

## **Washoe County District Board of Health Meeting Notice and Agenda**

### **Members**

Kitty Jung, Chair  
Dr. John Novak, Vice Chair  
Oscar Delgado  
Dr. George Hess  
Kristopher Dahir  
Michael D. Brown

**Thursday, April 27, 2017  
1:00 p.m.**

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

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**Items for Possible Action.** All items numbered or lettered below are hereby designated for possible action as if the words “for possible action” were written next to each item (NRS 241.020). 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**  
April 27, 2017
- 5. \*Recognitions**

**A. Years of Service**

- i. Jim Shaffer, Vector Coordinator, 15 years, hired 4/1/2002 - EHS
- ii. Erin Dixon, Public Health Supervisor, 15 years, hired 4/22/2002 - CCHS
- iii. Maricela Caballero, Human Services Support Specialist, 20 years, hired 4/28/1997 – CCHS
- iv. Phillip Ulibarri, Public Health Communications Program Manager, 25 years, hired 4/6/1992 – ODHO

**B. New Hires**

- i. Susan Hopkins, 3/27/2017, Office Assistant II – EHS

**C. Promotions**

- i. Mike Crawford from Air Quality Specialist I to Air Quality Specialist II, 3/21/2017 - AQM

D. Reclassification

- i. Carmen Mendoza from Office Assistant III to Office Support Specialist, 2/24/2017 - EPHP

E. Resignation

- i. Tim (Cuauhtemoc) Buitron – 4/4/2017, Office Assistant II - 12 years - EPHP

**6. 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

March 23, 2017

B. Budget Amendments/Interlocal Agreements

- i. Approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$371,850 retroactive to April 1, 2017 through June 30, 2018 in support of the Community and Clinical Health Services Division (CCHS) Immunization Program Internal Orders #10029 and #11319 and authorize the District Health Officer to execute the Notice of Subgrant Award.

Staff Representative: Nancy Kerns-Cummins

- ii. Approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$129,630 retroactive to January 1, 2017 through December 31, 2017 in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 10014 and authorize the District Health Officer to execute the Notice of Subgrant Award.

Staff Representative: Nancy Kerns-Cummins

- iii. Approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$109,098 retroactive to January 1, 2017 through December 31, 2017 in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention and Control Program, IO# 10016 and authorize the District Health Officer to execute the Notice of Subgrant Award.

Staff Representative: Nancy Kerns-Cummins

- iv. Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2017 through December 31, 2017 in the total amount of \$65,990 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Surveillance Program IO# 10012 and authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Nancy Kerns-Cummins

- v. Approve a Notice of Award from the U.S. Department of Health and Human Services, Public Health Service retroactive to April 1, 2017 through March 31, 2018 in the total amount of \$508,000 (\$50,800 Health District cash match) in support of the Community and Clinical Health Services Division (CCHS) Title X Family Planning Grant Program, IO# 11304.

Staff Representative: Nancy Kerns-Cummins

- vi. Approve Intrastate Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection, Bureau of Corrective Actions and the Washoe County Health District for the period July 1, 2017 through June 30, 2021 in the total amount of \$812,000 (\$203,000 per fiscal year) in support of the Environmental Health Services Division (EHS) Underground Storage Tank (UST) Program, IO 10023; and if approved, authorize the District Health Officer to execute the Agreement.  
Staff Representative: Patsy Buxton
- vii. Retroactive approval of Grant Agreement #A-00905417-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$547,651 for the period 10/1/16 through 9/30/17 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019 and authorize the District Health Officer to execute the Grant Agreement.  
Staff Representative: Patsy Buxton
- viii. Retroactive Approval of Assistance Amendment PM-00T56401-3 from the U.S. Environmental Protection Agency (EPA) for the period 4/1/17 through 3/31/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021 and authorize the District Health Officer to execute the Assistance Amendment.  
Staff Representative: Patsy Buxton
- ix. Retroactively approve FY17 Purchase Order 4500037640 issued to Adapco Inc. (Bid#2955-16) in the amount of \$156,364.60 for Mosquito Abatement Products, on behalf of the Environmental Health Services Division of the Washoe County Health District; Approve FY18 and FY19 Purchase Requisition (#TBD) to be issued to Adapco Inc. (Bid#2955-16) for Mosquito Abatement Products, in an amount not to exceed available funding within the FY18 and FY19 Washoe County Health District adopted budget.  
Staff Representative: Patsy Buxton
- C. Acknowledge receipt of the Health Fund Financial Review for March, Fiscal Year 2017  
Staff Representative: Anna Heenan
- D. Approval of authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$2,250, to attend the NALBOH Board Meeting and the 2017 NALBOH Conference in Cleveland, Ohio, July 31 – August 4, 2017  
Staff Representative: Kevin Dick
- 7. \*Presentation of the Draft Plans of the 2040 Regional Transportation Plan (RTP) and the Bicycle and Pedestrian Master Plan**  
Presented by: Amy Cummings of the Regional Transportation Commission
- 8. Regional Emergency Medical Services Authority**  
Presented by Don Vonarx and Kevin Romero
  - A. Review and Acceptance of the REMSA Operations Report for March 2017
  - \*B. Update of REMSA’s Public Relations during March 2017
- 9. \*Regional Emergency Medical Services Advisory Board April Meeting Summary**  
Staff Representative: Christina Conti

**10. Policy discussion and direction to staff regarding waiver of permit fees for properties affected by the North Valleys flooding**

Staff Representative: James English

**11. Presentation and possible acceptance of a progress report on the 2016-2018 Strategic Plan and adjustment to progress reporting schedule**

Staff Representative: Kevin Dick

**12. \*Presentation of effects of legalized recreational marijuana on Health District programs and discussion of other potential public health impacts**

Staff Representative: Kevin Dick

**13. Update regarding the 2017 Legislative session**

Staff Representative: Kevin Dick

**14. \*Staff Reports and Program Updates**

**A. Air Quality Management, Charlene Albee, Director**

Program Update, Divisional Update, Program Reports

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

Program Update – National STD Awareness Month; Divisional Update – Training Day, Patagonia Health and Insurance Contracts; Data & Metrics; Program Reports

**C. Environmental Health Services, Kevin Dick, Acting Director**

EHS Division and Program Updates – Childcare, Food, IBD, Schools, Vector-Borne Disease and Waste Management

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

Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

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

District Health Officer Report –FY17-18 Budget, North Valleys Flooding, EHS Management, Quality Improvement, Public Health Accreditation, County Health Rankings, Community Health Improvement Plan, Workforce Development, Annual Report, Truckee Meadows Healthy Communities, 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**

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**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, PO Box 1130, Reno, NV 89520-0027, 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  
Washoe County Health District Website [www.washoecounty.us/health](http://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. 9<sup>th</sup> 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](mailto:lrogers@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

## Washoe County District Board of Health Meeting Minutes

### Members

Kitty Jung, Chair  
Dr. John Novak, Vice Chair  
Dr. George Hess  
Kristopher Dahir  
Oscar Delgado  
Michael D. Brown

Thursday, March 23, 2017  
1:00 p.m.

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

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### 1. \*Roll Call and Determination of Quorum

Chair Jung called the meeting to order at 1:03 p.m.

The following members and staff were present:

Members present: Kitty Jung, Chair

Dr. John Novak, Vice Chair (absent initially, arrived at 1:11 p.m.)

Dr. George Hess

Kristopher Dahir

Oscar Delgado

Members absent: Michael Brown

### Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer, ODHO  
Leslie Admirand, Deputy District Attorney  
Dr. Randall Todd  
Charlene Albee  
Steve Kutz  
Bob Sack

### 2. \*Pledge of Allegiance

Reno Fire Chief Cochran led the pledge to the flag.

### 3. \*Public Comment

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

### 4. Approval of Agenda

March 23, 2017

Mr. Dick stated his preference to have the recognition of Mr. Sack's retirement moved after the Little Hats, Big Hearts presentation. Dr. Hess moved to approve the agenda for the March 23<sup>rd</sup>, 2017, District Board of Health regular meeting. Mr. Delgado seconded the

motion which was approved four in favor and none against.

## 5. Recognitions

### A. Years of Service

- i. Robert Sack, Division Director, 30 years, hired 3/23/1987 - EHS

Mr. Dick congratulated Mr. Sack on his years of service.

- ii. Lei Chen, Epi Program Manager, 15 years, hired 3/11/2002 - EPHP

Mr. Dick introduced Dr. Chen as supervisor of the Epi Program with 15 years of service with the Health District.

- iii. Graciela Flores, Office Assistant II, 15 years, hired 3/25/2002 – CCHS

Ms. Flores was not in attendance.

### B. New Hire

- i. Christine Ballew, 2/21/2017, Advanced Practice Registered Nurse - CCHS

Mr. Kutz introduced Ms. Ballew as a Board Certified Nurse Practitioner and that she has been a nurse since 2005. She has three years of urgent care experience, and comes to the Health District from the Minute Clinic at CVS. Mr. Kutz stated that Ms. Ballew has always been interested in Public Health, and expressed that they are very happy to have her.

### C. Promotions

- i. Matthew Christensen from Environmental Health Trainee I to Environmental Health Trainee II – EHS

Mr. Christensen was not in attendance.

### D. Little Hats, Big Hearts, American Heart Association with Saint Mary's Regional Medical Center

Presented by Ms. Helen Lidholm, CEO Saint Mary's Health Network, and Ms. Jamii Uboldi

Ms. Lidholm stated that she was happy to highlight programs initiated by St. Mary's that promote health in the community. She informed that St. Mary's has partnered with the American Heart Association and has entered into a multi-year agreement to create a healthier community. The focus of their initiatives is to inspire the community to stay active, eat healthy and rely on medical teams for their health needs.

Ms. Lidholm directed attention to the little red hats given to the Board Members. She explained that these are knitted or crocheted by volunteers in the community, with the intention of bridging the gap between new born babies and seniors. The focus is to raise awareness for children born with heart defects and help their families work toward their long-term health.

She stated that the goal is to have a little hat for every baby born at St. Mary's, as well as those children in the pediatric ward. Ms. Lidholm explained that the community can become involved by making the hats, donating materials, or sharing related stories with St. Mary's to be used in their message to the community.

Another program in its initial phase is Little Steps, Big Gains; this is an invitation to the District Board of Health and other elected officials to participate by becoming more active as an example to the community.

Mr. Delgado thanked Ms. Lidholm and St. Mary's for taking the lead on this initiative to work toward a healthier community.

Mr. Dahir asked if there would be an event to attend when the Little Steps, Big Gains program is officially started to show support for this initiative. Ms. Lidholm stated that there is more information on their website ([www.saintmarysreno.com/community-services/move-more](http://www.saintmarysreno.com/community-services/move-more)). Ms. Uboldi explained that information found at this site includes a weekly walking challenge beginning April 5<sup>th</sup>, National Walking Day. St. Mary's is also sending their fitness trainers to some of the large employers in the community to encourage participation.

Mr. Dick wished to thank Ms. Lidholm for the presentation and for St. Mary's participation with Truckee Meadows Health Communities. He informed that Jamii Uboldi had served on the Steering Committee for length of time, and Chris King of St. Mary's is now a member of the TMHC Board. Mr. Dick reiterated his appreciation for their involvement in TMHC's efforts.

#### E. Retirements

##### i. Robert Sack – 3/31/2017, Division Director – 30 years – EHS

Mr. Dick stated that it was his honor, although with some sadness, to announce Mr. Sack's retirement after 30 years with the Health District. He noted that at that morning's special division meeting, it was apparent that Mr. Sack will be missed. Mr. Dick presented a clock to Mr. Sack as a token of the Health District's gratitude for contributions to his Division and thanked him for his support and the pleasure of working with him.

Mr. Sack thanked the Board for allowing him the opportunity to continue to serve the community and protect Public Health for the last thirty years. He stated that, as a Division Director, he had been able to work closely with the Board and thanked them for the work they do and the interaction they have with each of the Division Directors.

Chair Jung thanked Mr. Sack for his service to the Health District and wished him a good retirement.

### 6. 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

February 23, 2017

#### B. Budget Amendments/Interlocal Agreements

- i. Approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$110,000 for the period March 29, 2017 through March 28, 2018 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO# 11238 and authorize the District Health Officer to execute the Notice of Subgrant Award.

Staff Representative: Nancy Kerns-Cummins



- ii. Approve retroactive and continued purchases on local funding for program-specific incentives from various suppliers, not to exceed the program's authorized budget authority.

Staff Representative: Nancy Kerns-Cummins

- C. Acknowledge receipt of the Health District Fund Financial Review for February, Fiscal Year 2017

Staff Representative: Anna Heenan

- D. Acceptance of the 2016 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.

Staff Representative: James English

- E. Acceptance of the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report

Staff Representatives: Charlene Albee

**Dr. Novak moved to accept the Consent Agenda as presented. Dr. Hess seconded the motion which was approved five in favor and none against.**

- 7. PUBLIC HEARING Presentation, discussion and possible adoption of the Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 Gasoline Transfer and Dispensing Facilities and related 010.000 Definitions**

Staff Representative: Mike Wolf

Mr. Wolf stated that changes to the regulations were basically the removal of the Phase II Vapor Recovery requirement. He went on to explain that it is not required that Gasoline Transfer and Dispensing Facilities remove Phase II Vapor Recovery, but the requirement that they have it is being removed.

**Chair Jung opened the Public Hearing. As there was no one wishing to speak, Chair Jung closed the public comment period. Dr. Novak moved to approve the Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 Gasoline Transfer and Dispensing Facilities and related 010.000 Definitions. Mr. Dahir seconded the motion which was approved five in favor and none against.**

- 8. Presentation on the State of Nevada's Integrated Source Water Protection Program and concurrent update and development of a Truckee River Watershed Management Plan, discussion and possible approval of staff recommendation to submit a letter in support of the program**

Staff Representative: Jim English

Presented by Kim Borgzinner and Birgit Henson NDEP

Ms. Borgzinner with the Nevada Division of Environmental Protection, Safe Drinking Water Bureau, presented the Integrated Source Water Protection Program for Washoe County and stated this planning effort to protect the drinking water sources they regulate is in its initial phases. She explained that the State is mandated to have this program available to the communities, although participation at the local level is voluntary. Ms. Borgzinner informed that this plan that helps local public water systems protect their drinking water wells and water sources, and that there are 78 active regulated public water systems in Washoe County and 200 wells within the Truckee River watershed that supply the water to a

community of 400K.

The stakeholder group is being built in this phase, and presentations made to local Boards are with the goal of gaining their support and being invited into the community to do this work. The support they request is staff time being designated to the planning effort. No fiscal contribution is being requested at this time, other than staff hours.

Ms. Borgzinner stated that NDEP had targeted Washoe County a few years ago because this community has already developed the One Truckee River Plan that was recently adopted. One of the action items in that plan is participation in the Integrated Source Water Protection Program and to do watershed planning in this community. The Truckee River Watershed Management Plan was recently approved for some updates and the Western Regional Water Commission is now in the process of updating their Regional Water Management Plan. The overlapping goals of these initiatives for drinking water protection make the proposed work a good fit for our community.

She informed that there has been coordination with the Regional Environmental Protection Agency at the National level, and they support leveraging local programs that have these overlapping goals. This community is one of the few in Nevada with a surface water source, the Truckee River, and multiple wells. It is their first opportunity to leverage two different programs at the state and provide a bigger benefit to the community by considering the Truckee River watershed as well as the different wells in the community.

Ms. Henson, Environmental Scientist IV with the Nevada Division of Environmental Protection, stated that she manages the Nonpoint Source Program, which is surface water quality. This includes the monitoring of all water pollutants; agricultural, upland pollutants such as erosion, and urban pollutants. She explained that these activities are within the Clean Water Act, Water Pollution Quality Control.

Ms. Henson explained that the Nonpoint Source Program receives funding through the federal EPA to mitigate and reduce nonpoint source pollution, and that this includes the locally funded planning groups. Since many of these activities, such as the One Truckee River Management Plan, are already underway in Washoe County and in the Truckee River Watershed, they seek approval to begin the Integrated Source Water Protection Program for Washoe County.

Ms. Henson stated that the main benefit for the Nonpoint Source Program to be involved in this planning effort is that it provides the community access to a larger amount of funding to implement their pollution control projects. \$1M is received annually for the state of Nevada with the largest majority of those funds being distributed to the Carson, Tahoe, and Las Vegas Wash watersheds, because they have watershed management plans in place.

Councilman Dahir asked how they would work with the County to bring awareness of the projects and funding that would be available. Ms. Henson informed that, when the stakeholders are assembled and the project approved, a list of projects is anticipated for prioritization, then funding could be sought. Available funds include the 319 funds previously mentioned; Source Water Funds and various other funds are also available in this watershed.

Councilman Dahir questioned the statement that no funds were being requested, noting that providing staff time is an expense to the County. He asked what amount of staff time would be necessary. Ms. Henson indicated that there would be two-hour meetings held every six weeks and other monitoring of email interactions.

Chair Jung stated that she believed the EHS staff would be supportive of this program and Mr. English confirmed. He stated that there would be approximately 12-20 hours per year of employee time involved and that would be charged to the NDEP grant for Safe

Drinking Water. Mr. English also stated that NDEP has requested Washoe County support this program. He went on to say that this program would be utilized for future planning activities, with the hope of having a sound document detailing watersheds and wells to provide basis for comment on development reviews for new buildings and infrastructure in the cities and County.

Dr. Novak asked if there would be any other involvement other than staff time at this point. Mr. English stated that there was not, and that their greatest need at this time was information regarding location of wells, hazardous materials facilities, underground storage tank facilities and other infrastructure.

**Mr. Dahir moved to accept the Presentation on the State of Nevada’s Integrated Source Water Protection Program and concurrent update and development of a Truckee River Watershed Management Plan, and approval of staff recommendation to submit a letter in support of the program. Dr. Novak seconded the motion which was approved five in favor and none against.**

## **9. Regional Emergency Medical Services Authority**

Presented by Don Vonarx

A. Review and Acceptance of the REMSA Operations Report for February 2017

**Dr. Novak moved to approve the Review and Acceptance of the REMSA Operations Report for February 2017. Mr. Dahir seconded the motion which was approved five in favor and none against.**

\*B. Update of REMSA’s Public Relations during February 2017

Mr. Vonarx noted that Mr. Romero was not present, but there was one update regarding REMSA’s work with EMS Oversight Incident Command in Lemmon Valley. He informed that there is now an ambulance stationed at the Red Rock post 24 hours per day to reduce response times due to the flood’s complications.

Dr. Novak asked if this precaution was mostly due to complication of access to the area, or if there had been an increase in requests for service. Mr. Vonarx informed that there hadn’t been an increase in service requests, and that it was part of their plan to have a base at the Red Rock post. This has enabled their response times to be well below the required standard.

Mr. Dahir informed that he’d been able to go out and ride along with REMSA, and that it was a very good opportunity to learn about their operation. He noted that they meet every day to review the previous day, and complemented them on their efficiency.

## **10. Update regarding Bill Draft Requests and Bill Drafts for the 2017 Legislative session.**

Staff Representative: Kevin Dick

Mr. Dick noted that as of Monday’s deadline for bill introduction, there were 1,161 Bill Draft Requests that had been filed, 480 Assembly bill drafts and 425 Senate bill drafts. He informed that staff and he had reviewed over 100 new bills since Monday to determine impact to the Health District and what the Health District’s position should be.

Mr. Dick stated that the plastic bag bill, AB344, would require customers be charged ten cents per bag in retail establishments until 2021, and afterward would be banned. The bill requires the Health District to conduct annual inspections and be responsible for enforcement. Since all retail establishments are not regulated by the Health District currently, a significant amount of additional staffing would be required to comply with the provisions of the bill. The initial fiscal impact is \$2.5M and approximately that amount

annually. Since this is not a public health issue, our position is to oppose this bill and testify in Carson City.

Mr. Dick explained that SB315 is regarding the State Environmental Commission to study and make recommendations concerning waste management franchise agreements, of construction and demolition waste and how recyclable materials are handled. The concern is that the County Health District could be tasked by the State to assume responsibility for the bill's provisions. He explained that our position is currently neutral, but could change to opposition if scrutiny reveals the potential for County involvement.

AB366 is of interest due to its language being in line with the Behavioral Health priority of the CHIP. Mr. Dick explained that this bill would establish behavioral health regions in the state: Washoe County would be one of four behavioral health regions in the state and Southern Nevada Health District would be another. Each health region would have a policy board that would be comprised of representatives from the region. Mr. Dick opined that this bill was of interest as a development toward evolving from the state level for mental and behavioral health services to a regional approach within the state.

Mr. Dahir asked if this was a move by the State to reduce their responsibilities, thereby increasing those of the County's with potential for increased costs to the Health District, or is it a positive move for the County to be more directly involved with the issue of behavioral health. Mr. Dick responded that a number of Assemblypersons introduced the BDR, not a State agency, and that the bill is written with an incremental approach with no indication of County financial responsibility at this time. He explained the bill outlines the role of the policy board as providing direction on the types of services to provide and to set priorities for the region, but it doesn't detail financial responsibility.

AB307 details proposed changes to EMS services for special events. Mr. Dick explained that several sessions ago, the state took the District Board of Health's guidelines for special events for EMS and ambulance services and developed state regulations (NRS) based on the Health District's guidelines. AB307 would raise the population threshold to 700K for those NRS requirements to apply. In communities with a population less than 700K, authorization for special events emergency services would fall to local government. Mr. Dick stated that our position to this bill is opposed, due to it excluding Washoe County from the guidelines that the Health District originally developed, and reducing public health protections in Washoe County during these events.

AB113 is the bill to provide for nursing mothers, and Mr. Dick explained that the Health District originally had concerns due to the provision that required District Boards of Health to provide mediation in workplaces on this issue. There has been an amendment proposed to exclude that provision, and our position is support with that language removed.

Mr. Dick stated that there were other bills of interest, including AB397 that provides a \$4M appropriation from the General Fund for Family Planning Services. This bill is aligned with SB122 for which the Health District had provided a letter of support as testimony. Mr. Dick stated that this bill creates a state account for funds for family planning that could be provided to local governments for those services. These two bills would help sustain family planning should the Affordable Care Act and Title X be repealed.

AB388 would provide a \$1M per year appropriation for Women's Health Connection over the next two years.

Mr. Dick informed that Ms. Albee had testified in support of SB152, the classic vehicle plate bill. This bill has opposition from SEMA, which is an automotive parts manufacturing association.

Mr. Dick also covered two height and weight bills, SB165 and SB273. SB165 includes a

definition of obesity and SB273 comes out of the Interim Legislative Committee on Healthcare which is height and weight measurement only, and reinstates the sunsetted provisions. Mr. Dick informed that the Health District is in support of both of those bills with the exception of the obesity definition. The Nevada Public Health Commission voiced our concern on SB165's definition of obesity that has already been defined by the American Medical Association. That provision may have the effect of making the NRS inflexible if guidelines change in the future. Washoe County School District is opposed to the height and weight measurement bills citing increased staff time, and entered a fiscal note on the bill.

SB355 would provide for grief support services and would be funded by a 2% reduction in monies collected for death certificates. Those funds would be placed in a State account for those services. Mr. Dick explained that the Health District's position is currently neutral, and the fiscal impact would be approximately \$46K per year. There is potential to increase fees to offset the impact of lost revenue, but not all aspects involved with a fee increase have been investigated. If that is not possible, the Health District's position could become opposed.

Dr. Novak asked what type of counseling would be provided, and Mr. Dick explained that the State Division of Public and Behavioral Health would provide that service.

Dr. Todd stated that he did not have any additional information regarding this bill, however, that the Southern Nevada Health District charges \$33 per death certificate with potential to increase to \$35. Should a fee increase be necessary, Dr. Todd informed the Board that this request would be brought before them for potential approval of that increase.

Mr. Dick added that this information was discovered at approximately 11:30 a.m. this morning, and there had been no time to engage Ms. Admirand about fee increases and options. Dr. Todd informed that the State's opinion of our fee being set at \$25 was that it would be more in line with the rest of the state.

Mr. Dahir asked how the persons in need of counseling be referred. Dr. Todd replied that his understanding was that the monies would go into a special fund and providers would be selected at the state level.

Mr. Dick stated the BDR from the Interim Legislative Committee on Healthcare is being watched with the hopes that e-cigarettes and vaping will be added to the Clean Indoor Air Act. Also anticipated is a smog check bill to revise the Smog Check Program. He informed that Ms. Albee was involved with the State subcommittee on recommended changes.

Mr. Dick informed that there are many new bills with potential impact to the Health District, more than in previous sessions, due to concerns regarding repeal and replacement of the Affordable Care Act. There are a number of bills that require Medicaid and insurance in Nevada to cover preventive services, maternity, newborns, family planning and contraception.

AB374 is a bill that would allow persons who don't qualify for Medicaid because of their income be able to join Medicaid as their health insurance provider at 150% of the median for Medicaid.

Mr. Dick went on to explain that, in the information provided to the Board, there were a number of marijuana bills at the end of the document, and that the Health District's position is neutral on most of them at this point. SB236 is the exception, as it provides for the use of marijuana at special events. The Health District's position is monitor and oppose due to concerns about secondhand smoke.

Chair Jung requested the documents used to inform the Board on the status of bills be put in numerical order with color coding for the various stages of engagement.

Mr. Dahir asked, as a member of the District Board of Health, what impacts were expected regarding the new marijuana laws. Chair Jung indicated that collaboration with the

cities and the County would be the best approach to include all points of view on this subject, including the topics of cost recovery and education.

Dr. Novak asked if a special Board meeting regarding special education on the subject of marijuana would be a prudent. He stated that time is short to educate all three entities as well as the Health District itself. Chair Jung indicated that a special meeting would be considered.

**Dr. Hess moved to accept the Update regarding Bill Draft Requests and Bill Drafts for the 2017 Legislative session. Dr. Novak seconded the motion which was approved five in favor and none against.**

## **11. \*Staff Reports and Program Updates**

### **A. Air Quality Management, Charlene Albee, Director**

Program Update, Divisional Update, Program Reports

Ms. Albee stated that she had nothing to add, but was available to answer questions.

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

Program Update – World TB Day – Tuberculosis Prevention and Control Program; Divisional Update – Patagonia Health; Data & Metrics; Program Reports

Mr. Kutz also stated that he had nothing to add to his report, but would be happy to answer any questions.

Dr. Novak congratulated Mr. Kutz on a well written report.

### **C. Environmental Health Services, Bob Sack, Director**

EHS Division and Program Updates – Childcare, Food, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management

Chair Jung asked Mr. Sack to report on EHS, since it would be his last due to his retirement.

Mr. Sack stated that he would be happy to answer questions, but had nothing to add to the report at this time. He stated that there would be flood information given in supplement to Mr. Dick's report.

Dr. Hess asked if a report would be forthcoming regarding waste management violations mentioned in the Reno Gazette-Journal report. Mr. Sack indicated that there appears to be litigation associated with the waste management industry regarding issues at the city level, and clarified that it is not exclusively Waste Management, Inc. that is involved. The Health District has become involved as there have been numerous public records requests made associated with this issue. There were a number of violations found during inspections conducted by the city and the Health District at a recycling facility. Efforts by the facility are underway to resolve these issues, and those activities are being monitored by the Health District.

Dr. Novak asked if the vector situation was being monitored. Mr. Sack stated that vector information would be covered in relation to the flood as part of the DHO's report.

Mr. Dahir informed that he'd just returned from a trip to another country where they do not have programs such as those provided by EHS, and that he appreciates everything Mr. Sack has contributed in his 30-year career.

Mr. Sack responded, saying that one of the attractions of this career for him has been the disciplines that the Environmental Health Services Division is involved in on a daily basis. He praised his staff by saying that they collectively provide a wide variety of services to benefit the community and they do it very, very well.

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

Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

Dr. Todd had nothing to add to the report, but stated he'd be happy to answer any questions.

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

District Health Officer Report –FY17-18 Budget, North Valleys Flood, Regional License/Permit Program, Quality Improvement, Public Health Accreditation, Strategic Plan, Community Health Improvement Plan, Workforce Development, Truckee Meadows Healthy Communities, Other Events and Activities and Health District Media Contacts

Mr. Dick stated that he'd like to begin by a report out on the FY17-18 Budget. As required by the Interlocal Agreement, Mr. Dick informed that he'd met with the City and County Managers as well as the County Budget Staff. In attendance were Manager Driscoll and Assistant Manager Christine Vuletich. Bill Thomas had been invited and confirmed he would attend, but was out of town during the meeting. Mr. Dick presented the budget and discussed it with the Managers. Mr. Driscoll inquired if our budget would allow potential one-off projects, and Mr. Dick confirmed that professional services and other services and supplies were included in the budget and could be used for those types of projects. Mr. Driscoll also commented on the ending fund balance. Mr. Dick stated that he provided the same information to him as he had previously to the Board, that the conservative approach to budget planning was due to concerns regarding grant funding from federal agencies that the Health Department relies on. Mr. Driscoll appreciated the forethought involved in this approach.

Mr. Dick informed that he'd seen Mr. Thomas after his receipt of the budget information and invited his comment. As of this Board meeting, Mr. Thomas has not provided comment. Mr. Dick stated that he'd also met with the County Budget staff and reviewed the budget with them.

Regarding the North Valleys Flood, Mr. Dick reviewed the Health District's high level of involvement. Together with the County and Truckee Meadows Fire Protection District, a Unified Command was established with Battalion Chief Sam Hicks as Incident Commander. The Health District has been engaged with the Incident Command Team with Mr. Jim English as our primary representative who has many long hours invested. Mr. Phil Ulibarri has been representing the Health District as part of the Joint Information Communication Team (JIC), and the Emergency Preparedness Planning Group has been involved with providing sign boards and AM radio broadcasting for messaging. The Medical Reserve Corps Volunteers had been engaged in the community providing assistance. EHS has been working with residents on issues concerning wells and septic systems and have provided water sampling kits for residents on wells. Mr. Dick informed that, fortunately, the majority of wells have not been impacted. Surface water sampling has been conducted on the flood waters, with communication to residents to presume these waters are contaminated. There has been some contamination found, but there is not a high incidence of these findings.

Mr. Dick invited Mr. English to report on the flood.

Mr. English stated that he was tasked to help coordinate the Health District's response to the flood incident at the North Valleys. He referred to the report he'd given in Mr. Sack's absence last month, and that they were fully engaged and aware of the potential

environmental situation in the North Valleys at that time. Mr. English informed on March 1<sup>st</sup>, he and Ms. Conti met with Mr. Kenneston at the EOC to discuss planning, potential action and determine the scope of the project. They gave them direction on the environmental health issues. The scope of the project led to escalation of the response to Unified Command with Sam Hicks as the Incident Commander as of March 6<sup>th</sup>. The Health District has been fully involved in the Unified Command effort with Mr. English representing Mr. Dick, DHO. County Manager Slaughter is also included in that Command. Mr. English stated that the Health District has been staffing the REOC as requested from 7:00 a.m.-6:00 p.m., but that members of the Health District have been at the flood sites daily.

Mr. English informed that during the week of the 6<sup>th</sup>, the Health District worked with the Emergency Planning group to devise short and long-term plans. EHS wrote the disinfection protocols that are being used by all first responders, and evaluated the initial rounds of surface water data collected. Due to concern of residential well contamination, EHS proactively initiated a well sampling program for bacterial results. 250 sampling kits were distributed and 75 were received to evaluate. Mr. English indicated that Swan Lake, Silver Lake and Whites Lake have been sampled twice per week throughout this event, with results being reported to the IOC. Mr. English had worked with three Safety Officers during the week of the 6<sup>th</sup> when the USAR Taskforce Team was here. Their medical officer was Dr. Hess. There were two workers that had fallen into the lake, and due to concern of contamination, Mr. English was able to release test results to him.

A long term environmental plan was developed during the first week of Incident Command which included a vector component for the three bodies of water. Mr. English stressed that Silver Lake and Whites Lake are also monitored, although it might be perceived that Swan Lake and Lemmon Valley were the main focus. A full surveillance program was created in that first week at the request of the IC for mosquitos. Both New Jersey traps were deployed in the Swan Lake area as well as six CO2 traps. There is currently mosquito activity, and IC has provided DEET for all first responders. A plan to proactively treat all three bodies of water with larvicide from spring to early fall is in place. A long term response plan has been written for ongoing recovery of this event. The incident action plan today would show that the greatest majority of responders is the Health District, other than workers finishing the wall and maintaining pumps. The Health District has the coordination duties for Waste Management, Hazmat response and hazardous waste characterization, mosquito surveillance, surface water sampling, residential well sampling, and is coordinating the County's damage assessment teams. Environmental Health and Building and Safety are currently evaluating structures in the area.

Mr. English stated that today there are over 12 staff members that are working parts of this event, moving EHS into an ICS role to backfill employee's daily work. In the past pay period there have been over 400 hours in response to this incident which include assessing homes on Sunday. EHS has worked closely with EPHP who have offered to provide assistance via creating a handout of commonly asked questions and information on well and septic issues for residents.

The State requested the Health District to provide assistance regarding mental health related to disasters, and EPHP staff was able to collect information for the public meetings. EHS has been present at all of the public meetings and Command decision-making meetings and have continued to provide assistance as requested.



Currently, as we move into recovery, Mr. English stated that he sees the Health District having a long term role in this response, including repair of up to 160 septic systems, rehabbing or requiring water connections and mosquito abatement. As part of the long term goal, and because of Mr. English's work with both State DEM and federal representatives, a plan was created that covered all wetlands within Washoe County. As public meetings were held for this event, residents from other areas such as Rancho Haven and Palomino Valley inquired how their communities would be affected and what measures would be implemented to mitigate septic, well and mosquito issues. Mr. English informed that EHS has provided a proactive plan for the whole of Washoe County to larvicide the community, protecting against vectors and mosquitos, which follows the federal guidelines for potential reimbursement.

Mr. Dahir commended EHS and all Health District and County responders on their efforts, and hoped to find ways to highlight their achievements to the community. He asked if it would be possible to update Board Members on emergency issues, enabling them to communicate accurate information to their constituents. Mr. Dahir stated that he would like to have the tools to help control the narrative in the community regarding the Health District's efforts.

Mr. Dick informed that much of the information is distributed in coordination with the JIC and would make sure the Board Members were on that distribution list. Chair Jung agreed it was a good request. Mr. English informed that EHS started a Twitter account, and that he would provide the DHO that account information and for Facebook as well. He stated that they have worked very hard to provide public messaging with the Health District's Communication Manager, Mr. Ulibarri, and through the JIC, the website, Facebook and Twitter. Mr. English agreed that if the Board Members accessed this information that the outreach to the community would be much greater.

Dr. Hess inquired if there were contaminants found in the surface water testing that were of concern. Mr. English stated that there was not at this time. He explained that the initial testing had been a full panel, sampling in the same locations that the NDEP had because of a sewer treatment plant located inside the flooded area. That Washoe County operated plant is completely sound at this time. The Reno-Stead sewer treatment plant discharges a fluid into that same basin. The testing schedule was tripled and components for BTEX and petroleum components were added. The results were well below recreational lake levels for contamination, as were some point locations that contain e coli. He stressed that EHS is not communicating that these waters are safe, but it is clear that this is rain water and runoff.

Mr. Dahir asked if mercury was an issue in these waters, Mr. English responded that it has not been an issue historically, so there has been no testing for mercury.

Mr. Dick commended the job Chief Hicks has done as lead of the Incident Command Team.

Mr. Dick stated that, regarding Accela licensing and permits program, the Health District's portion of the cost for next year's subscription is being discussed. He explained that the original contract was based on a set number of seats that were subscribed for at a given cost. The other jurisdictions have increased their number of users for the subscription to the system in the future. The Health District's numbers have remained the same. The increase in users from the other jurisdictions has increased the cost per new user to be higher than the cost for the current users. The formula that was used to calculate amounts owed per jurisdiction have shifted excess costs to the Health District and nearly doubled our portion of the subscription cost, when our costs should be

calculated at the original amount. Mr. Dick stated that this issue will hopefully be resolved in the next few months.

Mr. Dick informed that the cost for the mosquito abatement program that Mr. English referred to would impact the budget by several hundreds of thousands of dollars, spread over this fiscal year and the next, and isn't included in the Health District's budget. There have been discussions with the County Budget Office regarding those expenses, and it would require going before the Board of County Commissioners to have our budget augmented to provide the applications of larvicide. With the emergency declaration and the work that has been done, these costs should be FEMA reimbursable, but it would take time to receive those monies.

Dr. Hess asked about the Health District's reserves and if the budget should be reviewed. Mr. Dick stated that, because this is an emergency situation, the first course of action would be to go to the County to request the additional funds.

Dr. Novak asked if vector surveillance had been increased for Reno, Sparks and other local areas outside of the flooded area. Mr. Sack stated it is planned to survey as they normally would, which is adequate even in light of the flood. He informed that there are limited funds for helicopter and applying larvicide. Currently, the existing budget would provide approximately one helicopter application of 250 acres between now and the end of the fiscal year. There are about 2,000 acres at this time that would need to be treated multiple times to be effective. Mr. Sack stressed that the Health District's reserves were not sufficient to cover these expenses and should not be used for this purpose.

Dr. Novak asked if Accela was operational. Mr. Dick informed that the Health District is up and operational, but there are still issues that have to be addressed. The improvement of the workflow process between the cities, County and the Health District is progressing, which is vital as the Health District works with each of those entities in plan review. Mr. Dick stated that the implementation of the contract with Accela was not performed to the Health District's satisfaction. Dr. Hess asked if we have recourse for reimbursement of monies. Mr. Dick explained that it is a difficult situation with the first objective to get the software to function as it should for the sake of the Health District's operation.

Mr. Dick reviewed the Quality Improvement survey, noting that there has been some decline in some responses from staff, and opined that it was due to the dramatic increase in workload. Some factors related to increased workload include the implementation of Accela and Patagonia in CCHS, the increase in service demand, the Strategic Plan and other improvement activities. Employees responded that they are concerned about competing priorities with Quality Improvement. Statisticians confirm that, although there have been some declines in responses, it's not statistically significant. One change that Mr. Dick highlighted was the amount of employees that responded, an increase from 90 in 2014, and 83 in 2015, to 117 that responded this year. This could be related to removing identifiers from the survey.

Mr. Dick informed that there is a Workforce Development Survey in place in collaboration with UNR to assess training needs for professional development of staff. This data will be used in developing the Health District's Workforce Development Plan and strengthen staff performance by providing target training.

Also related to Workforce, Mr. Dick stated that a national recruitment has been posted to fill Mr. Sack's position. He informed that he'd met with EHS staff this morning to advise them of the posting and that he would be meeting with the EHS Supervisors on a weekly basis to lead that division in the interim. The possibility of

rotating Division Directors to act as lead is being discussed if the position takes a while to fill. He stressed that the most important factor is choosing the correct candidate due to long term implications to EHS. There are several external people that have agreed to sit on the interview panel with Mr. Dick for this appointed position.

Mr. Dahir asked if internal candidates would be considered and Mr. Dick confirmed that it is an open recruitment and so both internal and external candidates are eligible.

Mr. Dahir stated concern with response of the QI survey question, "I work well with other programs and divisions to design and improve services." He noted that this was an important measure of a group's health and asked what could be done to raise that result.

