pass as amended
SB 67	state.nv.us/App/NELIS/REL/80th/2019/Bill/5998/Overview	Senate Committee on Government Affairs	Pending	Revises provisions governing local emergency management	ODHO, EPHP	Track	No	Neutral	the Division of Emergency Management, with staff support, to coordinate mitigation, preparedness, response and recovery efforts on tribal land. It provides for interlocal agreements between 2 or more counties to	5/20/19 Assembly Gov't Affairs	Read third time. Amended. To printer.	5/21/19 Assembly Gov't Affairs	From printer: To reengrossment. Reengrossed. Second

SB 68	.state.nv.us/App/NELIS/REL/80th/2019/Bill/5999/Overview	Senate Committee on Government Affairs	Provides for the expedited granting of certain provisional registrations to volunteer providers of health or veterinary services during an	Approved	EPHP	Monitor	Yes	Support	The bill provides for provisional registration of volunteer health practitioners who provide health or veterinary services while an emergency declaration is in effect. This is in response to the need identified following the October 1 attack in Las Vegas.	5/8/19 In Senate	To enrollment	5/9/19 Enrolled and delivered to Governor	5/14/19 Approved by the Governor. Chapter 41.
SB 80	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6022/Overview	Senate Committee on Education	Revises provisions relating to providing a safe and respectful learning environment	Exempt	ODHO	Track	No	Neutral	have law enforcement inform schools of children that have experienced a traumatic event to reduce negative impacts and enable appropriate interventions. However, there are a number of potential issues and concerns as	4/19/19 Senate Education	Amended. Referred to Committee on Finance	4/22/19 Senate Finance	To committee. Exemption effective
SB 81	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6024/Overview	Senate Committee on Revenue and Economic Development	Revises various provisions relating to tobacco products	Pending	CCHS	Track	No	Neutral	This bill addresses primarily wholesale tobacco dealers at the State level. No direct impact to the program.	5/20/19 Assembly Taxation	Read third time. Passed. To Senate	5/21/19 In Senate	To enrollment.
SB 84	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6027/Overview	Senate Committee on Finance	Establishes a program to award grants to support prekindergarten programs	Exempt	ODHO, CCHS	Track	No	Support	The bill appears to bolster the status and requirements for teachers providing pre-K.	3/22/19 Senate Finance	Mentioned, not agendaized	4/11/19 Senate Finance	Heard, no action
SB 89	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6036/Overview	Senate Committee on Education	Makes various changes relating to education	Exempt	ODHO	Monitor	Yes	Support	This is a massive bill that seeks to provide aggregated information on performance of different categories of students with socioeconomic or racial inequities in annual reports of accountability, regarding transiency, truancy, disciplinary actions,	4/19/19 To engrossment. Engrossed	First reprint. To committee. Exemption effective.	5/22/19 Senate Finance	From printer. To Engrossment. Engrossed. Exemption effective.
SB 90	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6071/Overview	Senate Committee on Commerce and Labor	Making various changes relating to the health of children.	Exempt	CCHS	Track	No	Support	This amendment eliminates much of the original bill. Remaining is lead testing in children, a diaper account for those in gov programs, and grants for Physical Activity & Nutrition.	4/22/19 Amend, and do pass as amended.	Re-referred to committee on Finance	4/23/19 Senate Finance	Chapter 75.
SB 92	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6074/Overview	Senate Committee on Health and Human Services	Revises provisions concerning certain group housing.	Approved	ODHO	Track	No	Support	Expanses licensing requirements to businesses that provide referrals to any other group housing arrangement that provides assistance, food, shelter or limited supervision to persons with mental illness or disabilities or who are aged or infirm.	5/14/19 Enrolled and delivered to Governor		5/16/19 Approved by the Governor.	