## **12. \*Board Comment**

## **13. \*Public Comment**

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

## **14. Adjournment**

**Chair Jung adjourned the meeting at 2:36 p.m.**

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**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, PO Box 1130, Reno, NV 89520-0027, 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  
Washoe County Health District Website [www.washoecounty.us/health](http://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. 9<sup>th</sup> Street, in Reno, Nevada. Ms. Laura Rogers, Administrative Secretary to the District Board of Health is the person designated by the Washoe County Health 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](mailto:lrogers@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

DD	___AH___
DHO	_____KD
DA	_____
Risk	_____

**Staff Report**  
**Board Meeting Date: April 27, 2017**

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer, Washoe County Health District  
775-328-2419, [nkcummins@washoecounty.us](mailto:nkcummins@washoecounty.us)

**SUBJECT:** Approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$371,850 retroactive to April 1, 2017 through June 30, 2018 in support of the Community and Clinical Health Services Division (CCHS) Immunization Program Internal Orders #10029 and #11319 and authorize the District Health Officer to execute the Notice of Subgrant Award.

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**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements. The District Health Officer is authorized to execute other agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Community and Clinical Health Services Division received a Notice of Subgrant Award from the State of Nevada on March 28<sup>th</sup> to support the Immunization (IZ) Program. The funding period is retroactive to April 1, 2017 and extends through June 30, 2018. A copy of the Notice of Subgrant award is attached.

**District Health Strategic Objective supported by this item:**

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

**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**

The Board of Health approved Amendment #2 to the Notice of Subgrant Award for the IZ Program in the amount of \$78,201.00 retroactive to January 1, 2016 through March 31, 2017 on December 15, 2016.

**BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name:** Immunization Program

**Scope of the Project:** The Subgrant scope of work includes the following: conduct Vaccine for Children (VFC) compliance visits, perform Assessment, Feedback, Incentives and Exchanges

(AFIX) assessments, perinatal Hepatitis B prevention activities, and seasonal influenza vaccination activities. The Subgrant provides funding for personnel, travel and training, operating expenses, professional services and indirect expenditures.

**Benefit to Washoe County Residents:** This Award supports the Immunization program mission to public health by reducing vaccine-preventable disease through immunization, with an emphasis on collaboration and cooperation with community partners.

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

**Award Amount:** \$371,850.00

**Grant Period:** April 1, 2017 – June 30, 2018

**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:** 93.268 & 93.539

**Grant ID Number:** HD #15959 / NH23IP000727-05-00

**Match Amount and Type:** No match required

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

### **FISCAL IMPACT**

There is no additional fiscal impact should the Board approve the Notice of Subgrant Award. As the FY17 budget in Internal Orders #10029 and #11319 was adopted with sufficient expenditure authority, no budget amendment is necessary.

### **RECOMMENDATION**

It is recommended that the Washoe County Health District approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$371,850 retroactive to April 1, 2017 through June 30, 2018 in support of the Community and Clinical Health Services Division (CCHS) Immunization Program Internal Orders #10029 and #11319 and authorize the District Health Officer to execute the Notice of Subgrant Award.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$371,850 retroactive to April 1, 2017 through June 30, 2018 in support of the Community and Clinical Health Services Division (CCHS) Immunization Program Internal Orders #10029 and #11319 and authorize the District Health Officer to execute the Notice of Subgrant Award."



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

HD #: **15959**  
 Budget Account: 3213  
 Category: 20  
 GL: 8516  
 Job Number: **9326817**

### NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> Nevada State Immunization Program Bureau of Child, Family & Community Wellness	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	<b>Address:</b> PO Box 11130 Reno, NV 89520
<b>Subgrant Period:</b> 04/01/2017 – 06/30/2018	<b>Subgrantee's:</b> EIN: <b>88-6000138</b> Vendor #: <b>T40283400</b> Dun & Bradstreet: <b>73786998</b>

**Purpose of Award:** To eliminate cases of vaccine preventable diseases in Washoe County by raising immunization rates and through case management under the provisions of Perinatal Hepatitis B Prevention.

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

<b>Approved Budget Categories:</b> <table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ 319,180.00</td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ 2,042.00</td></tr> <tr><td>3. Operating</td><td style="text-align: right;">\$ 1,695.00</td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$</td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$</td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$ 6,154.00</td></tr> <tr><td>7. Indirect</td><td style="text-align: right;">\$ 42,779.00</td></tr> <tr><td><b>Total Cost:</b></td><td style="text-align: right;"><b>\$ 371,850.00</b></td></tr> </table>	1. Personnel	\$ 319,180.00	2. Travel	\$ 2,042.00	3. Operating	\$ 1,695.00	4. Equipment	\$	5. Contractual/Consultant	\$	6. Other	\$ 6,154.00	7. Indirect	\$ 42,779.00	<b>Total Cost:</b>	<b>\$ 371,850.00</b>	<b>Disbursement of funds will be as follows:</b>  Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed <b>\$371,850.00</b> during the subgrant period.
1. Personnel	\$ 319,180.00																
2. Travel	\$ 2,042.00																
3. Operating	\$ 1,695.00																
4. Equipment	\$																
5. Contractual/Consultant	\$																
6. Other	\$ 6,154.00																
7. Indirect	\$ 42,779.00																
<b>Total Cost:</b>	<b>\$ 371,850.00</b>																

Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:
1. Nevada Immunization & Vaccine for Children Federal Grant (CDC)	55%	93.268	NH23IP000727	NH23IP000727-05-00
2. Nevada Immunization & Vaccine For Children - PPHF	45%	93.539	NH23IP000727	NH23IP000727-05-00

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

- Expenditures must comply with appropriate state and/or federal regulations;
- This award is subject to the availability of appropriate funds; and
- The recipient of these funds agrees to stipulations listed in the incorporated documents.

**Incorporated Documents:**  
 Section A: 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; and  
 Section F: DPBH Business Associate Addendum

	Signature	Date
Kevin Dick District Health Officer		
Shannon Bennett Program Manager, NSIP		3/22/17
Beth Handler, MPH Bureau Chief, CFCW		3/24/17
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

**SECTION A**

**Assurances**

As a condition of receiving subgranted funds from the Nevada State Division of Public and Behavioral Health, the Subgrantee agrees to the following conditions:

1. Grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.
2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
  - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
  - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this subgrant award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply 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 or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it 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. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

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10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. Any federal, state, county or local agency, legislature, commission, council, or board;
  - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
  - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. Ascertain whether policies, plans and procedures are being followed;
  - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds 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***

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

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**SECTION B**

**Description of Services, Scope of Work and Deliverables**

The intent of this subgrant is to perform activities deemed effective in improving immunization coverage and to reduce hepatitis B disease among children and adults in Washoe County. The activities addressed in this subgrant are required under the federal Immunization and Vaccines for Children Grant, CFDA 93.268, administered by the Centers for Disease Control and Prevention (CDC), and identified within the Immunization Program Operations Manual (POM) dated 1/1/2013 – 12/31/2017.

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

**Scope of Work for WCHD (April 1, 2017 – June 30, 2018)**

**CHAPTER A – PROGRAM STEWARDSHIP AND ACCOUNTABILITY**

**VFC COMPLIANCE VISITS**

VFC compliance visits ensure that federally provided vaccine is stored, handled and administered appropriately. **All county Quality Assurance Coordinators are required to work closely with state Provider Quality Assurance Manager.**

**Goal 1:** Enhance stewardship and accountability for all publicly purchased vaccine and VFC/317 funding.

<b><u>Objective</u></b>	<b><u>Activities</u></b>	<b><u>Due Date</u></b>	<b><u>Documentation Needed</u></b>
1. (POM A-7) By 6/30/2018, assure that VFC-enrolled providers comply with VFC Program requirements through compliance visits to at least 50% of active VFC-enrolled providers in jurisdiction.	1) From 4/1/2017 – 6/30/2018, the state Provider Quality Assurance Manager and county coordinators are responsible for conducting compliance visits on a minimum of 50% of enrolled VFC providers. In addition, coordinators must ensure 100% of VFC providers satisfy the VFC annual training component. State and county coordinators are responsible for their specific jurisdiction. Every month, state and county coordinators are responsible for conducting a minimum designated amount of VFC compliance visits. This schedule will help coordinators meet the annual goal of 50%. The following are required for VFC compliance visits: a) Utilize the most current VFC Compliance Visit Reviewer Guide provided by PEAR. Submit the VFC Compliance Visit data in PEAR while in <b>the provider office or within 10 days of the visit.</b>	6/15/2018	1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided).  2. Within 30 days of the VFC Compliance Visit, submit the following documentation: a. Acknowledgement of Receipt signed by provider/medical director or delegate. b. VFC Program training documentation when applicable.

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	<p>b) Conduct VFC Compliance Visits on 100% of newly enrolled VFC providers no sooner than 90 days and no later than 120 days after enrollment.</p> <p>c) Provide technical assistance and/or follow-up visits as directed by the NSIP Provider Quality Assurance Manager.</p> <p>d) Washoe County Quality Assurance coordinators will complete required VFC Program annually, as is required for VFC providers and staff.</p> <p>2) As assigned by the NSIP Vaccine Manager, perform unannounced storage and handling visits on VFC providers in jurisdiction.</p> <p>3) Ensure that during 2017 and the first half of 2018, every VFC provider completes the mandatory VFC training as required by the CDC, through:</p> <p>a) VFC Compliance Visit, <b>OR</b></p> <p>b) Certificates of completion from the "You Call the Shots" modules 10 &amp; 16, <b>OR</b></p> <p>c) QA Coordinator training session utilizing the VFC Training Elements checklist in person or by phone.</p> <p>4) Update VFC provider offices' contact information in PEAR and AFIX Online Tool as changes occur within VFC providers' offices within WCHD jurisdiction (e.g., changes in Primary or Back-Up Vaccine Coordinators).</p> <p>5) Relocate short-dated publicly-funded vaccine as requested by NSIP staff to prevent vaccine waste in jurisdiction.</p>		<p>3. Submit the compliance visit data into PEAR while in the provider office or within 10 days of performing the compliance visit.</p> <p>a. Enter follow-up provider contacts in PEAR until 100% compliance is achieved.</p> <p>b. Submit Reviewer Follow Up Plan in PEAR when non-compliance issues are resolved.</p> <p>4. Submit the required "Acknowledgement of Receipt" within 30 days of conducting an Unannounced Storage &amp; Handling Visit.</p> <p>a. Submit visit data into PEAR while in the provider office or within 10 days of the visit.</p> <p>5. Provide VFC Provider's office staff training data to the State Provider Quality Assurance Manager as requested to assist with tracking VFC Provider compliance.</p>
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**CHAPTER B – ASSESSING PROGRAM PERFORMANCE**

**AFIX ASSESSMENTS**

Assessment, Feedback, Incentives and Exchange (AFIX) is a continuous quality improvement process that is used to improve VFC providers' immunization practice and raise immunization coverage rates in individual offices. **All county Quality Assurance Coordinators are required to work closely with the state Provider Quality Assurance Manager.**

**Goal 2:** Assess program performance for program improvement.

<b><u>Objective</u></b>	<b><u>Activities</u></b>	<b><u>Due Date</u></b>	<b><u>Documentation Needed</u></b>
<p>1. (POM B-3) By 6/30/2018, work with VFC providers on quality improvement processes to increase coverage levels and decrease missed opportunities using AFIX components and move toward use of NV WebIZ as primary source of data for provider coverage level assessments.</p>	<p>1) From April 1, 2017 – June 30, 2018, the state Provider Quality Assurance Manager and county coordinators will conduct childhood AFIX assessments on selected VFC providers. The following will be conducted during each AFIX visit:</p> <ul style="list-style-type: none"> <li>a) Utilize NV WebIZ to conduct AFIX assessments or directly enter immunization records into the most current CoCASA module as provided by the CDC. Transition to NV WebIZ generated assessments and reports when instructed.</li> <li>b) Complete the Assessment Questionnaire and assist the provider to select 2 areas of Quality Improvement. Create a Quality Improvement Action Plan for each provider.</li> <li>c) After receiving the updated immunization information from the providers, generate the antigen series rate in CoCASA for the 4.3.1.3.3.1.4 immunization series, the individual antigen rates, and the missed opportunity rates by utilizing the "Assessment Results" tab and selecting "up-to-date rate at age 24 months."</li> <li>d) Utilizing the AFIX Online Tool, enter the correct provider information, general AFIX visit information, Assessment Questionnaire, assessment results, feedback, and all follow-up sessions.</li> <li>e) Conduct the required follow-up session within six (6) months of the feedback session and include an AFIX assessment on the same age cohort <b>(but, not the same patients).</b></li> </ul>	<p>6/30/18</p>	<ul style="list-style-type: none"> <li>1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided).</li> <li>2. Within 30 days of the AFIX Visit, submit the following documentation:               <ul style="list-style-type: none"> <li>a. Childhood Immunization Report Card</li> <li>b. CoCASA Summary Report for the 4.3.1.3.3.1.4 series "up-to-date at age 24 months" – page 1.</li> </ul> </li> <li>3. Enter the AFIX Visit data into the AFIX Online Tool within 10 days of completing the visit.</li> <li>4. Document progress on Quality Improvement Activities in the AFIX Online Tool during each follow-up visit.</li> </ul>

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	<ul style="list-style-type: none"> <li>f) Follow providers' progress to 100% implementation of Quality Improvement activities selected.</li> <li>g) Attach Report Card and Quality Improvement Action Plan to "FILE" section of AFIX online.</li> <li>h) Promote reminder/recall programs, NV WebIZ classes, and NILE activities during provider visits.</li> <li>i) Perform immunization assessments for all NV WebIZ users in jurisdiction for the annual Silver Syringe Awards; generate immunization rates from NV WebIZ for those providers that did not receive an AFIX visit.</li> </ul>		
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**CHAPTER C – ASSESSING ACCESS TO VACCINATIONS**

**PERINATAL HEPATITIS B PREVENTION**

Based on the success of past endeavors of Hepatitis B disease reduction among both children and adults, the CDC seeks to eliminate Hepatitis B virus transmission in the United States. However, this goal cannot be achieved without assistance from the immunization grantees, especially the Perinatal Hepatitis B prevention coordinators. **All county Perinatal Hepatitis B Coordinators are required to work closely with the state Perinatal Hepatitis B Coordinator.**

**All jurisdictions are required to use the Perinatal Hepatitis B Module within Nevada WebIZ to conduct case management activities for all infants born to HBsAg positive mothers. Case, infant and contact information including serology, HBIg and hepatitis B vaccination dates must be documented in this module.**

**The annual Perinatal Hepatitis B Prevention Assessment is due to Doug Banghart upon his request.**

**Goal 3: Work with partners, as appropriate, to assure coordination of the following activities to prevent Perinatal Hepatitis B transmission.**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
1. (POM C5-a) Identify HBsAg-positive pregnant women.	1) Throughout 2017: a) Educate prenatal, postpartum, and pediatric providers on the importance of screening all women during every pregnancy for HBsAg; b) Improve mechanisms to identify women who are HBsAg-positive and pregnant; and c) Identify household and sexual contacts and offer testing and Hepatitis B vaccination.	12/31/2017	1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided).
2. (POM C5-b) Prophylax newborns with Hepatitis B vaccine and HBIg.	1) Throughout 2017, provide technical assistance to each birthing hospital in jurisdiction to establish mechanisms to confirm women's HBsAg status at time of delivery, and if a woman presents for delivery without documentation or HBsAg status is unknown, establish policies or mechanisms to immediately test for HBsAg status.	12/31/2017	1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided).

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	<p>2) If mother is HBsAg-positive, then establish policies or mechanisms to administer Hepatitis B vaccine and HBIG to infant within 12 hours of birth. If HBsAg status is unknown at birth, then administer Hepatitis B vaccine to infant within 12 hours of birth. Provide technical assistance to each birthing hospital in jurisdiction to establish policies or mechanisms to administer HBIG to infant as soon as HBsAg-positive status is confirmed, but no later than one week after birth.</p> <p>3) Throughout 2017, review mechanisms for birthing hospitals to routinely provide documentation of date and time of HBIG and Hepatitis B vaccine administration to exposed newborn to the infant's identified health care provider and the county Perinatal Hepatitis B Prevention Program.</p> <p>4) Throughout 2017, review policies and mechanisms to have birthing hospitals routinely provide documentation of date/time and type of post-exposure prophylaxis administered to infants born to women with unknown HBsAg status to the newborn's pediatrician and the county Perinatal Hepatitis B Prevention Program and to provide results of HBsAg screening as soon as results become available.</p> <p>5) Throughout 2017, provide technical assistance to each birthing hospital in jurisdiction to develop policies and/or procedures for administering the first dose of Hepatitis B vaccine to all infants born to HBsAg-negative women before hospital discharge or, for infants weighing less than 2,000 grams, at one month or hospital discharge, whichever comes first.</p>	12/31/2017	1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided).
<p>3. (POM C-5c) Increase timely completion of doses two and three.</p>	<p>1) Throughout 2017: a) Review and improve mechanisms and implement remind/recall of infants enrolled in the Perinatal Hepatitis B Prevention Program so that they receive all required doses of the Hepatitis B vaccine series on schedule.</p>	12/31/2017	

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<p>4. (POM C-5d) Increase post-vaccination serology.</p>	<p>b) Review and improve protocols to actively follow up with families that do not receive the full Hepatitis B vaccine series according to the most current ACIP-recommended childhood immunization schedule. c) Review and improve mechanisms to ensure that the Perinatal Hepatitis B Prevention Program receives documentation of administration data (mm/dd/yyyy) for all hepatitis B vaccine doses administered to the identified infants born to HBsAg-positive women.</p>	<p>12/31/2017</p>	<p>1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided). 2. Copy of Action Plan due to NSIP Perinatal Hepatitis B Prevention Coordinator upon completion.</p>
<p>4. (POM C-5d) Increase post-vaccination serology.</p>	<p>1) Identify contributing factors that prevent infants from obtaining post-vaccination serologic testing (PVST) within the ACIP-recommended testing and time frame. 2) Develop and implement an action plan to reduce/eliminate identified factors within program's control that prevent infants from obtaining timely PVST. Provide a copy of the plan to State Perinatal Hepatitis B Coordinator. 3) Identify, contact, and collaborate with other entities that may be able to reduce/eliminate identified factors outside the program's control that prevent infants from obtaining timely and appropriate PVST. 4) Develop and implement mechanisms that remind/recall infants enrolled in the Perinatal Hepatitis B Prevention Program to receive PVST when due. 5) Review and improve protocols that actively follow up with families of infants that do not obtain PVST according to the ACIP recommendations. 6) Review and improve protocols to close infants to Perinatal Hepatitis B Prevention Program services with PVST results that report the infants are protected against hepatitis B infection.</p>		

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	<p>7) Review and improve protocols to actively follow-up with families of infants with PVST results that indicate infants remain susceptible to Hepatitis B infection to revaccinate infant with 2<sup>nd</sup> Hepatitis B vaccine series and receive PVST results after the completion of the 2<sup>nd</sup> Hepatitis B vaccine series.</p> <p>8) Review and improve mechanisms to obtain and document date of infant's PVST and results from appropriate sources (i.e., family, lab, healthcare provider, etc.).</p>		
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**CHAPTER E – IMPROVE AND MAINTAIN PREPAREDNESS**  
**SEASONAL INFLUENZA VACCINATION**

**Goal 4:** Conduct seasonal influenza vaccination activities to improve preparedness for an influenza pandemic.

<b><u>Objective</u></b>	<b><u>Activities</u></b>	<b><u>Due Date</u></b>	<b><u>Documentation Needed</u></b>
<p>1. (POM E-3) Throughout 2017, work with new and existing partners to increase demand for seasonal influenza vaccine to improve preparedness for an influenza pandemic.</p>	<p>1) Work with Immunize Nevada and other local partners, especially those which serve groups at high risk for complications from influenza and/or underserved populations, to increase demand for seasonal influenza vaccination.</p> <p>2) Conduct outreach seasonal influenza vaccination clinics for targeted populations.</p> <p>3) Participate in training local advanced EMTs and Paramedics on the administration of intramuscular, intradermal, and intranasal influenza vaccines in collaboration with the WCHD Public Health Preparedness division.</p> <p>4) Conduct immunization trainings for new and existing partners to increase demand for seasonal influenza immunization and other recommended immunizations across the lifespan.</p>	<p>12/31/2017</p>	<p>1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided).</p> <p>2. Outreach Vaccination Clinic Reports – Reports should include, when feasible, the number of clinics held, total number of individuals targeted, dates of clinics with respect to jurisdictions influenza season, and a description of the target population by age and race/ethnicity.</p> <p>3. EMT and Paramedic Trainings- Reports should include the number of trainings held and number of participants.</p> <p>4. Immunization Trainings – Reports should include location, number of participants and description of audience (ex: Nursing Students at Orvis School of Nursing).</p>

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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 subgrant, 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 NH23IP00727-05-00 from The Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of neither the Division nor the CDC."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number NH23IP00727-05-00 from The Centers for Disease Control and Prevention (CDC).

Subgrantee 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	\$ 319,180.00	See Exhibit A to Section C	
		\$	
2. Travel	\$ 2,042.00		
		\$	
3. Operating	\$ 1,695.00		
		\$	
4. Equipment	\$		
		\$	
5. Contractual Consultant	\$		
		\$	
6. Other	\$ 6,154.00		
		\$	
7. Indirect	\$ 42,779.00		
		\$	
<b>Total Cost</b>	<b>\$ 371,850.00</b>		

- Categorical adjustments of 10% or less are permitted and must be requested and approved through the Nevada State Immunization Program Manager. Written permission must be obtained and can be done via e-mail.
- 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/Subgrantees 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).

**Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.**

- Nevada State Immunization Program must receive Requests for Reimbursement no later than the fifteenth (15<sup>th</sup>) day of each month for the prior month's actual expenses;
- The maximum available through this subgrant is \$371,850.00
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;

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- Reimbursements will not be processed without all **mandatory reporting documents**:
  - Request for Reimbursement Form
  - Reimbursement Worksheet
  - Receipts for supplies, travel, equipment, and other items purchased.
- Reimbursement is based on actual expenditures incurred during the period being reported. The Reimbursement Worksheet supplied should be used to tabulate and summarize the expenses by grant category and should be submitted with the other documents as described below;
  - Submit one hard copy via postal mail of original, signed Request for Reimbursement, Reimbursement Worksheet, and copies of receipts;
- Additional expenditure detail will be provided upon request from the Division.

**Additionally, the Subgrantee agrees to provide:**

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT 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.

**The Division agrees:**

- To provide technical assistance to subgrantee, upon request;
- Reimburse subgrantees for Scope of Work accomplished per subgrant upon proper documentation from subgrantee;
- Submit reimbursement request to the Division of Public and Behavioral Health Fiscal Services within five (5) business days but only upon receipt of all mandatory reporting documents; and
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

**Both parties agree:**

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.

All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, 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 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 or quarterly basis, based on the terms of the subgrant agreement, no later than the 15<sup>th</sup> 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 Subgrant Award.

## Washoe County Health District - April 1, 2017 - June 30, 2018 Budget

VFC OPS - NOT TO EXCEED \$204,433						PPHF - NOT TO EXCEED \$167,417					
Personnel:	Salary*	FTE	Total	Personnel:	Salary*	FTE	Total				
VFC / AFIX Coord #1	160,290	77%	\$ 123,423	VFC / AFIX Coord #2	160,328	38%	\$ 60,925				
PHN #1	119,000	40%	\$ 47,600	PHN #2	160,349	50%	\$ 80,174				
				Peri Hep-B Coord	141,170	5%	\$ 7,059				
								*Total salary includes fringe			
			<b>Total Personnel:</b>				<b>\$ 148,157</b>				
\$ 319,180											
Travel:	Qty	Rate	Time	Total	Travel:	Qty	Rate	Time	Total		
NV statewide conf - reg	2	\$ 250,000		\$ 500							
" - airfare	2	\$ 250,000		\$ 500							
" - lodging	2	\$ 102,000		\$ 408							
" - per diem	2	\$ 69,000		\$ 276							
" - per diem	2	\$ 30,000		\$ 60							
" - airport parking	2	\$ 14,000		\$ 84							
" - ground transp	2	\$ 25,000		\$ 100							
staff local travel	214	\$ 0.535		\$ 114							
			<b>Total Travel:</b>	<b>\$ 2,042</b>				<b>\$ -</b>			
\$ 2,042											
Operating:	Qty	Rate	Time	Total	Operating:	Qty	Rate	Time	Total		
copier / copies	15	\$ 72		\$ 1,080							
telephone	15	\$ 41		\$ 615							
			<b>Total Operating:</b>	<b>\$ 1,695</b>				<b>\$ -</b>			
\$ 1,695											
Equipment:	Qty	Rate	Time	Total	Equipment:	Qty	Rate	Time	Total		
			<b>Total Equipment:</b>	<b>\$ -</b>				<b>\$ -</b>			
\$ -											
Contractual:	Qty	Rate	Time	Total	Contractual:	Qty	Rate	Time	Total		
			<b>Total Contractual:</b>	<b>\$ -</b>				<b>\$ -</b>			
\$ -											
Other:	Qty	Rate	Time	Total	Other:	Qty	Rate	Time	Total		
MD consultant	15	334.67		\$ 5,020							
Service agreement (alarm)	0.5	2268		\$ 1,134							
			<b>Total Other:</b>	<b>\$ 6,154</b>				<b>\$ -</b>			
\$ 6,154											
			<b>Total Indirect:</b>	<b>\$ 23,519</b>				<b>\$ 19,260</b>			
\$ 42,779											
			<b>Total VFC Ops Budget:</b>	<b>\$ 204,434</b>				<b>\$ 167,417</b>			
\$ 371,851											
55%											
45%											
100%											

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**SECTION D**

**Request for Reimbursement**

HD#: 15959

Budget Account: 3213

GL: 8516

Job#: 9326817

<b>Program Name:</b> Nevada State Immunization Program Bureau of Child, Family & Community Wellness	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	<b>Address:</b> PO Box 11130 Reno, NV 89520
<b>Subgrant Period:</b> 04/01/2017 - 06/30/2018	<b>Subgrantee's:</b> EIN: 88-6000138 Vendor #: T40283400 Q

**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	\$319,180.00	\$0.00	\$0.00	\$0.00	\$319,180.00	0.0%
2 Travel	\$2,042.00	\$0.00	\$0.00	\$0.00	\$2,042.00	0.0%
3 Operating	\$1,695.00	\$0.00	\$0.00	\$0.00	\$1,695.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Other	\$6,154.00	\$0.00	\$0.00	\$0.00	\$6,154.00	0.0%
7 Indirect	\$42,779.00	\$0.00	\$0.00	\$0.00	\$42,779.00	0.0%
<b>Total</b>	<b>\$371,850.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$371,850.00</b>	<b>0.0%</b>

This report is true and correct to the best of my knowledge

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

**FOR DIVISION USE ONLY**

Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

ASO or Bureau Chief (as required): \_\_\_\_\_ Date: \_\_\_\_\_

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

**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:

***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? June 30th
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? Annually
6. When was your last audit performed? August 2016
7. What time period did your last audit cover July 1, 2015 - June 30, 2016
8. Which accounting firm conducted your last audit? Eide Bailly

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Administrative Health Services Officer

\_\_\_\_\_  
Title

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

**SECTION F**

**Business Associate Addendum**

BETWEEN

**Nevada Division of Public and Behavioral Health**

---

Hereinafter referred to as the "Covered Entity"

and

**Washoe County Health District**

---

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, 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

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 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



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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.
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.

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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 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,

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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.
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

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- 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.

THIS SPACE INTENTIONALLY LEFT BLANK

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**IN WITNESS WHEREOF**, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

Covered Entity	Business Associate
<b>Division of Public and Behavioral Health</b> <b>4150 Technology Way, Suite 300</b> <b>Carson City, NV 89706</b>	Washoe County Health District <hr/> Business Name
<b>Phone: (775) 684-5975</b>	1001 E. Ninth Street Building B <hr/> Business Address
<b>Fax: (775) 684-4211</b>	Reno, NV 89512 <hr/> Business City, State and Zip Code
	775.328.2400 <hr/> Business Phone Number
	775.328.3752 <hr/> Business Fax Number
<hr/> Authorized Signature	<hr/> Authorized Signature
for Cody L. Phinney, MPH <hr/> Print Name	Kevin Dick <hr/> Print Name
Administrator, Division of Public and Behavioral Health <hr/> Title	District Health Officer <hr/> Title
<hr/> Date	4/27/2017 <hr/> Date

DD	AH	___
DHO	___	___
DA	___	___
Risk	___	___

**Staff Report**  
**Board Meeting Date: April 27, 2017**

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer, Washoe County Health District  
775-328-2419, [nkcummins@washoecounty.us](mailto:nkcummins@washoecounty.us)

**SUBJECT:** Approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$129,630 retroactive to January 1, 2017 through December 31, 2017 in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 10014 and authorize the District Health Officer to execute the Notice of Subgrant Award.

**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements. The District Health Officer is authorized to execute other agreements on the Board of Health’s behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Community and Clinical Health Services Division received a Notice of Subgrant Award from the State of Nevada on March 20<sup>th</sup> to support the Sexually Transmitted Disease (STD) Prevention and Control Program. The funding period is retroactive to January 1, 2017 and extends through December 31, 2017. A copy of the Notice of Subgrant award is attached.

**District Health Strategic Objective supported by this item:**

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

**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**

The Board of Health approved the Notice of Subgrant Award for calendar year 2016 in the amount of \$129,629 on April 28, 2016.

**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, contracted temporary services and indirect expenditures.

**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:** \$129,630  
**Grant Period:** January 1, 2017 – December 31, 2017  
**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:** HD #15818 / 5NH25PS004376-04  
**Match Amount and Type:** No match required  
**Sub-Awards and Contracts:** No Sub-Awards are anticipated.

### **FISCAL IMPACT**

There is no additional fiscal impact should the Board approve the Notice of Subgrant Award. As the FY17 budget in Internal Order# 10014 was adopted with a total of \$129,629 in revenue (includes \$11,246 of indirect) and \$118,383 in expenditure authority, no budget amendment is necessary.

### **RECOMMENDATION**

It is recommended that the Washoe County Health District approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$129,630 retroactive to January 1, 2017 through December 31, 2017 in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 10014 and authorize the District Health Officer to execute the Notice of Subgrant Award.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$129,630 retroactive to January 1, 2017 through December 31, 2017 in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 10014 and authorize the District Health Officer to execute the Notice of Subgrant Award."



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

HD #: **15818**  
 Budget Account: 3219  
 Category: 09  
 GL: 8516  
 Job Number: 9397717

### NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> STD Prevention and Control Program Nevada Division of Public and Behavioral Health Office of Public Health Informatics and Epidemiology		<b>Subgrantee Name:</b> Washoe County Health District (WCHD)			
<b>Address:</b> 3811 W. Charleston Blvd., Suite 205 Las Vegas, NV 89102		<b>Address:</b> PO Box 11130 Reno, NV 89520			
<b>Subgrant Period:</b> January 1, 2017 through December 31, 2017.		<b>Subgrantee's:</b> EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 07-378-6998			
<b>Purpose of Award:</b> To identify, treat and control Sexually Transmitted Diseases (STD) in Washoe County.					
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: Washoe County					
<b>Approved Budget Categories:</b>		<b>Disbursement of funds will be as follows:</b>			
1. Personnel \$ <u>96,206</u>	2. Travel \$ _____	Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed <b>\$129,630.00</b> during the subgrant period.			
3. Operating \$ <u>18,000</u>	4. Equipment \$ _____				
5. Contractual/Consultant \$ <u>4,178</u>	6. Other \$ _____				
7. Indirect \$ <u>11,246</u>	Total Cost: \$ <u>129,630</u>				
				<b>Source of Funds:</b>	
1. Centers for Disease Control and Prevention (CDC)	% Funds: 100			CFDA: 93.977	FAIN: NH25PS004376
Federal Grant #: 5NH25PS004376-04					
<b>Terms and Conditions:</b> In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.					
<b>Incorporated Documents:</b> Section A: 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; and Section F: DPBH Business Associate Addendum					
Kevin Dick, District Health Officer Washoe County Health District	Signature		Date		
Amberlee Baxa, MPH - OPHIE Health Program Specialist I					
Andrea Rivers - OPHIE Health Program Manager 2					
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health					



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**SECTION A**

**Assurances**

As a condition of receiving subgranted funds from the Nevada State Division of Public and Behavioral Health, the Subgrantee agrees to the following conditions:

1. Grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.
2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
  - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
  - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this subgrant award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply 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 or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it 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. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. Any federal, state, county or local agency, legislature, commission, council, or board;
  - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
  - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. Ascertain whether policies, plans and procedures are being followed;
  - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds 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***

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

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**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 Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

**Scope of Work for Washoe County Health District**

**Goal 1: Identify and Report Persons with STD (Chlamydia, Gonorrhea, and Syphilis).**

<b><u>Objective</u></b>	<b><u>Activities</u></b>	<b><u>Due Date</u></b>	<b><u>Documentation Needed</u></b>
1. Conduct STD testing, case identification, and partner services in Nevada.	<p>1.1 Provide testing and clinical services to all patients, contacts, and suspects referred to or volunteering for examination, treatment, or counseling for sexually transmitted diseases (STDs) as specified in the budget, during the subgrant period. The services will be provided at STD clinics, Family Planning Clinics, and non-traditional sites where services are provided by County-Level Community Outreach.</p> <p>1.2 Provide and supervise Communicable Disease Investigators, Public Health Nurses, Laboratory and Administrative Staff, and other staff necessary for the successful provision of testing and clinical services to patients, contacts, and suspects for STDs during the subgrant period.</p> <p>1.3 Provide interview and investigative services including pre and post-test evaluations of STD patients seeking STD evaluations per STD epidemiology performance standards approved by the Centers for Disease Control and Prevention (CDC) throughout the subgrant period.</p>	12/31/2017	1. Surveillance data
2. Conduct Syphilis testing, case identification, and partner services in Nevada.	<p>2.1 Conduct testing and partner services for all Primary, Secondary, and congenital syphilis cases in Nevada based on CDC guidelines and ensure treatment bases on 2017 STD treatment guidelines.</p>	12/31/2017	2. Surveillance data

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**Goal 2: Improve STD Surveillance in Nevada.**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Conduct STD surveillance which includes the regular monitoring of STD surveillance database [Sexually Transmitted Disease*Management Information System (STD*MIS), National Electronic Disease Surveillance (NEDS) Base System (NBS), or equivalent system)], maintaining case files and records, and conducting investigations.	1.1 Minimum information required will be obtained through active surveillance and entered into STD*MIS, NBS, or compatible system for all reported and confirmed STD cases within 90 days of receiving report.  1.2 Complete and maintain an STD file system that adequately and timely documents all STD program activity conducted during the subgrant period.  1.3 STD Program will ensure that providers/facilities as well as laboratories are reporting all cases and labs required by law through established routine quality and assurance.	12/31/2017	1. Case files or demographic information, as requested.
2. Prepare and submit reports, as required.	2.1 Submit electronically to the Division of Public and Behavioral Health (DPBH) STD*MIS or Compatible System Reports to DPBH-OPHIE.	12/31/2017	2. File compatible to be sent to CDC.
3. Respond to STD outbreaks in Nevada.	3.1 Develop and maintain an outbreak response plan for STDs in given jurisdiction using current data and epidemiological methods or direction from the DPBH. Notify DPBH of outbreaks according to the policy.	12/31/2017	3. Outbreak response plan.

**Goal 3: Provide Outreach and Education**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. To provide STD outreach and education to residents, organizations and communities in Nevada.	1.1 The Subgrantee will provide STD outreach and education to the community and health care providers, to identified high risk populations in Nevada.  a. These outreach and education activities could include (but not limited to) the following populations/ organizations and should focus on trainings to strengthen screening processes and staffs' recognition of symptoms of STD.	6/30/2017 and 12/31/2017	1. Summary of activity for interim and annual reports as requested by DPBH.

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**Goal 4: Develop Reports for Annual and Interim Progress Reports for CDC.**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Prepare and submit reports, as required.	<p>1.1 The STD Clinic and/or surveillance/investigation program, or designated individual responsible for reporting on behalf of both programs, will prepare and submit the following:</p> <p>a. <b>Annual and Interim Progress Reports</b> are required within thirty (30) days after they are requested. These reports must follow the template provided by the Nevada Division of Public and Behavioral Health.</p>	Within 30 days of Request.	1. Report as requested by DPBH.

**Goal 5: Implement and Adhere to Security and Confidentiality Procedures.**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. The STD Program will complete a confidentiality and security training with all surveillance staff, IT department staff that have access to computers/servers containing HIV data, and all staff located within the office where the STD Program is located.	1.1 Provide STD confidentiality training and document this training requirement for each employee in their personnel file.	12/31/2017	1. Documentation training was completed

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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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 subgrant, 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 5NH25PS004376-04 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the CDC."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5NH25PS004376-04 from the Centers for Disease Control and Prevention (CDC).

Subgrantee 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	\$ 96,206		
		\$ 96,206	50% of 1.0 FTE Public Health Nurse II at \$86,500 (\$43,250) 40% of 1.0 FTE Public Health Nurse at \$58,000 (\$23,200) Fringe benefits (44.78% x total salary/wages) (\$29,756)
2. Travel	\$		
		\$	
3. Operating	\$ 18,000		
		\$ 18,000	1,800 Aptima nucleic acid amplification tests (NAAT) x \$10.00 per test
4. Equipment	\$		
		\$	
5. Contractual Consultant	\$ 4,178		
		\$ 4,178	Contracted Temp Services - \$24.72 per hour x 3.25 hours per week x 12 months
6. Training	\$		
		\$	
7. Other	\$ 11,246		
		\$ 11,246	Administrative Costs 9.5% of total direct costs (\$118,384 x .095)
<b>Total Cost</b>	<b>\$ 129,630</b>		

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility, within the approved Scope of Work, unless otherwise authorized.
- 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/Subgrantees 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).
- The Subgrantee acknowledges that this subgrant and the continuation of this subgrant is contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources. If funds become unavailable, the Division may restrict, reduce, or terminate funding under this award.
- The Subgrantee acknowledges that to better address the needs of Nevada, funds identified in this subgrant may be reallocated if ANY terms of the subgrant are not met, including failure to meet the scope of work.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Reimbursement may be requested monthly or quarterly for expenses incurred in the implementation of the Scope of Work;
- Reimbursement will not exceed \$129,630 for the period of the subgrant; additionally, not more than 50% of the total funded amount (\$64,815) will be reimbursed to the subgrantee during each six (6) month period (January 1, 2017 through June 30, 2017 and July 1, 2017 through December 31, 2017). Full reimbursement is contingent on funding the CDC provides to Nevada which may not be fully realized until the final quarter of 2017. If a balance exists at the end of the first billing period DPBH will rollover the balance to the second billing period contingent upon approval from the DPBH;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional supporting documentation of invoices or receipts are needed in order to request reimbursement; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT 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.

**The Division agrees:**

- The STD Prevention and Control Program will provide or accomplish the following items to ensure successful completion of this project, such as:
  - Provide reimbursement of activities related to this subgrant, not to exceed **\$129,630** during the subgrant period, given receipt of appropriate documentation;
  - Providing technical assistance, upon request from the Subgrantee;
  - Providing prior approval of reports or documents to be developed; and
  - Forwarding a report to CDC.

The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

**Both parties agree:**

- Site-visit monitoring and/or audits may be conducted by the Division of Public and Behavioral Health or the Centers for Disease Control and Prevention or related staff of the Subgrantee's STD program in its entirety at any time. Program and fiscal audits shall occur annually or as needed.
- The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.

All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, 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 any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**Financial Reporting Requirements**

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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- A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant agreement, no later than 30 days after the end of the reporting month or quarter. However, in order to meet fiscal year end reimbursement requirements, the June (or 2<sup>nd</sup> Quarter of calendar year) Request for Reimbursement must be submitted by no later than the 15<sup>th</sup> of July.
- 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 Subgrant Awarded within the Notice of Subgrant Award.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**SECTION D**

**Request for Reimbursement**

HD#: 15818  
 Budget Account: 3219  
 GL: 8516  
 Draw #: \_\_\_\_\_

<b>Program Name:</b> STD Prevention and Control Program Nevada Division of Public and Behavioral Health- OPHIE	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 3811 W. Charleston Blvd., Ste. 205 Las Vegas, NV 89102	<b>Address:</b> P.O. Box 11130 Reno, NV 89520
<b>Subgrant Period:</b> January 1, 2017 through December 31, 2017.	<b>Subgrantee's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u>

**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	\$96,206.00	\$0.00	\$0.00	\$0.00	\$96,206.00	0.0%
2 Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Operating	\$18,000.00	\$0.00	\$0.00	\$0.00	\$18,000.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$4,178.00	\$0.00	\$0.00	\$0.00	\$4,178.00	0.0%
6 Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Indirect	\$11,246.00	\$0.00	\$0.00	\$0.00	\$11,246.00	0.0%
<b>Total</b>	<b>\$129,630.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$129,630.00</b>	<b>0.0%</b>

This report is true and correct to the best of my knowledge

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

**FOR DIVISION USE ONLY**

Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

ASO or Bureau Chief (as required): \_\_\_\_\_ Date: \_\_\_\_\_

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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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:

***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? June 30th
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? annually
6. When was your last audit performed? August 2016
7. What time period did your last audit cover? July 2015 - June 2016
8. Which accounting firm conducted your last audit? Eide Bailly

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Administrative Health Services Officer  
Title

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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SECTION F

**Business Associate Addendum**

BETWEEN

**Nevada Division of Public and Behavioral Health**

---

Hereinafter referred to as the "Covered Entity"

and

**The Washoe County Health District**

---

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, 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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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 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

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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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.
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.

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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 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,

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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.
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

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- 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.

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**IN WITNESS WHEREOF**, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

**Covered Entity**

**Division of Public and Behavioral Health  
4150 Technology Way, Suite 300  
Carson City, NV 89706**

**Phone: (775) 684-5975**

**Fax: (775) 684-4211**

**Business Associate**

Washoe County Health District

Business Name

1001 East Ninth Street

Business Address

Reno, NV 89512

Business City, State and Zip Code

775-328-2410

Business Phone Number

775-328-3752

Business Fax Number

Authorized Signature

for Cody L. Phinney, MPH

Print Name

Administrator,  
Division of Public and Behavioral Health

Title

Date

Authorized Signature

Kevin Dick

Print Name

District Health Officer

Title

Date

DD	AH	__
DHO	__	KD __
DA	_____	
Risk	_____	

**Staff Report**  
**Board Meeting Date: April 27, 2017**

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer, Washoe County Health District  
775-328-2419, [nkcummins@washoecounty.us](mailto:nkcummins@washoecounty.us)

**SUBJECT:** Approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$109,098 retroactive to January 1, 2017 through December 31, 2017 in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention and Control Program, IO# 10016 and authorize the District Health Officer to execute the Notice of Subgrant Award.

**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements. The District Health Officer is authorized to execute other agreements on the Board of Health’s behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Community and Clinical Health Services Division received a Notice of Subgrant Award from the State of Nevada on March 17<sup>th</sup> to support the Tuberculosis Prevention and Control Program. The funding period is retroactive to January 1, 2017 and extends through December 31, 2017. A copy of the Notice of Subgrant award is attached.

**District Health Strategic Objective supported by this item:**

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

**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**

The Board of Health approved the Notice of Subgrant Award for calendar year 2016 in the amount of \$109,100 on March 24, 2016.

**BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name:** Tuberculosis Prevention and Control Program

**Scope of the Project:** The Subgrant scope of work includes the following: Tuberculosis (TB) evaluation, treatment and case management activities; TB surveillance, data collection and reporting; TB outreach and education to providers, organizations and communities in Nevada; participate in evaluation and human resource development activities; conduct an annual cohort review

of confirmed TB cases; adhere to all Nevada regulatory and Centers for Disease Control and Prevention recommended policies and protocols.

The Subgrant provides funding for personnel, travel and training, lab/outpatient testing, operating expenses including housing and funding specifically for program participation via the use of incentives/enablers (including but not limited to, gift cards/gift certificates, transportation and food vouchers, educational outreach items, nutritious food and beverage, etc.) and indirect expenditures.

**Benefit to Washoe County Residents:** This Award supports the prevention and control of tuberculosis as stated in the Nevada Administrative Code (NAC).

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

**Award Amount:** \$109,098  
**Grant Period:** January 1, 2017 – December 31, 2017  
**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:** 93.116  
**Grant ID Number:** HD #15800 / 5NU52PS004681-03-00  
**Match Amount and Type:** No match required  
**Sub-Awards and Contracts:** No Sub-Awards are anticipated.

### **FISCAL IMPACT**

There is no additional fiscal impact should the Board approve the Notice of Subgrant Award. As the FY17 budget in Internal Order# 10016 was adopted with a total of \$113,646.44 in revenue (includes \$13,816.00 of indirect) and \$99,830.44 in expenditure authority, no budget amendment is necessary.

### **RECOMMENDATION**

It is recommended that the Washoe County Health District approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$109,098 retroactive to January 1, 2017 through December 31, 2017 in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention and Control Program, IO# 10016 and authorize the District Health Officer to execute the Notice of Subgrant Award.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$109,098 retroactive to January 1, 2017 through December 31, 2017 in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention and Control Program, IO# 10016 and authorize the District Health Officer to execute the Notice of Subgrant Award."



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

HD #: 15800  
 Budget Account: 3219  
 Category: 14  
 GL: 8516  
 Job Number: 9311617

### NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> Tuberculosis Prevention and Control Program Office of Public Health Informatics and Epidemiology Nevada Division of Public and Behavioral Health	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 3811 W. Charleston Blvd., Suite 205 Las Vegas, NV 89102	<b>Address:</b> PO Box 11130 Reno, NV 89520
<b>Subgrant Period:</b> January 1, 2017 through December 31, 2017	<b>Subgrantee's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

**Purpose of Award:** To fund activities for the prevention and control of *M. tuberculosis* as stated in the Nevada Administrative Code (NAC) and Nevada Revised Statutes (NRS).

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

**Approved Budget Categories:**

1. Personnel	\$ <u>71,425</u>
2. Travel	\$ <u>6,202</u>
3. Operating	\$ <u>17,655</u>
4. Equipment	\$ -
5. Contractual/Consultant	\$ -
6. Training	\$ -
7. Other/Indirect	\$ <u>13,816</u>
<b>Total Cost:</b>	<b>\$ <u>109,098</u></b>

**Disbursement of funds will be as follows:**

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed **\$109,098** during the subgrant period.

<b>Source of Funds:</b>	<b>% Funds:</b>	<b>CFDA:</b>	<b>FAIN:</b>	<b>Federal Grant #:</b>
1. Centers for Disease Control and Prevention	100%	93.116	U52PS004681	5NU52PS004861-03-00

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

1. Expenditures must comply with appropriate state and/or federal regulations;
2. This award is subject to the availability of appropriate funds; and
3. The recipient of these funds agrees to stipulations listed in the incorporated documents.

**Incorporated Documents:**

Section A: 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; and  
 Section F: DPBH Business Associate Addendum

	Signature	Date
Kevin Dick District Health Officer		
Camy Retzl TB Controller		
Andrea R. Rivers Health Program Manager II, OPHIE for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

**SECTION A**

**Assurances**

As a condition of receiving subgranted funds from the Nevada State Division of Public and Behavioral Health, the Subgrantee agrees to the following conditions:

1. Grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.
2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
  - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
  - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this subgrant award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply 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 or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it 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. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

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10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. Any federal, state, county or local agency, legislature, commission, council, or board;
  - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
  - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. Ascertain whether policies, plans and procedures are being followed;
  - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds 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***

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

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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD  
SECTION B**

**Description of Services, Scope of Work and Deliverables**

These funds will be utilized in accordance with the mission of the Nevada State Tuberculosis Prevention and Control Program, which is to promote and protect the well-being of Nevadans and visitors to our state by preventing, controlling, tracking and ultimately eliminating tuberculosis (TB) by providing services to control and eliminate tuberculosis, including rapid identification and diagnosis of the disease, timely contact investigations and completion of treatment.

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

**Scope of Work for Washoe County Health District**

**Goal 1: Provide TB Evaluation/Testing, and Case Management**

<b><u>Objective</u></b>	<b><u>Activities</u></b>	<b><u>Due Date</u></b>	<b><u>Documentation Needed</u></b>
1. Conduct TB evaluation/testing	<p>1. The Subgrantee will conduct TB testing/evaluation for active TB cases, suspected cases of tuberculosis and high-risk contacts including Latent Tuberculosis Infection (LTBI) cases in children under the age of five.</p> <p>a. Additional or targeted TB testing, physical evaluation and other diagnostic TB tests should be focused on individuals who are at a higher-risk of obtaining LTBI/TB disease. This may include the following populations: homeless, refugee/immigrant, corrections, pediatrics, substance abuse users. This funding source should not be used for TB testing for individuals in the general public, or employees of healthcare or correctional facilities.</p> <p>b. The Subgrantee may provide incentives or enablers with the intent that they help patients (for both TB disease and LTBI) and contacts more readily complete appropriate testing, therapy and/or adhere to treatment. The incentives and enablers are defined as, but not limited to, transportation, gasoline, food vouchers, personal items, telephone calling cards, housing and utility assistance, and patient centered behavioral reinforcement items.</p>	1a-b. Continuous/Ongoing	1a-b. Case files and demographic, investigation, or testing data, as requested
2. Conduct case management activities	<p>2. Case management activities should occur for all LTBI, suspect/active TB disease cases as well as for all LTBI under age five cases.</p>	2. Continuous/Ongoing	2. Case files and demographic, investigation or treatment data, as requested

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**Goal 2: Provide Treatment and Case Management**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
<p>1. Conduct TB treatment and related case management, when needed</p>	<p>1. The subgrantee will coordinate case management activities for active TB cases, suspected cases of tuberculosis, high-risk contacts, and LTBI in children under the age of five, by regular reporting; investigating; assurance of patient adherence to medication regimen; legal referral for non-adherence; and home visits for assessment, provision of Direct Observed Therapy (DOT), and the monitoring of treatment regimes.</p> <p>a. The Subgrantee may provide incentives or enablers with the intent that they help patients (for both TB disease and LTBI) and contacts more readily complete appropriate testing, therapy and/or adhere to treatment. The incentives and enablers are defined as, but not limited to, transportation, gasoline, food vouchers, personal items, telephone calling cards, housing and utility assistance, and patient centered behavioral reinforcement items.</p> <p>b. This funding source should not be used for TB testing for individuals in the general public, or employees of healthcare or correctional facilities.</p>	<p>1a-b. Continuous/Ongoing</p>	<p>1a-b. Case files and demographic, investigation or treatment data, as requested</p>



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**Goal 3: Conduct TB Surveillance**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. Conduct TB surveillance which includes the regular monitoring of, maintaining case files and records, and conducting contact/source-case investigations for suspect, active and LTBI cases, as needed.</p>	<p>1. The Subgrantee will conduct TB Surveillance by performing the following activities:</p> <p>a. Will conduct TB surveillance for epidemiological trends.</p> <p>b. Will maintain case files, contact/source-case investigation and other records that are necessary for the planning, implementation and evaluation of the program; upon request allow the Nevada Division of Public and Behavioral Health (DPBH) TB Program personnel to observe clinics, to communicate directly with the staff and, to have access to all information, data and records pertinent to the Tuberculosis Prevention and Control Program.</p> <p>c. Will notify Nevada's Division of Public and Behavioral Health TB Program within 24 hours of large-scale contact investigations and confirmed TB outbreaks occurring within Nevada. During a declared outbreak of TB, Subgrantee will provide case and contact records on demand and will provide written status reports every thirty (30) days to the Nevada DPBH TB Program personnel, until such personnel declare the outbreak to have ceased. In the event the Subgrantee is unable to provide an electronic version, a hardcopy version may be accepted with prior verbal authorization.</p>	<p>1a-1b. Continuous/Ongoing</p> <p>1c. Within 30 days of confirmed outbreak</p>	<p>1a-1b. Case files and demographic, investigation or treatment data, as requested. Electronic Disease Notification (EDN) and National Base Systems (NBS) reports</p> <p>1c. Outbreak Reports</p>

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

**Goal 3: Conduct TB Surveillance (Continued)**

<u><b>Objective</b></u>	<u><b>Activities</b></u>	<u><b>Due Date</b></u>	<u><b>Documentation Needed</b></u>
<p>2. Conduct TB surveillance which includes the regular monitoring of the Center for Disease Control and Prevention's (CDC) EDN (Electronic Disease Notification) system and performing timely and complete data entry activities in the National Base Systems (NBS) for all reportable TB and LTBI cases</p>	<p>2. The Subgrantee will conduct TB Surveillance by performing the following activities:</p> <p>a. Will initiate timely checking and response to EDN alerts regarding immigrants and refugees (Class A/B cases).</p> <ul style="list-style-type: none"> <li>• Staff will have taken an EDN training and/or reviewed the CDC's EDN Manual.</li> <li>• Subgrantee will follow CDC's guidance and the Nevada DPBH TB Program guidance on EDN TB Follow-up Worksheet completion activities; including the continuous updating of cases until TB Follow-up Worksheet is able to be submitted.</li> <li>• Subgrantee will review/update EDN cases based on monthly EDN report sent to Subgrantee by the Nevada DPBH TB Program.</li> </ul> <p>b. Will use the NBS case management fields for all reportable cases (active, suspect and LTBI under five), laboratory report fields and contact investigation fields.</p> <ul style="list-style-type: none"> <li>• Staff will be trained on these databases by participating in at least one annual training, webinar/call with the Nevada DPBH TB Program and/or will have reviewed the Report of Verified Case of Tuberculosis (RVCT) and NBS Manuals.</li> <li>• Laboratory reports in NBS will be reviewed by Subgrantee within 1 business day and will be linked to appropriate case.</li> <li>• Contact Investigation fields will be completed on an ongoing basis; but at a minimum of by the end of each quarter. Subgrantees not using NBS for their contact investigation data will supply it to the Nevada DPBH TB Program via excel or a similar software, at least, quarterly.</li> </ul>	<p>2a: Continuous/ Ongoing</p> <p>2b: Continuous/ Ongoing</p>	<p>2a. EDN Manual, TB Follow-up Guide, and EDN Reports</p> <p>2b. NBS Reports</p>

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**Goal 4: Data Collection and Reporting**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. Prepare and submit reports, as required.</p>	<p>1. The TB Clinic and/or surveillance/investigation program, or designated individual responsible for reporting on behalf of both programs, will prepare and submit the following:</p> <ul style="list-style-type: none"> <li>a. A <b>RVCI</b> will be submitted for all Mycobacterium Tuberculosis confirmed cases identified in the county(s) designated in this notice. The RVCT form must be submitted via NBS.</li> <li>b. An <b>Aggregate Report for Tuberculosis Program Evaluation (ARPE)</b> will be submitted no later than August 1<sup>st</sup>. The ARPE is to be submitted electronically to <a href="mailto:cretzi@health.nv.gov">cretzi@health.nv.gov</a> or other designated e-mail. The ARPE will be completed using the template provided by the Nevada DPBH TB Program.</li> <li>c. <b>Annual Performance Reports</b> will be submitted no later than August 1<sup>st</sup>. Annual Performance Reports are to be submitted electronically to <a href="mailto:cretzi@health.nv.gov">cretzi@health.nv.gov</a> or other designated e-mail. The Annual Performance Reports will be completed using the template provided by the Nevada DPBH TB Program. <ul style="list-style-type: none"> <li>• Annual Performance Reports must include the current year's Workplan along with a Workplan for the activities, goals and objectives of the following year, (template will be provided).</li> </ul> </li> </ul>	<p>1a. Within 45 days of diagnosis</p> <p>1b. 08/01/2017</p> <p>1c. 08/01/2017</p>	<p>1a. RVCT</p> <p>1b. ARPE</p> <p>1c. Annual Performance Reports</p>

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**Goal 4: Data Collection and Reporting (continued)**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
2. Review/ and update data and cases from reports, when needed	<p>2. The TB Clinic and/or surveillance/investigation program, or designated individual responsible for data collection and reporting, will review internal or external reports and update data or cases, as needed.</p> <p>a. The National TB Surveillance System's (NTSS) Missing Unknown Reports (MUNK) will be sent to each Subgrantee each month by the Nevada DPBH TB Program. The Subgrantee will review, report and update any TB or LTBI cases in NBS, as needed. The MUNK reports may include the following categories: <i>Patient, Tuberculosis, Case Verification, Follow up 1, Follow up 2, Supplemental Info, and Contact Tracing.</i></p> <p>b. The Subgrantee will follow NAC 441A's requirements on TB disease reporting as well as follow the CDC guidance on data collection found at <a href="http://www.leg.state.nv.us/NAC/NAC-441A.html">http://www.leg.state.nv.us/NAC/NAC-441A.html</a>.</p> <p>c. Staff will participate in an annual data collection and reporting training webinar/call provided by the Nevada DPBH TB Program.</p>	2a-2b. Continuous/Ongoing	2a-2b. MUNK Reports
		2c. 12/31/2017	2c. Sign-in sheets

**Goal 4: Data Collection and Reporting (continued)**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
3. Assess and evaluate internal and external TB program policies and processes.	<p>3. The TB Clinic and/or surveillance/investigation program, or designated individual responsible for Assessment and Program Evaluation, will review internal and external policies and processes, as needed, and will communicate major updates or changes in TB Clinic or Surveillance Programs with the Nevada DPBH TB Program.</p> <p>a. Will complete the Nevada DPBH TB Program's TB Review Checklist on an annual basis to coincide with Subgrantee's Site Visit.</p>	3a. Continuous/Ongoing Annually	3a. TB Review Checklist

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**Goal 5: Provide Outreach and Education**

<b><u>Objective</u></b>	<b><u>Activities</u></b>	<b><u>Due Date</u></b>	<b><u>Documentation Needed</u></b>
<p>1. To provide TB outreach and education to healthcare providers/facilities, residents of healthcare facilities, organizations and the general public or communities in Nevada.</p>	<p>1. The Subgrantee will provide TB outreach and education to the community and health care providers, as requested.</p> <p>a. These outreach and education activities could include (but are not limited to), the following populations/organizations and should focus on trainings to strengthen screening processes and staffs' recognition of symptoms of TB: detention centers, clinics and hospitals, homeless shelters, group homes, correctional facilities and immigrant/refugee programs.</p> <p>b. The Subgrantee may also be asked to assist with TB evaluation in treatment and residential care centers to ensure compliance with licensure regulations.</p> <p>c. The Subgrantee will conduct at least one (1) TB outreach and/or education activity per quarter (3 month period) specifically for high-risk populations in Nevada which includes immigrants/refugees, corrections inmates and/or peditrics.</p> <p>d. All outreach and education activities will be reported to the Nevada TB Controller using the Annual Performance Report due on August 1<sup>st</sup> of each year.</p>	<p>1a-1b. Continuous/ Ongoing</p>                <p>1c. 03/31/2017 06/30/2017 09/30/2017 12/31/2017</p>                <p>1d. 08/01/2017</p>	<p>1a-1d. Annual Performance Report</p>

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**Goal 6: Participate Human Resource Development Activities**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. To participate in the TB Program Evaluation and Human Resource Development activities as outlined by the Nevada DPBH TB Program.	<ol style="list-style-type: none"> <li>The Subgrantee will participate on the Nevada DPBH TB Program's Quarterly Call Meetings.</li> <li>The Subgrantee will track attendance and participation of staff at any Human Resource Development or training activity. The Subgrantee will report to Nevada TB Controller using the Annual Performance Report.</li> <li>The Subgrantee will send staff to appropriate trainings/webinars in or out of Nevada (depending on Subgrantee's policies). Human Resource Development funds must be used for this purpose only and will be specified on Section C of this Subgrant. Furthermore, Human Resource Development funds cannot be redirected without the Nevada DPBH TB Program's written approval.</li> </ol>	<ol style="list-style-type: none"> <li>12/31/2017</li> <li>Quarterly</li> <li>08/01/2017</li> </ol>	<ol style="list-style-type: none"> <li>Annual Performance Report</li> <li>Call Minutes and Agendas</li> <li>Annual Performance Report</li> </ol>

**Goal 7: Conduct a Cohort Review of TB cases on an Annual Basis**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. To conduct an annual Cohort Review that will include all confirmed active TB cases in Subgrantee's geographical area from the previous year.	<ol style="list-style-type: none"> <li>The Subgrantee will participate in, at least, one annual Cohort Review that will include all cases of confirmed active TB and LTBI for children under the age of five in Subgrantee's geographical area from the previous/current year.               <ol style="list-style-type: none"> <li>The Subgrantee must follow the Nevada DPBH TB Program's policy on Cohort Reviews.</li> <li>The Subgrantee is responsible for reviewing the CDC's "TB Cohort Review Process: Instruction Guide (2006)," as well as provide any applicable materials and logistics needed for the event.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1a-1b 12/31/2017</li> </ol>	<ol style="list-style-type: none"> <li>1a-1b. PowerPoint and other materials, as needed, created by Subgrantee including the Nevada DPBH TB Program's Cohort Review Policy, and the CDC's TB Cohort Review Process: Instruction Guide (2006).</li> </ol>

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**Goal 8: Participate in Program Evaluation Activities**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. To participate in the TB Program Evaluation activities as outlined by the DPBH's TB and SAPTA Programs.	1. The Subgrantee will participate in a regularly scheduled site visit that will occur at least one (1) time per year, and will evaluate the TB activities and data collection/reporting conducted by this Subgrantee.	1. 12/31/2017	1. Annual Performance Report and the Tuberculosis Checklist.

**Goal 9: Adhere to all Nevada Regulatory and Centers for Disease Control and Prevention Recommended Policies and Protocols**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. To adhere to procedures and protocols for TB care and investigation, infection control and the Occupational Safety and Health Administration (OSHA) requirements by following Nevada regulations, the CDC's recommendations, AND/OR request clarification or guidance on these policies from Nevada's TB Controller.	<ol style="list-style-type: none"> <li>The Subgrantee will follow and adhere to all Nevada health regulations within NAC 441A, and the NAC and NRS as referenced in NAC 441A.</li> <li>The Subgrantee will follow guidance provided by Nevada TB Controller.</li> <li>The Subgrantee will follow guidance and recommendations provided by the CDC.</li> </ol>	1-3. Continuous/Ongoing	Documentation may include e-mails, meeting notes, Curry Center Summary Reports.

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**SECTION C**

**Budget and Financial Reporting Requirements**

The Federal Award Identification Number (FAIN) for this Tuberculosis Prevention and Laboratory Grant funded by the Centers for Disease Control and Prevention is U52PS004681. Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5NU52PS004861-03-00 from the Centers for Disease Control and Prevention (CDC).

**Subgrantee 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	\$ 71,425		
		\$ 41,385	TB Program Coordinator at 82,769 x 50% FTE
		\$ 19,161	Fringe Benefits at 46.3% of 41,385
		\$ 10,724	Intermittent hourly PHN with hourly rate of \$26.81 x 400 hours
		\$ 155	Medicare at 1.45% of \$10,724
2. Travel	\$ 6,202		
		\$ 3,850	Out-of-State Travel: 2 staff to Atlanta for NTBA Conference: Airfare at \$400 for 2 staff (\$800); Per diem at \$69/day x 5 days x 2 staff (\$690); Airport Parking at \$14/day x 5 days x 2 staff (\$140); Ground Transportation at \$50 per trip x 2 staff (\$100); Lodging at \$140/night x 4 nights x 2 staff (\$1,120); and Conference Fee of \$500 for 2 staff (\$1,000)
		\$ 2,352	Out-of-State Travel: 1 staff to Denver for National Jewish TB Training: Airfare at \$400 x 1 staff (\$400); Per diem at \$69/day x 5 days x 1 staff (\$345); Airport Parking at \$14/day x 5 days x 1 staff (\$70); Ground Transportation at \$50 x 1 staff (\$50); and Lodging at \$178/night x 4 nights x 1 staff (\$712); Registration Fee of \$775 x 1 staff (\$775)
3. Operating/Supplies	\$ 17,655		
		\$ 6,000	Patient housing support at \$500/month x 4 patients x 3 months
		\$ 2,300	Incentives and Enablers at \$10 per incentive x 230
		\$ 2,250	Transportation Enablers at \$10 per transportation enabler x 225
		\$ 7,105	IGRA testing (TB blood test) at \$49 per test x 145 tests
4. Equipment	\$ 0		
		\$	
5. Contractual/Consultant	\$ 0		
		\$	
6. Training	\$ 0		
		\$	
7. Other/Indirect	\$ 13,816		
		\$ 13,816	Administrative Fee of 14.5% of costs above (\$95,282)
<b>Total Cost</b>	<b>\$ 109,098</b>		

**Additionally the Subgrant Agrees:**

- The Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work. The Subgrantee must notify or obtain prior authorization (email notification is acceptable) for any funding adjustment(s).
- 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.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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- 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/Subgrantees 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).
- Funds will be prioritized and awarded based on funding source requirements.
- Approval of the subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget.
- The Subgrantee agrees grant funds may not be used for any other purpose than the awarded purpose. In the event the Subgrantee expenditures do not comply with this condition, that portion not in compliance will not be reimbursed to the Subgrantee, or must be refunded to the Division.
- The Subgrantee acknowledges that this subgrant and the continuation of this subgrant is contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources. If funds become unavailable, the Division may restrict, reduce, or terminate funding under this award. Notice of any restriction or reduction will include instructions and detailed information on how the Division will fund the services and/or goods to be procured with the restricted or reduced funds.
- The Subgrantee acknowledges that to better address the needs of Nevada, funds identified in this subgrant may be reallocated if ANY terms of the subgrant are not met, including failure to meet the scope of work. The Division may reallocate funds to other programs to ensure that gaps in service are addressed.
- If the scope of work is NOT being met, The Subgrantee will be provided a chance to develop an action plan on how the scope of work will be met and technical assistance will be provided by Division staff or specified sub-contractor. The Subgrantee will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, the Division will provide a written notice identifying the reduction of funds and the necessary steps.
- The Subgrantee will identify the source of funding on all printed and electronic documents purchased or produced within the scope of this subgrant, using the current Division approved attribution statement.
- Failure to meet any condition listed within the subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

**Responsibilities of Nevada Tuberculosis Prevention and Control Program**

- Provide technical assistance, upon request from the Subgrantee;
- Provide assistance for the implementation of program activities;
- Coordinate with other state, federal, and international agencies;
- Collect and interpret required data;
- Conduct program evaluation and disseminate findings to the Subgrantee;
- Forward any opportunities for education related to TB disease or LTBI;
- Forward any changes in the recommendations in the testing or care of TB cases or Latent TB Infection from the CDC;
- Serve as the authority responsible for ensuring necessary reports and documents are submitted to the proper state agency and the CDC, per reporting deadlines;
- Forward reports to appropriate facility, e.g. CDC, interstate agencies, Dept. of Quarantine, etc.; and
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

**Both parties agree:**

- Site-visit monitoring and/or audits will occur as needed, but at least one (1) time per year, and will be conducted by the State Tuberculosis Program and/or the CDC with related staff of the Subgrantee TB Program to evaluate progress and compliance with the activities outlined in the Scope of Work.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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- All reports of expenditures and requests for reimbursement submitted by the Subgrantee TB Program are SUBJECT TO AUDIT.
- This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, 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 any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**Financial Reporting Requirements**

Additionally, the Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Reimbursement may be requested monthly or quarterly for expenses incurred in the implementation of the Scope of Work, but may not be requested later than 30 days after the end of the reporting month or quarter. However, in order to meet fiscal year end reimbursement requirements, the June (or 2<sup>nd</sup> Quarter of calendar year) Request for Reimbursement must be submitted by no later than the 15<sup>th</sup> of July.
- Reimbursement will not exceed \$109,098 for the period of January 1, 2017 through December 31, 2017; additionally, not more than 50% of the total funded amount (\$54,549) will be reimbursed to the Subgrantee during each six (6) month period (January 1, 2017 through June 30, 2017 and July 1, 2017 through December 31, 2017). If a balance exists at the end of the first billing period DPBH will rollover the balance to the second billing period contingent upon approval from the DPBH. Full reimbursement is contingent on funding the CDC provides to Nevada which may not be fully realized until the third quarter of 2017.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
- Additional supporting documentation of invoices or receipts may be needed in order to request reimbursement.
- Additional expenditure detail will be provided upon request from the Division.
- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**SECTION D**

**Request for Reimbursement**

HD#: 15800  
 Budget Account: 3219  
 GL: 8516  
 Draw #: \_\_\_\_\_

<b>Program Name:</b> Tuberculosis Prevention and Control Program Office of Public Health Informatics and Epidemiology Nevada Division of Public and Behavioral Health	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 3811 W. Charleston Blvd., Suite 205 Las Vegas, NV 89102	<b>Address:</b> PO Box 11130 Reno, NV 89520
<b>Subgrant Period:</b> January 1, 2017 through December 31, 2017	<b>Subgrantee's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u>

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

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

Month(s): \_\_\_\_\_ Calendar year: 2017

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	\$ 71,425.00	\$ -	\$ -	\$ -	\$ 71,425.00	0.0%
2 Travel	\$ 6,202.00	\$ -	\$ -	\$ -	\$ 6,202.00	0.0%
3 Operating	\$ 17,655.00	\$ -	\$ -	\$ -	\$ 17,655.00	0.0%
4 Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	-
5 Contract/Consultant	\$ -	\$ -	\$ -	\$ -	\$ -	-
6 Training	\$ -	\$ -	\$ -	\$ -	\$ -	-
7 Other/Indirect	\$ 13,816.00	\$ -	\$ -	\$ -	\$ 13,816.00	0.0%
<b>Total</b>	<b>\$ 109,098.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 109,098.00</b>	<b>0.0%</b>

This report is true and correct to the best of my knowledge

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within the Subgrant Award documents. If applicable, travel claims must accompany report.

**FOR DIVISION USE ONLY**

Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

ASO or Bureau Chief (as required): \_\_\_\_\_ Date: \_\_\_\_\_

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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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:

***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? June 30th
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? annually
6. When was your last audit performed? August 2016
7. What time period did your last audit cover? July 2015 - June 2016
8. Which accounting firm conducted your last audit? Eide Bailly

\_\_\_\_\_  
Signature Date

Administrative Health Services Officer  
Title

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD

SECTION F

**Business Associate Addendum**

BETWEEN

**Nevada Division of Public and Behavioral Health**

---

Hereinafter referred to as the "Covered Entity"

and

**Washoe County Health District**

---

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, 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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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 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

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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.
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.

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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 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,



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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.
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

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NOTICE OF SUBGRANT AWARD**

- 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.

THIS SPACE INTENTIONALLY LEFT BLANK

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

**IN WITNESS WHEREOF**, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

**Covered Entity**

**Division of Public and Behavioral Health  
4150 Technology Way, Suite 300  
Carson City, NV 89706**

**Phone: (775) 684-5975**

**Fax: (775) 684-4211**

**Business Associate**

Washoe County Health District

Business Name

1001 E. Ninth Street Building B

Business Address

Reno, NV 89512

Business City, State and Zip Code

775.328.2400

Business Phone Number

775.328.3752

Business Fax Number

Authorized Signature

for Cody L. Phinney, MPH

Print Name

Administrator,  
Division of Public and Behavioral Health

Title

Date

Authorized Signature

Kevin Dick

Print Name

District Health Officer

Title

Date

DD	__	AH	__	__
DHO	__	__	Ⓚ	__
DA	_____			
Risk	_____			

**STAFF REPORT**  
**BOARD MEETING DATE:** April 27, 2017

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer  
775-328-2419; [nkcummins@washoecounty.us](mailto:nkcummins@washoecounty.us)

**SUBJECT:** Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2017 through December 31, 2017 in the total amount of \$65,990 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Surveillance Program IO# 10012 and authorize the District Health Officer to execute the Subgrant Award.

**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements. The District Health Officer is authorized to execute other agreements on the Board of Health’s behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Community and Clinical Health Services Division received a Notice of Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on March 14, 2017 to support the HIV Surveillance Program. The funding period is retroactive to January 1, 2017 and extends through December 31, 2017. A copy of the Notice of Subgrant Award is attached.

**Health District Strategic Priorities supported by this item:**

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

**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**

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 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:** \$65,990

**Grant Period:** January 1, 2017 – December 31, 2017

**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:** 93.944

**Grant ID Number:** 6 NU62PS004024-05-00 / HD#15813

**Match Amount and Type:** No match required.

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

## **FISCAL IMPACT**

The Department anticipated this award and included funding in the adopted FY17 budget in internal order #10012. As such, there is no fiscal impact to the FY17 adopted budget should the Board approve the Notice of Subgrant Award.

## **RECOMMENDATION**

It is recommended that the Washoe County Health District approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2017 through December 31, 2017 in the total amount of \$65,990 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Surveillance Program IO# 10012 and authorize the District Health Officer to execute the Subgrant Award.

Subject: Approve HIV Surveillance Subgrant

Date: April 27, 2017

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**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "move to approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2017 through December 31, 2017 in the total amount of \$65,990 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Surveillance Program IO# 10012 and authorize the District Health Officer to execute the Subgrant Award."



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

HD #: 15813  
 Budget Account: 3219  
 Category: 18  
 GL: 8516  
 Job Number: 9394417

### NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> HIV/AIDS and Surveillance Program Nevada Division of Public and Behavioral Health Office of Public Health Informatics and Epidemiology	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4126 Technology Way, Ste. 200 Carson City, NV 89706	<b>Address:</b> P.O. Box 11130 Reno, NV 89520
<b>Subgrant Period:</b> January 1, 2017 through December 31, 2017.	<b>Subgrantee's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

**Purpose of Award:** To conduct HIV/AIDS Surveillance activities in Washoe County, Nevada.

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

<b>Approved Budget Categories:</b> <table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ <u>59,455</u></td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ <u>810</u></td></tr> <tr><td>3. Operating</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>6. Training</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>7. Other (Admin)</td><td style="text-align: right;">\$ <u>5,725</u></td></tr> <tr><td><b>Total Cost:</b></td><td style="text-align: right;"><b>\$ <u>65,990</u></b></td></tr> </table>	1. Personnel	\$ <u>59,455</u>	2. Travel	\$ <u>810</u>	3. Operating	\$ _____	4. Equipment	\$ _____	5. Contractual/Consultant	\$ _____	6. Training	\$ _____	7. Other (Admin)	\$ <u>5,725</u>	<b>Total Cost:</b>	<b>\$ <u>65,990</u></b>	<b>Disbursement of funds will be as follows:</b>  Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed <b>\$65,990.00</b> during the subgrant period.
1. Personnel	\$ <u>59,455</u>																
2. Travel	\$ <u>810</u>																
3. Operating	\$ _____																
4. Equipment	\$ _____																
5. Contractual/Consultant	\$ _____																
6. Training	\$ _____																
7. Other (Admin)	\$ <u>5,725</u>																
<b>Total Cost:</b>	<b>\$ <u>65,990</u></b>																

<b>Source of Funds:</b>	% Funds:	CFDA:	FAIN:	Federal Grant #:
1. Centers for Disease Control and Prevention	100%	93.944	U62PS004024-05	6 NU62PS004024-05-00

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

1. Expenditures must comply with appropriate state and/or federal regulations;
2. This award is subject to the availability of appropriate funds; and
3. The recipient of these funds agrees to stipulations listed in the incorporated documents.