SB 93	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6075/Overview	Senate Committee on Health and Human Services	Revises provisions relating to the Nevada Commission for Persons Who Are Deaf, Hard of Hearing or Speech Impaired	Exempt	ODHO	Track	No	Support	Changes Commission name to Nevada Commission for Persons Who Are Deaf and Hard of Hearing, revises membership, makes the Director a full-time paid position. Provides funding through telephone surcharge and \$50K general fund appropriate per fiscal	3/1/19 Referred to Committee on Finance.	Exemption effective	4/1/19 Senate Finance	Heard, no action

SB 94	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6077/Overview	Senate Committee on Health and Human Services	Exempt	Revises provisions governing the Account for Family Planning.	CCHS	Monitor	Yes	Support	Allows the state to award grant monies to local government and nonprofit organizations to persons in need of family planning services. Provides \$6,000,000 family planning appropriation for the biennium. WCHD would expect to receive some of this funding.	5/20/19 Assembly HHS	Heard	5/22/19 Assembly HHS (WS)	
SB 102	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6090/Overview	Senate Committee on Finance	Exempt	Makes an appropriation for funding the participation of certain students who participate through the Western Regional Education Compact.	ODHO, CCHS	Track	No	Support	Makes an appropriation for \$77,000 each for FY 20 and 21 for 10 APRNs to receive geriatric care training through the Western Regional Education Compact.	3/25/19 Senate Finance	Heard, no action	5/22/19 Senate Finance	
SB 103	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6091/Overview	Senate Committee on Government Affairs	Pending	Revises provisions relating to development and maintenance of affordable housing.	ODHO	Monitor	No	Support	Authorizes local governments to change impact and building fees to provide an incentive for construction of affordable housing.	5/20/19 Assembly Gov't Affairs	Taken from General File. Placed on General File for next legislative	Taken from General File. Placed on General File for next legislative	
SB 104	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6092/Overview	Senate Committee on Government Affairs	Pending	Revises provisions concerning the statewide low-income housing database maintained by the Housing Division of the Department of	ODHO	Monitor	No	Support	Requires owners of multifamily affordable housing accessible to persons with disabilities to report data to the Housing Division and for local governments to report on data on low-income housing submitted by local governments to be included in the Housing	5/20/19 Assembly Gov't Affairs	Taken from General File. Placed on General File for next legislative	Taken from General File. Placed on General File for next legislative	
SB 111	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6110/Overview	Senate Committee on Government Affairs	Exempt	Revises provisions governing collective bargaining by local government employers.	ODHO, AHS	Track	No	Oppose	Reduces ending fund balance not subject to negotiation, fact-finding or arbitration from 25% of total budget expenditures to 16.67% for collective bargaining. This reduces financial sustainability of local governments.	4/17/19 Amend, and do pass as amended.	Notice of eligibility for exemption.R eferred to Committee on Finance.	4/18/19 Senate Finance	To committee. Exemption effective
SB 115	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6114/Overview	Senator Scott Hammond	Exempt	Requires the State Plan for Medicaid to include coverage for donor breast milk.	CCHS	Track	No	Support	This bill allows Medicaid to pay for processed human breast milk for those children with medical needs. Amendment includes payment for human milk fortifier.	4/8/19 Amended. Re-referred to Committee on Finance	To printer	4/9/19 Senate Finance, from printer	To engrossment. Engrossed. First reprint. To committee.
SB 143	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6174/Overview	Senators Atkinson, Cancelli, Woodhouse, Parks, Assemblyman	Approved	Repeals, revises and reenacts provisions relating to background checks for certain sales or transfers of firearms.	ODHO	Track	No	Support	Repeals the provisions in the voter approved Background Check Act and instead establishes a background check procedure that a licensed dealer contact the same agency the dealer would otherwise contact for a background check if the dealer the bill requires schools to develop procedures to identify students who are homeless, unaccompanied, or in foster care.	Approved by the Governor			
SB 147	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6184/Overview	Senate Committee on Education	Pending	Revises provisions relating to the education of pupils who are experiencing homelessness or who are in foster care.	ODHO	Track	No	Support	Review and adjust the academic plans to maximize progress toward graduation, and eliminate attendance requirements toward	5/20/19 Assembly Education	Taken from General File. Placed on General File for next legislative	5/21/19 Assembly Education	Taken from General File. Placed on General File for next legislative

SB 153	state.nv.us/App/NELIS/REL/80th/2019/Bill/6198/Overview	Senator Kelvin Atkinson	Revises provisions relating to collective bargaining.	ODHO	Track	No	Neutral	Under the bill collective bargaining contracts that expire will remain in effect even if a successor agreement is not in place.	4/17/19 Amend, and do pass as amended.	Notice of eligibility for exemption. Re-referred to Committee on Finance.	4/18/19 Senate Finance	To committee. Exemption effective
SB 159	state.nv.us/App/NELIS/REL/80th/2019/Bill/6218/Overview	Senator Joyce Woodhouse, Moises Denis, Marilyn Dondero Loop, Dallas Harris	Requires each public school and private school to adopt a policy concerning safe exposure to the sun.	ODHO	Monitor	Yes	Support	Requires each public school and private school to adopt a policy concerning safe exposure to the sun.	5/16/19 Read third time. Passed. To Senate.	In Senate. To enrollment.	5/21/19 Enrolled and delivered to Governor.	Approved by the Governor. Chapter 99
SB 171	state.nv.us/App/NELIS/REL/80th/2019/Bill/6268/Overview	Senator Joseph Hardy	Provides for the collection of information from certain providers of health care.	ODHO, CCHS	Monitor	Yes	Support	Allows for the collection of data with respect to healthcare providers HCP to be used for a Health Care Workforce Working Group to improve access to healthcare.	4/22/19 Amend, and do pass as amended.	Re-referred to Committee on Finance	4/23/19 Senate Finance	To committee. Exemption effective
SB 178	state.nv.us/App/NELIS/REL/80th/2019/Bill/6298/Overview	Senator Yvanna Cancela, Senator Julia Ratti, Senator Pat Spearman,	Creates the Council on Food Security and the Food for People, Not Landfills Program.	ODHO, CCHS, EHS	Track	No	Neutral	This bill proposes to create the Council on Food Security within the Department of Health and Human Services. It creates the Food for People, not Landfills program. It's intent is to address and assist with community hunger issues.	5/20/19 In Senate		5/21/19 Assembly Amendment Nos. 688 and 725 concurred in.	To enrollment.
SB 179	state.nv.us/App/NELIS/REL/80th/2019/Bill/6300/Overview	Senator Yvanna Cancela, Senator Julia Ratti, Senator Melanie	Revises provisions relating to abortions.	CCHS	Track	No	Support	Expands women's abilities to receive abortions and removes criminalization provisions.	5/20/19 Assembly HHS	Read second time. Amended. To printer.	5/21/19 From printer. Recrossed. Second reprint	Read third time. Passed, as amended. To Senate
SB 183	state.nv.us/App/NELIS/REL/80th/2019/Bill/6311/Overview	Senator Heidi Seavers, Senator Joseph Hardy, Senator Scott	Makes various changes relating to governmental administration.	ODHO	Track	No	Neutral	Changes of our meeting law appointments to "public bodies" rather than "governing bodies". Sets forth additional requirements with regard to amended or revised agendas; requires posting of a proposed ordinance or regulation to the website of a public body at	3/22/19 Referred to Committee on Finance. Exemption effective	To committee	4/11/19 Senate Finance	Heard, no action
SB 186	state.nv.us/App/NELIS/REL/80th/2019/Bill/6314/Overview	Senator Heidi Seavers, Senator Gansert	Enacts provisions governing the interstate practice of physical therapy.	ODHO	Track	No	Support	Through establishment of interstate compact provides for PT providers licensed in other states to practice in Nevada. Support expanded access to care.	5/1/19 Assembly Commerce and Labor	Heard	5/17/19 Assembly Commerce and Labor (WS)	Amend, and do pass as amended
SB 187	state.nv.us/App/NELIS/REL/80th/2019/Bill/6315/Overview	Senator Heidi Seavers, Senator Joseph Hardy, Senator Scott, Senator Hammond,	Revises provisions governing prescriptions for controlled substances by a dentist, optometrist or physician for the treatment of pain.	ODHO, CCHS	Track	No	Neutral	Eliminates the requirement of a physical examination and review of medical records for prescription of controlled substances by dentists and optometrists.	5/6/19 Assembly Commerce and Labor	Heard	5/18/19 No further action allowed	

SB 192	state.nv.us/App/NELIS/REL/80th/2019/Bill/6334/ Overview	Senator Pat Spearman, Senator David Parks	Approved	Revises provisions relating to health care.	ODHO	Track	No	Support	Prescribes minimum level of health benefits an employer is required to make available to an employee to determine if the employer is authorized to pay the lower minimum wage. PROVISIONS TO WHICH RESISTANCE	5/2019 Enrolled and delivered to Governor	5/21/19 Approved by the Governor	Chapter 95
SB 194	state.nv.us/App/NELIS/REL/80th/2019/Bill/6336/ Overview	Senator Pat Spearman, Senator David Parks	Exempt	Establishes programs for certain persons of low-income and persons in foster care.	ODHO	Track	No	Support	twelve years of age or older; and a tenant of a housing project for persons of low income in this State, a recipient of Medicaid or a provider of foster care who is creating such an account for a child placed in his or her	4/18/19 Amend, and do pass as amended.	4/19/19 Senate Finance	From printer. To committee. Exemption effective.
SB 198	state.nv.us/App/NELIS/REL/80th/2019/Bill/6341/ Overview	Senator Melanie Scheible, Assemblywoman Danielle Monroe	Exempt	Revises provisions governing eligibility for Medicaid.	ODHO, CCHS	Track	No	Support	Revises provisions governing eligibility for Medicaid up to kids who are under 19 years.	4/10/19 Amended. Re-referred to Committee on Finance	4/11/19 Senate Finance	To committee. Exemption effective
SB 202	state.nv.us/App/NELIS/REL/80th/2019/Bill/6346/ Overview	Senator Marilyn Dondero Loop, Senator Kelvin Atkinson, Senator Pat	Exempt	Revises provisions relating to persons with disabilities.	ODHO	Track	No	Neutral	Expands reporting, outreach, and coordination of the Autism Treatment Assistance Program, Division of Healthcare Finance and Policy, and State Board of Education	3/28/19 Senate HHS	3/29/19 Referred to Committee on Finance	To committee. Exemption effective
SB 204	state.nv.us/App/NELIS/REL/80th/2019/Bill/6348/ Overview	Senator Pat Spearman, Senator David Parks, Senator Joyce Woodhouse	Exempt	Revises provisions relating to the mental health of pupils.	ODHO	Monitor	Yes	Support	Requires Board of Trustees of School Districts to adopt and maintain a policy for the prevention of suicide in grades 7-12 and specifies elements that must be contained in the policy. THIS BILL EXPANDS THE MINIMUM DATA SET OF	5/20/19 Do pass as amended. Placed on General File	5/21/19 Read third time. Passed, as amended.	To Assembly
SB 234	state.nv.us/App/NELIS/REL/80th/2019/Bill/6392/ Overview	Senate Committee on Labor and Commerce	Approved	Makes various changes relating to collection of data concerning providers of health care.	ODHO, CCHS	Monitor	Yes	Support	information provided by health care providers during application or renewal of licenses, certificates and registration to include demographic and other information to be provided to the Commissioner of Insurance THE RELEVANT PROVISIONS ARE:	5/16/19 Read third time. Passed. To Senate	5/21/19 Enrolled and delivered to Governor.	Approved by the Governor. Chapter 101