**Incorporated Documents:**

Section A: 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; and  
 Section F: DPBH Business Associate Addendum

Kevin Dick	Signature	Date
Washoe County Health District		
Danika Williams, MPH HIV/AIDS Surveillance Coordinator		
Andrea R. Rivers Health Program Manger II, OPHIE		
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

**SECTION A**

**Assurances**

As a condition of receiving subgranted funds from the Nevada State Division of Public and Behavioral Health, the Subgrantee agrees to the following conditions:

1. Grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.
2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
  - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
  - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this subgrant award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply 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 or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it 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. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. Any federal, state, county or local agency, legislature, commission, council, or board;
  - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
  - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. Ascertain whether policies, plans and procedures are being followed;
  - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds 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***

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

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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

**SECTION B**

**Description of Services, Scope of Work and Deliverables**

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

**Scope of Work for Washoe County Health District**

**Goal 1: Identify and Report Persons with HIV**

<b><u>Objective</u></b>	<b><u>Activities</u></b>	<b><u>Due Date</u></b>	<b><u>Documentation Needed</u></b>
<p><b>1. Minimum information required will be obtained through active surveillance and entered into eHARS for all reported and confirmed HIV and AIDS cases within 90 days of receiving report.</b></p> <p><b>2. The HIV/AIDS Surveillance Program will conduct at minimum three provider visits educating on reporting responsibilities.</b></p>	<p><b>1.1</b> HIV Surveillance will ensure that providers/facilities as well as laboratories are reporting all cases and labs required by law through established routine quality and assurance activities.</p> <p><b>1.2</b> HIV/AIDS investigation staff will complete in-person or medical record review of all confirmed HIV/AIDS cases to obtain minimum information required.</p> <p><b>1.3</b> Adult case report forms and laboratory report documents will be entered into eHARS within 90 days of being reported to the HIV/AIDS Surveillance Program.</p> <p><b>2.1</b> The HIV Surveillance Program will assess all reporting facilities/providers who reported HIV cases and evaluate timeliness and completeness of reporting.</p> <p><b>2.2</b> HIV Surveillance staff will identify three providers/facilities based on review of the data; provider visits will be conducted.</p> <p><b>2.3</b> Providers/facilities will be presented with pre-arranged provider packets including information on reporting responsibilities, HIV education, referral and information.</p>	<p>Ongoing, December 31, 2017</p>	<p>Adult Case Report Forms, electronic HIV/AIDS Reporting System (eHARS) data, report of activities upon request.</p>

**Goal 2: Conduct Death Ascertainment**

<b><u>Objective</u></b>	<b><u>Activities</u></b>	<b><u>Due Date</u></b>	<b><u>Documentation Needed</u></b>
<p><b>1. The HIV/AIDS Surveillance Program will complete linkages between eHARS and local death files.</b></p>	<p><b>1.1</b> The local HIV surveillance programs will obtain reports at least quarterly from the local coroners to identify potential death matches based on cause of death.</p> <p><b>1.2</b> All matches will be manually confirmed by HIV/AIDS surveillance staff.</p> <p><b>1.3</b> For confirmed matches, death information will be imported/entered into eHARS.</p>	<p>Ongoing, December 31, 2017</p>	<p>eHARS data, report of activities upon request.</p>

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

**Goal 3: Conduct Intrastate De-Duplication of HIV Cases**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p><b>1. The HIV/AIDS Surveillance Program will assess intrastate duplicates monthly and resolve all duplicates within 30 days.</b></p>	<p><b>1.1</b> Use the eHARS canned intrastate program duplicate review report and homegrown Statistical Analysis Software (SAS), perform exact and 'fuzzy matches' monthly and resolve identified duplicates.</p> <p><b>1.2</b> All surveillance staff will conduct an interstate and intrastate duplicate review prior to entering a new case into eHARS to reduce the number of duplicates in Nevada's eHARS system.</p> <p><b>1.3</b> Duplicates identified by state and local surveillance staff during routine surveillance activities will be provided to the State HIV/AIDS Surveillance Program and the cases will be merged in eHARS to resolve the duplication within 30 days of receipt.</p>	<p>Ongoing, December 31, 2017</p>	<p>eHARS data, report of activities upon request.</p>

**Goal 4: Participate in Routine Interstate Duplicate Review (RIDR) of HIV Cases**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p><b>1. All interstate duplicates identified by the Centers for Disease Control's (CDC) Routine Interstate Duplicate Review (RIDR) project will be resolved and updated in eHARS.</b></p>	<p><b>1.1</b> Complete case reports on out-of-state/out-of-jurisdiction HIV/AIDS cases presenting in local jurisdictions.</p> <p><b>1.2</b> Initiate Partner Counseling and Referral System (PCRS) activities with partners living out-of-jurisdiction that are contacts of HIV-positive persons residing in Nevada and/or HIV-positive persons living out-of-state with partners residing in Nevada.</p> <p><b>1.3</b> Respond to eHARS record searches from other states within three business days.</p>	<p>Ongoing, December 31, 2017</p>	<p>eHARS data, report of activities upon request.</p>

**Goal 5: Conduct Risk Factor Ascertainment**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p><b>1. New HIV cases reported to the HIV/AIDS Surveillance Program will have identified a risk factor for greater than 70 percent of reported HIV cases.</b></p>	<p><b>1.1</b> Investigate HIV/AIDS cases that present with rare or previously unidentified modes of transmission identified (e.g., transfusion and transplant related cases, healthcare or occupational exposures, HIV-2 infections, female-to female sexual contact, potentially unusual HIV strains and clinical cases with HIV infection but negative HIV tests).</p> <p><b>1.2</b> Complete risk factor analysis in eHARS to monitor epidemic trends and target prevention interventions.</p> <p><b>1.3</b> Conduct pediatric exposure and infection surveillance (e.g., collect information on maternal HIV test history, prenatal and neonatal antiretroviral therapy, etc.).</p> <p><b>1.4</b> Follow-up investigations of cases/populations of special epidemiological significance (e.g., corrections, heterosexual contact).</p>	<p>Ongoing, December 31, 2017</p>	<p>eHARS data, report of activities upon request.</p>

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**Goal 6: Collect HIV Laboratory Reports**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p><b>1. DPBH HIV/AIDS Surveillance Program will collect and enter laboratory reports and increase electronic laboratory reporting of HIV laboratory data from private and public providers.</b></p>	<p><b>1.1.</b> Enter laboratory data into eHARS via Nevada's Electronic Review Database (NERDS) or hand enter within 30 days of receipt of laboratory report.</p> <p><b>1.2</b> HIV Surveillance Programs will use NERDS to review and process incoming electronic laboratory messages. This includes using NERDS to manage incoming labs that reflect negatives/undetectable levels to track Stage 0.</p> <p><b>1.3</b> Follow up with providers or local labs who may not be reporting all HIV labs per revisions to NAC 441.235.5.</p>	<p>Ongoing, December 31, 2017</p>	<p>eHARS data/NERDS data, report of activities upon request.</p>

**Goal 7: Assess Data Quality**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p><b>1. ≥ 97% of HIV cases newly diagnosed with HIV in 2017 will have passed all standards of data edit checks in eHARS.</b></p>	<p><b>1.1</b> Review all newly diagnosed or reported cases at the end of each month to check for ongoing cases with Person View status of 'E- Error', 'R- Required field missing', or 'W-Warning' and determine the reason for errors of missing fields and correct issues when possible.</p>	<p>Monthly, December 31, 2017</p>	<p>eHARS data, report of activities upon request.</p>

**Goal 8: Investigate Cases of Public Health Importance (COPHI)**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p><b>1. The HIV/AIDS Surveillance Program will report all Cases of Public Health Importance (COPHI) cases to CDC.</b></p>	<p><b>1.1</b> These are cases initially reported with a rare or unusual risk factor for HIV infection. Examples of these types of cases, which should be first priority for follow-up, are occupational exposure, a human bite or tattoo, blood transfusion, or transplant recipient. A "Risk Assessment Form for HIV/AIDS Cases Reported with No Identified Risk Factor" will be conducted as a part of routine COPHI investigation.</p> <p><b>1.2</b> After thorough investigation of possible COPHI cases and determination that the COPHI criteria have been met, the HIV/AIDS Surveillance Program will report all COPHI cases to DPBH and CDC representative assigned.</p>	<p>Within 7 days of notification, December 31, 2017</p>	<p>eHARS data/COPHI Case Files, report of activities upon request.</p>

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**Goal 9: Conduct Evaluation of the HIV Surveillance System**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. For newly diagnosed HIV infections in 2017, more than 50 percent of cases will have an initial CD4 (cluster of differentiation 4) count and viral load reported to the HIV surveillance system within three months of diagnosis date.</p> <p>2. The HIV/AIDS Surveillance Program will conduct an assessment of data on timeliness of HIV reporting. Nevada will have greater than 66 percent of newly diagnosed HIV infections in 2017 reported to HIV surveillance program within six months of diagnosis.</p>	<p>1.1 For HIV cases that are diagnosed, subgrantee will ensure that cases have had CD4 and Viral Load tests.</p> <p>1.2 Monitor laboratory reporting to ensure that HIV testing, CD4 counts, Viral Loads, and opportunistic infections are reported to local and/or state health authorities.</p> <p>2.1 Maintain routine contact with local hospitals and healthcare providers utilizing on-site visits and mailed reminders in order to ensure provider reporting of new cases and promote awareness of surveillance guidelines and procedures.</p> <p>2.2 Monitor laboratory reporting to ensure that all HIV testing per NAC 441.235.5, CD4 counts, viral loads, and opportunistic infections are reported to local and/or state health authorities.</p> <p>2.3 Enter case reports, laboratory results, and other updated case information into the eHARS database, including (or as available) CD4 counts, viral loads, and mode of exposure.</p>	<p>Ongoing, December 31, 2017</p> <p>Ongoing, December 31, 2017</p>	<p>eHARS data, report of activities upon request.</p> <p>eHARS data, report of activities upon request.</p>

**Goal 10: Implement and Adhere to Security and Confidentiality Procedures**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. The HIV/AIDS Surveillance Program will complete a confidentiality and security training with all surveillance staff, IT department staff that have access to computers/servers containing HIV data, and all staff located within the office where the HIV/AIDS Surveillance Program is located.</p>	<p>1.1 Provide the online HIV/AIDS confidentiality training and written guidelines to all applicable personnel and document this annual training for each employee by collecting from them and including completion certificate in his or her personnel file.</p>	<p>Upon hire or new personnel and prior to access to data given. Annual renewal. December 31, 2017</p>	<p>Documentation annual training was completed for all applicable staff and written attestation from local Site Security Officer all staff are up to date with training to DPBH. Report of activities upon request.</p>

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

**SECTION C**

**Budget and Financial Reporting Requirements**

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, 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 NU62PS004024-05-00 from the Centers of 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 of Disease Control and Prevention.

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5 NU62PS004024-05-00 from the Centers of Disease Control and Prevention.

Subgrantee 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	\$ 59,455		
		\$ 59,455	0.55 FTE Public Health Nurse II - \$108,100 x 55% (Includes fringe benefits).
2. Travel	\$ 810		
		\$ 810	Total mileage reimbursement for 1,514 miles of vehicular travel. 1,514x \$.535/mile.
3. Operating	\$		
4. Equipment	\$		
5. Contractual Consultant	\$		
6. Training	\$		
7. Other (Admin)	\$ 5,725	\$ 5,725	9.5% of base salaries and travel.
8. Administrative Fee	\$		
<b>Total Cost</b>	<b>\$ 65,990</b>		

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility, within the approved Scope of Work, unless otherwise authorized.
- 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/Subgrantees 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).
- The Subgrantee acknowledges that this subgrant and the continuation of this subgrant is contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources. If funds become unavailable, the Division may restrict, reduce, or terminate funding under this award.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

- The Subgrantee acknowledges that to better address the needs of Nevada, funds identified in this subgrant may be reallocated if ANY terms of the subgrant are not met, including failure to meet the scope of work.

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Reimbursement may be requested monthly or quarterly for expenses incurred in the implementation of the Scope of Work;
- Reimbursement will not exceed \$65,990.00 for the period of the subgrant; reimbursements for January 1, 2017 through June 30, 2017 cannot exceed \$32,995.00 and reimbursements for July 1, 2017 through December 31, 2017 cannot exceed \$32,995.00, unless approved by the DPBH. If a balance exists at the end of the first billing period DPBH will rollover the balance to the second billing period contingent upon approval from the DPBH. Full reimbursement is contingent on funding the CDC provides to Nevada which may not be fully realized until the final quarter of 2017;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional supporting documentation of invoices or receipts are needed in order to request reimbursement; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT 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.

**The Division agrees:**

- Providing technical assistance, upon request from the Subgrantee;
- Providing prior approval of reports or documents to be developed;
- Coordinate with other state, federal, and international agencies;
- Tabulate and interpret required data and program evaluation;
- Seek Epidemiology Aid and other assistance from the Centers for Disease Control and Prevention (CDC) if needed to prevent or control a HIV outbreak in designated county;
- Forward any opportunities for education related to HIV Surveillance or program management;
- Forward any changes in the recommendations for the care of HIV cases from the CDC;
- Serve as the authority responsible for ensuring necessary reports and documents are submitted to the CDC, per reporting deadlines;

The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

**Both parties agree:**

Site-visit monitoring and/or audits will be conducted by the Division of Public and Behavioral Health or the Centers for Disease Control and Prevention or related staff of the Subgrantee's HIV Surveillance Program to evaluate progress and compliance with the activities outlined in the Scope of Work. Program and fiscal audits shall occur as needed.

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.

All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, 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 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 or quarterly basis, based on the terms of the subgrant agreement, no later than the 15<sup>th</sup> of the month with the exception of end of the state Fiscal year (June 30, 2017), all reimbursement for January to June must be to the DPBH by July 15, 2017.
- 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 Subgrant Award.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**SECTION D**

**Request for Reimbursement**

HD#: 15813  
Budget Account: 3219/18  
GL: 8516  
Draw #: \_\_\_\_\_

<b>Program Name:</b> HIV/AIDS Surveillance Program Nevada Division of Public and Behavioral Health Office of Public Health Informatics and Epidemiology	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4126 Technology Way, Ste. 200 Carson City, NV 89706	<b>Address:</b> P.O. Box 11130 Reno, NV 89520
<b>Subgrant Period:</b> January 1, 2017 through December 31, 2017.	<b>Subgrantee's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u>

**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	\$59,455.00	\$0.00	\$0.00	\$0.00	\$59,455.00	0.0%
2 Travel	\$810.00	\$0.00	\$0.00	\$0.00	\$810.00	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 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Other	\$5,725.00	\$0.00	\$0.00	\$0.00	\$5,725.00	0.0%
8 Administrative Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
<b>Total</b>	<b>\$65,990.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$65,990.00</b>	<b>0.0%</b>

This report is true and correct to the best of my knowledge

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

**FOR DIVISION USE ONLY**

Program contact necessary?  Yes  No      Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_      Signed: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_      Signed: \_\_\_\_\_

ASO or Bureau Chief (as required): \_\_\_\_\_      Date: \_\_\_\_\_

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD

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:

***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? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD

SECTION F

**Business Associate Addendum**

BETWEEN

**Nevada Division of Public and Behavioral Health**

---

Hereinafter referred to as the "Covered Entity"

and

**Washoe County Health District**

---

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, 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

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 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

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

- 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.
  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.

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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 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,

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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.
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

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- 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.

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**IN WITNESS WHEREOF**, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

**Covered Entity**

**Division of Public and Behavioral Health  
4150 Technology Way, Suite 300  
Carson City, NV 89706**

**Phone: (775) 684-5975**

**Fax: (775) 684-4211**

**Business Associate**

Washoe County Health District

Business Name

1001 East Ninth St.

Business Address

Reno, NV 89512

Business City, State and Zip Code

775-328-2410

Business Phone Number

775-328-3752

Business Fax Number

Authorized Signature

for Cody L. Phinney, MPH

Print Name

Administrator,  
Division of Public and Behavioral Health

Title

Date

Authorized Signature

Kevin Dick

Print Name

District Health Officer

Title

Date

DD	<u>AH</u>	—
DHO	—	<u>KD</u>
DA	—	—
Risk	—	—

**Staff Report**  
**Board Meeting Date: April 27, 2017**

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer, Washoe County Health District  
775-328-2419, [nkcummins@washoecounty.us](mailto:nkcummins@washoecounty.us)

**SUBJECT:** Approve a Notice of Award from the U.S. Department of Health and Human Services, Public Health Service retroactive to April 1, 2017 through March 31, 2018 in the total amount of \$508,000 (\$50,800 Health District cash match) in support of the Community and Clinical Health Services Division (CCHS) Title X Family Planning Grant Program, IO# 11304.

**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health’s behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Community and Clinical Health Services Division received a Notice of Award from the Department of Health and Human Services, Public Health Service on April 6, 2017 to support the Title X Family Planning Program. The funding period is retroactive to April 1, 2017 and extends through March 31, 2018. A copy of the Notice of Award is attached.

This award provides partial FY2017 funding under a continuing resolution. Final funding amounts will be determined once the final FY2017 appropriation is enacted.

**District Health Strategic Objective supported by this item:**

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

**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**

The Board of Health approved the Notice of Award for the Family Planning Grant Program in the amount of \$1,209,536.00 retroactive to April 1, 2016 through March 31, 2017 on April 28, 2016.

**BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name:** Family Planning Grant Program

**Scope of the Project:** The application including the following objectives: Partner with programs and community outreach initiatives to reach identified populations; provide community outreach/education activities through multiple methods; maintain and improve accessible high quality

family planning services for men and women; maintain and improve client assistance with accessing necessary health and social resources.

The Subgrant provides funding for personnel, travel and training, operating supplies, professional services, educational supplies, advertising and other expenses, including funding specifically for community outreach, planning meetings and program participation via use of incentives (including but not limited to bus passes, taxi vouchers, gift certificates, educational outreach items, nutritious food and beverage, and gift cards) and indirect expenditures.

**Benefit to Washoe County Residents:** This Award supports the Family Planning Program mission to promote and assure that all Washoe County citizens have access to confidential, high quality, culturally competent reproductive health and family planning services that foster healthy communities.

**On-Going Program Support:** The Health District anticipates receiving continuous funding to support the Title X Family Planning Program.

**Award Amount:** \$508,000.00  
**Grant Period:** April 1, 2017 – March 31, 2018  
**Funding Source:** U.S. Department of Health and Human Services  
Public Health Service  
**Pass Through Entity:** n/a  
**CFDA Number:** 93.217  
**Grant ID Number:** 5 FPHPA096238-02-00  
**Match Amount and Type:** \$50,800 cash match  
**Sub-Awards and Contracts:** No Sub-Awards are anticipated.

### **FISCAL IMPACT**

There is no additional fiscal impact should the Board approve the Notice of Award. As the FY17 budget in Internal Order #11319 was adopted with sufficient expenditure authority, no budget amendment is necessary.

### **RECOMMENDATION**

It is recommended that the Washoe County District Board of Health approve a Notice of Award from the U.S. Department of Health and Human Services, Public Health Service retroactive to April 1, 2017 through March 31, 2018 in the total amount of \$508,000 (\$50,800 Health District cash match) in support of the Community and Clinical Health Services Division (CCHS) Title X Family Planning Grant Program, IO# 11304.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a Notice of Award from the U.S. Department of Health and Human Services, Public Health Service retroactive to April 1, 2017 through March 31, 2018 in the total amount of \$508,000 (\$50,800 Health District cash match) in support of the Community and Clinical Health Services Division (CCHS) Title X Family Planning Grant Program, IO# 11304."

1. DATE ISSUED MM/DD/YYYY 04/04/2017  
 2. CFDA NO. 93.217  
 3. ASSISTANCE TYPE Project Grant

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**PUBLIC HEALTH SERVICE**  
**OASH Office of Grants Management**  
 1101 Wootton Parkway  
 Suite 550  
 Rockville, MD 20852

1a. SUPERSEDES AWARD NOTICE dated  
 except that any additions or restrictions previously imposed remain  
 in effect unless specifically rescinded

4. GRANT NO. 5 FPHPA096238-02-00  
 Formerly  
 5. ACTION TYPE Non-Competing Continuation

6. PROJECT PERIOD MM/DD/YYYY  
 From 04/01/2016 Through 03/31/2019

7. BUDGET PERIOD MM/DD/YYYY  
 From 04/01/2017 Through 03/31/2018

**NOTICE OF AWARD**  
 AUTHORIZATION (Legislation/Regulations)  
 P.L. 91-572 PHS Act Sec. 1001 as Amended, 42 CFR 59

8. TITLE OF PROJECT (OR PROGRAM)  
 Family Planning Services in Washoe County

9a. GRANTEE NAME AND ADDRESS  
 Washoe County Health District  
 1001 E 9th St Bldg B  
 Reno, NV 89512-2845

9b. GRANTEE PROJECT DIRECTOR  
 Ms. Stacy Hardie  
 1001 East 9th Street, Building B  
 Reno, NV 89512-2845  
 Phone: 775-328-2416

10a. GRANTEE AUTHORIZING OFFICIAL  
 Mr. Kevin Dick  
 1001 EAST 9TH STREET BUILDING B  
 RENO, NV 89512-2845  
 Phone: 775-328-2416

10b. FEDERAL PROJECT OFFICER  
 Rebecca McTall  
 90 7th St. Ste.5100  
 San Francisco, CA 94103-6706  
 Phone: 415-437-8403

**ALL AMOUNTS ARE SHOWN IN USD**

<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>	
I Financial Assistance from the Federal Awarding Agency Only	<b>II</b>
II Total project costs including grant funds and all other financial participation	
a. Salaries and Wages .....	340,222.00
b. Fringe Benefits .....	154,062.00
c. Total Personnel Costs .....	494,284.00
d. Equipment .....	0.00
e. Supplies .....	11,233.00
f. Travel .....	3,000.00
g. Construction .....	0.00
h. Other .....	86,993.00
i. Contractual .....	28,587.00
j. TOTAL DIRECT COSTS →	624,097.00
k. INDIRECT COSTS	70,239.00
l. TOTAL APPROVED BUDGET	694,336.00
m. Federal Share	508,000.00
n. Non-Federal Share	186,336.00

<b>12. AWARD COMPUTATION</b>	
a. Amount of Federal Financial Assistance (from item 11m)	508,000.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	508,000.00
<b>13. Total Federal Funds Awarded to Date for Project Period</b>	<b>1,536,000.00</b>

<b>14. RECOMMENDED FUTURE SUPPORT</b> (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 3	1,070,000.00	d. 6	
b. 4		e. 7	
c. 5		f. 8	

**15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:**

a. DEDUCTION  
 b. ADDITIONAL COSTS  
 c. MATCHING  
 d. OTHER RESEARCH (Add / Deduct Option)  
 e. OTHER (See REMARKS)

**e**

**16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:**

a. The grant program legislation  
 b. The grant program regulations.  
 c. This award notice including terms and conditions, if any, noted below under REMARKS.  
 d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached -  Yes  No)

This action provides partial FY 2017 funds in the amount of \$508,000, under a continuing resolution. Final funding amounts will be determined once a final FY 2017 appropriation is enacted.

See attached Terms and Conditions.

GRANTS MANAGEMENT OFFICIAL: Alice M Bettencourt, Grants Management Officer

17. OBJ CLASS 41.45	18a. VENDOR CODE 1886000138A1	18b. EIN 886000138	19. DUNS 073786998	20. CONG. DIST. 02
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 7-3094509	b. FPHPA6238A	c. FPH70	d. \$508,000.00	e. 75-17-0359
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
04/01/2016	06/30/2016	Quarterly	07/30/2016
04/01/2016	06/30/2016	Quarterly	07/30/2016
07/01/2016	09/30/2016	Annual	12/29/2016
10/01/2016	12/31/2016	Quarterly	01/30/2017
01/01/2017	03/31/2017	Quarterly	04/30/2017
04/01/2017	06/30/2017	Quarterly	07/30/2017
07/01/2017	09/30/2017	Annual	12/29/2017
10/01/2017	12/31/2017	Quarterly	01/30/2018
01/01/2018	03/31/2018	Quarterly	04/30/2018
04/01/2018	06/30/2018	Quarterly	07/30/2018
07/01/2018	09/30/2018	Annual	12/29/2018
10/01/2018	12/31/2018	Quarterly	01/30/2019
01/01/2019	03/31/2019	Final	06/29/2019

**SPECIAL TERMS AND REQUIREMENTS**

1. This award consists of:

Program income (fees, premiums, third-party reimbursements which the project may reasonably expect to receive), as well as State, local and other operational funding, will be used to finance the non-federal share of the scope of project as defined in the approved grant application and reflected in the approved budget. Program income and the level projected in the approved budget will be used to further program objectives. Box 15 on this Notice of Award (NoA) indicates **E – Other**: Program Income may be used to meet the cost sharing or matching requirement of the Federal award. The amount of the Federal award stays the same. Program Income in excess of any amounts specified must be added to the Federal funds awarded. They must be used for the purposes and conditions of this award for the duration of the Project period. 45 CFR 75.307 (e).

Title X Funds	\$508,000
Cost Sharing Funds (10%)	\$ 50,800
Program Income	\$ 83,500
Other Funds	\$ 52,036
Total Project Budget	\$694,336

- In accepting this award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 42 CFR part 59 subpart A currently in effect or implemented during the period of the grant.
- Notwithstanding any other provision of law, no provider under Title X of the Public Health Service Act shall be exempt from any State law requiring notification for the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

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4. In accepting this award, the grantee certifies that it will encourage family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.
5. In order to maintain an accurate record of current Title X service sites, grantees are expected to provide timely notice to the Office of Population Affairs (OPA), as well as to the appropriate HHS regional office, of any deletions, additions, or changes to the name, location, street address and email, and contact information for Title X grantees and service sites. This database will also be used to verify eligibility for 340b program registration and recertification. You must enter your changes to the Title X database within 30 days of the change at <https://www.opa-fpclinicdb.com/>. All changes will be reviewed and approved by the relevant HHS regional office prior to being posted on the OPA website. This does not replace the prior approval requirement under HHS grants policy for changes in project scope, including clinic closures.
6. If you or your sub-recipient(s) enrolls in the 340B Program, you must comply with all 340B Program requirements. You may be subject to audit at any time regarding 340B Program compliance. 340B Program requirements are available at <http://www.hrsa.gov/opa/programrequirements/>
7. FY 2017 Title X Program Priorities and Key Issues

*Program Priorities:* Each year the OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from Healthy People 2020 Objectives and from the Department of Health and Human Services (HHS) priorities. Project plans should be developed that address the 2017 Title X program priorities, and should provide evidence of the project's capacity to address program priorities as they evolve in future years. The 2017 program priorities are as follows:

1. Assuring the delivery of quality family planning and related preventive health services, with priority for services to individuals from low-income families. This includes ensuring that grantees have the capacity to support implementation (e.g., through staff training and related systems changes) of the Title X program guidelines throughout their Title X services projects, and that project staff have received training on Title X program requirements;
2. Assessing clients' reproductive life plan as part of determining the need for family planning services, and providing preconception services as stipulated in QFP;
3. Providing access to a broad range of acceptable and effective family planning methods and related preventive health services in accordance with the Title X program requirements and the 2014 QFP. These services include, but are not limited to, contraceptive services, pregnancy testing and counseling, services to help clients achieve pregnancy, basic infertility services, STD services, preconception health services, and breast and cervical cancer screening. The broad range of services does not include abortion as a method of family planning;
4. Ensuring that all clients receive contraceptive and other services in a voluntary, client-centered and non-coercive manner in accordance with QFP and Title X requirements.
5. Identifying individuals, families, and communities in need, but not currently receiving family planning services, through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services; and
6. Demonstrating that the project's infrastructure and management practices ensure sustainability of family planning and reproductive health services delivery throughout the proposed service area including:

--Incorporation of certified Electronic Health Record (EHR) systems that have the ability to capture family planning data within structured fields;

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--Evidence of contracts with insurance plans and systems for third party billing as well as the ability to facilitate the enrollment of clients into private insurance and Medicaid, optimally onsite; and to report on numbers of clients assisted and enrolled; and

--Addressing the comprehensive health care needs of clients through formal, robust linkages or integration with comprehensive primary care providers

8. *Key Issues:* In addition to program priorities, the following key issues have implications for Title X services projects and should be considered in developing the project plan:

1. Incorporation of the 2014 Title X Program Guidelines throughout the proposed service area as demonstrated by written clinical protocols that are in accordance with Title X Requirements and QFP.
2. Efficiency and effectiveness in program management and operations;
3. Patient access to a broad range of contraceptive options, including long acting reversible contraceptives (LARC), other pharmaceuticals, and laboratory tests, preferably on site;
4. Use of performance measures to regularly perform quality assurance and quality improvement activities, including the use of measures to monitor contraceptive use;
5. Establishment of formal linkages and documented partnerships with comprehensive primary care providers, HIV care and treatment providers, and mental health, drug and alcohol treatment providers;
6. Incorporation of the National HIV/AIDS Strategy (NHAS) and CDC's "Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings;" and
7. Efficient and streamlined electronic data collection (such as for the Family Planning Annual Report (FPAR)), reporting and analysis for internal use in monitoring staff or program performance, program efficiency, and staff productivity in order to improve the quality and delivery of family planning services.

**STANDARD TERMS**

1. You must comply with all terms and conditions outlined in the grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements (GPS), any references in the GPS to 45 CFR Part 74 or 92 are now replaced by 2 CFR Part 200 and 45 CFR Part 75), and requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. By drawing or otherwise obtaining funds for the award from the grant payment system or office, you accept the terms and conditions of the award and agree to perform in accordance with the requirements of the award.

The HHS Grants Policy Statement is available at:

<http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS awards are at 45 CFR Part 75 effective December 26, 2014.

2. All amendment requests requiring prior approval from the awarding office (See Part II, HHS Grants Policy Statement (GPS), any references in the GPS to 45 CFR Part 74 or 92 are now replaced by 2 CFR Part 200 and 45 CFR Part 75) must be signed by the grantee authorizing official and or PI/PD and submitted through the GrantSolutions Amendment Module. Only responses signed by the GMO are considered valid. If you take action on the basis of responses from other officials or individuals, you do so at your own risk. Such responses will not be considered binding by or upon any OASH

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Office.

Any other correspondence not relating to a prior approval item should be uploaded to Grant Notes within the GrantSolutions system. Include the Federal grant number and signature of the authorized business official and the project director on all such correspondence.

3. The *Consolidated Appropriations Act, 2016* (Public Law 114-113), and subsequent Continuing Resolutions for FY17, limit the use of federal funds from the HHS Office of the Assistant Secretary for Health (OASH) on all grant or cooperative agreements henceforth including the current budget period.

(1) Salary Limitation

"None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II."

**Effective January 8, 2017, the Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale.** That amount is **\$187,000**. For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds.

(2) Anti-Lobbying

"(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control."

4. Reporting Subawards and Executive Compensation

a. Reporting of first-tier subawards.

1. *Applicability.* Unless you are exempt as provided in paragraph d. of this award term, you must



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report each action that obligates \$25,000 or more in Federal funds that does not include Recovery Act funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2. Where and when to report.

i. You must report each obligating action described in paragraph a.1. of this award term to the [Federal Funding Accountability and Transparency Act Subaward Reporting System \(FFRS\)](#).

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3. What to report. You must report the information about each obligating action as specified in the submission instructions posted at <http://www.fsrs.gov> specify.

**b. Reporting Total Compensation of Recipient Executives.**

1. *Applicability and what to report.* You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if—

i. the total Federal funding authorized to date under this award is \$25,000 or more;

ii. in the preceding fiscal year, you received—

A. 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

B. \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the [Executive Compensation](#) page of the SEC website.)

2. Where and when to report. You must report executive total compensation described in paragraph b.1. of this award term:

i. As part of your registration profile in the [System for Award Management \(SAM\)](#).

ii. By the end of the month following the month in which this award is made, and annually thereafter.

**c. Reporting of Total Compensation of Subrecipient Executives.**

1. *Applicability and what to report.* Unless you are exempt as provided in paragraph d. of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if—

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i. in the subrecipient's preceding fiscal year, the subrecipient received—

A. 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

B. \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the [Executive Compensation](#) page of the SEC website.)

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c.1. of this award term:

i. To the recipient.

ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

**d. Exemptions**

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

i. Subawards, and

ii. The total compensation of the five most highly compensated executives of any subrecipient.

**e. Definitions.**

For purposes of this award term:

1. "Entity" means all of the following, as defined in 2 CFR part 25:

i. A Governmental organization, which is a State, local government, or Indian tribe;

ii. A foreign public entity;

iii. A domestic or foreign nonprofit organization;

iv. A domestic or foreign for-profit organization;

v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2. "Executive" means officers, managing partners, or any other employees in management positions.

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3. "Subaward":

i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. II .210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").

iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4. "Subrecipient" means an entity that:

i. Receives a subaward from you (the recipient) under this award; and

ii. Is accountable to you for the use of the Federal funds provided by the subaward

5. "Total compensation" means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

i. Salary and bonus.

ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

v. Above-market earnings on deferred compensation which is not tax-qualified.

vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

5. **Trafficking in Persons**

This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)

***a. Provisions applicable to a recipient that is a private entity.***

1. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not-

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- 
- i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
  - ii. Procure a commercial sex act during the period of time that the award is in effect; or
  - iii. Use forced labor in the performance of the award or subawards under the award.
2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –

- i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or
- ii. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either-
  - A. Associated with performance under this award; or
  - B. Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR part 376.

***b. Provision applicable to a recipient other than a private entity.***

We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity-

- 1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
- 2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either-
  - i. Associated with performance under this award; or
  - ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR part 376

***c. Provisions applicable to any recipient.***

- 1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term
- 2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:
  - i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and
  - ii. Is in addition to all other remedies for noncompliance that are available to us under this award.

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3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.

**d. Definitions.** For purposes of this award term:

1. "Employee" means either:

i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or

ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.

2. "Forced labor" means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

3. "Private entity":

i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.

ii. Includes:

A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b).

B. A for-profit organization.

4. "Severe forms of trafficking in persons," "commercial sex act," and "coercion" have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102)

6. You are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013) applies to this award.

7. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage.

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8. Reporting of Matters Related to Recipient Integrity and Performance

1. General Reporting Requirement

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you as the recipient during that period of time must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FPIIS)) about civil, criminal, or administrative proceedings described in paragraph 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available.

2. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

- a. Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the Federal Government;
- b. Reached its final disposition during the most recent five year period; and
- c. If one of the following:
  - (1) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
  - (2) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;
  - (3) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or
  - (4) Any other criminal, civil, or administrative proceeding if:
    - (i) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;
    - (ii) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and
    - (iii) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

3. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in paragraph 2 of this award term and condition. You do not need to submit the information

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a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under Federal procurement contracts that you were awarded.

4. Reporting Frequency

During any period of time when you are subject to this requirement in paragraph 1 of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have Federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

5. Definitions

For purposes of this award term and condition:

a. Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the Federal and State level but only in connection with performance of a Federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.

b. Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.

c. Total value of currently active grants, cooperative agreements, and procurement contracts includes —

(1) Only the Federal share of the funding under any Federal award with a recipient cost share or match; and

(2) The value of all expected funding increments under a Federal award and options, even if not yet exercised

**REPORTING REQUIREMENTS**

1. The Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all entities as stipulated in 45 CFR Part 75.500. The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. The audit report when completed should be submitted online to the Federal Audit Clearinghouse at <http://harvester.census.gov/fac/collect/ddeindex.html>.

**2. FINANCIAL REPORTING REQUIREMENT Federal Financial Reporting (FFR) SF 425:**

The SF-425 Federal Financial Report is required for expenditure reporting. The SF-425 and instructions for completing the form can be found on the Web at: [http://www.whitehouse.gov/omb/grants\\_forms](http://www.whitehouse.gov/omb/grants_forms)

a. This reporting requirement supersedes any previously issued FFR reporting table and instructions.

NOTICE OF AWARD (Continuation Sheet)

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b. You may view the complete table of the reporting schedule after logging into GrantSolutions from the My Grants List screen, select the **Reports** menu dropdown and then select the **Federal Financial Report** submenu.

c. GrantSolutions will automatically issue you a reminder seven (7) days prior to each report due date. If not submitted by the due date, you will receive a message indicating the report is **Past Due**.

d. **Electronic Submissions accepted only via GrantSolutions** – Your Quarterly and Annual Federal Financial Reports (FFR) (SF-425) must only be submitted for review via the GrantSolutions FFR reporting module. Your FFR reporting schedule has been issued as a condition of this grant award. You will also be required to submit a Final FFR covering the entire project period 90 days after the project period end date. No other submission methods will be accepted without written approval from the GMO. You must be assigned to the grant with authorized access to the FFR reporting Module as FINANCIAL OFFICER when submitting. If you encounter any difficulties, contact your assigned Grants Management Specialist. Please reference the CONTACTS section of NoA Terms and Conditions to locate the name of this individual.

The Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note, at this time, these FFR reports are separate submissions via the Payment Management System. At this time, data is not transferable between the two systems and you will report twice on certain data elements.

3. You must submit an annual progress report within 90 days after the end of each 12 months of performance. This progress report shall cover the full 12 months of performance which normally will coincide with your budget period. Guidance on content of the progress report will be provided by the Program Office. Reports must be submitted electronically via upload to Grant Notes in the GrantSolutions system under the award number.

## CONTACTS

1. Fraud, Abuse and Waste:

The HHS Inspector General accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in Department of Health and Human Services' programs. Your information will be reviewed promptly by a professional staff member. Due to the high volume of information that they receive, they are unable to reply to submissions. You may reach the OIG through various channels.

Internet: <https://forms.oig.hhs.gov/hotlineoperations/index.aspx>

Phone: 1-800-HHS-TIPS (1-800-447-8477)

Mail: US Department of Health and Human Services  
Office of Inspector General  
ATTN: OIG HOTLINE OPERATIONS  
PO Box 23489  
Washington, DC 20026

For additional information visit <https://oig.hhs.gov/fraud/report-fraud/index.asp>

2. PAYMENT PROCEDURES:



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Payments for grants awarded by OASH Program Offices are made through Payment Management Services (previously known as the Division of Payment Management) (<https://pms.psc.gov/home.html>). PMS is administered by the Program Support Center (PSC), HHS. NOTE: Please contact the Payment Management Services to establish an account if you do not have one.

Inquiries regarding payments should be directed to <https://pms.psc.gov/home.html>; Payment Management Services, P.O. Box 6021, Rockville, MD 20852; or 1-877-614-5533.

3. For assistance on **grants administration** issues please contact: Robin Fuller, Grants Management Specialist, at (240) 453-8830, FAX (240) 453-8823, e-mail [robin.fuller@hhs.gov](mailto:robin.fuller@hhs.gov) or OASH Grants Management Office, 1101 Wootton Parkway, Suite 550, Rockville, MD 20852.

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**STAFF REPORT**  
**BOARD MEETING DATE: April 27, 2017**

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**SUBJECT:** Approve Intrastate Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection, Bureau of Corrective Actions and the Washoe County Health District for the period July 1, 2017 through June 30, 2021 in the total amount of \$812,000 (\$203,000 per fiscal year) in support of the Environmental Health Services Division (EHS) Underground Storage Tank (UST) Program, IO 10023; 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 \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Washoe County Health District had been in discussions with the State of Nevada regarding this contract for several months and received the final version April 11, 2017. The deliverables were negotiated to align with the funding level and as a result, the Leaking Underground Storage Tank (LUST) activities were eliminated. Starting July 1, 2017 NDEP will take over all current and future LUST cases within Washoe County.

**District Health Strategic Priorities supported by this item:**

1. **Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
2. **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 current Agreement that ends June 30, 2017 was approved by the Board on April 25, 2013.

## **BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name:** Underground Storage Tank (UST) Program.

**Scope of the Project:** The scope of work addresses the following:

- Program Implementation
- UST Notification
- UST Compliance/Enforcement (conducts a maximum of 120 on-site facility inspections per year)
- Release Detection Oversight
- Program Tracking

**Benefit to Washoe County Residents:** This Agreement supports the EHS UST program mission to prevent the accidental or incidental release of petroleum products stored in underground storage tanks into the environment.

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

**Award Amount:** Total award is \$812,000 (\$203,000 per fiscal year)

**Grant Period:** July 1, 2017 – June 30, 2021

**Funding Source:** State and Tribal Underground Storage Tanks Program

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

**CFDA Number:** 66.804

**Grant ID Number:** DEP#17-028

**Match Amount and Type:** None

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

## **FISCAL IMPACT**

There is no additional fiscal impact should the Board approve the Agreement as this award was anticipated and included in the FY18 budget in Internal Order 10023.

## **RECOMMENDATION**

Staff recommends that the District Board of Health approve the Intrastate Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection, Bureau of Corrective Actions and the Washoe County Health District for the period July 1, 2017 through June 30, 2021 in the total amount of \$812,000 (\$203,000 per fiscal year) in support of the Environmental Health Services Division (EHS) Underground Storage Tank (UST) Program, IO 10023; and if approved, authorize the District Health Officer to execute the Agreement.

Subject: Approval of Agreement – UST Program

Date: April 27, 2017

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### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the Intrastate Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection, Bureau of Corrective Actions and the Washoe County Health District for the period July 1, 2017 through June 30, 2021 in the total amount of \$812,000 (\$203,000 per fiscal year) in support of the Environmental Health Services Division (EHS) Underground Storage Tank (UST) Program, IO 10023; and if approved, authorize the District Health Officer to execute the Agreement."

# INTRASTATE 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, Bureau of Corrective Actions  
901 S. Stewart Street, Carson City, NV 89701-5249  
Phone: (775) 687-9368 Fax: (775) 687-8335

and

Washoe County Health District  
*hereinafter the "Public Agency"*  
PO Box 11130  
Reno, NV 89512  
Phone: 775-328-2434 Contact: Jim English

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 **Washoe County Health District** hereinafter set forth are both necessary to **Division of Environmental Protection** 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 from July 1, 2017 upon approval to June 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 State and/or federal 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 AND BUDGET

ATTACHMENT B: ADDITIONAL AGENCY TERMS & CONDITIONS (consisting of 3 pages)

7. CONSIDERATION. Washoe County Health District agrees to provide the services set forth in paragraph (6) at a cost of \$ 203,000 per year, maximum, over a term of 4 years. Total Contract value is \$ 812,000. Installments payable: Monthly, not to exceed \$ 40,000 per month, up to \$203,000 per year. Any intervening end to an annual or 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 other party, the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with any applicable 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 other party, 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 by each party for a minimum of 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.

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. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260 and NRS 354.626.

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, act of public enemy, 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 or this Contract, 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 jurisdiction of the Nevada district courts 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 State of Nevada 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.

**PUBLIC AGENCY – Washoe County Health District:**

\_\_\_\_\_  
By: Signature Title Date

**DIVISION:**

\_\_\_\_\_  
Administrator, NDEP  
Title Date

**BUREAU:**

\_\_\_\_\_  
MA II, Contract Manager  
Title Date

**DIVISION FISCAL APPROVAL:**

\_\_\_\_\_  
Budget Analyst II  
Title Date

Approved as to form by:

\_\_\_\_\_  
Deputy Attorney General for Attorney General On \_\_\_\_\_  
(Date)

**APPROVED BY BOARD OF EXAMINERS**

\_\_\_\_\_  
Signature - Board of Examiners On \_\_\_\_\_  
(Date)



# Attachment A

## ATTACHMENT A

### UNDERGROUND STORAGE TANK INSPECTION AND RELEASE DETERMINATION PROGRAM OBJECTIVES & SCOPE OF WORK

State Fiscal Year 2018, 2019, 2020, 2021  
JULY 1, 2017 - JUNE 30, 2021  
Contract Control # DEP 17-028

#### **I. PROGRAM IMPLEMENTATION**

As part of the State Program, **Washoe County Health District** (WCHD) will continue activities relative to the time frames and definitions of the Underground Storage Tank (UST) Program requirements as delineated in the Federal Register 40 CFR Part 280, §§ 280.10 through 280.112; NRS 459.800 to 459.856; and NAC 459.9921 to 459.999, inclusive. WCHD will work within the Nevada Division of Environmental Protection (NDEP) guidance and oversight. Any variation from the regulations, guidance, or oversight will require written concurrence from NDEP. It is recognized that a guidance or directive from the U.S. EPA that may modify the reporting requirements or definitions reported herein shall be incorporated into this Scope of Work and made a part.