SB 235	state.nv.us/App/NELIS/REL/80th/2019/Bill/6397/ Overview	Senate Committee on HHS	No further action	Revises provisions relating to health insurance coverage	ODHO, CCHS	Track	No	Support	prohibits an insurer from establishing rules that limit eligibility for a health care plan based on certain health status factors, including, without limitation, preexisting conditions MAKES REVISIONS GOVERNING THE BUSINESS OF	4/16/19 In Assembly. Referred to Committee on Commerce	5/18/19 No further action allowed	
SB 238	state.nv.us/App/NELIS/REL/80th/2019/Bill/6403/ Overview	Senator Yvanna Cancela	Exempt	Revises provisions relating to marijuana.	ODHO, CCHS	Track	No	Neutral	medical and retail marijuana establishments. This amendment authorizes, rather than requires, the Attorney General to perform a study relating to the unlicensed sale of marijuana and related products in this State.	4/23/19 Amended. Re-referred to Committee on Finance.	4/29/19 Senate Finance	Heard, no action

SB	241	state.nv.us/App/NELIS/REL/80th/2019/Bill/6407/ Overview	Revises provisions relating to the compensation of psychiatrists employed by or under contract with certain agencies in the state.	ODHO	Track	No	Support	Improves pay for State psychiatrists and provision of psychiatric services in order to be able to recruit and retain these professionals in order to provide necessary services in the State.	4/9/19 Senate Legislative Operations and Elections	From committee. Do pass	4/10/2019 Notice of eligibility for exemption.	Re-referred to Committee on Finance. Exemption effective
SB	254	state.nv.us/App/NELIS/REL/80th/2019/Bill/6431/ Overview	Revises provisions relating to carbon reduction.	AQM	Monitor	Yes	Neutral	bill proposes to revise provisions governing the frequency and content of the current statewide greenhouse gases emission inventory prepared by NDEP going from every 4 years to an annual report. Starting 12/31/19, the annual report must include additional protections against discrimination particularly in low income housing projects and qualified income housing projects that are needed in Nevada particularly given the limited availability of affordable housing and	4/16/19 Senate Finance	To committee. Exemption effective	4/29/19 Senate Finance	Heard, no action
SB	256	state.nv.us/App/NELIS/REL/80th/2019/Bill/6434/ Overview	Revises provisions relating to discrimination in housing and various provisions relating to landlords and tenants.	ODHO	Track	No	Support	bill extends the provisions for tracking and reporting information concerning the pricing of drugs to treat diabetes to also include prescription drugs for treating asthma. It is intended to assist in controlling costs of these drugs and maintaining access to care for	4/25/19 In Assembly. Referred to Committee on Commerce	To committee	5/18/19 No further action allowed	
SB	262	state.nv.us/App/NELIS/REL/80th/2019/Bill/6445/ Overview	Makes various changes to provide for tracking and reporting of information concerning the pricing of prescription drugs for treating asthma.	ODHO, CCHS	Track	No	Support	bill extends the provisions for tracking and reporting information concerning the pricing of drugs to treat diabetes to also include prescription drugs for treating asthma. It is intended to assist in controlling costs of these drugs and maintaining access to care for	5/20/19 Assembly HHS	Read second time.	5/21/19 Assembly HHS	Taken from General File. Placed on General File for next legislative
SB	263	state.nv.us/App/NELIS/REL/80th/2019/Bill/6446/ Overview	Revises provisions relating to the regulation and taxation of certain vapor products and tobacco products.	ODHO	Monitor	Yes	Support	bill extends the provisions for tracking and reporting information concerning the pricing of drugs to treat diabetes to also include prescription drugs for treating asthma. It is intended to assist in controlling costs of these drugs and maintaining access to care for	4/15/19 Re-refer to committee on Finance	To committee. Exemption effective	4/29/19 Senate Finance	Re-refer to Committee on Revenue and Economic Development
SB	266	state.nv.us/App/NELIS/REL/80th/2019/Bill/6452/ Overview	Provides for the establishment of the Mental Health First Aid Program	ODHO, CCHS	Track	No	Neutral	bill requires the division to establish the Mental Health First Aid Program to provide training concerning the identification and assistance of persons who have a mental illness or substance use disorder or who may be experiencing a mental health or substance	4/22/19 Amend, and do pass as amended.	Re-referred to Committee on Finance	4/23/19 Senate Finance	From printer. To engrossment. Engrossed. To committee
SB	269	state.nv.us/App/NELIS/REL/80th/2019/Bill/6463/ Overview	Makes an appropriation to expand the statewide information and referral system concerning health, welfare, human and social services provided in this	ODHO, CCHS	Track	No	Neutral	bill requires the division to establish the Nevada Crisis Response System to coordinate with social service agencies, local governments and nonprofit organizations to identify, assess, refer and connect persons who are transient, at imminent risk of homelessness or	3/14/19 Senate Finance	From printer. To committee.	3/25/19 Senate Finance	Heard, no action
SB	270	state.nv.us/App/NELIS/REL/80th/2019/Bill/6464/ Overview	Requires the Department of Health and Human Services to establish and administer the Nevada Crisis Response System.	ODHO, EPHP	Track	No	Support	bill requires the division to establish the Nevada Crisis Response System to coordinate with social service agencies, local governments and nonprofit organizations to identify, assess, refer and connect persons who are transient, at imminent risk of homelessness or	5/20/19 Assembly HHS	Read second time.	5/21/19 Assembly HHS	Taken from General File. Placed on General File for next legislative

SB	276	state.nv.us/App/NELIS/REL/80th/2019/Bill/6474/ Overview	Senator Cancela	Exempt	Revises provisions relating to prescription drugs.	ODHO, CCHS	Track	No	Neutral	the bill prohibits a pharmacy benefit manager or an insurer from accepting from the manufacturer of a prescription drug a rebate or reduction in price in connection with the sale of the prescription drug unless the full value of the rebate or reduction in	4/23/19 In Assembly	Referred to Committee on Legislative Operations and Elections	5/2/19 Assembly Legislative Operations and Elections	Heard
SB	283	state.nv.us/App/NELIS/REL/80th/2019/Bill/6491/ Overview	Senators Cancela, Spearman, Ratti	Exempt	Revises provisions relating to prescription drugs	ODHO, CCHS	Track	No	Neutral	Restricts some medication reimbursement via Medicaid. As we use best practices, CDC and USPSTF recommendations, we will not change our prescribing practices.	4/19/19 Senate Finance	To committee. Exemption effective	4/29/19 Senate Finance	Heard, no action
SB	284	state.nv.us/App/NELIS/REL/80th/2019/Bill/6502/ Overview	Senators Parks, Brooks, Spearman, Assemblyman Thompson	Pending	Creates the Advisory Task Force on HIV Exposure Criminalization	ODHO, CCHS	Monitor	Yes	Support	concerns brought forward by the HIV Modernization Coalition. Data and public health directive supports the modernization of laws that criminalize people living with HIV (PLHIV). Nevada's current criminalization	5/14/19 Enrolled and delivered to the Governor		5/17/19 Approved by the Governor.	Chapter 88.
SB	287	state.nv.us/App/NELIS/REL/80th/2019/Bill/6505/ Overview	Senators Parks, Hansen, Spearman	Exempt	Revises provisions governing public records.	ODHO	Track	No	Oppose	This bill makes changes to public records law establishing penalties including personal liabilities for employees for failure to comply with timeframe requirements of up to \$250,000 in civil fines per offense. It eliminates the provision to recoup costs for	4/12/19 Senate Government Affairs (WS)	Re-refer	4/15/19 Re-refer to Committee on Finance	To committee. Exemption effective
SB	289	state.nv.us/App/NELIS/REL/80th/2019/Bill/6519/ Overview	Senator Hardy	Exempt	Revises provisions relating to the licensing of physicians.	ODHO	Track	No	Support	Makes an appropriation to the Nevada Health Service Corps of \$250,000 for each year of the biennium for the purpose of obtaining matching federal funds to encourage medical and dental practitioners to practice in underserved areas of this State.	4/22/19 Amend, and do pass as amended.	Re-referred to Committee on Finance	4/23/19 Senate Finance	To committee. Exemption effective
SB	291	state.nv.us/App/NELIS/REL/80th/2019/Bill/6521/ Overview	Senator Ratti	Pending	Revises provisions governing the testing of infants for preventable or inheritable disorders.	ODHO	Track	No	Support	Revises testing or means for preventing or inheritable disorders recommended by the Health Resources and Services Administration of the United States Department of Health and Human Services by not later than 4 years after the	5/16/19 Assembly HHS	Read third time, Passed, as amended, To Senate	5/20/19 In Senate	
SB	299	state.nv.us/App/NELIS/REL/80th/2019/Bill/6531/ Overview	Senator Brooks, Spearman	Pending	Revises provisions relating to the Electric Vehicle Infrastructure Demonstration Program	AQM	Monitor	Yes	Support	the Electric Vehicle Infrastructure Demonstration Program which currently requires a public utility to submit an annual plan to the PUC detailing the actions taken to promote or incentivize the deployment of	4/22/19 Amend. Re-referred to Committee on Finance	To enrollment	5/20/19 Enrolled and delivered to Governor	
SB	310	state.nv.us/App/NELIS/REL/80th/2019/Bill/6545/ Overview	Senator Schieble, Parks, Ohrenschaill, Brooks, Assemblyman	Exempt	Enacts provisions requiring the payment of deposits and refunds on certain beverage containers sold in this State.	EHS	Track	No	Neutral	The bill exempts gaming establishments, saloons, restaurants and resorts from paying the 5 cents per bottle but requires exempted gaming establishments, saloons, restaurants or resorts	4/23/19 Re-referred to Committee on Finance	To printer	4/23/19 Senate Finance	To committee. Exemption effective

SB 312	state.nv.us/App/NELIS/REL/80th/2019/Bill/6553/Overview	Senator Woodhouse, Cannizzaro, Ratti, Parks, Ohrenschall	Requires an employer in private employment to provide paid sick leave to employees under certain circumstances	Exempt	ODHO	Monitor	Yes	Support	requires employers with 25 or more employees to provide employees paid sick leave. This will enable employees to stay home when sick and reduce the spread of disease to their co-workers and in the community.	5/16/19 In Assembly. Read first time.	Referred to Committee on Commerce and Labor. To	5/22/19 Assembly Commerce and Labor	Read second time.