The objectives of the Nevada UST program are:

1. Ensure consistent application and enforcement of State and Federal UST Regulations.
2. Improve compliance with the regulations through increased in-field interaction and education of owners, operators and managers of UST facilities.
3. Conduct consistent inspections at each facility through a prioritization system that ensures each facility is inspected at least once every 24 months. An alternative inspection schedule can be proposed to NDEP for approval.
4. Provide accurate and timely information to the NDEP to enable timely updates to the State UST Access database (UST FITS).
5. Compile accurate and consistent compliance data as required by the US EPA.
6. All reports are due within five business days following the end of each month.
7. Provide and maintain UST compliance records and provide access to records as required in public records requests.

#### **II. UST NOTIFICATION:**

1. Inform UST owner/operators of their responsibility to use EPA Form 7530-1 for new, upgraded, or closed UST systems and to submit that information electronically through the NDEP Petroleum Fund Database. WCHD to review the information submitted by the owner/operator after the database routes the form to WCHD via email to ensure the 7530-1 forms are accurate and complete.

Report monthly and by electronic means:

- a. Report the number of verification emails from the NDEP Petroleum Fund Database and identify if they are accurate and complete.

2. Receive and respond in writing to an operator's notice of intent to permanently close or make a change- in-service to their underground storage tank system, as required by 40 CFR, § 280.71. Inform operators of all applicable requirements under 40 CFR, § 280 and NAC 459.970 through 459.9729 (certification) in the response letters.

Report monthly by electronic means.

- a. The number of response letters mailed in acknowledgment of an operator's intent to close or make a change in the service.
- b. The number of site inspections conducted for USTs being permanently closed.

### **III. UST COMPLIANCE/ENFORCEMENT:**

1. Conduct on-site facility inspections that are consistent with the State of Nevada UST Inspection Protocol. NDEP will provide the UST Inspection Protocol and may engage in one or more joint inspections per calendar year to assist with achieving consistency of inspections. A reference to the Significant Operational Compliance (SOC) framework will be provided by the NDEP.

Report monthly by electronic means:

- a. Number of initial facility inspections / inspection reports submitted to NDEP.
  - b. Release Prevention SOC: Number of facilities in SOC with the 1998 regulations at the time of the initial inspection conducted during the reporting period.
  - c. Release Detection SOC: Number of facilities in SOC with the leak detection regulations at the time of the initial inspection conducted during the reporting period.
  - d. Number of facilities in substantial operational compliance with the 1998 regulations and leak detection regulations at the time of initial inspection conducted during the reporting period.
2. WCHD will query the Petroleum Fund database on or about December 15 of each year and any time thereafter to determine which UST owner/operators have enrolled into the Petroleum Fund and are in compliance with financial responsibility requirements. This information will be used by WCHD to prioritize these sites within the first six months of the inspection schedule, so this information can be field verified. If WCHD has knowledge that these owner/operators have an alternate form of financial responsibility, the priority inspection is not warranted.
  3. Provide for a 'Step Wise' progressive compliance/enforcement program consistent with NDEP's Compliance Assistance and Enforcement Guidance document. Provide documentation to the owner/operator acknowledging correction of non-compliance deficiencies. Submit a copy of documentation (i.e., correspondence) to NDEP.

Report monthly by electronic means:

- a. The number of facilities sent compliance assistance letters regarding UST non-compliance issues.
  - b. The number of facilities that have resolved all compliance issues during the reporting period (regardless of the period in which the issues were initiated).
4. Conduct re-inspections as necessary to ensure compliance at those facilities for which owner/operators were issued compliance assistance letters.

Report monthly by electronic means:

- a. The number of on-site UST facility re-inspections and compliance documentation review re-inspections.
5. Any UST non-compliance cases, which have not been resolved by telephone calls, follow-up letters, or re-inspections will be referred to NDEP for formal enforcement action. WCHD will provide NDEP with supporting documentation sufficient for issuance of an enforcement order. All cases referred to NDEP will include the following:
- a) A formal referral letter addressed to NDEP, referring the case. The letter should cite the specific UST regulation that is alleged to have been violated. The owner/operator is to be courtesy copied;
  - b) An accurately compiled written summary of all submittals, responses, and actions relating to the case; and
  - c) A copy of all correspondence and submittals related to the non-compliance issue.

Report monthly by electronic means:

- a. The number of UST cases referred to NDEP for formal enforcement action.
6. Refer any suspected non-compliance with NAC 459.970 through 459.9729 (Certification) to the NDEP within five business days of discovery.
7. Report the number of monthly compliance inspections (Maximum 120 inspections per FY cap) conducted and include that information and the associated inspection reports with the WCHD monthly invoice submitted to NDEP.

#### **IV. RELEASE DETECTION OVERSIGHT**

1. Track the number of UST closures with reported non-detect sampling results.

Report monthly by electronic means:

- a. The number of UST closures with no detected contamination
2. Track the number of confirmed releases identified during UST closure sampling that are reported above non-detect, but below the State action level (100 ppm TPH).

Report monthly by electronic means:

- a. The number of UST closures with confirmed releases below the State action level.
3. Track the number of confirmed releases identified during UST closure sampling that are reported above the State action level (100 ppm TPH).

Report monthly by electronic means:

- a. The number of UST closures with confirmed releases above the State action level. (Include State Facility ID Numbers)
4. Track the number of confirmed releases from UST systems above the State Reportable Quantities (RQ) not undergoing closure.

Report monthly by electronic means:

- a. The number of confirmed or suspected releases above the (RQ) from UST systems not undergoing closure.

5. Provide initial abatement oversight at UST closure sites for the removal of up to 10 cubic yards of contaminated soil suspected of being above 100 ppm TPH, when necessary and while WCHD is still on site. Communicate with NDEP staff if contaminated soil beyond the 10 cubic yard threshold remains in the excavation and if additional excavation is recommended. If WCHD is not on site when initial abatement is initiated, it will be the CEM's responsibility to coordinate with NDEP.

Report monthly by electronic means:

- a. The number of cases where initial abatement oversight was provided by WCHD. (Include State Facility ID Numbers)

6. Refer LUST cases to NDEP where release/discharge is in excess of the State 'RQ'. All cases referred to NDEP should include the following:

- a) All pertinent UST information that lead WCHD to determine that this case was above State "RQ" and other supporting documentation.

Report monthly by electronic means:

- a. The number of LUST cases formally referred to NDEP. (Include State Facility ID Numbers)

V. **PROGRAM TRACKING:**

**UST/LUST QUARTERLY MONTHLY TRACKING**  
**MONTH \_\_\_\_\_**

Reporting Period \_\_\_\_\_ through \_\_\_\_\_.

\* Monthly report due within five (5) business days following the end of each month.

OUTPUT	TASK	Month	Year (Fiscal Year)
<b>UST NOTIFICATION AND COMPLIANCE/ENFORCEMENT :</b>			
Report the number of 7530-1 form verification emails received from the NDEP Petroleum Fund Database and identify if they are accurate and complete.	II.1(a)		
Number of response letters mailed in acknowledgment of an operator's intent to close or make a change in service.	II.2(a)		
Number of site inspections conducted for USTs being permanently closed.	II.2(b)		
Number of initial facility compliance inspections completed/ inspection reports submitted to NDEP.	III.1(a)		
<u>Release Prevention SOC:</u> Number of facilities in Significant Operational Compliance (SOC) with the 1998 regulations (corrosion, spill, and overfill) at the time of the initial inspection conducted during the reporting period.	III.1(b)		
<u>Release Detection SOC:</u> Number of facilities in Significant Operational Compliance (SOC) with the leak detection regulations at the time of the initial inspection conducted during the reporting period.	III.1(c)		
Number of facilities in substantial operational compliance with the 1998 regulations and leak detection regulations at the time of the initial inspection conducted during the reporting period.	III.1(d)		
Number of facilities sent informal enforcement letters regarding UST non-compliance issues.	III.3(a)		
Number of facilities that resolved all compliance issues in the quarter (regardless of the quarter in which the issue was initiated).	III.3(b)		
Number of on-site UST facility re-inspections and compliance documentation review re-inspections.	III.4(a)		
Number of UST cases referred to NDEP for formal enforcement action.	III.5(a)		

OUTPUT	TASK	Month	Year (Fiscal Year)
<b>RELEASE DETERMINATION OVERSIGHT:</b>			
Number of UST closures with no detected contamination.	IV.1(a)		
Number of UST closures with confirmed releases below the State action level of mg/Kg or 100 ppm.	IV.2(a)		
Number of UST closures with confirmed releases above the State action level. (Include State Facility ID Numbers)	IV.3(a)		
Number of confirmed or suspected releases above the State reportable quantities of 25 gallons of product or 3 cubic yards of contaminated soil from UST systems not undergoing closure.	IV.4(a)		
Number of LUST cases where initial abatement oversight was provided by WCHD. (Include State Facility ID Numbers)	IV.5(a)		
Number of LUST cases formally referred to NDEP. (Include State Facility ID Numbers)	IV.6(i)		

**ANNUAL BUDGET:**

WCHD Annual Budget - UST Program - DEP # 17-028 State Fiscal Year 2018, 2019, 2020, 2021 JULY 1, 2017 - JUNE 30, 2021		
	NDEP Funding	
<b>Site Visits: (funding per site @ 120 site visits per fiscal year)</b>		
Personnel and Reporting per Site Visit	\$1,692	
Sub Total, maximum payable per FY	\$203,000	
	<b>NDEP Funding Per Year</b>	
<b>Budget Total, maximum payable per FY</b>	<b>\$203,000</b>	



# Attachment B

**ADDITIONAL AGENCY TERMS & CONDITIONS  
ATTACHMENT TO CONTRACT FOR SERVICES  
CONTRACT CONTROL #DEP 17-028**

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 \$75.27 per hour.

2. *NDEP shall only reimburse the Contractor/Sub-grantee for actual cash disbursed.* Original invoices (facsimiles are not acceptable) 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 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/Sub-grantee 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/Sub-grantee 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/Sub-grantee 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/Sub-grantee 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: \$\_\_\_\_\_. If match funds are required, the Contractor/Sub-grantee 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/Sub-grantee 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 or Workplan agreed to.

6. Any funds obligated by NDEP under this Contract that are not expended by the Contractor/Sub-grantee 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/Sub-grantee. The Contractor/Sub-grantee shall have no claim of any sort to such unexpended funds.

7. For contracts utilizing federal funds, the Contractor/Sub-grantee 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 organizations owned or controlled by socially and economically disadvantaged individuals (Minority Business Enterprise (MBE) or Small Business Enterprise (SBE)), women (Women Business Enterprise (WBE)) and historically black colleges and universities.

	MBE/SBE	WBE
Construction	3%	1%
Services	1%	1%
Supplies	1%	1%
Equipment	2%	1%

The Contractor/Sub-grantee 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 Small Business Enterprises (SBEs) Minority Business Enterprises (MBEs), and Women Business Enterprises (WBEs) on solicitation lists;
- c. Assure that SBEs, 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 SBEs, MBEs, and WBEs;
- e. Establish delivery schedules, where the requirements of the work permit, which will encourage participation by SBEs, 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/Sub-grantee shall complete and submit to NDEP a Minority Business Enterprise/Woman Business Enterprise (MBE/WBE) Utilization Report (Standard Form 334) 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/Sub-grantee 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/Sub-grantee 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/Sub-grantee's expense. **Such property includes but is not limited to** vehicles, computers, software, modems, calculators, radios, and analytical and safety equipment. The Contractor/ Sub-grantee 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/Sub-grantee, NDEP may elect to terminate the Contract and to have the property immediately returned to NDEP by the Contractor/Sub-grantee at the Contractor/Sub-grantee's expense. To the extent authorized by law, the Contractor/Sub-grantee 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/Sub-grantee or the Contractor/Sub-grantee's agents or employees or any subcontractor or their agents or employees.

11. The Contractor/Sub-grantee 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/Sub-grantee 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/Sub-grantee 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/Sub-grantee 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 - Governmentwide Debarment And Suspension (Nonprocurement) And Governmentwide 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.

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**Staff Report**  
**Board Meeting Date: April 27, 2017**

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**SUBJECT: Retroactive approval of Grant Agreement #A-00905417-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$547,651 for the period 10/1/16 through 9/30/17 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019 and authorize the District Health Officer to execute the Grant Agreement.**

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**SUMMARY**

The Washoe County District Board of Health must approve and execute, or direct the Health Office to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Air Quality Management Division received a Grant Agreement from the EPA, which provides for grant funding for the on-going Air Pollution Control Program, IO 10019. A copy of the Grant Agreement is attached for the period October 1, 2016 through September 30, 2017. The Agreement was received by WCHD on March 2, 2017.

**District Board of Health strategic priority:** Promote financial accountability and stability

**PREVIOUS ACTION**

There has been no previous action taken by the Board this fiscal year.

**BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name:** Air Quality Management, EPA 105 Base Award

**Scope of the Project:** The base award provides funding for a portion of Air Quality Management Air Pollution Control Program expenditures including personnel, travel, and operating. Additional funding comes from fees, state dedicated funds, and general fund transfer.

**Benefit to Washoe County Residents:** Implementation of clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

**On-Going Program Support:** The Health District has received and anticipates receiving continuous funding to support the EPA 105 Base Program. This grant agreement provides partial funding and additional funding is anticipated. The total of the prior award was \$684,564.

**Award Amount:** \$547,651 (partial)  
**Grant Period:** October 1, 2016 – September 31, 2017  
**Funding Source:** U.S. Environmental Protection Agency  
**Pass Through Entity:** n/a  
**CFDA Number:** 66.001  
**Grant ID Number:** A – 00905417-0  
**Match Amount and Type:** \$1,530,432. Funding comes from fees, state dedicated funds and general fund transfer.  
**Sub-Awards and Contracts:** No Sub-Awards are anticipated

**FISCAL IMPACT**


Should the Board approve the Grant Agreement, there is no additional fiscal impact to the adopted FY17 budget or FY18 budget.

**RECOMMENDATION**

Staff recommends that the District Board of Health retroactively approve Grant Agreement #A-00905417-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$547,651 for the period 10/1/16 through 9/30/17 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019 and authorize the District Health Officer to execute the Grant Agreement.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to retroactively approve Grant Agreement #A-00905417-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$547,651 for the period 10/1/16 through 9/30/17 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019 and authorize the District Health Officer to execute the Grant Agreement."

	<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b>  <b>Assistance Amendment</b>	<b>GRANT NUMBER (FAIN):</b> 00T56401 <b>MODIFICATION NUMBER:</b> 3 <b>PROGRAM CODE:</b> PM	<b>DATE OF AWARD</b> 03/06/2017
		<b>TYPE OF ACTION</b> No Cost Amendment	<b>MAILING DATE</b> 03/06/2017
		<b>PAYMENT METHOD:</b> Advance	<b>ACH#</b> 90104
		<b>RECIPIENT TYPE:</b> County	
<b>RECIPIENT:</b> Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 EIN: 88-6000138		<b>PAYEE:</b> Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520	
<b>PROJECT MANAGER</b> Charlene Albee P.O. Box 11130 Reno, NV 89520 E-Mail: <a href="mailto:calbee@washoecounty.us">calbee@washoecounty.us</a> Phone: 775-784-7211		<b>EPA PROJECT OFFICER</b> Roberto Gutierrez 75 Hawthorne Street, AIR-8 San Francisco, CA 94105 E-Mail: <a href="mailto:Gutierrez.Roberto@epa.gov">Gutierrez.Roberto@epa.gov</a> Phone: 415-947-4276	
<b>EPA GRANT SPECIALIST</b> Renee Chan Grants Management Office, EMD-6-1 E-Mail: <a href="mailto:Chan.Renee@epa.gov">Chan.Renee@epa.gov</a> Phone: 415-972-3675			
<b>PROJECT TITLE AND EXPLANATION OF CHANGES</b> PM 2.5 Monitoring Network  This assistance amendment extends the budget and project period end dates from 03/31/2017 to 03/31/2018. There is no change in the Total Approved Assistance Amount of \$225,773.  EPA General Terms and Conditions effective 10/03/2016, Administrative, and Programmatic Terms and Conditions of the previous assistance agreement, awarded 06/08/2016, remain in full force and effect. Refer to assistance amendment, PM-00T56401-2 for all applicable terms and conditions.  The purpose of this grant amendment is to support the Washoe County District Health Department (WCDHD) to monitor fine particulate matter with the diameter equal to or smaller than 2.5 micrometers (PM 2.5) in order to determine compliance with the PM 2.5 National Ambient Air Quality Standards and determine deductions in air emissions.			
<b>BUDGET PERIOD</b> 04/01/2015 - 03/31/2018	<b>PROJECT PERIOD</b> 04/01/2015 - 03/31/2018	<b>TOTAL BUDGET PERIOD COST</b> \$225,773.00	<b>TOTAL PROJECT PERIOD COST</b> \$225,773.00
<b>NOTICE OF AWARD</b>			
Based on your Application dated 05/02/2016 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$. EPA agrees to cost-share 100.00% of all approved budget period costs incurred, up to and not exceeding total federal funding of \$225,773. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA regulatory and statutory provisions, all terms and conditions of this agreement and any attachments.			
<b>ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)</b>		<b>AWARD APPROVAL OFFICE</b>	
<b>ORGANIZATION / ADDRESS</b> U.S. EPA, Region 9 Grants Management Section, EMD 6-1 75 Hawthorne Street San Francisco, CA 94105		<b>ORGANIZATION / ADDRESS</b> U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105	
<b>THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY</b>			
Digital signature applied by EPA Award Official for Craig A. Wills - Grants Management Officer   Renee Chan - Award Official delegate			<b>DATE</b> 03/06/2017





Budget Summary Page

<b>Table A - Object Class Category (Non-construction)</b>	<b>Total Approved Allowable Budget Period Cost</b>
<b>1. Personnel</b>	\$66,110
<b>2. Fringe Benefits</b>	\$29,366
<b>3. Travel</b>	\$4,000
<b>4. Equipment</b>	\$0
<b>5. Supplies</b>	\$2,200
<b>6. Contractual</b>	\$117,911
<b>7. Construction</b>	\$0
<b>8. Other</b>	\$0
<b>9. Total Direct Charges</b>	\$219,587
<b>10. Indirect Costs: % Base</b>	\$6,186
<b>11. Total (Share: Recipient 0.00 % Federal 100.00 %.)</b>	\$225,773
<b>12. Total Approved Assistance Amount</b>	\$120,105
<b>13. Program Income</b>	\$0
<b>14. Total EPA Amount Awarded This Action</b>	\$0
<b>15. Total EPA Amount Awarded To Date</b>	\$225,773

<b>Table B - Program Element Classification (Non-construction)</b>	<b>Total Approved Allowable Budget Period Cost</b>
<b>1. Table A, Line 6 Contractual includes</b>	\$
<b>2. in-kind contractor support through</b>	\$
<b>3. an EPA-HQ national contract.</b>	\$
<b>4.</b>	\$
<b>5. Table A, Line 10 Indirect is based on an</b>	\$
<b>6. Indirect Cost Rate Proposal</b>	\$
<b>7. (lower ICR rate used than negotiated).</b>	\$
<b>8.</b>	\$
<b>9. Table A, Line 12, reflects total available</b>	\$
<b>10. drawdown amount.</b>	\$
<b>11. Total (Share: Recip % Fed %)</b>	\$
<b>12. Total Approved Assistance Amount</b>	\$

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**Staff Report**  
**Board Meeting Date: April 27, 2017**

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**SUBJECT: Retroactive Approval of Assistance Amendment PM-00T56401-3 from the U.S. Environmental Protection Agency (EPA) for the period 4/1/17 through 3/31/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021 and authorize the District Health Officer to execute the Assistance Amendment.**

**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health’s behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Air Quality Management Division received an Assistance Amendment from the EPA, which extends the budget and project period end dates from 3/31/17 to 3/31/18 for the on-going Air Pollution Control Program, PM 2.5 Program, IO 10021. A copy of the Assistance Amendment PM-00T56401-3 is attached.

**District Board of Health strategic priority:** Protect population from health problems and health hazards.

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.

**PREVIOUS ACTION**

The previous EPA PM 2.5 grant award that ended March 31, 2017 was approved by the DBOH on June 23, 2016.

**BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name:** EPA PM2.5 Monitoring Network

**Scope of the Project:**

This Assistance Amendment was received on March 6, 2017. The Amendment is being presented for District Board of Health approval per the EPA procedure that does not require signature.

This Amendment only extends the budget and project period end dates from 3/31/17 to 3/31/18. There is no change in the Total Approved Assistance Amount of \$225,773. EPA has advised us that they plan to fund the PM 2.5 assistance award within the next few months. PM 2.5 funding, when received, will provide support for salaries and benefits, operating supplies and indirect expenditures.

**Benefit to Washoe County Residents:** This award supports the Health District Air Quality Program Mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

**On-Going Program Support:** These funds support on-going PM 2.5 activities in the Air Quality Program.

**Award Amount:** Total prior award was \$225,773  
**Grant Period:** April 1, 2017 – March 31, 2018  
**Funding Source:** U.S. Environmental Protection Agency  
**Pass Through Entity:** Not applicable

**CFDA Number:** 66.034  
**Grant ID Number:** PM – 00T56401 - 2

**Match Amount and Type:** No match required

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

### **FISCAL IMPACT**

Should the Board retroactively approve the Assistance Amendment from EPA, there is no additional fiscal impact to the adopted FY17 budget or FY18 budget.

### **RECOMMENDATION**

It is recommended that the Washoe County District Board of Health retroactively approve of Assistance Amendment PM-00T56401-3 from the U.S. Environmental Protection Agency (EPA) for the period 4/1/17 through 3/31/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021 and authorize the District Health Officer to execute the Assistance Amendment.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to retroactively approve of Assistance Amendment PM-00T56401-3 from the U.S. Environmental Protection Agency (EPA) for the period 4/1/17 through 3/31/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021 and authorize the District Health Officer to execute the Assistance Amendment."

	<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b>  <b>Assistance Amendment</b>	<b>GRANT NUMBER (FAIN):</b> 00T56401 <b>MODIFICATION NUMBER:</b> 3 <b>PROGRAM CODE:</b> PM	<b>DATE OF AWARD</b> 03/06/2017
		<b>TYPE OF ACTION</b> No Cost Amendment	<b>MAILING DATE</b> 03/06/2017
		<b>PAYMENT METHOD:</b> Advance	<b>ACH#</b> 90104
		<b>RECIPIENT TYPE:</b> County	
<b>RECIPIENT:</b> Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 EIN: 88-6000138		<b>PAYEE:</b> Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520	
<b>PROJECT MANAGER</b> Charlene Albee P.O. Box 11130 Reno, NV 89520 E-Mail: <a href="mailto:calbee@washoecounty.us">calbee@washoecounty.us</a> Phone: 775-784-7211		<b>EPA PROJECT OFFICER</b> Roberto Gutierrez 75 Hawthorne Street, AIR-8 San Francisco, CA 94105 E-Mail: <a href="mailto:Gutierrez.Roberto@epa.gov">Gutierrez.Roberto@epa.gov</a> Phone: 415-947-4276	
<b>EPA GRANT SPECIALIST</b> Renee Chan Grants Management Office, EMD-6-1 E-Mail: <a href="mailto:Chan.Renee@epa.gov">Chan.Renee@epa.gov</a> Phone: 415-972-3675			
<b>PROJECT TITLE AND EXPLANATION OF CHANGES</b> PM 2.5 Monitoring Network  This assistance amendment extends the budget and project period end dates from 03/31/2017 to 03/31/2018. There is no change in the Total Approved Assistance Amount of \$225,773.  EPA General Terms and Conditions effective 10/03/2016, Administrative, and Programmatic Terms and Conditions of the previous assistance agreement, awarded 06/08/2016, remain in full force and effect. Refer to assistance amendment, PM-00T56401-2 for all applicable terms and conditions.  The purpose of this grant amendment is to support the Washoe County District Health Department (WCDHD) to monitor fine particulate matter with the diameter equal to or smaller than 2.5 micrometers (PM 2.5) in order to determine compliance with the PM 2.5 National Ambient Air Quality Standards and determine deductions in air emissions.			
<b>BUDGET PERIOD</b> 04/01/2015 - 03/31/2018	<b>PROJECT PERIOD</b> 04/01/2015 - 03/31/2018	<b>TOTAL BUDGET PERIOD COST</b> \$225,773.00	<b>TOTAL PROJECT PERIOD COST</b> \$225,773.00
<b>NOTICE OF AWARD</b>			
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<b>ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)</b>		<b>AWARD APPROVAL OFFICE</b>	
<b>ORGANIZATION / ADDRESS</b> U.S. EPA, Region 9 Grants Management Section, EMD 6-1 75 Hawthorne Street San Francisco, CA 94105		<b>ORGANIZATION / ADDRESS</b> U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105	
<b>THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY</b>			
Digital signature applied by EPA Award Official for Craig A. Wills - Grants Management Officer   Renee Chan - Award Official delegate			<b>DATE</b> 03/06/2017



Budget Summary Page

<b>Table A - Object Class Category (Non-construction)</b>	<b>Total Approved Allowable Budget Period Cost</b>
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<b>3. Travel</b>	\$4,000
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<b>5. Supplies</b>	\$2,200
<b>6. Contractual</b>	\$117,911
<b>7. Construction</b>	\$0
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<b>9. Total Direct Charges</b>	\$219,587
<b>10. Indirect Costs: % Base</b>	\$6,186
<b>11. Total (Share: Recipient 0.00 % Federal 100.00 %.)</b>	\$225,773
<b>12. Total Approved Assistance Amount</b>	\$120,105
<b>13. Program Income</b>	\$0
<b>14. Total EPA Amount Awarded This Action</b>	\$0
<b>15. Total EPA Amount Awarded To Date</b>	\$225,773

<b>Table B - Program Element Classification (Non-construction)</b>	<b>Total Approved Allowable Budget Period Cost</b>
<b>1. Table A, Line 6 Contractual includes</b>	\$
<b>2. in-kind contractor support through</b>	\$
<b>3. an EPA-HQ national contract.</b>	\$
<b>4.</b>	\$
<b>5. Table A, Line 10 Indirect is based on an</b>	\$
<b>6. Indirect Cost Rate Proposal</b>	\$
<b>7. (lower ICR rate used than negotiated).</b>	\$
<b>8.</b>	\$
<b>9. Table A, Line 12, reflects total available</b>	\$
<b>10. drawdown amount.</b>	\$
<b>11. Total (Share: Recip % Fed %)</b>	\$
<b>12. Total Approved Assistance Amount</b>	\$

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**STAFF REPORT**  
**BOARD MEETING DATE: April 27, 2017**

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**SUBJECT:** Retroactively approve FY17 Purchase Order 4500037640 issued to Adapco Inc. (Bid#2955-16) in the amount of \$156,364.60 for Mosquito Abatement Products, on behalf of the Environmental Health Services Division of the Washoe County Health District; Approve FY18 and FY19 Purchase Requisition (#TBD) to be issued to Adapco Inc. (Bid#2955-16) for Mosquito Abatement Products, in an amount not to exceed available funding within the FY18 and FY19 Washoe County Health District adopted budget.

**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 \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

**District Health Strategic Priority supported by this item:**

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

**PREVIOUS ACTION**

There has been no action taken by the Board this year.

**BACKGROUND**

On February 23, 2016 the Board of County Commissioners approved the Award of Invitation to Bid #2955-16 for Mosquito Abatement Products, on behalf of the Environmental Health Services Division of the Washoe County Health District, on a multiple award basis, to the lowest, responsive, responsible bidders (Adapco Inc. – bid items 1,2,3,5,7,10,13,14,15,17, & 18), (Clarke Mosquito Control Products – bid items 8,9, & 16), (Univar USA Inc. – bid items, 6, and 11), (Valent Bioscience – bid item 12). Three (3) bidders bid identical prices and delivery for bid items 1, 2,7, &17. Adapco Inc. was determined to be the lowest responsive, responsible bidder for these bid items by a public lot drawing held in the Purchasing Office. The award recommendation is made on a requirements basis with an estimated annual value of \$231,500. The term of the award shall be from the date of bid approval through December 31, 2017, with the County retaining the option for a one (1) year extension. A copy of the full board item is attached.

Subject: FY17, FY18 and FY19 Purchase Order issued to Adapco Inc.

Date: April 27, 2017

Page 2 of 2

### **FISCAL IMPACT**

There is no additional fiscal impact should the Board approve the FY 17 Purchase Order 4500037640 as this amount was anticipated and included in the FY17 budget in Cost Center 172100 (Vector Borne Disease Program) for \$231,500 in G/L 710319 (chemical supplies). There is no additional fiscal impact should the Board approve the FY 18 and FY19 Purchase Requisitions as the amounts will not exceed available funding within the FY18 and FY19 adopted budgets.

### **RECOMMENDATION**

Staff recommends that the District Board of Health retroactively approve FY17 Purchase Order 4500037640 issued to Adapco Inc. (Bid#2955-16) in the amount of \$156,364.60 for Mosquito Abatement Products, on behalf of the Environmental Health Services Division of the Washoe County Health District; Approve FY18 and FY19 Purchase Requisition (#TBD) to be issued to Adapco Inc. (Bid#2955-16) for Mosquito Abatement Products, in an amount not to exceed available funding within the FY18 and FY19 Washoe County Health District adopted budget.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve FY17 Purchase Order 4500037640 issued to Adapco Inc. (Bid#2955-16) in the amount of \$156,364.60 for Mosquito Abatement Products, on behalf of the Environmental Health Services Division of the Washoe County Health District; Approve FY18 and FY19 Purchase Requisition (#TBD) to be issued to Adapco Inc. (Bid#2955-16) for Mosquito Abatement Products, in an amount not to exceed available funding within the FY18 and FY19 Washoe County Health District adopted budget."



VECTOR



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CM/ACM \_\_\_\_\_  
Finance \_\_\_\_\_  
DA NA  
Risk Mgmt NA  
HR NA

**STAFF REPORT**  
**BOARD MEETING DATE: February 23<sup>rd</sup>, 2016**

**DATE:** Wednesday, January 13, 2016  
**TO:** Board of County Commissioners  
**FROM:** Richard C. Williams, Buyer, Purchasing Division, Washoe County Comptrollers Department  
775-328-2283; email: [rewilliams@washoecounty.us](mailto:rewilliams@washoecounty.us)  
**THROUGH:** Michael L. Sullens, Purchasing and Contracts Manager, Purchasing Division, Washoe County Comptrollers Department  
775-328-2281; email: [msullens@washoecounty.us](mailto:msullens@washoecounty.us)  
Kevin Dick, District Health Officer, Washoe County Health District  
775-784-7213; email: [kdick@washoecounty.us](mailto:kdick@washoecounty.us)  
**SUBJECT:** Award of Invitation to Bid #2955-16 for Mosquito Abatement Products, for the Environmental Health Division of the Washoe County Health District, on a multiple award basis, to the lowest, responsive, responsible bidders (Adapco Inc. - bid items 1, 2, 3, 5, 7, 10, 13, 14, 15, 17, & 18), (Clarke Mosquito Control Products – bid items 8, 9, & 16), (Univar USA Inc. – bid items 6, and 11), (Valent Bioscience – bid item 12). Three (3) bidders bid identical prices and delivery for bid items 1, 2, 7, & 17. Adapco Inc. was determined to be the lowest responsive, responsible bidder for these bid items by a public lot drawing held in the Purchasing Office. This award recommendation is made on a requirements basis with an estimated annual value of \$231,500.00. The term of the award shall be from the date of bid approval through December 31, 2017, with the County retaining the option for a one (1) year extension. (All Commission District)

**SUMMARY:**

Award of Invitation to Bid #2955-16 for Mosquito Abatement Products, for the Environmental Health Division of the Washoe County Health District, on a multiple award basis, to the lowest, responsive, responsible bidders (Adapco Inc. - bid items 1, 2, 3, 5, 7, 10, 13, 14, 15, 17, & 18); (Clarke Mosquito Control Products – bid items 8, 9, & 16), (Univar USA Inc. – bid items 6, and 11), (Valent Bioscience – bid item 12). Three (3) bidders bid identical prices and delivery for bid items 1, 2, 7, & 17.

**SUMMARY CONTINUED:**

Adapco Inc. was determined to be the lowest responsive, responsible bidder for these bid items by a public lot drawing held in the Purchasing Office. This award recommendation is made on a requirements basis with an estimated annual value of \$231,500.00. The term of the award shall be from the date of bid approval through December 31, 2017, with the County retaining the option for a one (1) year extension.

**District Board of Health priority, supported by this item:** Be assured that mandates are met and needed services are delivered.

**PREVIOUS BOARD ACTION:**

The Board has awarded previous bids for Mosquito Abatement Products for use by the Environmental Health Division of the Washoe County Health District. Bids are awarded for these materials approximately every third year. The most recent bid award for mosquito abatement products were awarded on bid number 2850-13 by the BCC on June 11, 2013.

**BACKGROUND:**

Hard copy sealed bids and sealed e-bids at [www.DemandStar.com](http://www.DemandStar.com) were opened in the Washoe County Purchasing Office at 2:15 p.m., Thursday, January 7<sup>th</sup>, 2016. In accordance with the provisions of NRS 332.039, the Washoe County Purchasing Office solicited bids for Mosquito Abatement Products.

The Invitation to Bid was duly advertised in the Reno Gazette-Journal and made available through the online services of [www.Demandstar.com](http://www.Demandstar.com), resulting in the receipt of three (3) hard copy bids and three (3) E-bids. The six (6) bids were received in good order.

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<u>BIDDER</u>	<u>Bid item #</u>	<u>Description/Brand of Items Offered</u>	<u>Cost</u>
Adapco Inc. 550 Aero Lane Sanford, FL 32771	1.	ZOECON ALTOSID BRIQUETTES/INGOTS: 220 Briquettes/Ingots per case. \$710.60 per case.	
	2.	ZOECON ALTOSID PELLETS: Packaged in forty-four (44) pound cases. \$1,124.20 per case.	
	3.	FIVE PERCENT PYRETHRIN, PYROCIDE #7067, Mosquito fogging concentrate in five (5) gallon container. \$943.75 per five (5) gallon container.	
	5	VECTOLEX FG, COATED GRANULES: Packaged in forty (40) pound sacks. \$232.00 per forty (40) pound sack.	

**BACKGROUND CONTINUED:**

7. ZOECON ALTOSID XRG:  
Packaged in forty (40) pound sacks.  
\$338.00 per forty (40) pound Sack.
  
10. VECTOMAX FG, COATED GRANULE.  
Packaged in forty (40) pound sacks.  
\$324.80 per forty (40) pound sack
  
13. FOURSTAR BRIQUETTES 180 DAY  
Packaged 200 per case  
\$649.68 per case
  
14. FOURSTAR COATED GRANULES CRG-35  
Packaged in thirty five (35) pound containers  
\$500.50 Per thirty five (35) pound container
  
15. FOURSTAR COATED GRANULES MBG  
Packaged in forty (40) pound containers  
\$314.00 in forty (40) pound containers
  
17. ZENIVEX E20  
Packaged in 2 – 2.5 gallon case  
\$1,509.50 in 2-2.5 gallon case
  
18. DELTAGARD  
Packaged in 2 – 2.5 gallon case  
\$851.45 in 2-2.5 gallon case

Three (3) bidders Adapco Inc., Clarke Mosquito Control Products, and Univar USA Inc. bid identical prices and delivery for bid items 1, 2, 7, and 17, Adapco Inc. was determined to be the lowest responsive, responsible bidder for these bid items by a public lot drawing held in the Purchasing Office.

Clarke Mosquito Control  
Products  
159 N Garden Ave  
Roseville, IL 60172

8. NATULAR G30, EXTENDED RELEASE GRANULE  
Packaged in forty (40) pound sack  
\$543.50 Per forty (40) pound sack
  
9. NATULAR XRT, EXTENDED RELEASE TABLETS  
Packaged in 220 per case  
\$847.04 per case.

**BACKGROUND CONTINUED:**

16. ANVIL 2T2 ULV  
Packaged in 2 – 2.5 gallon case  
\$329.65 in 2-2.5 gallon case

- Clarke Mosquito entered a duplicate bid on DemandStar.com accounting for two (2) bids.

Univar USA  
650 W. 800 S.  
Salt Lake City, UT 84104

6. DELTADUST (Deltamethrin) # 432-772 White  
Powder, Packaged in 5 pound containers, four per  
case. \$218.40 per case.

11. SPHERATAX SPH COATED GRANULES  
Packaged in forty (40) pound sacks  
\$196.00 per forty (40) pound sack

Valent Biosciences Corp.  
870 Technology Way  
Libertyville, IL 60048

12. METALARV S-PT  
Packaged in forty (40) pound sacks  
\$1,118.00 per forty (40) pound sacks

Inspire Industries  
618 SW 3<sup>rd</sup> Street  
Cape Coral, FL 33991

Did not receive an award on any of the bid items.

Bid items that did not receive any bids;

Bid Item #4 AGNIQUE MMF, GRANULAR: Packaged in forty (40) pound sacks.

Bid Item # 19 PYRENONE 25-5: Packaged in five (5) gallon cases

Due to budget constraints and/or limited product availability, chemically similar products are available from the awarded suppliers. With the approval of the Washoe County Health District and the Purchasing and Contracts Manager, the County may procure these similar products when circumstances make it necessary and/or desirable to do so.

Mosquito Abatement Products shall be procured on a requirements basis during the term of the agreement. The agreement period shall run from the date of Bid Award through December 31, 2017, with the County retaining the option for a one (1) year extension of any awards resultant from the Invitation to Bid.

**FISCAL IMPACT:**

This Award shall be for various mosquito abatement products in the estimated annual amount of \$231,500.00. Since these products are used in the mosquito abatement program of the Environmental Health Division of the Washoe County Health District, the exact requirements are unknown from year to year.

**FISCAL IMPACT CONTINUED:**

Funds for the recommended bid award are contained in the Environmental Health Division of the Washoe County Health District fiscal year 2015/2016 budget and will be recommended to be approved in fiscal year 16/17 and based on the availability of funds and needs, future year funding will be included in the Washoe County District Health budget. Sufficient budget authority for fiscal year 2015/2016 has been included in: (General Ledger Account) – 710319, and (Cost Center) – 172100.


**RECOMMENDATION:**

Award of Invitation to Bid #2955-16 for Mosquito Abatement Products, for the Environmental Health Division of the Washoe County Health District, on a multiple award basis, to the lowest, responsive, responsible bidders (Adapco Inc. - bid items 1 ,2 ,3 ,5 ,7 ,10 ,13 ,14, 15, 17, & 18); (Clarke Mosquito Control Products – bid items 8, 9, & 16), (Univar USA Inc. – bid items 6, and 11), (Valent Bioscience – bid item 12). Three (3) bidders bid identical prices and delivery for bid items 1, 2, 7, & 17. Adapco Inc. was determined to be the lowest responsive, responsible bidder for these bid items by a public lot drawing held in the Purchasing Office. This award recommendation is made on a requirements basis with an estimated annual value of \$231,500.00. The term of the award shall be from the date of bid approval through December 31, 2017, with the County retaining the option for a one (1) year extension.

**POSSIBLE MOTION:**

Should the Board agree with staff's recommendation, a possible motion would be: Move to Award of Invitation to Bid #2955-16 for Mosquito Abatement Products, for the Environmental Health Division of the Washoe County Health District, on a multiple award basis, to the lowest, responsive, responsible bidders (Adapco Inc. - bid items 1 ,2 ,3 ,5 ,7 ,10 ,13 ,14, 15, 17, & 18); (Clarke Mosquito Control Products – bid items 8, 9, & 16), (Univar USA Inc. – bid items 6, and 11), (Valent Bioscience – bid item 12). Three (3) bidders bid identical prices and delivery for bid items 1, 2, 7, & 17. Adapco Inc. was determined to be the lowest responsive, responsible bidder for these bid items by a public lot drawing held in the Purchasing Office.

This award recommendation is made on a requirements basis with an estimated annual value of \$231,500.00. The term of the award shall be from the date of bid approval through December 31, 2017, with the County retaining the option for a one (1) year extension.

DD	NA	_____
DHO		_____
DA	NA	_____
Risk	NA	_____

**STAFF REPORT**  
**BOARD MEETING DATE: April 27, 2017**

**TO:** District Board of Health  
**FROM:** Anna Heenan, Administrative Health Services Officer  
 328-2417, [aheenan@washoecounty.us](mailto:aheenan@washoecounty.us)  
**SUBJECT:** Acknowledge receipt of the Health Fund Financial Review for March, Fiscal Year 2017

**SUMMARY**

The ninth month of fiscal year 2017 (FY17) ended with a cash balance of \$2,734,694. Total revenues were \$15,391,019 up \$405,317 or 2.7% over fiscal year 2016 (FY16) and were 72.4% of the FY17 budget. With 75.0% of the fiscal year completed the expenditures totaled \$15,462,040 up \$1,004,144 or 6.9% compared to FY16 and were 68.8% of budget. The budgeted FY17 deficit is \$1,227,669 and the actual deficit year to date is \$71,021.

**District Health Strategic Objective supported by this item:** 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.

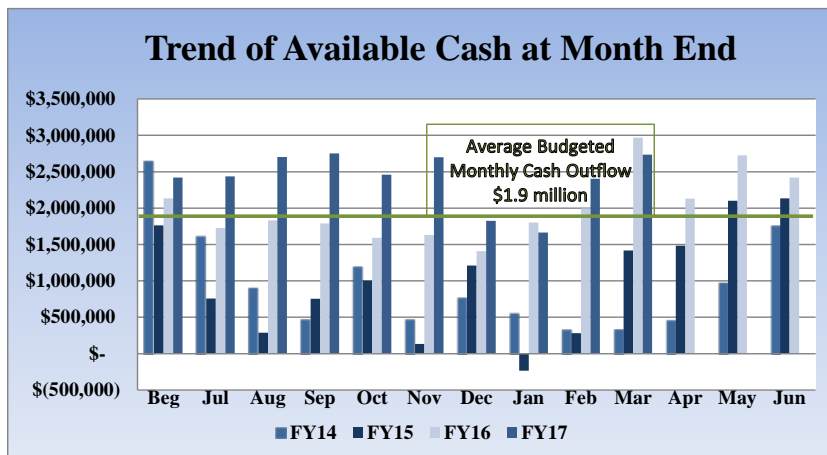
**PREVIOUS ACTION**

Fiscal Year 2017 Budget was adopted May 17, 2016.

**BACKGROUND**

**Review of Cash**

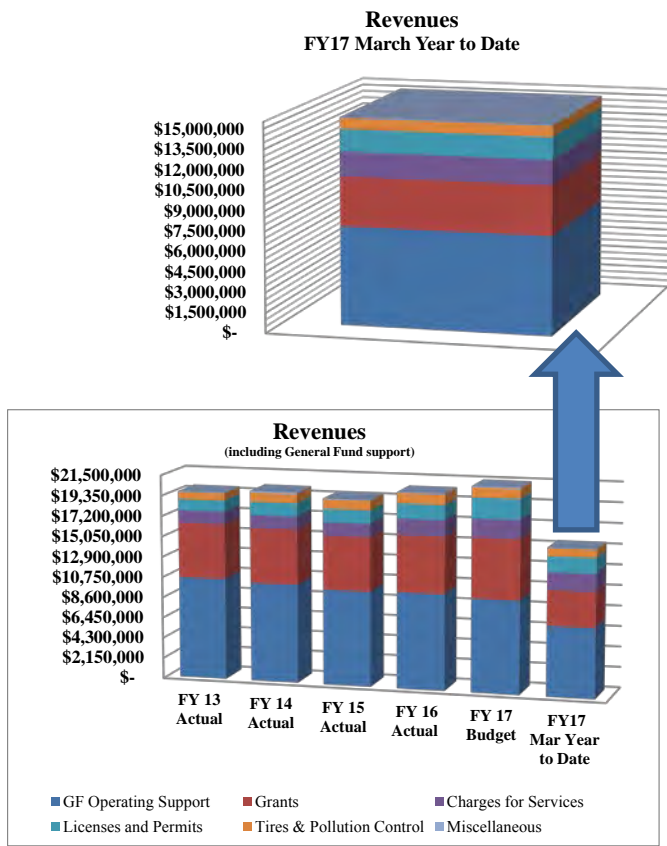
The available cash at the end of March, FY17, was \$2,734,694 which was 145.2% of the average budgeted monthly cash outflow of \$1,883,885 for the fiscal year and down 7.9% or \$234,389 compared to the same time in FY16. The year over year decline is due to receiving ten months of County General Fund support by March of 2016 and in 2017 nine months of support has been transferred. The encumbrances and other liability portion of the cash balance totals \$1,200,871; the portion of cash restricted as to use is approximately \$1,038,286 (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$495,537.



Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.

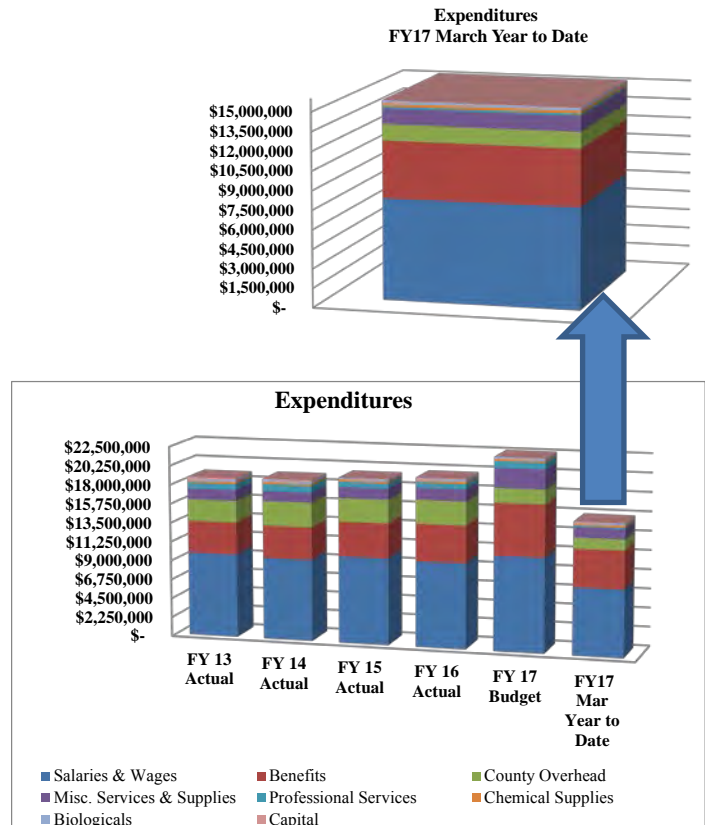


**Review of Revenues (including transfers from General Fund) and Expenditures by category**



Total year to date **revenues** of \$15,391,019 were up \$405,317 which was an increase of 2.7% over the same time last fiscal year and were 72.4% of budget. The revenue categories that were up over last fiscal year are as follows: licenses and permits of \$1,656,234 were up \$583,882 or 54.4% mainly due to fee increases effective July 1, 2016 and an increase in the work load associated with the fees; federal and state grant reimbursements of \$3,704,315 were up \$383,789 or 11.6%; and, charges for services of \$1,830,341 were up \$554,923 or 43.5%. The revenue categories that were down compared to FY16 include: tire and pollution control revenues of \$809,678 were down \$59,463 or 6.8%; fines and forfeitures for illegal dumping were down \$500; miscellaneous revenues of \$42,809 were down \$7,576 or 15.0% and the County General Fund transfer of \$7,347,642 was down \$1,049,738 or 12.5% due to the April transfer in 2016 being posted in March 2016.

The total year to date **expenditures** of \$15,462,040 increased by \$1,004,144 or 6.9% compared to the same time frame in FY16. Salaries and benefits expenditures for the fiscal year were \$12,364,635 up \$1,616,671 or 15.0% over the prior year. The total services and supplies and regional permitting system expenditures of \$3,062,064 were down \$629,765 which was a 17.1% decrease. The major expenditures included in the services and supplies are: the professional services which totaled \$154,228 and were down \$79,016 or 33.9% over the prior year; chemical supplies of \$235,731 were down 5.4% or \$13,512 over last year; the biologicals of \$194,283 were up \$11,915 or 6.5%; and, County overhead charges of \$1,275,598 were down 39.2% or \$821,315 over last year due to the shift of \$886,095 of retiree health benefits charges reallocated from overhead to the benefits category. There has been \$35,340 in capital expenditures this fiscal year compared to \$18,103 spent in FY16 for the Clinical Services new client records management system software.



**Review of Revenues and Expenditures by Division**

ODHO has received grant funding of \$9,159 for workforce development initiatives. AQM has received \$2,200,548 or 81.4% of budget and up \$581,529 or 35.9% in revenue compared to FY16 due to cash inflow of grant reimbursements received in March 2017 compared to April of 2016. CCHS received \$2,244,673 in revenue or 58.2% of budget and up \$20,779 over FY16. EHS has received \$2,266,013 which is 77.2% of budget and up \$783,335 or 52.8% over FY16. EPHP has received \$1,322,982 in revenue and is up \$67,751 or 5.4% over last year and 69.1% of the FY17 budget. The County General Fund support is the single largest source of revenue and totaled \$7,347,642 or 75.0% of budget and down \$1,049,738 or 12.5% compared to FY16 due to the April support being posted to March in FY16.

The FY17 total expenditures were \$15,462,040 which is 68.8% of budget and up \$1,004,144 or 6.9% over last fiscal year. ODHO spent \$585,094 up \$162,519 or 38.5% over FY16 mainly due to the increase in County overhead, employee benefit costs and filling a new position approved in the FY17 budget to assist with the community health improvement initiatives. AHS has spent \$841,798 up \$89,569 or 11.9% over last year mainly due to the utilities for the Health District previously being part of the County indirect cost allocation that is now directly charged to Administration. AQM spent \$2,152,651 up \$232,468 or 12.1% over last fiscal year due to costs for advertisement campaigns and increased County benefit charges. CCHS has spent \$5,345,641 year to date and is up \$268,641 or 5.3% over last year. EHS spent \$4,635,098 and has increased \$146,754 or 3.3% over last year. EPHP expenditures were \$1,901,759 up \$104,195 or 5.8% over FY16.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2012/2013 through March Year to Date Fiscal Year 2016/2017 (FY17)									
	Actual Fiscal Year			Fiscal Year 2015/2016		Fiscal Year 2016/2017			
	2012/2013	2013/2014	2014/2015	Actual Year End (audited)	March Year to Date	Adjusted Budget	March Year to Date	Percent of Budget	FY17 Increase over FY16
<b>Revenues (all sources of funds)</b>									
ODHO	-	-	-	15,000	7,500	55,000	9,159	16.7%	22.1%
AHS	33,453	87,930	151	-	-	-	-	-	-
AQM	2,068,697	2,491,036	2,427,471	2,520,452	1,619,019	2,703,210	2,200,548	81.4%	35.9%
CCHS	3,322,667	3,388,099	3,520,945	3,506,968	2,223,894	3,854,396	2,244,673	58.2%	0.9%
EHS	1,828,482	1,890,192	2,008,299	2,209,259	1,482,678	2,936,786	2,266,013	77.2%	52.8%
EPHP	1,833,643	1,805,986	1,555,508	2,141,334	1,255,231	1,914,580	1,322,982	69.1%	5.4%
GF support	8,623,891	8,603,891	10,000,192	10,076,856	8,397,380	9,796,856	7,347,642	75.0%	-12.5%
<b>Total Revenues</b>	<b>\$17,710,834</b>	<b>\$18,267,134</b>	<b>\$19,512,566</b>	<b>\$20,469,870</b>	<b>\$14,985,702</b>	<b>\$21,260,828</b>	<b>\$15,391,019</b>	<b>72.4%</b>	<b>2.7%</b>
<b>Expenditures (all uses of funds)</b>									
ODHO	-	-	481,886	594,672	422,575	1,034,641	585,094	56.6%	38.5%
AHS	1,366,542	1,336,740	1,096,568	996,021	752,230	1,132,724	841,798	74.3%	11.9%
AQM	2,629,380	2,524,702	2,587,196	2,670,636	1,920,183	3,381,211	2,152,651	63.7%	12.1%
CCHS	6,765,200	6,949,068	6,967,501	6,880,583	5,077,000	7,634,095	5,345,641	70.0%	5.3%
EHS	5,614,688	5,737,872	5,954,567	5,939,960	4,488,344	6,606,118	4,635,098	70.2%	3.3%
EPHP	2,439,602	2,374,417	2,312,142	2,688,659	1,797,565	2,699,708	1,901,759	70.4%	5.8%
<b>Total Expenditures</b>	<b>\$18,815,411</b>	<b>\$18,922,800</b>	<b>\$19,399,859</b>	<b>\$19,770,532</b>	<b>\$14,457,896</b>	<b>\$22,488,497</b>	<b>\$15,462,040</b>	<b>68.8%</b>	<b>6.9%</b>
<b>Revenues (sources of funds) less Expenditures (uses of funds):</b>									
ODHO	-	-	(481,886)	(579,672)	(415,075)	(979,641)	(575,935)		
AHS	(1,333,088)	(1,248,810)	(1,096,417)	(996,021)	(752,230)	(1,132,724)	(841,798)		
AQM	(560,683)	(33,666)	(159,725)	(150,184)	(301,164)	(678,001)	47,897		
CCHS	(3,442,533)	(3,560,969)	(3,446,556)	(3,373,615)	(2,853,106)	(3,779,699)	(3,100,967)		
EHS	(3,786,206)	(3,847,680)	(3,946,268)	(3,730,701)	(3,005,666)	(3,669,331)	(2,369,084)		
EPHP	(605,958)	(568,431)	(756,634)	(547,325)	(542,334)	(785,128)	(578,777)		
GF Operating	8,623,891	8,603,891	10,000,192	10,076,856	8,397,380	9,796,856	7,347,642		
<b>Surplus (deficit)</b>	<b>\$ (1,104,577)</b>	<b>\$ (655,666)</b>	<b>\$ 112,707</b>	<b>\$ 699,338</b>	<b>\$ 527,806</b>	<b>\$ (1,227,669)</b>	<b>\$ (71,021)</b>		
<b>Fund Balance (FB)</b>	<b>\$ 2,811,465</b>	<b>\$ 2,155,799</b>	<b>\$ 2,268,506</b>	<b>\$ 2,967,844</b>		<b>\$ 1,740,175</b>			
FB as a % of Expenditures	15%	11%	12%	15%		8%			

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 March, Fiscal Year 2017.

**POSSIBLE MOTION**

Move to acknowledge receipt of the Health Fund Financial Review for March, Fiscal Year 2017.

Attachment:  
Health District Fund financial system summary report

Period: 1 thru 9 2017  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance	
422503 Environmental Permits	56,527-	65,069-	8,542	115	46,317-	45,223-	1,094-	98
422504 Pool Permits	169,246-	107,038-	62,208-	63	97,000-	58,503-	38,497-	60
422505 RV Permits	18,590-	16,161-	2,429-	87	11,000-	8,506-	2,495-	77
422507 Food Service Permits	805,632-	639,096-	166,536-	79	509,823-	361,947-	147,876-	71
422508 Wat Well Const Perm	78,840-	73,402-	5,438-	93	30,000-	36,554-	6,554	122
422509 Water Company Permits	21,850-	37,447-	15,597-	171	5,000-	13,510-	8,510	270
422510 Air Pollution Permits	608,864-	399,699-	209,165-	66	477,443-	383,955-	93,488-	80
422511 ISDS Permits	165,195-	166,059-	864	101	75,000-	84,522-	9,522	113
422513 Special Event Permits	168,108-	94,859-	73,250-	56	90,000-	56,994-	33,006-	63
422514 Initial Applic Fee	55,800-	57,405-	1,605	103	31,000-	22,639-	8,361-	73
* Licenses and Permits	2,148,652-	1,656,234-	492,418-	77	1,372,583-	1,072,352-	300,231-	78
431100 Federal Grants	5,610,214-	3,347,149-	2,263,065-	60	5,723,952-	3,041,419-	2,682,533-	53
431105 Federal Grants - Indirect	461,750-	288,298-	173,452-	62	291,791-	220,566-	71,226-	76
432100 State Grants	211,364-	63,281-	148,083-	30	209,951-	54,273-	155,679-	26
432105 State Grants-Indirect	16,597-	5,586-	11,011-	34	15,457-	4,268-	11,189-	28
432310 Tire Fee NRS 444A.090	475,000-	325,455-	149,545-	69	468,548-	355,879-	112,669-	76
432311 Pol Ctr 445B.830	550,000-	484,223-	65,777-	88	550,000-	513,262-	36,738-	93
* Intergovernmental	7,324,924-	4,513,992-	2,810,932-	62	7,259,700-	4,189,667-	3,070,033-	58
460162 Services to Other Agencies	39,417-		39,417-		28,421-	17,896-	10,525-	63
460500 Other Immunizations	42,150-	27,580-	14,570-	65	89,000-	23,046-	65,955-	26
460501 Medicaid Clinical Services	59,935-	100,154-	40,219	167	8,200-	46,845-	38,645	571
460503 Childhood Immunizations	13,024-	179-	12,845-	1	20,000-	11,363-	8,637-	57
460504 Maternal Child Health								
460505 Non Title X Revenue		115	115-					
460507 Medicaid Admin Claiming		3,209-	3,791-	46	4,100-	5,517-	1,417	135
460508 Tuberculosis	7,000-							
460509 Water Quality	500-	710-	210	142		354-	354	
460510 IT Overlay	39,025-	30,328-	8,697-	78	35,344-	25,087-	10,257-	71
460511 Birth and Death Certificates	490,000-	424,400-	65,600-	87	470,000-	388,290-	81,710-	83
460512 Duplication Service Fees		9,369-	9,369			1,417-	1,417	
460513 Other Health Service Charges	60,908-	69,898-	8,990	115	10,167-	29,189-	19,022	287
460514 Food Service Certification		1,176-	1,176		18,000-	294-	17,706-	2
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	16,394-	76,156-	59,762	465	1,450-	18,270-	16,820	1,260
460517 Influenza Immunization					7,000-		7,000-	
460518 STD Fees	17,200-	24,087-	6,887	140	21,000-	16,134-	4,866-	77
460519 Outpatient Services	1,200-	41-	1,159-	3		1,505-	1,505	
460520 Eng Serv Health	120,960-	104,774-	16,186-	87	50,000-	54,089-	4,089	108
460521 Plan Review - Pools & Spas	8,470-	10,444-	1,974	123	1,500-	7,473-	5,973	498
460523 Plan Review - Food Services	56,150-	34,849-	21,301-	62	20,000-	18,581-	1,419-	93
460524 Family Planning	35,000-	35,368-	368	101	32,000-	34,411-	2,411	108
460525 Plan Review - Vector	82,842-	64,094-	18,748-	77	42,000-	42,262-	9,262	122
460526 Plan Review-Air Quality	79,589-	48,029-	31,560-	60	60,804-	39,222-	21,582-	65

Period: 1 thru 9 2017  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance
460527 NOE-AQM	176,103-	133,489-	42,614-	76	116,984-	92,264-	24,720-
460528 NESHAP-AQM	153,862-	129,851-	24,011-	84	99,323-	93,724-	5,609-
460529 Assessments-AQM	81,614-	63,745-	17,869-	78	51,336-	44,275-	7,061-
460530 Inspector Registr-AQ	4,608-	1,656-	2,952-	36	2,162-	98-	2,064-
460531 Dust Plan-Air Quality	257,784-	342,162-	84,378-	133	142,403-	232,969-	90,566
460532 Plan Rvw Hotel/Hotel	2,530-	268-	2,262-	11	2,530-	646-	1,884-
460533 Quick Start		251-	251-				26
460534 Child Care Inspection	14,904-	12,772-	2,132-	86	8,514-	6,362-	2,152-
460535 Pub Accomod Inspectn	33,060-	27,626-	5,434-	84	19,000-	14,837-	4,163-
460570 Education Revenue							78
460723 Other Fees	97,142-	53,789-	43,353-	55			
* Charges for Services	1,991,371-	1,830,341-	161,030-	92	1,361,248-	1,275,418-	85,829-
471265 Illegal Dumping						500-	500
* Fines and Forfeitures						500-	500
481150 Interest-Non Pooled		31-	31				
484000 Donations,Contributions	4,000-	4,000-		100	3,000-	3,700-	700
484050 Donations Federal Pgm Income	24,201-	11,605-	12,596-	48	37,550-	20,766-	16,784-
484195 Non-Govt'l Grants							55
484197 Non-Govt. Grants-Indirect	11,367-	5,923-	5,444-	52	11,631-	5,967-	5,664-
485100 Reimbursements	42,576-	19,281-	23,295-	45	38,599-	18,527-	20,072-
485300 Other Misc Govt Rev	35,000-	1,968-	33,032-	6		51-	
* Miscellaneous	117,144-	42,809-	74,335-	37	90,780-	49,010-	41,770-
** Revenue	11,582,091-	8,043,376-	3,538,716-	69	10,084,311-	6,586,947-	3,497,364-
701110 Base Salaries	9,868,916	7,193,043	2,675,873	73	9,758,662	6,735,681	3,022,981
701120 Part Time	314,723	160,690	154,032	51	398,206	267,316	130,890
701130 Pooled Positions	475,463	271,550	203,914	57	374,608	282,667	91,941
701140 Holiday Work	4,319	1,667	2,652	39	4,319	2,154	2,165
701150 xcContractual Wages							50
701199 Bud Labor Cost Savings-Wages	165,970	83,714	82,256	50	166,775	81,149	85,626
701200 Incentive Longevity	80,479	66,103	14,376	82	64,681	50,798	13,883
701300 Overtime	300	161	139	54	302	161	142
701403 Shift Differential	38,000	22,386	15,614	59			
701406 Standby Pay	5,000	3,539	1,461	71	1,000	1,122	122-
701408 Call Back	83,406	86,146	83,406	103	43,993-	58,470	43,993-
701412 Salary Adjustment	84,041	3,744	2,105-	4	49,515	416	8,955-
701413 Vac Payoff/Sick Pay-Term		14,051	3,744-		7,603	7,218	416-
701414 Vacation Denied-Payoff		4	14,051-			2,785	385
701417 Comp Time							95
701419 Comp Time - Transfer							
701500 Merit Awards							
* Salaries and Wages	11,120,617	7,906,797	3,213,820	71	10,781,678	7,489,936	3,291,741
705110 Group Insurance	1,758,420	1,290,887	467,533	73	1,602,223	1,125,952	476,271
705115 Employer HSA Contributions		3,404	3,404-				

Period: 1 thru 9 2017  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2017 Plan	2017 Actuals	Balance	2016 Plan	2016 Actual	Balance
705190 OPEB Contribution	1,181,460	886,095	295,365	75		
705199 Lab Cost Sav-Benef						903,903
705210 Retirement	2,908,604	2,088,820	819,784	72	1,966,181	
705215 Retirement Calculation	143,431	108,461	34,970	76	143,292	40,866
705230 Medicare April 1986	93,200	71,951	21,249	77	69,143	17,285
705320 Workmens Comp	13,821	8,220	5,601	59	15,483	3,871
705330 Unemploy Comp	21,529		21,529			
705360 Benefit Adjustment	6,120,463	4,457,838	1,662,625	73	4,700,224	1,442,196
* Employee Benefits	650,007	97,385	552,621	15	832,764	639,286
710100 Professional Services	9,971	4,909	5,062	49	9,621	6,048
710105 Medical Services	61,210	40,395	20,815	66	137,971	104,453
710108 MD Consultants	39,600	11,539	28,061	29	7,279	4,603
710110 Contracted/Temp Services		300	300-			
710119 Subrecipient Payments	91,731	50,977	40,754	56	172,990	126,877
710155 Lobbying Services	14,843	8,334	6,509	56	24,189	11,411
710200 Service Contract	12,319	2,942	9,378	24	16,607	3,837
710205 Repairs and Maintenance	165,504	112,854	52,650	68	278,249	214,289
710210 Software Maintenance	1,435	1,266	169	88	23,685	22,891
710300 Operating Supplies	1,600	1,049	551	66	1,600	879
710302 Small Tools & Allow						
710308 Animal Supplies	232,700	235,731	3,031-	101	231,900	17,343-
710310 Parts and Supplies	35,875	15,375	20,500	43	30,061	9,201
710319 Chemical Supplies	2,001	3,808	1,807-	190		
710325 Signs and Markers	42,627	31,955	10,672	75	38,213	10,160
710334 Copy Machine Expense	6,355	5,686	669	89	6,015	1,096-
710335 Copy Machine-Copy Charges	21,750	10,645	11,105	49	27,382	14,209
710350 Office Supplies	645	152	493	24	850	691
710355 Books and Subscriptions	125		125		100	84-
710360 Postage	31,500	50,176	18,676-	159		
710361 Express and Courier						
710391 Fuel & Lube	104,405	8,244	96,161	8	39,891	24,801
710400 Payments to Other Agencies	26,273	5,621	20,652	21	29,668	16,071
710412 Do Not Use	9,245	4,593	4,652	50	6,770	260
710500 Other Expense		504	504-			
710502 Printing	1,800	1,800		100	1,800	1,800
710503 Licenses & Permits						
710504 Registration	9,662	6,002	434-	62	9,755	450-
710505 Rental Equipment	36,606	25,778	10,828	70	36,040	3,787
710506 Dept Insurance Deductible	47,277	25,297	21,980	54	52,467	10,723
710507 Network and Data Lines	12,919	5,288	7,631	41	11,582	29,550
710508 Telephone Land Lines						44
710509 Seminars and Meetings						6,189
710512 Auto Expense						47

Period: 1 thru 9 2017  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

Fund: 202 Health Fund  
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Accounts	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance	Act%
710514 Regulatory Assessments	20,000	6,836	13,164	34	18,500	12,998	5,502	70
710519 Cellular Phone	14,709	9,065	5,644	62	13,709	7,218	6,491	53
710529 Dues	8,362	32,203	23,841	385	8,375	5,648	2,727	67
710535 Credit Card Fees	52,157	19,277	32,880	37	12,107	12,002	105	99
710546 Advertising	132,273	146,425	14,153	111	241,546	78,278	163,268	32
710551 Cash Discounts Lost		9	9			506	506	
710563 Recruitment								
710571 Safety Expense	55,000	10,864	44,136	20				
710577 Uniforms & Special Clothing	5,657	7,079	1,422	125	9,900	1,628	8,272	16
710585 Undesignated Budget	450,000		450,000					
710594 Insurance Premium	5,815	5,605	210	96				
710600 LT Lease-Office Space	76,607	53,882	22,725	70	79,703	62,810	16,893	79
710620 LT Lease-Equipment								
710703 Biologicals	302,681	194,283	108,398	64	245,868	182,368	63,500	74
710708 Foster Care Home								
710714 Referral Services	6,780		6,780					
710721 Outpatient	108,555	53,725	54,830	49	96,331	66,302	30,030	69
710872 Food Purchases	2,994	1,217	1,777	41	2,170	779	1,391	36
711008 Combined Utilities	90,800	68,100	22,700	75				
711010 Utilities								
711100 ESD Asset Management	47,382	30,975	16,407	65	66,552	45,872	20,680	69
711113 Equip Srv Replace	44,876	26,660	18,216	59	38,039	19,774	18,265	52
711114 Equip Srv O & M	66,315	37,813	28,501	57	62,441	48,550	13,891	78
711115 Equip Srv Motor Pool	5,000		5,000					
711117 ESD Fuel Charge	34,167	17,065	17,102	50	47,382	24,402	22,980	52
711119 Prop & Liab Billings	82,007	59,031	22,976	72	75,992	56,994	18,998	75
711210 Travel	183,673	48,948	134,725	27	165,570	59,143	106,427	36
711213 Travel-Non Cnty Pers		2,148	2,148					
711300 Cash Over Short		41	41					
711399 ProCard in Process		41	41					
711400 Overhead - General Fund	1,700,797	1,275,598	425,199	75	2,795,882	2,096,912	698,970	75
711504 Equipment non-Capital	75,392	105,195	29,803	140	156,299	59,698	96,601	38
711509 Comp Sftw nonCap		22,941	22,941					
Services and Supplies	5,241,983	3,003,983	2,238,000	57	6,163,813	3,633,747	2,530,066	59
781004 Equipment Capital	40,472	35,340	5,132	87	105,880	18,103	87,777	17
781007 Vehicles Capital								
781009 Computer Software Capital	25,000	35,340	25,000	54	105,880	18,103	87,777	17
Capital Outlay	65,472	15,403,957	30,132	68	21,751,595	14,399,815	7,351,780	66
Expenses	22,548,535		7,144,578					
485192 Surplus Equipment Sales								
Other Fin. Sources								
621001 Transfer From General	9,796,856	7,347,642	2,449,214	75	10,076,856	8,397,380	1,679,476	83
Transfers In	9,796,856	7,347,642	2,449,214	75	10,076,856	8,397,380	1,679,476	83

Period: 1 thru 9 2017  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
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Accounts	2017 Plan	2017 Actuals	Balance	2015 Plan	2016 Actual	Balance
812230 To Reg Permits-230	58,081	58,081	100	58,081	58,081	100
814430 To Reg Permits Capit	58,081	58,081	100	58,081	58,081	100
* Transfers Out	9,738,775-	7,289,561-	2,449,214-	10,018,775-	8,340,674-	1,678,101-
** Other Financing Src/Use	1,227,669	71,021	1,156,648	1,648,509	527,806-	2,176,315
*** Total						32-

**Staff Report**  
**Board Meeting Date: April 27, 2017**

**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 non-County employee Dr. John Novak in the approximate amount of \$2,250, to attend the NALBOH Board Meeting and the 2017 NALBOH Conference in Cleveland, Ohio, July 31 – August 4, 2017.**

**SUMMARY**

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

**District Health Strategic Objective supported by this item:** Strengthen WCHD as an innovative, high- performing organization.

**PREVIOUS ACTION**

No previous action has been taken relevant to this item.

**BACKGROUND**

The National Association of Local Boards of Health (NALBOH) 2017 Conference, which is scheduled for August 2-4, 2017, 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.

Dr. Novak has expressed interest in attending the conference and bringing back valuable information regarding health governance to the Washoe County Health District.

Dr. Novak is a NALBOH Board Member and will need to arrive on July 31<sup>st</sup> to be in attendance for the Board Meeting on August 1<sup>st</sup>.

The cost of this travel is estimated to be approximately \$2,250.00 and includes airfare, lodging, per diem, ground transportation and registration.

**FISCAL IMPACT**

Should the Board approve this authorization to travel and travel reimbursement, there will be no additional fiscal impact to the adopted FY18 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 non-County employee Dr. John Novak in the approximate amount of \$2,250 to attend the NALBOH Board Meeting and the 2017 NALBOH Conference in Cleveland, Ohio, July 31 – August 3, 2017.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Approve authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$2,250, to attend the NALBOH Board Meeting and the 2017 NALBOH Conference in Cleveland, Ohio, July 31 – August 3, 2017."



# Draft 2040 Regional Transportation Plan



- Over a year of community engagement
- Public comment period April 24-May 18
- Public open house April 25
- Public hearing at May 18 RTC Board meeting



# Guiding Principles



- Safe & healthy communities
- Economic development & diversification
- Sustainability
- Increased travel choices



- **Partnership with Health District for air quality analysis**
- **Conformity with air quality standards**
- **Implementation of Complete Streets Master Plan**
- **Transit service investments**

CO Emissions Analysis		
Analysis Year	MVEB	RTP Analysis
2015	172,336	73,274
2020	172,670	54,331
2025	171,509	42,656
2030	169,959	33,484
2035	169,959	29,540
2040	169,959	28,157

PM10 Emissions Analysis		
Analysis Year	MVEB	RTP Analysis
2015	5,638	4,071
2020	6,088	4,395
2025	6,473	4,727
2030	6,927	4,945
2035	6,927	5,345
2040	6,927	5,662

# Zero-Emission Electric Bus Program



- **4 electric buses in operation since 2014**
- **5 currently on order**
- **15 more scheduled for purchase**
- **Villanova Bus Maintenance Facility upgrades underway**



# Ongoing Programs



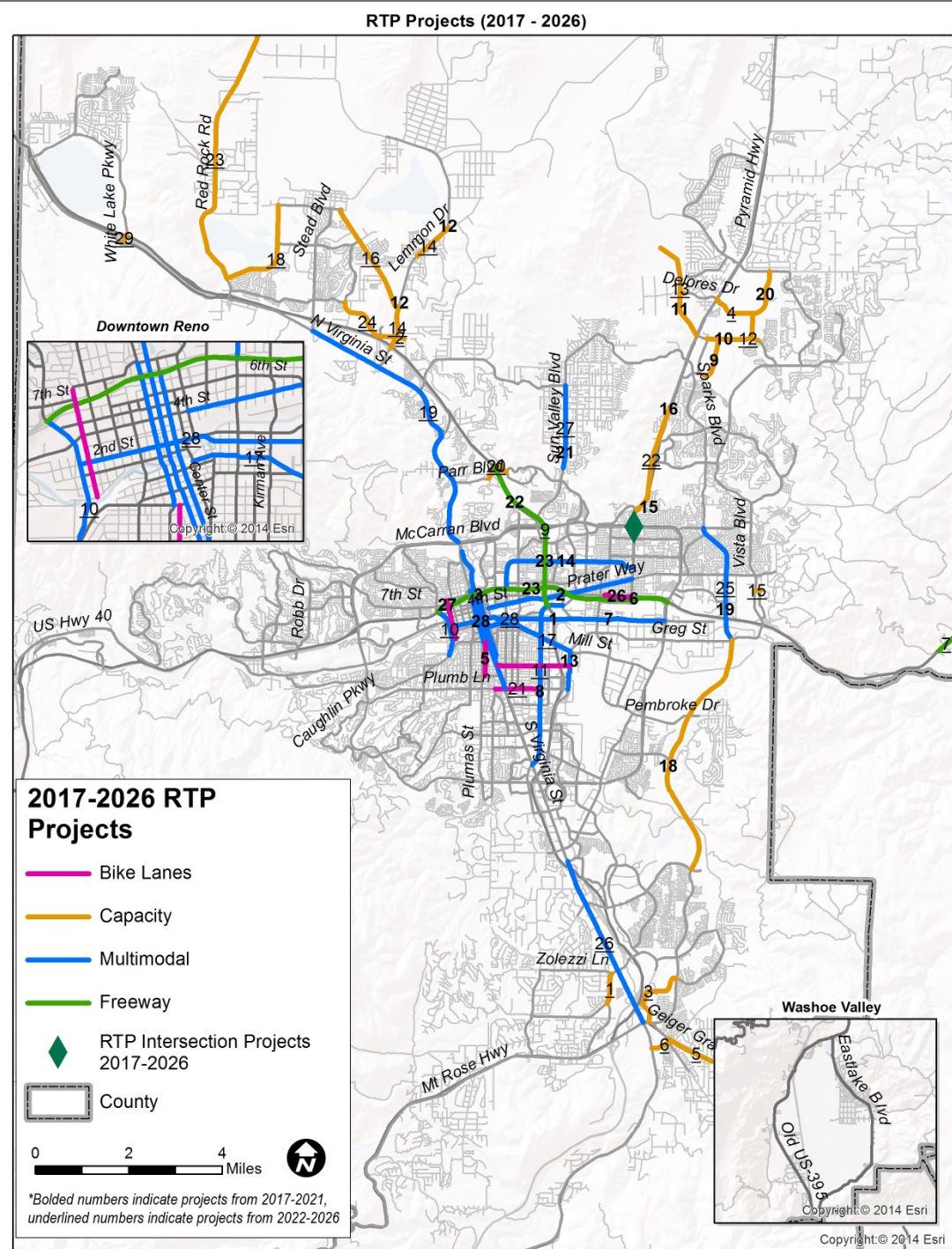
- ADA Accessibility Improvements
- Pedestrian & Bicycle Facility Improvements
- Traffic Signals, ITS, Operations & Intersections Improvements
- Pavement Preservation



# MAP OF DRAFT RTP PROJECTS 2017-2026 (CIP)

Includes 2017-2019 Program of Projects

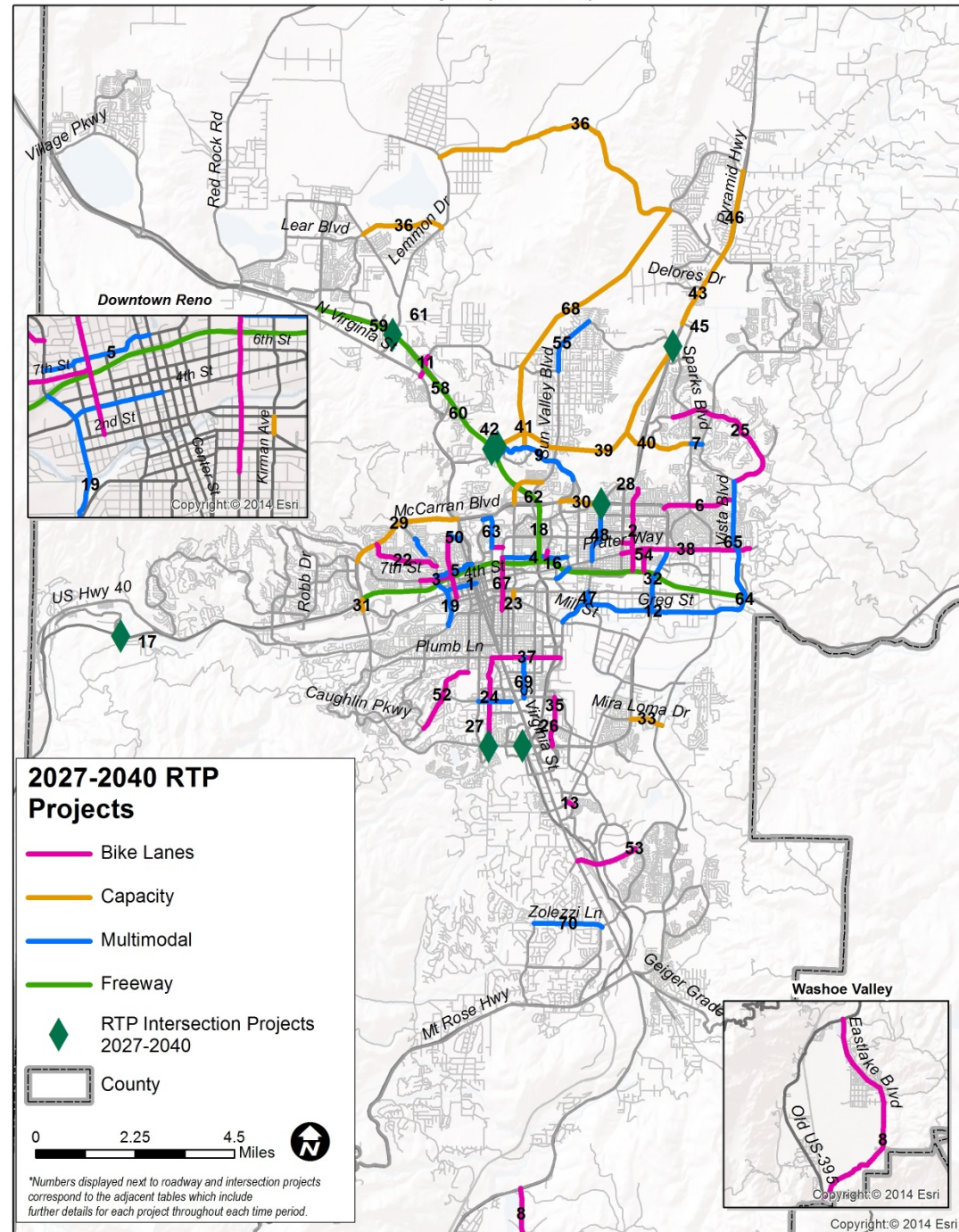
- 4th/Prater RAPID
- Glendale multimodal
- Virginia Street RAPID
- Oddie Blvd multimodal
- Red Rock & Moya intersection
- Evans Ave bike lanes
- Keystone & California ADA & bike improvements
- Sun Valley sidewalk improvements
- Truckee River Path at RSIC