SB 315	state.nv.us/App/NELIS/REL/80th/2019/Bill/6556/Overview	Senator Woodhouse, Ratti, Cannizzaro, Loop, Parks	Revises provisions relating to public health.	Pending	ODHO	Track	No	Support	THE BILL REVISES THE RATE DISEASE ADVISORY Council and promotes education and information on childhood cancers, it requires promotion and education of the importance of annual pediatric physical exams by the Division of Public and Behavioral Health and	5/20/19 Assembly HHS	From committee. Do pass	5/21/19 Assembly HHS	
SB 344	state.nv.us/App/NELIS/REL/80th/2019/Bill/6623/Overview	Senator Scheible, Spearman, Parks, Harris	Revises Medicaid reimbursement rates related to family planning services.	Exempt	ODHO, CCHS	Monitor	Yes	Support	May improve our reimbursement rates.	4/11/19 Senate HHS (WS)	Do pass	4/15/19 Notice of eligibility for exemption.	Re-referred to Committee on Finance. Exemption effective
SB 346	state.nv.us/App/NELIS/REL/80th/2019/Bill/6625/Overview	Senator Harris	Revises provisions related to marijuana	Exempt	CCHS	Track	No	Neutral	Amendment proposed by Senator Harris on March 27, 2019: Revises the provisions of sections 3, 4 and 7 of the bill, to establish a minimal increase in the threshold for the amount of marijuana or marijuana metabolite in the blood before a person is considered to	4/23/19 Senate Finance	To committee. Exemption effective	5/1/19 Senate Finance	Heard, no action
SB 361	state.nv.us/App/NELIS/REL/80th/2019/Bill/6655/Overview	Senator Cannizzaro, Scheible	Provides for the prescribing, ordering and dispensing of contraceptive supplies by pharmacists	Exempt	ODHO, CCHS	Track	No	Neutral	WHILE THIS BILL WOULD ALLOW FOR EASIER ACCESS to contraceptives, women would miss out on the health education and a thorough medical assessment to rule out an unknown medical conditions that could be a contraindication to contraceptives. This is also a missed	4/11/19 Senate Commerce and Labor (WS)	Do pass	4/15/19 Notice of eligibility for exemption	Re-referred to Committee on Finance. To committee. Exemption
SB 362	state.nv.us/App/NELIS/REL/80th/2019/Bill/6660/Overview	Senator Hardy	Revises provisions concerning the placement of persons with dementia in a residential facility for groups.	Pending	ODHO	Track	No	Support	Addresses the correct placement of individuals who have some form of dementia and live in assisted living facilities and group homes under NRS 449.	5/15/19 Assembly HHS (WS)	Amend, and do pass as amended	5/21/19 Assembly HHS	From committee. Amend, and do pass as amended
SB 364	state.nv.us/App/NELIS/REL/80th/2019/Bill/6663/Overview	Senator Woodhouse	Prohibits discrimination against and provides protection for persons who reside in or receive services from certain facilities	Pending	ODHO	Track	No	Support	PROMOTES MEDICAL FACILITIES, AND FACILITIES FOR the dependent, from discriminating against a person based on the actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or	4/24/19 Assembly HHS	Heard	5/15/19 Assembly HHS (WS)	Amend, and do pass as amended
SB 366	state.nv.us/App/NELIS/REL/80th/2019/Bill/6665/Overview	Senator Ratti	Revises provisions relating to dental hygienists and the practice of dental hygiene and dental therapy.	Exempt	ODHO	Track	No	Support	Provides for licensing of dental therapists in order to improve access to dental care in Nevada.	4/22/19 Senate Finance	To committee. Exemption effective	5/3/19 Senate Finance	Heard, no action

SB 367	state.nv.us/App/NELIS/REL/80th/2019/Bill/6666/ Overview	Senator Schible	Pending	Authorizes a tenant of certain low-income housing to keep a pet within the tenant's residence.	ODHO	Track	No	Neutral	Authorizes a tenant of housing acquired, constructed or rehabilitated with any money from the Account for Low Income Housing to keep one or more pets within the residence of the tenant.	5/20/19 Assembly Gov't Affairs	Taken from General File. Placed on General File for next legislative	5/21/19 Assembly Gov't Affairs	Taken from General File. Placed on General File for next legislative
SB 368	state.nv.us/App/NELIS/REL/80th/2019/Bill/6667/ Overview	Senator Spearman, Assemblywoman Krasner	Exempt	Revises provisions relating to protections for victims of crime	CCHS	Track	No	Support	provided the amendment suggested to the bill sponsor. Sexually transmitted diseases (STDs) and human immunodeficiency virus (HIV) have a tremendous impact on the health of a community as well as an	5/10/19 Assembly Judiciary	5/17/19 Assembly Judiciary (WS)	Amend, and do pass as amended	