# DRAFT RTP PROJECTS (2027-2040)

- Spaghetti Bowl Reconstruction Phase 2
- I-80 Widening
- US 395 Widening
- Keystone Multimodal
- Plumb Lane Multimodal
- W 4<sup>th</sup> Street Multimodal
- Eagle Canyon to Lemmon Dr Extension
- Eastlake Blvd Multimodal
- McCarran Blvd Widening
- McCarran Intersection Improvements at
  - Kietzke, Lakeside, Rock

RTP Projects (2027 - 2040)



# Short Range Transit Plan Elements



- RTC RAPID on 4<sup>th</sup> Street/Prater (Lincoln Line)
- RTC RAPID to UNR
- Reallocation of service hours to achieve greater efficiency
- Villanova Maintenance Facility upgrades
- Pilot program for 2-3 day per week circulator service in outlying areas, targeted to senior citizens
- Increase subsidy and expand eligibility for taxi bucks/Washoe Senior Ride
- Continue the FTA 5310 grant program to fund not-for profit transportation services





# Unfunded Vision for Transit



- Streetcar transit to connect the Reno-Tahoe International Airport to Virginia Street
- Streetcar service on Virginia Street from the Reno-Sparks Convention Center to the University of Nevada, Reno
- Expanded downtown circulator bus service
- Express bus service on South Virginia to serve the Summit and UNR/TMCC Redfield Campus
- Express bus service on US 395 to serve the North Valleys



# Unfunded Vision for Transit



- Service between Reno and Truckee
- Express bus on Pyramid Highway
- Express bus service to the Tahoe Reno Industrial Center
- Commuter rail service from Reno and Sparks to the Tahoe Reno Industrial Center
- Larger maintenance facility for long-term expansion



# Next Steps



- Discuss draft with jurisdictions
- Public comment period
- Public open house April 25, 2017
- Public hearing May 18, 2017



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*Regional Emergency Medical Services Authority*

# **REMSA**

## **Franchise Compliance Report**

**MARCH 2017**



## REMSA Accounts Receivable Summary

Fiscal 2017

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	4106	\$4,485,503.00	\$1,092.43	\$1,092.43	\$393.27
August	4156	\$4,594,636.20	\$1,105.54	\$1,099.02	\$395.65
September	4000	\$4,428,168.80	\$1,107.04	\$1,101.64	\$396.59
October	4023	\$4,462,967.40	\$1,109.36	\$1,103.55	\$397.28
November	3718	\$4,125,873.00	\$1,109.70	\$1,104.69	\$397.69
December	4281	\$4,750,796.80	\$1,109.74	\$1,105.58	\$398.01
January	4413	\$4,922,748.00	\$1,115.51	\$1,107.11	\$398.56
February	3913	\$4,343,062.20	\$1,109.91	\$1,107.44	\$398.68
March					
April					
May					
<b>Totals</b>	<b>32610</b>	<b>\$36,113,755</b>	<b>\$1,107.44</b>		

Allowed ground average bill:

\$1,129.44

Monthly average collection rate:

36%



**Fiscal 2017**

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2016	5 mins. 55 secs.	94%	94%
Aug.	6 mins. 04 secs.	94%	92%
Sept.	5 mins. 07 secs	95%	93%
Oct.	5 mins. 23 secs	93%	92%
Nov.	5 mins 47 secs	93%	94%
Dec.	5 mins 54 secs	92%	91%
Jan. 2017	6 mins 20 secs	92%	90%
Feb.	6 mins 07 secs	91%	92%
Mar.	5 mins 43 secs	92%	96%
Apr.			
May			
June 2017			

Year to Date: July 2016 through March 2017

Priority 1 Zone A	Priority 1 Zones B,C,D
93%	93%

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
July 2016	P-1	5:15	5:47	8:35
	P-2	5:11	6:24	8:25
Aug. 2016	P-1	5:18	5:52	8:56
	P-2	5:31	6:14	8:38
Sept. 2016	P-1	4:50	5:43	8:23
	P-2	5:23	6:13	7:29
Oct. 2016	P-1	5:03	5:44	7:55
	P-2	5:22	6:24	8:29
Nov. 2016	P-1	4:57	5:46	8:32
	P-2	5:19	6:20	8:29
Dec. 2016	P-1	5:06	5:50	8:29
	P-2	5:18	6:05	8:27
Jan. 2017	P-1	5:22	6:04	10:22
	P-2	5:50	6:23	9:29
Feb. 2017	P-1	5:16	6:16	9:02
	P-2	5:46	6:39	8:57
Mar. 2017	P-1	5:05	5:37	8:33
	P-2	5:10	6:12	8:50
Apr. 2017	P-1			
	P-2			
May 2017	P-1			
	P-2			
June 2017	P-1			
	P-2			

Year to Date: July 2016 through March 2017

Priority	Reno	Sparks	Washoe County
P-1	5:03	5:49	8:31
P-2	5:25	6:20	8:36



# GROUND AMBULANCE OPERATIONS REPORT

March 2017

## 1. OVERALL STATISTICS:

Total Number of System Responses	6417
Total Number of Responses in Which No Transport Resulted	2160
Total Number System Transports (Including transports to Out of County Destinations)	4257

## 2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	1.7%
Medical	51.3%
OB	.6%
Psychiatric/Behavioral	7.9%
Transfers	9.8%
Trauma – MVA	5.8%
Trauma – Non MVA	19.2%
Unknown	3.7%

## 3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director or designee reviewed:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients (transport and non-transport patients)
- 100% of advanced airways (excluding cardio pulmonary arrests)
- 100% of STEMI Alert 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: 2974

Total number of above calls receiving QA reviews: 323

Percentage of charts reviewed from the above transports: 10.86%



## REMSA OCU Incident Detail Report

Period: 3/01/2017 thru 3/31/2017

Corrections Requested					
Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
Zone A	3/5/2017 11:39	3/5/2017 11:48	1C40	0:08:59	0:08:25
Zone A	3/7/2017 4:18	3/7/2017 4:27	1C11	0:08:59	0:09:09
Zone A	3/9/2017 1:25	3/9/2017 1:26	1C17	0:08:59	0:01:16
Zone A	3/17/2017 23:59	3/18/2017 0:00	1C14	0:08:59	0:00:48
Zone B	3/27/2017 18:04	3/27/2017 18:08	1C16	0:00:00	0:04:24

Upgrade Requested					
Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
NONE					

Exemptions Requested			
Incident Date	Zone	Exemption Reason	Approval
3/2/2017	Zone C	Incorrect Address	Exemption Approved
3/5/2017	Zone D	Weather	Exemption Approved
3/5/2017	Zone A	Weather	Exemption Approved
3/5/2017	Zone A	Weather	Exemption Approved
3/5/2017	Zone A	Weather	Exemption Approved
3/5/2017	Zone A	Weather	Exemption Approved
3/5/2017	Zone B	Weather	Exemption Approved
3/6/2017	Zone A	Weather	Exemption Approved
3/6/2017	Zone C	Weather	Exemption Approved
3/16/2017	Zone B	Other as Approved	Exemption Approved





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*Regional Emergency Medical Services Authority*

**REMSA**

**EDUCATION AND TRAINING REPORT**

**MARCH 2017**

REMSA Education  
 Monthly Course and Student Report  
 Month: March 2017

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	5	42	3	30	2	12
ACLS EP	1	4	1	4	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	1	3	1	3	0	0
ACLS R	16	87	4	43	12	44
ACLS S	4	10	0	0	4	10
AEMT	0	0	0	0		
-	-	-	-	-		
B-CON	0	0	0	0	0	0
BLS	87	519	23	107	64	412
BLS I	1	5	0	0	1	5
BLS R	31	206	17	138	14	68
BLS S	15	38	0	0	15	38
CE	0	0	0	0	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	0	0	0	0		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	0	0	0	0		
EMT R	0	0	0	0		
FF CPR	7	28	0	0	7	28
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	2	32	0	0	2	32
HS CPR	45	368	1	6	44	362
HS CPR FA	65	543	2	16	63	527
HS CPR FA S	2	2	0	0	2	2
HS CPR PFA	2	16	0	0	2	16
HS PFA S	0	0	0	0	0	0
HS CPR S	1	5	0	0	1	5
HS FA	13	63	0	0	13	63
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	1	6	1	6	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	1	5	1	5	0	0
ITLS S	0	0	0	0	0	0
PALS	10	26	2	24	8	22
PALS I	0	0	0	0	0	0
PALS R	3	17	3	17	0	0
PALS S	4	7	0	0	4	7
PEARS	0	0	0	0	0	0
PM	0	0	0	0		
PM R	0	0	0	0		
HS Spanish RCP y DEA	0	0	0	0	0	0
	<b>Classes</b>		<b>CPR</b>			
	256		1720			



## COMMUNITY OUTREACH

March 2017

### Point of Impact

3/1/17	Safe Kids Washoe County Board of Directors Meeting	
3/10 and 3/13/17	FTO Meeting to teach employees how to install car seat on a gurney	
3/14/17	Safe Kids Washoe County Coalition Meeting	
3/20-24/17	National Child Passenger Safety Technician Training Program Course; 9 students passed	1 staff, 2 volunteer instructors; 9 students; 2 Technician Assistants
3/25/17	Child Car Seat Checkpoint hosted by UNR Early Head Start, Nelson Building, 2 <sup>nd</sup> Street, Reno; 18 cars and 29 seats inspected.	25 volunteers; 3 staff
3/27/17	Safe Kids Washoe County Vehicle/Road Safety Committee meeting	
3/29/17	Interview with KOLO discussing car seat program and availability of appointments	
3/2017	Eleven office installation appointments; 12 cars and 18 seats inspected.	

### Cribs for Kids-Community

3/1/17	Train-the-Trainer Safe Sleep in Reno, NV for CHA WIC	14 Participants
3/2/17	Pedestrian Safety Meeting at RTC	
3/6/17	JTNN Sororities and Fraternities Event at UNR: Hands Only CPR and Naloxone Demonstration	About 300 Students: 78 participants for Hands Only CPR and 22 for Naloxone
3/9/17	Statewide Impact of Safe Sleep Meeting	
3/14/17	Safe Kids Washoe County Coalition Meeting	
3/22/17	Participated in PSA for JTNN on the Good Samaritan Law	
3/27-3/28/30	Attended a Grant Management Class in Carson City	
3/29-3/30/17	When to Vegas to meet with C4K partner Baby's Bounty and Southern Nevada Health District	



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*Regional Emergency Medical Services Authority*

**REMSA**  
**CUSTOMER SERVICE**  
**MARCH 2017**

REMSA

Reno, NV

Client 7299



1515 Center Street  
Lansing, Mi 48096  
1 (877) 583-3100  
service@EMSSurveyTeam.com  
www.EMSSurveyTeam.com

# EMS System Report

March 1, 2017 to March 31, 2017

Your Score

**96.52**

Number of Your Patients in this Report

**150**

Number of Patients in this Report

**7,289**

Number of Transport Services in All EMS DB

**138**





## Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **03/01/2017** and **03/31/2017**.

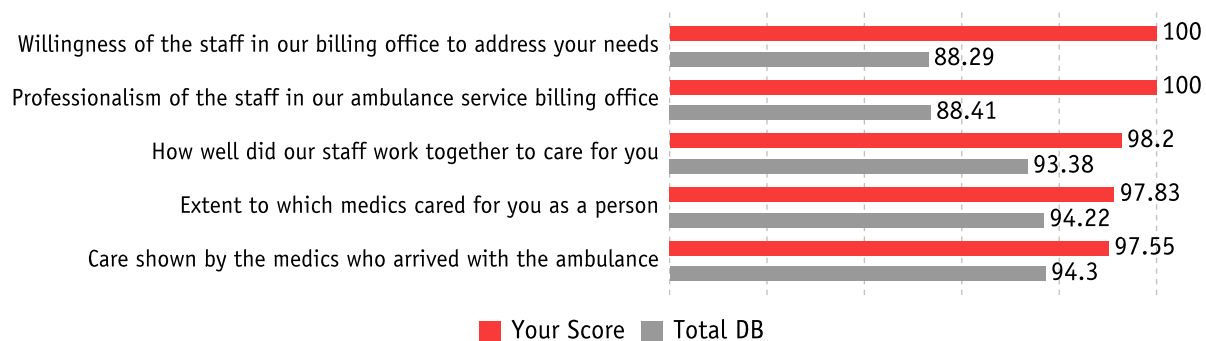
The overall mean score for the standard questions was **96.52**; this is a difference of **4.05** points from the overall EMS database score of **92.47**.

The current score of **96.52** is a change of **0.36** points from last period's score of **96.16**. This was the **8th** highest overall score for all companies in the database.

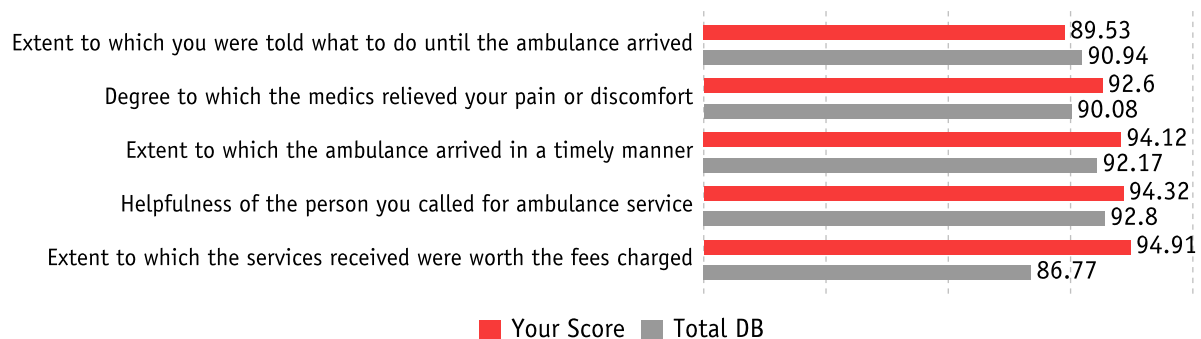
You are ranked **4th** for comparably sized companies in the system.

**88.92%** of responses to standard questions had a rating of Very Good, the highest rating. **99.56%** of all responses were positive.

### 5 Highest Scores



### 5 Lowest Scores

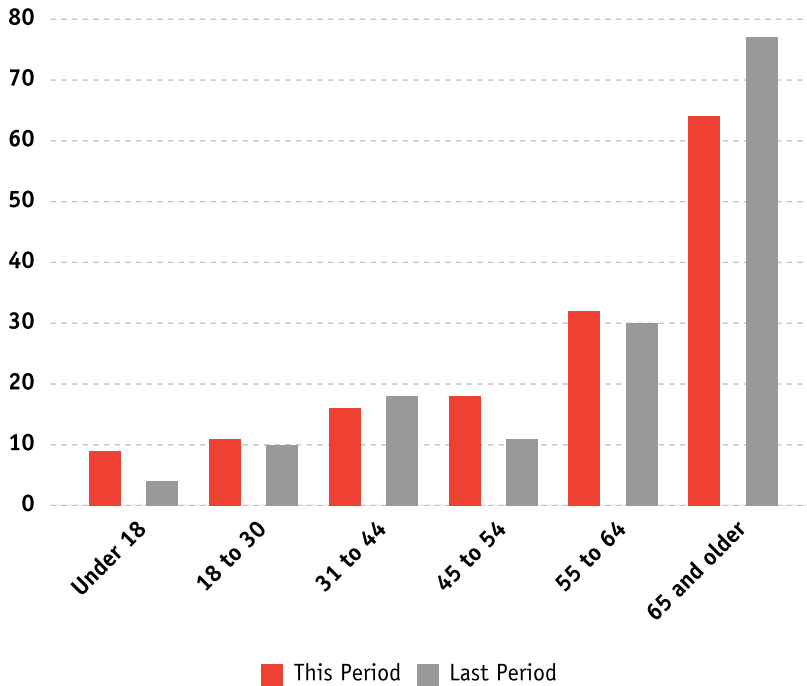




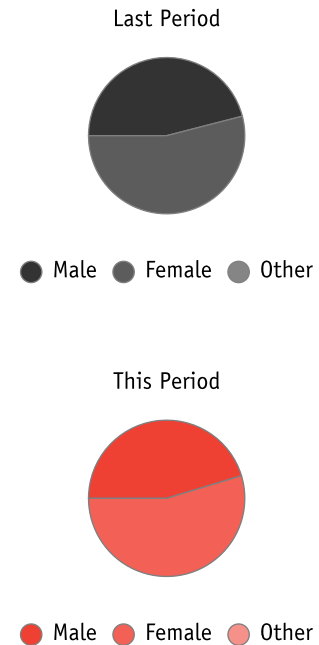
**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service population.

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	4	3	1	0	9	2	7	0
18 to 30	10	4	6	0	11	7	4	0
31 to 44	18	7	11	0	16	11	5	0
45 to 54	11	5	6	0	18	9	9	0
55 to 64	30	13	17	0	32	17	15	0
65 and older	77	37	40	0	64	22	42	0
<b>Total</b>	150	69	81	0	150	68	82	0

### Age Ranges



### Gender





### Dispatch Analysis

This analysis details the section results that concern dispatcher operations. The analysis contains the mean scores for each survey question. The first column shows the company score and the total database score, the second column is your variance from the database score.

Helpfulness of the person you called for ambulance service



Extent to which you were told what to do until the ambulance arrived



### Overall Section Score







## 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.

	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
Helpfulness of the person you called for ambulance service	92.44	93.15	95.63	95.00	94.19	98.68	91.47	95.41	92.36	93.48	97.50	96.25	94.32
Extent to which you were told what to do until the ambulance	91.56	89.00	97.83	94.74	96.43	97.37	88.57	93.37	86.76	91.88	97.92	95.14	89.53
Extent to which the ambulance arrived in a timely manner	94.36	94.59	93.97	95.21	94.14	94.87	94.44	93.75	92.14	95.79	95.01	96.28	94.12
Cleanliness of the ambulance	95.38	93.06	94.18	95.72	94.21	97.00	92.86	95.83	93.80	97.79	96.18	97.37	96.12
Skill of the person driving the ambulance			95.00			93.85	94.12	93.90	93.93	96.34	95.88	97.14	97.24
Care shown by the medics who arrived with the ambulance	94.01	95.74	95.95	93.76	94.75	94.10	93.46	95.63	94.73	96.23	96.23	96.83	97.55
Degree to which the medics took your problem seriously	93.79	97.02	96.21	94.32	95.16	95.70	92.74	94.68	93.45	94.37	95.62	97.16	97.45
Degree to which the medics listened to you and/or your family	94.52	95.83	92.86	94.52	94.02	94.37	93.41	94.28	93.76	94.51	95.64	96.43	97.48
Extent to which the medics kept you informed about your	92.13	93.47	93.70	93.60	92.94	94.00	92.81	93.96	94.53	94.76	92.67	95.83	96.92
Extent to which medics included you in the treatment decisions	91.98	93.37	91.85	92.68	93.42	96.31	91.45	93.76	92.52	94.44	88.94	94.29	96.52
Degree to which the medics relieved your pain or discomfort	90.15	92.78	91.90	89.79	91.20	94.49	88.30	92.22	89.57	93.16	89.18	92.86	92.60
Medics' concern for your privacy	95.46	94.07	91.98	94.47	94.77	95.35	93.75	95.52	93.70	94.53	94.41	97.23	97.39
Extent to which medics cared for you as a person	94.16	95.31	95.00	94.43	94.17	95.54	94.64	96.22	92.94	95.65	94.92	98.11	97.83
Professionalism of the staff in our ambulance service billing	88.04	87.50	82.14	77.60	83.33	100.00	95.00	88.89	75.00	90.10	89.76	100.00	100.00
Willingness of the staff in our billing office to address your	85.87	85.00	85.00	78.25	91.67	93.75	95.00	84.38	75.00	90.10	88.35	100.00	100.00
How well did our staff work together to care for you	94.34	95.70	94.09	93.93	95.38	96.11	93.80	95.37	94.06	96.08	96.28	96.51	98.20
Extent to which the services received were worth the fees	88.56	86.90	92.64	82.03	90.27	94.53	66.80	89.95	86.08	86.39	82.19	87.20	94.91
Overall rating of the care provided by our Emergency Medical	94.75	96.05	96.72	93.67	95.57	94.50	92.70	95.93	95.18	95.27	96.58	96.66	97.45
Likelihood of recommending this ambulance service to others	95.06	94.67	95.74	95.55	95.79	96.48	95.19	95.84	93.28	96.24	96.97	97.38	97.40
Your Master Score	93.51	94.37	94.20	93.69	94.26	95.32	92.78	94.54	93.02	94.96	94.58	96.16	96.52
Your Total Responses	206	155	157	156	143	146	126	138	150	165	150	150	150

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results after follow up
1	02/02/2017		"On the 15th of March, they showed up with a young kid not in uniform, took my wallet out of my house with me to the ER at Renown. They lost my wallet, house key, alert bracelet, and a pair of sweatpants."		S.Selmi 3.24.17	See follow-up comments below
2	02/03/2017	"They know me so well they knew I moved"				
3	02/05/2017		"Lower the billing costs."			
4	02/06/2017	"Medics were great. Had a post surgery complication so they were all a little confused, as was she"	"Nothing. They were so kind, caring and competent. Couldn't be nicer people."			
5	02/23/2017	"They were all great"				
6	02/26/2017	"I was punched in the chest"		"One of them punched me in the chest"	S.Selmi 4.3.17 #3811	See follow-up comments below
7	02/27/2017	"no treatment was given"		"was picked up from the airport after being airlifted"		
8	02/28/2017			"The ambulance came after the fire department. The heater wasn't working in the ambulance (may not have been an ambulance from your company; said something about it being someone else's)"		
9	02/28/2017		"First time in ambulance so unsure"			

#1 3/24/17 12:00, Pt called and I spoke to him. Pt was very nice but he was upset someone took his wallet and lost it. Pt was transported on 3/15/17 from home to RRMCC crew, (employees). Pt told me a guy wearing khaki pants took his wallet from his room without permission, I asked if the guy in khaki pants went in the ambulance with the wallet and he said no. I asked if it was a REMSA crew who took the wallet and he told me no someone else. I told him SFD/SPD also on scene did he think one of those crew members took the wallet, he just kept saying the guy in khaki pants. I told him I would talk to the crew and look at his chart, if I found his wallet I would call him back. I also told him to call RRMCC security they may have it, he said he would do that and thanked me. I spoke with the medic, who said when they arrived at the pts home he would not answer the door. SFD had to go in through an unlocked window where they found the pt on the bed. Pt was altered and was only able to follow simple commands, kept saying whats going on. No one could find his wallet, Medic found some discharge paperwork with enough information to take and he took that to the hospital and left it with the staff. The complaint on 3/28/17 is the following items missing, wallet, house key, alert bracelet and a pair of sweatpants. I looked in the lost and found and we do not have any of these items. I will contact Pt today and let him know. No further, Stacie 3/30/17 0850, I spoke with Pt and he told me RRMCC had all of his stuff. Stacie

#6 4/12/17, I found 4 charts for this pt on 2/26/17, 3/7/17 and 2 on 3/29/17. Reading the charts there was no problems, I called the pt on 4/12 @0835 and his number was not accepting calls at that time. Stacie



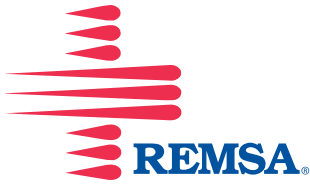
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*Regional Emergency Medical Services Authority*

# **REMSA**

## **PUBLIC RELATIONS REPORT**

**MARCH 2017**



# March 2017 Public Relations Report

## District Board of Health

### MEDIA COVERAGE

northern nevada  
**Business Weekly** Serving Northern Nevada

NEWS BOOK OF LISTS BUSINESS LEADS MARKETPLACE

News Briefs People Real Estate About Us Special Sections Calendar E-Edition

## REMSA announces paramedic program graduates

Article Comments (0)

Share Tweet Pin It Share

The Regional Emergency Medical Services Authority (REMSA) Center for Prehospital Education announced 17 students successfully completed the organization's 14-month paramedic program.

Members of the graduating cohort include: Jennifer Walters, program valedictorian; Keith Bland, Andrea Brown, Evan Brown, Mason Burkhart, Nick Castillo, Haley Cutter, Garrett Hekhuis, Aaron Leising, Katrina Lim, Brady Longero, Adrian Marquez, Rachel Mills, Joseph Nolan, Peter Phu, Jeff Sohler, and Scott Tucker.

REMSA's Paramedic Graduation announcement received attention in the *Northern Nevada Business Weekly* and on CarsonNow.com.

KPS3 and REMSA proactively reached out to local media to highlight the expansion of the Point of Impact car seat safety program. In addition to offering monthly community checkpoints, the program is now accepting weekday business hours appointments at REMSA. The announcement was covered with a feature story on KOLO.

KOLO 8 newsnow abc

News Weather Sports KOLOCares Livestream

Home / Safety / Article

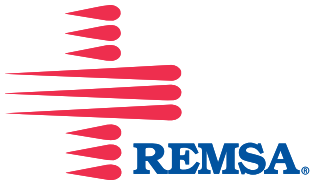
## REMSA expands car safety check program

Car seat program expanded

CAR SEAT PROGRAM EXPANDED  
REMSA

KOLO 8 newsnow abc






# March 2017 Public Relations Report

## District Board of Health

### SOCIAL MEDIA HIGHLIGHTS

 If you're on Twitter, be sure to follow @REMSAEMS and on Facebook like *Regional Emergency Medical Services Authority - REMSA*.

Social media features in March highlighted the expansion of the Point of Impact program and how children should be properly secured in car seats for various ages and weights.

Regional Emergency Medical Services Authority - REMSA  
Published by Hootsuite [?] · March 24 at 8:45am ·

Improperly installed car seats can lead to avoidable injuries or death in the event of a crash. Make sure your child seat is properly installed tomorrow at UNR Early Head Start, 401 W. Second Street, beginning at 10 a.m.




**Point of IMPACT**

887 people reached Boost Post

Regional Emergency Medical Services Authority - REMSA  
Published by Hootsuite [?] · March 20 at 8:45am ·

Did you know children between 1 and 3 years old should remain in a rear-facing car seat for as long as the directions on the car seat recommended. Rear-facing provides the safest position for traveling and will provide the most protection in the event of a crash. Get your seat inspected or installed free by a certified technician. <http://ow.ly/vgmZ309VSQG>



1,140 people reached Boost Post

Regional Emergency Medical Services Authority - REMSA  
Published by Hootsuite [?] · March 7 at 8:10am ·

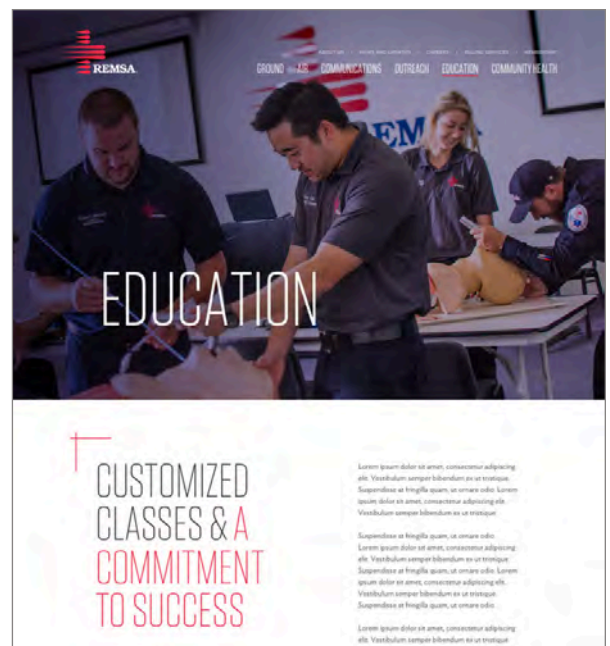
When it's cold it's important to remember to secure your kids in their car seats with only one layer of clothing between them and the straps. Puffy jackets or bulky clothing could cause your child to slip out of the seat during a crash. Register today to have your seat inspected and learn more tips about making sure your kids are safe in the car. <http://ow.ly/qqSh309msig>

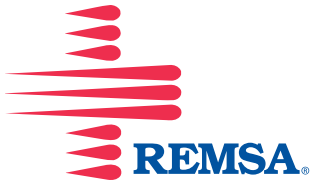


1,606 people reached Boost Post

### STRATEGIC INITIATIVES

The design work for REMSA's website is complete. REMSA's departments continue to refine their respective content contributions. The next step will involve KPS3's design and digital team writing code that will translate the design elements into a functioning website. Once completed the website will provide information on all of REMSA's program elements including Community Outreach, Education, Communications and Dispatch and Community Health. Visitors to the site will have access to information about what to expect when you call 9-1-1, fun facts about REMSA's fleet and maintenance program, how dynamic deployment functions and how to book the Special Events team.





# March 2017 Public Relations Report

## District Board of Health

### STRATEGIC INITIATIVES

**Increase your chance of staying safe and healthy in your home by 63% by enrolling in REMSA's Community Paramedicine program.**



As you prepare for the next phase of your care, we recommend enrolling in REMSA's Community Paramedicine program. As a patient in the program, you will receive regular, in-home visits from specially trained Community Paramedics. Once your healthcare provider refers you, we will confirm that you meet enrollment criteria, and you will be enrolled in the program initially for 30 days.

**Is the Community Paramedicine program right for me?**

The Community Paramedicine program could be just what the doctor orders.

**If you've been diagnosed with:**

<b>COPD</b> Chronic Obstructive Pulmonary Disease	<b>CHF</b> Congestive Heart Failure	<b>MI</b> Heart Attack
--	--	---------------------------

or if you've recently:

- Been discharged from the hospital
- Had cardiac surgery

The paramedic will answer questions about how to successfully manage your health care and stay out of the hospital.



**What can I expect from the Community Paramedicine program?**

- This special program is designed to help you successfully follow the physician treatment plan and/or discharge instructions you've received. Staying healthy and keeping track of your care provides the best opportunity for avoiding hospital admission, readmission and emergency room visits.
- As a participant in this program, the paramedic will visit you in your home. The paramedic will communicate regularly with your care team to coordinate your overall care and update your physicians.
- The paramedics will answer questions, help you understand your medications and when to take them, check vital signs, perform routine lab work and blood draws, perform EKG's as necessary, and talk with you about attending follow-up appointments. They will provide education regarding diet, exercise, rest, safety, and healthy living, as well as information about community health resources.

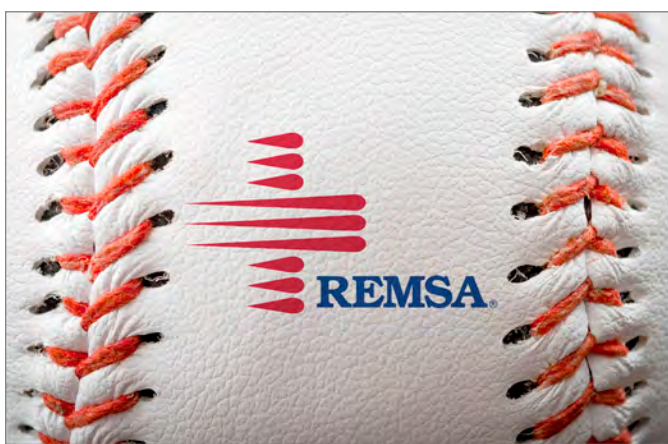
**To enroll in the program, speak to your referring physician or healthcare worker, or contact your health plan. Self-pay options are also available.**

**Home is where the Care is.**



Images and graphics provided in this document are for informational purposes only and are not intended to be used for medical or financial purposes.

The demand for REMSA's Community Health Programs continues to grow. In response, a patient referral document for the Community Paramedicine program has been developed. Patients at risk for frequent emergency room visits or hospital readmission will be given information about how the program can keep them safe and healthy in their home once they are discharged. Patients can refer into the program through their physician.



Additional brand related projects included updated board and leadership photography for promotional materials and the website, and public service announcement — Foul Ball Awareness messaging to be displayed at Aces baseball games throughout the season.



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*Regional Emergency Medical Services Authority*

# **REMSA**

## **PENALTY FUNDS DISTRIBUTION**

**MARCH 2017**



**REMSA 2016-17 PENALTY FUND RECONCILIATION AS OF FEBRUARY 28, 2017**

**2016-17 Penalty Fund dollars accrued by month**

<u>Month</u>	<u>Amount</u>
July 2016	\$5,258.15
August 2016	5,652.02
September 2016	3,911.03
October 2016	5,856.87
November 2016	5,184.27
December 2016	6,044.93
January 2017	7,578.83
February 2017	7,822.06
March 2017	
April 2017	
May 2017	
June 2017	
<b>Total accrued as of 2/28/2017</b>	<b><u>\$47,308.16</u></b>

**2016-17 Penalty Fund dollars encumbered by month**

<u>Program</u>	<u>Amount</u>	<u>Description</u>	<u>Submitted</u>
Child Safety	\$5,965.00	500 Sports First Aid Kits	January-17
<b>Total encumbered as of 2/28/2017</b>	<b><u>\$5,965.00</u></b>		
<b>Penalty Fund Balance at 2/28/2017</b>	<b><u>\$41,343.16</u></b>		





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*Regional Emergency Medical Services Authority*

**REMSA**

**INQUIRIES**

**MARCH 2017**

**No inquiries for MARCH 2017**

DD	<u>RT</u>	-
DHO	<u>  </u>	-
DA	<u>  </u>	-
Risk	<u>  </u>	-

**STAFF REPORT**  
**BOARD MEETING DATE: April 27, 2017**

**TO:** District Board of Health

**FROM:** Christina Conti, Preparedness & EMS Program Manager  
775-326-6042, [cconti@washoecounty.us](mailto:cconti@washoecounty.us)

**THROUGH:** Heather Kerwin, EMS Statistician  
775-326-6041, [hkerwin@washoecounty.us](mailto:hkerwin@washoecounty.us)

**Subject:** Regional Emergency Medical Services Advisory Board April Meeting Summary

The Regional EMS Advisory Board (Board) held its quarterly meeting on April 6, 2017. Below is a summary of items discussed.

**Prehospital Medical Advisory Committee (PMAC) Update:** The Board heard a brief update by Dr. Michaelson regarding the March PMAC meeting which included a mission statement being approved.

“The Prehospital Medical Advisory Committee is to be the advocate for the local community and its associated EMS catchment area through continuing to augment quality, and suggest evidence based recommendations to our EMS interlocal agency agreement providers in order to optimize emergency medical services.”

**Updates to the EMSAB:** The Board heard updates on several projects the EMS Oversight Program (Program) is working on, which included a meeting to discuss the development of a regional seminar for first responders and healthcare facilities relating to healthcare evacuations; the EMS Oversight Program receiving REMSA CAD data to be used for system performance; and a request from the Board Chairman to have Duck Hill become a special interest area for analysis.

**EMS Oversight Program Data Report:** The Board received a draft of the semi-annual data analysis for review and approval for distribution. This was approved and is attached to this staff report. Additionally, the Board reviewed and approved for publication a series of maps to be available to the public for further understanding of what the EMS system performance is. These will be made available on the EMS Oversight Program webpage.

**EMS Today Conference:** Members of the Oversight Program attended national level trainings in February and presented information on the conference, to include possible ideas for regional implementation.

**5-Year Strategic Plan:** The Board was provided an update on projects included in the first year of the strategic plan. Completed objectives to date are:

- **Establish ambulance franchisee response map review methodology.** (Objective 2.2, Strategy 2.2.2) The EMS Oversight Program has finalized a revision methodology based on the objectives employed during the franchise map revision in FY 2016. Please see attached for feedback and input.
- **Determine data elements required for process verification of Omega Protocols.** (Objective 1.1, Strategy 1.1.4) REMSA and the EMS Oversight Program reviewed data elements associated with the Omega protocol to determine how to verify the process. Calls will be sent to the EMS Statistician and will be included in relevant annual analysis. Attached is the final verification process for review and input.
- **Coordinate and report on strategic planning objectives quarterly.** (Objective 6.1)
- **Promote the EMS Oversight Program through regional education of the strategic plan's goals and initiative.** (Objective 6.2) The EMS Oversight Program Manager presented the work of the region and the program at the meetings of the individual Inter Local Agreement Signatories and REMSA. This objective states outreach will occur biannually.
- **Create a Gantt chart for the regional partners with the details of the goals.** (Objective 6.1, Strategy 6.1.2) Completed and distributed to the partners.

**Regional Protocol Project:** The Board heard an update on the current strategic planning objective to create a set of regional protocols. The Task Force, formed out of PMAC, has met several times and is currently working through the consultant (EMS Consulting Group) recommendations on how to move forward with a single protocol for the region. The task force has reached consensus on the following protocols:

- General Patient Assessment
- Civil Protective Custody
- Communication/Contacting Medical Control
- DNR/POLST
- Endangerment (Child and Elder)
- Minors

**Regional PSA Project on Appropriate Use of 911:** An EMS Advisory Board requested item, this is a collaborative regional media project designed to address some of the matters taxing the 911 system, such as unintentional calls (pocket-dials from cell phones), frequent flyers and low acuity/non-emergent calls. Together the group will strive to educate the community with the goal of reducing the number of non-emergency and/or accidental 911 calls through a multi-source media campaign.

## **Historical REMSA Map Revisions**

Under the previous REMSA Franchise map revisions were agreed upon between REMSA and the District Health Officer through the use of study zones and jurisdictional annexations. After the Amended and Restated Franchise Agreement for Ambulance Service was approved by the District Board of Health (DBOH) in 2014 it was determined that future map updates should include regional EMS partners.

## **2015-2016 REMSA Response Map Development Methodology**

During the March 2015 EMS Advisory Board meeting, it was recommended that a group of regional stakeholders convene to discuss proposed REMSA response map revisions. The first meeting was held on April 15, 2015 and included regional fire partners, Washoe County Sheriff's Office, Washoe County Health District (WCHD), and REMSA. It was determined that the historical method of updating the map was not germane and all future revisions should be data-driven.