SB 370	state.nv.us/App/NELIS/REL/80th/2019/Bill/6669/ Overview	Senator Ohrenschaal, Speaker Canceled, Speakerman Approved	Approved	Revises the State Plan for Medicaid and the Children's Health Insurance Program.	ODHO	Track	No	Support	Requires the Director of the DHHS to include in the State Plan for Medicaid and the Children's Health Insurance Program a requirement that the State pay the nonfederal share of expenditures incurred for screening and treatment of fetal alcohol spectrum	5/20/19 Enrolled and delivered to Governor	5/21/19 Approved by the Governor	Chapter 97	
SB 378	state.nv.us/App/NELIS/REL/80th/2019/Bill/6685/ Overview	Senator Canceled	Exempt	Revises provisions relating to the pricing of prescription drugs.	ODHO	Track	No	Neutral	Establishes the Prescription Drug Affordability Board and Prescription Drug Affordability Stakeholder Council and outlines Board requirements and duties. Requires the Board to prescribe a recommended upper payment limit for all	4/23/19 Senate Finance	4/29/19 Senate Finance	Mentioned, not agendized	
SB 387	state.nv.us/App/NELIS/REL/80th/2019/Bill/6702/ Overview	Senator Kieckhefer, Ratti	Pending	Revises provisions relating to organ donation	ODHO	Track	No	Neutral	Provides for the certification of procurement organizations; requiring the collection of certain information relating to the procurement of organs, tissues and eyes.	5/20/19 Assembly HHS	5/21/19 Assembly HHS	From printer. Reengrossed. Second reprint. Placed on General File	
SB 388	state.nv.us/App/NELIS/REL/80th/2019/Bill/6710/ Overview	Senator Denis	Exempt	Revises provisions relating to public records	ODHO	Track	No	Neutral	have more authority and discretion with regard to what information will be public record and what will be confidential. Requires a governmental entity to file a report with the LCB on or before February 15 of	4/19/19 Amend, and do pass. Amended.	4/22/19 Senate Finance	To committee. Exemption effective	
SB 408	state.nv.us/App/NELIS/REL/80th/2019/Bill/6737/ Overview	Senator Canceled	Exempt	Revises provisions relating to public safety	ODHO	Track	No	Support	requires motorcycle safety use for unimoped and moped registrations and requires protective headgear be worn. Clarifies crosswalk safety requirements and revises provisions regarding installation of ignition interlock devices.	4/22/19 Amend, and do pass as amended.	4/23/19 Senate Finance	To committee. Exemption effective	
SB 418	state.nv.us/App/NELIS/REL/80th/2019/Bill/6763/ Overview	Senator Purks, Ohrenschaal	No further action	Revises provisions governing the distribution and sale of raw milk	EHS	Monitor	Yes	Oppose	This bill regards governing the distribution and sale of Raw Milk. It transfers the power of each County Milk Commission to the Director of the State Department of Agriculture. Currently only Nye county has a County Milk Commission. A County Milk Commission	4/25/19 In Assembly. Referred to Committee on HHS	5/18/19 No further action allowed		

SB	424	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6784/ Overview	Revises provisions governing services for persons with a mental illness	ODHO	Track	No	Neutral	Requires the Division to adopt regulations to establish procedures by which a consumer or provider of services may appeal a decision of the Division concerning eligibility for or authorization of mental health services.	5/10/19 Assembly HHS	Heard	5/17/19 Assembly HHS (WS)	Amend, and do pass as amended
SB	425	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6785/ Overview	Requires the Director of the Department of Health and Human Services to amend the State Plan for Medicaid to provide certain additional home	ODHO, CCHS	Monitor	Yes	Support	Requires the Director of DHHS to include in the State Plan for Medicaid an option to provide certain additional home and community-based services, including, to the extent authorized, tenancy support services.	5/15/19 Senate HHS	Notice of eligibility for exemption. Re-referred to Committee on Finance.	5/21/19 Senate Finance	Heard, no action
SB	426	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6786/ Overview	Revises provisions related to transportation	ODHO	Track	No	Support	Extends existing provisions for general election question asking whether the tax recommended by the regional transportation commission should be imposed in the county to December 31, 2024.	5/14/19 Enrolled and delivered to Governor		5/16/19 Approved by the Governor.	Chapter 81.
SB	428	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6807/ Overview	Revises provisions relating to transportation	ODHO	Track	No	Support	Prohibits a person from parking a vehicle in a parking space designated for charging electric or hybrid electric vehicles unless the vehicle is being charged at the charging station	5/20/19 Assembly Growth and Infrastructure	From committee. Do pass	5/21/19 Assembly Growth and Infrastructure	Read second time.
SB	442	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6831/ Overview	Revises provisions relating to the issuance of permits for hazardous waste facilities. (EHS	Track	No	Neutral	THIS BILL RELATED TO HAZARDOUS WASTE AND RCRA hazardous waste generators. Existing law requires the State Environmental Commission to adopt regulations for the granting, renewal, modification, suspension, revocation and denial of permits for	5/20/19 Assembly Natural Resources.	Read second time.	5/21/19 Assembly Natural Resources.	Taken from General File. Placed on General File for next legislative
SB	443	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6833/ Overview	Appropriates money to increase rates of reimbursement for certain meal programs.	ODHO	Track	No	Support	Appropriates money to the Division to increase the rates of reimbursement for congregate meals and home-delivered meals for food-insecure persons who are over 60 years of age.	4/1/19 Senate Finance	Heard, no action		
SB	448	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6842/ Overview	Provides for transferable tax credits for affordable housing in this State.	ODHO	Monitor	Yes	Support	Provides for transferable tax credits of \$10,000,000 per year for the acquisition, development, construction, improvement, expansion, reconstruction or rehabilitation of low-income housing until June 30, 2023.	5/20/19 Assembly Taxation	From committee. Do pass	5/21/19 Assembly Taxation	Read second time. Taken from General File. Referred to Committee
SB	457	.state.nv.us/App/NELIS/REL/80th/2019/Bill/6853/ Overview	Revises provisions relating to health care facilities.	ODHO, EPHP	Track	No	Neutral	EXPANSION OF SENTINEL EVENT TO include any death at a medical facility, facility for the dependent or home operated by a provider of community-based living arrangement services. Expands DPBH investigation of sentinel events to apply to all	5/20/19 Assembly HHS	Read second time. Amended. To printer.	5/21/19 Assembly HHS	Reengrossed. Second reprint. Placed on General File

SB 458	https://www.state.nv.us/App/NELIS/REL/80th/2019/Bill/6854/ Overview	Senate Committee on Finance	Exempt	Makes an appropriation for the creation and maintenance of school gardens	ODHO	Track	No	Support	Provides an appropriation for school gardens at Title I schools and establishes requirements for the curriculum necessary to receive funding.	3/27/19 Senate Finance	Notice of exemption	4/15/19 Senate Finance	Heard, no action
SB 473	https://www.state.nv.us/App/NELIS/REL/80th/2019/Bill/6906/ Overview	Senate Committee on Government Affairs	Pending	Revises certain definitions of affordable housing for the purpose of consistency	ODHO	Track	No	Support	Provides an appropriation for school gardens at Title I schools and establishes requirements for the curriculum necessary to receive funding. This bill applies a single definition of "affordable housing" to various provisions of existing law in order to establish a consistent definition of "affordable housing" throughout those provisions, authorizes cities and counties to use certain revenue from the real estate tax to fund affordable housing programs, and revises provisions and requirements applicable to certain association health plans and prohibits a carrier from issuing a health benefit plan that is not a qualified health plan certified by the Silver State Health Insurance Exchange.	5/20/19 Assembly Gov't Affairs	Taken from General File. Placed on General File for next legislative	5/21/19 Assembly Gov't Affairs	Taken from General File. Placed on General File for next legislative
SB 481	https://www.state.nv.us/App/NELIS/REL/80th/2019/Bill/6922/ Overview	Senate Committee on Health and Human Services	Pending	Revises provisions relating to health insurance	ODHO, CCHS	Track	No	Support	Revises provisions relating to health insurance	5/20/19 Assembly Commerce and Labor	Read second time.	5/21/19 Assembly Commerce and Labor	Taken from General File. Placed on General File for next legislative
SB 482	https://www.state.nv.us/App/NELIS/REL/80th/2019/Bill/6923/ Overview	Senate Committee on Health and Human Services	Exempt	Revises provisions relating to health insurance.	ODHO, CCHS	Track	No	Support	Revises provisions relating to health insurance, to ensure such insurance is available if there is no carrier in a Nevada county.	5/20/19 Assembly Commerce and Labor	Read second time.	5/21/19 Assembly Commerce and Labor	Taken from General File. Placed on General File for next legislative
SB 483	https://www.state.nv.us/App/NELIS/REL/80th/2019/Bill/6924/ Overview	Senator Spearman, Harris	Exempt	Revises provisions governing the Statewide Program for Suicide Prevention	ODHO	Track	No	Support	Revises provisions governing the Statewide Program for Suicide Prevention	4/10/19 Senate HHS	From committee. Do pass.	4/15/19 Notice of eligibility for exemption.	Re-referred to Committee on Finance. Exemption effective.
SB 499	https://www.state.nv.us/App/NELIS/REL/80th/2019/Bill/6962/ Overview	Senate Committee on Finance	Exempt	Creates the Advisory Board on Water Resources Planning and Drought Resiliency.	EHS	Track	Yes	Neutral	Creates the Advisory Board on Water Resources Planning and Drought Resiliency consisting of eight voting members appointed by the Governor. The Advisory Board shall advise the Chief of the Water Planning Section (within DCNR), the Governor and the Department of Conservation and Forestry on the requirements to create an advisory board on water resources planning and drought resiliency.	4/9/19 Senate Natural Resources	Heard, no action		
SB 500	https://www.state.nv.us/App/NELIS/REL/80th/2019/Bill/6965/ Overview	Senate Committee on Finance	Pending	Revises provisions governing financial support for assisted living facilities.	ODHO	Track	No	Support	Revises provisions governing financial support for assisted living facilities.	4/9/19 Senate Finance	To committee	4/15/19 Senate Finance	Heard, no action