EMS Oversight Program staff developed a project charter, which was approved on May 19, 2015, for the revision process to modernize the REMSA ambulance franchise response zones, based on specific criteria and quantifiable measures. The Washoe County Health District contracted with a company called Inspironix. The contractor agreed that the region should primarily use population density, provided by Census reports, and not call data. Inspironix developed a draft response map that the region began reviewing on August 26, 2015. During the initial meeting, the methodology for developing the draft map was reviewed and the proposed changes to the existing map were reviewed.

Between September and December 2015 the region met on several different occasions to review various drafts of the response map developed by Washoe County GIS that included call data for a 20 week period of time. The last meeting was held on December 14, 2015 and regional consensus was reached for the valley.

However, the final area that needed to be reviewed was the Mount Rose corridor, specifically where the REMSA franchise boundary ends and the North Lake Tahoe Fire Protection District (NLTFPD) ambulance service area begins. The agreed upon boundary aligns with the voted upon boundary from the 1982 special election. The special election consisted of one question relating to an additional tax ad valorem to provide paramedic ambulance service. The constituents in the Incline Village/Crystal Bay region were the eligible voters.

The revised REMSA Franchise map was presented to the DBOH on January 28, 2016 and the Board accepted the REMSA response zone map within the Washoe County REMSA ambulance franchise service area. Additionally, the Board approved a map implementation plan and date for the REMSA Franchise map during the February 25, 2016 DBOH meeting.

## **Future Map Revision Methodology**

Moving forward, the revision process for the REMSA response map will include annual reviews, a five-year assessment and a 10-year Census revision. The working group determined that it would be a best practice to conduct reviews on a consistent basis to ensure the response map appropriately reflects the

populous of Washoe County. Below is a brief outline of the methodologies that will be used for future reviews.

#### Annual Reviews (2017-2020 then 2022-2025)

- Map out calls for the fiscal year (July 2016-June 2017) to determine any possible response concerns.
  - Multitude of calls occurring in lower response zones (Zones B - E)
  - No calls occurring in portions of Zone A

#### 5-Year Review (July 2021)

- Map out population density data from the State Demographer to determine if the density of any jurisdiction/region has significantly altered since the 2015-2016 map revision.
- Map out calls for the fiscal year to determine any response concerns.

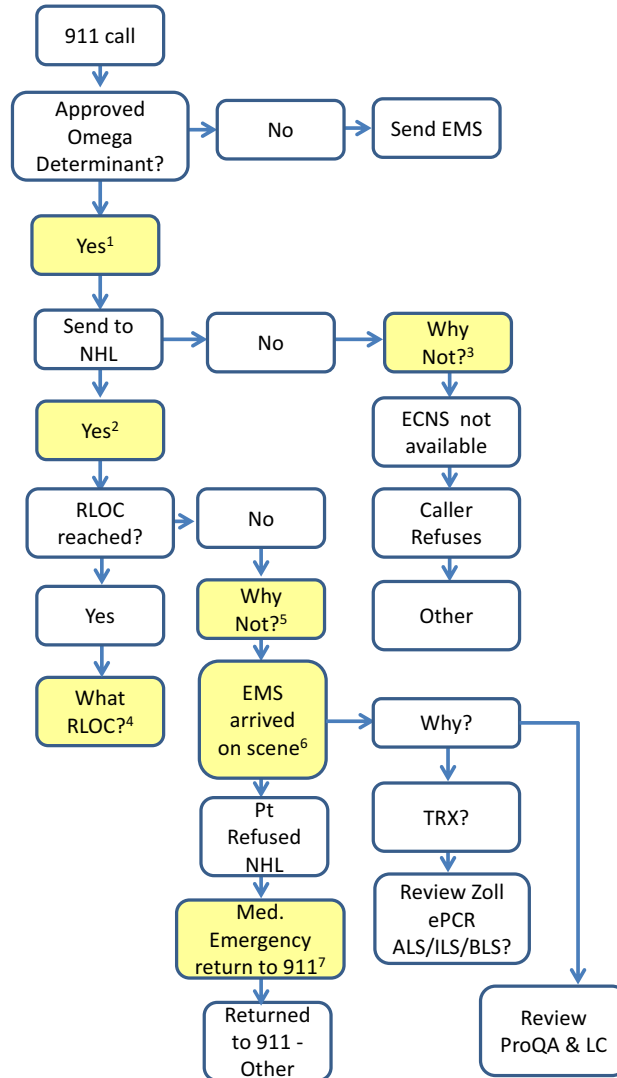
#### 10-Year Census Review (July 2026)

- Full revision the REMSA response map based on the map methodology utilized in 2015-2016.
  - Census Data Driven – system call data not considered, other than a “double check”
  - Zone designations of urban, suburban, rural and wilderness:
    - Urban: 101+ per square miles
    - Suburban: 50-100 per square mile
    - Rural: 7-49 per square mile
    - Wilderness: 1-6 per square mile



## OMEGA Call Review Algorithm

Omega calls processed through the REMSA communication center are reviewed and analyzed to ensure patient safety as well as compliance with approved and established protocols. Data is gathered at various points based on the flow of the call including how it come into the system as well as its conclusion. The algorithm below outlines calls entering the 911 system that may be processed as an Omega call and the various data that is collected and reviewed throughout the process.



- 1 ProQA Determinant Code
- 1 CAD Master Incident Number
- 2 ProQA Call Disposition
- 3 ProQA Call Disposition
- 4 Low Code
- 5 Low Code

- List CAD Master Incident Number Associated with each approved Omega Determinant
- List CAD Master Incident Number Associated with each approved Omega Determinant
- Was approved Omega Call Sent to NHL? YES/NO
- If NO, not sent to NHL why? E.g., ECNS nurse not available, caller refused, EMD discretion
- If Recommended Level of Care (RLOC) was reached, what was the RLOC?
- If Recommended Level of Care was NOT reached, why not? E.g., Caller Hung Up without EMS on scene, FD arrived on scene, REMSA arrived on scene, other.
- EMS arrived on scene. Which agency?
- ECNS declares an Emergency, returns to EMD. Why?

- 6 Question
- 7 Low Code

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

The number used "Used N =" in each analysis is dependent on the time stamp validity for time stamps used for each calculation.

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

REMSA Priority	#	%
1	11,774	46.8%
2	9,438	37.5%
3	3,773	15.0%
9	198	0.8%
<b>Total</b>	<b>25,183</b>	<b>100%</b>

**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.**

Fire Travel Time: En route to Arrival		
Median	Mean	90th Percentile
0:03:59	0:04:39	0:07:18
<i>Used N = 18,193</i>		

**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.**

REMSA Travel Time: Clock Start to Arrival		
Median	Mean	90th Percentile
0:05:29	0:06:14	0:09:44
<i>Used N = 17,860</i>		

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

REMSA Priority	Patient's Perspective
1	0:05:42
2	0:06:07
3	0:07:04
9	0:06:59
<b>Total</b>	0:06:03
<i>Used N = 24,907</i>	

DD	_____
DHO	___ <i>KD</i> ___
DDA	___ <i>LA</i> ___
Risk	_____

**STAFF REPORT**  
**BOARD MEETING DATE:** April 27, 2017

**TO:** District Board of Health

**FROM:** James English, EHS Supervisor  
775-328-2610, [jenglish@washoecounty.us](mailto:jenglish@washoecounty.us)

**THROUGH:** Kevin Dick, District Health Officer  
775-328-2416, [kdick@washoecounty.us](mailto:kdick@washoecounty.us)

**SUBJECT:** Policy discussion and direction to staff regarding waiver of permit fees for properties affected by the North Valleys flooding.

**SUMMARY**

The Environmental Health Services Division is requesting the District Board of Health (Board) consider waiving the permit fees for residential onsite-sewage disposal system (OSDS) repairs and well abandonment fees in the areas affected by flooding within the North Valleys Flood Incident. The intent for this action is to assist residents where insurance does not cover permit fees for repairs as part of flood or homeowner policy.

**District Health Strategic Objective supported by this item:**

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

**PREVIOUS ACTION**

There has been no previous action.

**BACKGROUND**

The Washoe County area has seen extensive flood damage during the January and February months of 2017, extensive personal property damage has occurred in the North Valleys, specifically in the Lemmon Valley area. As part of the response, an Incident Management Team was established to provide a unified command between Washoe County and the Washoe County Health District. As part of the response and ongoing recovery efforts, the communities surrounding Swan Lake have asked staff to waive building permit fees. In consideration of the request staff understands the hardship created in this community and are working with each homeowner who has had a building and health inspection resulting in the need for work to be completed. Specifically, the Board is being asked to consider waiving plan review and permit fees for those property owners who either do not have flood insurance or whose flood insurance does not cover their domestic well or OSDS.



Subject:  
Date:  
Page 2 of 2

The waiver of fees would be limited to those properties which were either red or yellow tagged by Washoe County Building and Safety and the Washoe County Health District. Additionally, staff is requesting all residents within the affected area have their well abandonment fees waived if they chose to connect the Truckee Meadows Water Authority for water service.

The BCC is scheduled to consider a similar item regarding building fees on April 25, 2017.

### **FISCAL IMPACT**

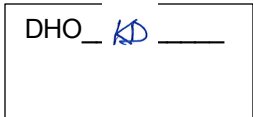
Should the Board approve this item, the fiscal impact would result in loss of revenue for the activities where fees are waived. Currently there are 25 homes which are either red or yellow tagged for various reasons, not all of which may require plan review or permits from the WCHD. The FY 18 fees are septic repair \$1,580, on site abandonment permit/connect to sewer \$484, water well abandonment permit \$763. WCHD will work within the approved FY 2017 and FY 2018 budgets to absorb these costs.

### **RECOMMENDATION**

Staff recommends: The Washoe County Board of Health consider waiving the cost of permit and plan review fees for residents of properties that are red or yellow tagged due to flood impacts in the N. Valleys and where insurance does not cover the cost of permits for repairs, and fees associated with the abandonment of domestic wells if the residents connect to the Truckee Meadows Water Authority for water service.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to waive the cost of permit and plan review fees for residents of properties that are red or yellow tagged due to flood impacts in the N. Valleys and where insurance does not cover the cost of permits for repairs, and fees associated with the abandonment of domestic wells if the residents connect to the Truckee Meadows Water Authority for water service.



**STAFF REPORT**  
**BOARD MEETING DATE:** April 27, 2017

**TO:** District Board of Health  
**FROM:** Sara Behl, Director of Programs and Projects, ODHO  
 (775) 328-2401, sbehl@washoecounty.us  
**THROUGH:** Kevin Dick, District Health Officer  
 (775) 328-2416, kdick@washoecounty.us  
**SUBJECT:** **Presentation and possible acceptance of a progress report on the 2016-2018 Strategic Plan and adjustment to progress reporting schedule.**

**SUMMARY**

Health District Staff continue to make progress toward goals, outcomes, and initiatives in the Washoe County Health District 2016-2018 Strategic Plan.

**This Item addresses all Health District Strategic Priorities.**

**PREVIOUS ACTION**

The Washoe County Health District Fundamental Review was presented to the District Board of Health on February 27, 2014. On March 27, 2014 the DBOH approved an implementation plan for the recommendations provided in the Fundamental Review. The last semi-annual report on the Fundamental Review implementation and direction from the Board occurred on March 24, 2016.

On April 14, 2016, the DBOH conducted a Strategic Planning Meeting to discuss and provide input for the development of a 2016-2018 Strategic Plan. On June 23, 2016 the DBOH approved the 2016-2018 Strategic Plan which was developed from the input and direction provided during the April 14, 2016 DBOH meeting. Quarterly progress reports on the Strategic Plan are to be provided to DBOH.

On October 27, 2016, Mr. Dick reviewed a PowerPoint presentation at the Board of Health meeting that outlined the Strategic Plan's Action Plan being proposed to achieve the goals, outcomes, and initiatives for the Health District for 2016-2018. The Board directed staff to continue the implementation of the 2016–2018 Strategic Plan as presented.

On January 26, 2017, an update on the strategic plan implementation was provided to the District Board of Health.

**BACKGROUND**

The 2016-2018 Strategic Plan includes Strategic Priorities, District Goals under these Priorities, and Community Outcomes for each of these District Goals. An Action Plan of specific initiatives or actions, which will be taken to achieve these outcomes, has been developed by Health District Staff in order to guide implementation and assess progress in implementing the plan.

Staff continues to track and report on progress made under the Strategic Plan.

Subject: Progress Report on 2016-2018 Strategic Plan

Date: April, 27 2017, 2015

Page 2 of 2

### **FISCAL IMPACT**

There is no additional fiscal impact to the FY17 budget should the Board accept the Quarter Three FY 2016-2017 Strategic Plan Progress Report.

### **RECOMMENDATION**

Staff recommends the District Board of Health accept the progress report on the Strategic Plan implementation. Staff also proposes that reporting on the strategic plan implementation be shifted to semi-annually to report on mid-year and fiscal year progress.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the progress report on the Strategic Plan implementation and a semi-annual reporting schedule."



# Washoe County Health District Strategic Plan

District Board of Health

April 27, 2017

# Strategic Plan

## Vision

*A healthy community*

## Mission

*To protect and enhance the well-being and quality of life for all in Washoe County*

## Values

*Trustworthiness*

*Professionalism*

*Partner-Collaborate*

## Strategic Direction

*Leaders in a unified community making measureable improvements in the health of its people and environment*

# Action Plan

## Strategic Priorities (6)

*Our priorities*

## District Goals (17)

*Our goals*

## Outcomes (53)

*What are we trying to achieve (with measurable targets)*

## Initiatives (90 unduplicated)

*What we will do to reach our outcomes*

# Strategic Priorities

- 1. Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- 3. Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
- 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.
- 6. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

# Action Plan (sample)

## ACTION PLAN

Outcomes and Initiatives	Who	FY17				FY18	FY19	FY20
		Q1	Q2	Q3	Q4			
Strategic Priority #1: Improve the health of our community by empowering individuals to live healthier lives.								
District Goal 1.1 Reduce the negative health and economic impacts of obesity and chronic disease.								
<b>Outcome 1.1.1</b>	Reduce the percentage of overweight and obese youth in Washoe County. (2015 Baseline: 34.6%)					Target 34%	Target 33%	
Initiative 1.1.1.1	Implement Wolf Pack Coaches Challenge.	Erin Dixon						
Initiative 1.1.1.2	Participate in the implementation of the Washoe County School District Wellness Policy.	Erin Dixon						
<b>Outcome 1.1.2</b>	Reduce the percentage of overweight and obese adults in Washoe County. (2015 Baseline: 21.8%)	Steve Kutz				Target 21%	Target 20%	
Initiative 1.1.2.1	Develop and promote a local restaurant menu campaign.	Erin Dixon						
Initiative 1.1.2.2	Assess funding and staffing gaps for obesity and chronic disease prevention program given the desired improvements in community outcomes we are seeking.	Steve Kutz						
Initiative 1.1.2.3	Increase provider awareness regarding local obesity rates and effective interventions.	Erin Dixon						
<b>Outcome 1.1.3</b>	Reduce the percentage of adults who are current smokers in Washoe County. (2014 Baseline: 15%)	Erin Dixon				Target 14%	Target 13%	
Initiative 1.1.3.1	Develop, place, and evaluate smoking free community campaign.	Erin Dixon						
Initiative 1.1.3.2	Identify and implement smoke free policies at family friendly locations.	Erin Dixon						

Goal

Outcome

Initiative

Target

Priority



# Dashboard of Completed Goals and Outcomes

1.1 Reduce the negative health and economic impacts of obesity and ...

100%

% of community outcomes on target

Steve Kutz



2.1 Protect people from negative environmental impacts.

100%

% of community outcomes on target

Charlene Albee



3.1 Raise awareness of the Washoe County Health District and the ...

1.1k

# of community outcomes on target

Phil Uilbarri



3.3 Inform the community of important health trends by ...

100

% of community outcomes on target

Phil Uilbarri



3.4.1 Increase the number of initiatives contributing to ...

4

# of supporting initiatives undertaken

Kevin Dick



4.1.2 Increase the percentage of Washoe County students who ...

77%

% of Washoe County students who graduate high

Sara Behl



4.3.1 Reduce the percentage of food insecure children in Washoe

23.8%

% of food insecure children

Sara Behl



4.3.2 Reduce the percentage of food insecure people in Washoe

13.5%

% of food insecure people

Sara Behl



WASHOE COUNTY  
HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

# Dashboard of Completed Initiatives

1.1.1.1 Implement Wolf Pack Coaches Challenge.

100%

Wolf Pack Coaches Challenge Implementation %

Erin Dixon



1.1.1.2 Participate in the implementation of the Washoe ...

100%

Implementation of the WCSD Wellness Policy %

Erin Dixon



1.1.2.3 Increase provider awareness regarding local obesity rates and ...

100%

Provider Awareness Initiative % Complete

Erin Dixon



1.2.2.1 Provide targeted education among those healthcare ...

65%

Proportion of HCV confirmed by confirmatory

Lei Chen



2.1.1.1 Expand air monitoring network to Spanish Springs.

100%

Spanish Springs Air Monitoring Expansion %

Charlene Albee



2.1.3.1 Update regulations for the solid waste management plan ...

100%

Solid Waste Management Plan Implementation %

Dave McNinch



2.1.4.1 Support Washoe County In updating the Franchise Agreement.

100%

% complete

Dave McNinch



2.1.5.1 Implement emergency response stand by to support ...

100%

Emergency Response Stand By Implementation %

Dave McNinch



WASHOE COUNTY  
HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

# Dashboard of Completed Initiatives (cont.)



Progress	 Critical	 Waiting on Someone	 Off Target	 Not Started	 Deferred	 On Target	 Achieved
Organization	0	0	0	0	1	12	4
Sara Behl	0	1	1	0	2	22	4
Anna Heenan	0	1	0	0	0	9	1
Charlene Albee	0	0	0	0	0	8	4
Christina Conti	0	2	0	3	0	5	1
Dave McNinch	0	1	0	3	0	17	4
Erin Dixon	0	0	0	0	0	9	3
Kevin Dick	0	1	1	1	2	14	4
Lei Chen	0	0	0	0	0	0	2
Linda Gabor	0	0	0	0	0	4	0
Lisa Lottritz	0	0	0	0	0	0	0
Phil Ulibarri	0	3	0	0	1	9	3
Randall Todd	0	0	0	4	0	4	0
Stacy Hardie	0	0	0	0	0	5	0
Steve Kutz	0	1	0	0	0	18	1

# Performance Overview

(as of 04.21.17)

# NEXT STEPS



Implement initiatives through 2020

Track and measure outcomes via online management system

Monitor progress

Improve performance where outcomes are not being met

**THANK YOU!**

# Recreational Marijuana: Potential Impacts to Washoe County Health District and to Public Health

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# Existing Regulations Apply to Recreational Marijuana Facilities

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# Air Quality Management Regulation of the Marijuana Industry

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- **Cultivation** – Control of Volatile Organic Compounds (VOCs consisting of terpenes) and Odors emitted during the grow process
- **Processing** – Control of VOCs, Odors, and Chemicals used in the extraction process
- **Testing Labs** – Control of chemicals used during product analysis and Odors

Emission Factors developed in conjunction with Desert Research Institute will be presented at the National Air & Waste Management Association Conference in Pittsburgh on June 5 – 8, 2017

# Environmental Health Services Regulation of the Marijuana Industry

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- **Cultivation, Processing and Testing Labs** – Control of waste products and unusable product
- **Plan Review** – Review plans for water usage, backflow protection, recycled water usage and wastewater disposal through engineering plan review
- **Complaint Investigations** – Investigate citizen and business complaints for improper disposal and illegal dumping in business containers

# Medical Marijuana Cultivation Facilities

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# Environmental Health Regulation of Marijuana as an Ingredient in Food

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- **Approved Source** – EHS considers marijuana to be an ingredient when used in a food product. All food ingredients must be from an approved source and must be handled, stored, served, and transported in a way to prevent adulteration or contamination
- **Adulteration** – All food products must be free from adulteration including, but not limited to, bacterial, chemical, and physical contaminants
- **Permitting** – All food establishments, including facilities selling food with marijuana as an ingredient, must maintain a valid permit to operate from the Washoe County Health District. The permitting process may require submittal/approval of plans

# Marijuana Use and Impact to Clients in Program Areas

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COMMUNITY AND CLINICAL HEALTH SERVICES

APRIL 2017

WASHOE COUNTY  
**HEALTH DISTRICT**

ENHANCING QUALITY OF LIFE

# Marijuana and Pregnancy

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- Some parents have a perception that MJ is safe to treat morning sickness
- THC can cross the placenta and concentrations in the fetus are about 1/3 of levels found in mother
- In CO exposed newborns had a significant increase in THC concentrations than before legalization (213 ng/g vs 361 ng/g)
- Risk of stillbirth is 2.3 x greater
- At age 10, deficits in behavioral functioning: inattention, impulsivity, and subtle learning and memory deficits

# Marijuana and Breastfeeding

---

- THC can accumulate in breast milk and can be found in infant urine for up to 3 weeks
- Babies exposed may show signs of sedation, reduced muscle tone, poor sucking
- WIC is promoting the American Academy of Pediatrics message that women who use marijuana should not breastfeed

# Secondhand Marijuana Smoke

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- Contains mercury, cadmium, nickel, lead, and chromium; 3-5 x more hydrogen cyanide than tobacco smoke
- Research on harmful effects of second hand marijuana smoke is limited. Studies have found affects on blood vessel as much as second hand tobacco smoke and which lasted longer (in mice)
- Exposure can produce detectable levels of THC in blood and urine and minor impairment
- CDPP promotes smoke free and vape free policies for tobacco and MJ; funding is tobacco grant so MJ is not initial priority



# Other Vulnerable Populations

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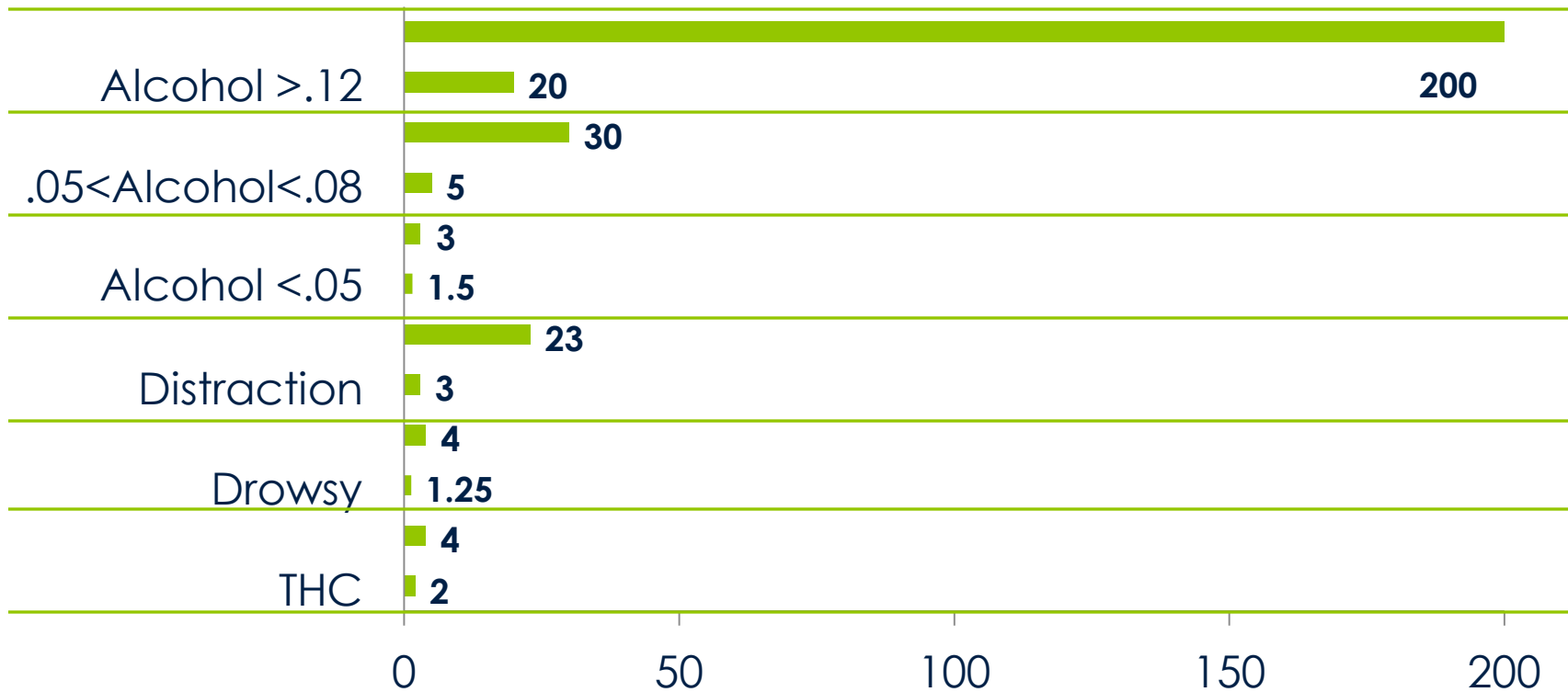
- Children exposed to edible marijuana products
- People with schizophrenia
- Increased risk of psychosis in individuals with AKT1 and COMT variants
- Adolescents are at risk of altered brain development and cognitive impairment from long-term heavy MJ use

# Motor Vehicle Safety

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- Evidence is not robust
- One meta-analysis of studies revealed a near doubling of risk of driver being involved in collision resulting in serious injury or death
- A NHTSA case-control study found no significant increase in crash risk after controlling for other factors
- Potential risk levels are much lower than from alcohol intoxication or distracted driving

# Does Marijuana Use Increase Crash Risk??



# Overdoses

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- Increases in pediatric and pet overdoses associated with accidental ingestion of MJ edibles
- Increase in overdoses due to inattention to dosage and/or 2-3 hour delay of effects following ingestion of edible MJ products
- Overdoses are nonfatal, they can result in unease and shaking, and in rare case, an extreme psychotic reaction
- Treatment is:
  - Monitor vital signs
  - In some serious cases give a low-dose sedative
  - Observation until effects fade

# Marijuana Use Disorder

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- Marijuana use can lead to problem use known as marijuana use disorder (MUD)
- MUDs are similar to other substance use disorders, though long-term clinical outcomes may be less severe
- On average, adults seeking treatment for MUD have used MJ nearly everyday for more than ten years, and tried to quit more than 6 times
- People with MUDs, especially adolescents, often suffer from other psychiatric disorders , and may also use or be addicted to other substances

# Other Items of Note

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- Recreational MJ legalization has not been found to increase use by adolescents
- Recreational MJ legalization has not been found to increase crime rates
- Recreational MJ legalization has been found to increase usage by heavy users
- Recreational MJ has been cited as a cause of increase in homelessness in Denver. This was not found statewide or in Washington State, and hasn't been found to be the case in a scientific or peer reviewed paper. Information is anecdotal and cited in public media or by local officials

# Legislation of Note

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- SB341- Revises provisions relating to medical marijuana establishments
  - Establishes and regulates medical MJ research facilities
  - Authorizes that fees imposed for medical marijuana establishments may be expended to support programs to provide education and outreach relating to the safe usage of marijuana and to prevent the abuse of marijuana

# Legislation of Note

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- SB487 - Imposes an excise tax on sales of marijuana and related products by a retail marijuana store – Proposed Amendment
  - 5% excise tax on retail sales of recreational MJ which may only be used to carry out alcohol and drug abuse programs to person's referred to NDPBH by agencies that provide child welfare services.
  - 5% excise tax on retail sales of recreational MJ to be distributed to local governments for the following purposes:
    - Access to or provide mental health or substance abuse treatment
    - Specialty Courts
    - Programs that provide positive alternatives for youth
    - Law enforcement (up to 30%)
  - Each County shall establish advisory committee on mental health and substance abuse issues.
  - Cities and Counties may impose a license Tax



# Governor's Executive Order

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Order Establishing a Task Force on the Implementation of Ballot Question 2: The Regulation and Taxation of Marijuana Act

- Workgroups

- Consumer Safety/Education/Health
- Cultivation
- Laboratories
- Law Enforcement
- Production
- Retail
- Transportation
- Taxation

- Recommendations due back to the Governor by

May 30, 2017

# APHA Strategies

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- Age restrictions
- Taxation
- Time and date restrictions
- Retailer liability
- Standardizing , testing and monitoring
- Warning labels
- Advertising restrictions
- Impaired driving
- Passive Exposure
- Monitoring and evaluating regulatory schemes

**STAFF REPORT**

**BOARD MEETING DATE:** April 27, 2017

**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
775.328.2416, kdick@washoecounty.us  
**SUBJECT:** Update regarding the 2017 Legislative session.

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**SUMMARY**

This is a monthly update regarding bill draft requests (BDRs) or bill drafts which may be of interest to the District Board of Health. Legislative Principles have been drafted for consideration by the Board to guide the Health District's legislative activities.

**District Health Strategic Objective supported by this item:**

- 1. Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
- 2. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

**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 and/or legislative action occurs during the 2017 legislative session. DBOH will be briefed on these comments and activities during the monthly 2017 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 activities.

**FISCAL IMPACT**

Should the Board approve staff's recommendation, there will be no fiscal impact to the adopted FY17 budget

**RECOMMENDATION**

Staff recommends the Board accept the April 2017 legislative session update, provide their input on legislative priorities or concerns, and direct staff to monitor and act upon 2017 Legislative Session bill drafts affecting the Health District and/or public health.

**POSSIBLE MOTION**

A possible motion would be: Accept the April 2017 Nevada legislative session update, and *[provide input and/or direction as DBOH may feel is appropriate]*.

## 2017 Nevada Legislative Session Update for April District Board of Health Meeting

As of April 24, 1213 Bill Draft Requests (BDRs) have been filed. 492 Assembly Bill Drafts and 518 Senate Bill Drafts have been filed for these BDRs. Also filed were 1 Initiative Petition, 13 Assembly Joint Resolutions, 9 Assembly Concurrent Resolutions, 4 Assembly Resolutions, 15 Senate Joint Resolutions, 6 Senate Concurrent Resolutions, 3 Senate Resolutions and 12 Previous Session Bills. April 14, 2017 was the deadline for committee passage from the first house, and 229 bills remained active after that deadline. April 25 was the deadline for passage out of the first House. The Health District has reviewed and identified the following Bill Drafts as of interest.

Bills highlighted in gray did not survive the deadlines, did not have a waiver granted, and were not declared exempt. They will be subject to no further action.

**AB18** – AN ACT relating to nursing; ratifying the Nurse Licensure Compact; and providing other matters properly relating thereto. Existing law generally provides for the regulation of nurses in this State. (Chapter 632 of NRS) This bill ratifies the enhanced Nurse Licensure Compact adopted by the National Council of State Boards of Nursing. If a nurse residing in this State is issued a multistate license in this State, the Compact provides for a licensure privilege for that nurse in all other member states of the Compact. The Compact regulates the licensure and discipline of nurses holding multistate licenses through the Compact. The Compact also creates the Interstate Commission of Nurse Licensure Compact Administrators to carry out the Compact, and provides for the governance of the Commission, including, without limitation, authorizing the Commission to levy and collect assessments from member states to cover the cost of its operations. The Compact becomes effective either upon ratification by 26 states or on December 31, 2018, whichever occurs first. Currently, 10 states have ratified the enhanced Compact. **Applies to WCHD. Position: Support, Monitor.**

**AB32** - AN ACT relating to pest control; requiring certain persons who engage in pest control, including governmental agencies and their employees, to obtain a license from the Director of the State Department of Agriculture; establishing procedures relating to such licensure; providing a penalty; and providing other matters properly relating thereto. We have been in discussions with the State on this bill and have no issues. There may be a small financial impact from licensing costs. **Applies to WCHD. Position: Neutral, Monitor.**

**AB41** - AN ACT relating to State Government; revising qualifications for certain members of the State Public Works Board; revising qualifications for administrators of various divisions of



State Government; providing that the State Library, Archives and Public Records Administrator is in the unclassified service of the State; authorizing the Chief Medical Officer to maintain a clinical practice; and providing other matters properly relating thereto. Existing law establishes the qualifications for the Administrators of the Division of Health Care Financing and Policy, the Division of Welfare and Supportive Services, the Aging and Disability Services Division, the Division of Child and Family Services and the Division of Public and Behavioral Health of the Department of Health and Human Services. (NRS 422.2354, 422A.155, 427A.060, 432.012, 433.244) Sections 5-9 of this bill revise these provisions so that the Administrators of all of these Divisions have the same qualifications. Existing law prohibits the Chief Medical Officer from engaging in any other business or occupation. (NRS 439.110) Section 10 of this bill removes this restriction and authorizes the Chief Medical Officer to maintain a clinical practice. **Applies to DHHS. Position: Neutral, Monitor.**

**AB50** - AN ACT relating to water; authorizing the State Environmental Commission to establish fees for certain services relating to public and community water systems; increasing the maximum civil penalties and administrative fines imposed on water suppliers for certain violations relating to public water systems; authorizing the State Environmental Commission to adopt regulations and establish fees for the review of certain water issues relating to land development plans; and providing other matters properly relating thereto.

This bill requires the State Environmental Commission to establish a separate fund within the general fund to deposit all money it receives for fees and permits related to Safe Drinking Water regulation. This fund can only be used for the purposes of carrying out the regulation and services of public and community water systems. The bill also increases the Civil and Administrative penalties that NDEP can apply for violations of regulations governing water systems. The bill also enables NDEP to develop regulations and fees for regulating the subdivision of land. Since NRS does not provide for enforcement by the Health District, we have to refer water systems to the State for enforcement action and we spend a significant amount of staff resources working with systems to correct violations without strong State action. The added penalties should improve the situation. **Applies to WCHD. Position: Support the provisions that allow increased penalties on water systems for non-compliance. Letter of Support provided for 2/23 Natural Resources Committee Meeting. Track. Amended and passed March 9 Committee Meeting.**

**AB62** – AN ACT relating to tobacco products; revising provisions governing the reporting and disclosure of certain information relating to sales of cigarettes in and into this State; requiring the submission of certain monthly reports relating to the sale, transfer, shipment or delivery in or into this State of cigarettes; providing that an importer is jointly and severally liable for such monthly reports; providing that certain information reported to the Department of Taxation or the

Attorney General relating to sales of cigarettes is confidential; requiring a nonparticipating manufacturer to post a bond approved by the Attorney General and revising the amount of such a bond; revising provisions governing the circumstances under which a nonparticipating manufacturer and its brand families may be denied listing in or removed from the directory of manufacturers and brand families created and maintained by the Department; revising provisions relating to the assignment to the State of the interest of a manufacturer in money in a qualified escrow fund; and providing other matters properly relating thereto. This bill generally revises existing, and provides additional, procedures and licensing requirements to aid in the statutory enforcement of the Master Settlement Agreement. **Applies to WCHD. Position: Support, Monitor.**

**AB74** – AN ACT relating to offenders; revising provisions governing the disclosure of the name of an offender who tests positive for exposure to human immunodeficiency virus; and providing other matters properly relating thereto. Existing law requires offenders committed to the Department of Corrections for imprisonment to submit to certain initial and supplemental tests to detect exposure to the human immunodeficiency virus. If the results of a supplemental test are positive for exposure to the human immunodeficiency virus, the name of the offender is required to be disclosed to certain persons within the Department. (NRS 209.385) This bill authorizes, rather than requires, the disclosure of the name of the offender when the results of a supplemental test are positive. **Applies to WCHD. Position: Opposed, Track, Letter in opposition submitted for February 28 Hearing. Passed out of Committee March 7, Assembly Passage April 17.**

**AB105** - AN ACT relating to public health; revising continuing education requirements relating to suicide prevention and awareness for certain providers of health care; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor**

**AB108** - AN ACT relating to Medicaid; requiring the Division of Health Care Financing and Policy of the Department of Health and Human Services periodically to review Medicaid reimbursement rates; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor**

**AB113** - AN ACT relating to public health; requiring certain employers to provide a reasonable time and place for an employee who is a nursing mother to express breast milk; prohibiting an employer from retaliating against an employee for certain actions relating to this requirement; authorizing a public employee who is aggrieved by an employer's failure to comply with this requirement or for retaliation by the employer to file a complaint; exempting certain small employers from this requirement based on an undue hardship; authorizing a local board of health to establish a voluntary mediation program to mediate disputes concerning a violation of this

requirement; authorizing the Labor Commissioner to enforce the requirement against a private employer; providing a penalty; and providing other matters properly relating thereto. **Applies to WCHD. Position: Support with amendment to remove local board of health mediation program, Track. Amendment to remove Board of Health mediation submitted by sponsor for March 17 Committee Meeting, passed by committee with amendment April 5.**

**AB140** - AN ACT relating to counties; revising the boundary line between Carson City and Washoe County; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Monitor.**

**AB141** - AN ACT relating to state departments; revising provisions relating to the organizational structure and purposes of the Office of Minority Health; and providing other matters properly relating thereto. **Applies to DHHS. Position: Support, Monitor.**

**AB142** - AN ACT relating to children; requiring a court to enter an order setting forth certain findings that enable a child to apply for status as a special immigrant juvenile with the United States Citizenship and Immigration Services of the Department of Homeland Security upon a determination that evidence exists to support such findings; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Monitor, Assembly Passage March 14.**

**AB146** -AN ACT relating to domestic violence; enacting the Uniform Recognition and Enforcement of Canadian Domestic-Violence Protection Orders Act; requiring the Central Repository for Nevada Records of Criminal History to include Canadian domestic-violence protection orders registered in this State in the Repository for Information Concerning Orders for Protection Against Domestic Violence; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Monitor, Assembly Passage March 14.**

**AB153** - AN ACT relating to local government; requiring counties to determine whether projects are projects of intercounty significance; requiring counties to pay impact fees to certain local governments for certain costs incurred as a result of projects of intercounty significance; and providing other matters properly relating thereto. Section 10 of this bill requires a county to determine if a project is a project of intercounty significance before the county approves or issues any permit for the development, construction or expansion of a project. Section 10 also sets forth a process for a local government to dispute a county's finding that a project is not a project of intercounty significance. Section 11 of this bill provides that before a county may approve or issue any permit required for the development, construction or expansion of a project of intercounty significance, the county must: (1) notify and request an impact statement from every affected local government; and (2) allow every affected local government a reasonable

amount of time to submit an impact statement. An impact statement must include, without limitation, supporting documentation and set forth the costs that the affected local government reasonably can expect to incur for the development, creation, construction, expansion or improvement of the following as a result of the project: (1) housing units; (2) transportation infrastructure and facilities; (3) educational facilities for kindergarten through grade 12; (4) facilities for water or sewer services; (5) facilities for flood control; (6) facilities and services related to public safety, health and criminal justice; and (7) social services. Section 12 of this bill sets forth the process for determining the amount of impact costs that will be caused by a project of intercounty significance and which must be paid by the county to an affected local government. Section 13 of this bill authorizes an affected local government to submit an impact statement to and request compensation from a county for not more than one project of intercounty significance that is already developed, constructed or in operation on July 1, 2017. **Applies to WCHD. Position: Support, Track.**

**AB156** - AN ACT relating to public health; authorizing public and private schools to obtain and maintain an albuterol inhaler and certain other devices under certain conditions; requiring certain training relating to the storage and use of an albuterol inhaler; requiring public and private schools, to the extent feasible, to develop a comprehensive action plan relating to symptoms of respiratory distress; authorizing certain providers of health care to issue an order for an albuterol inhaler and certain other devices to a public or private school; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support**, if amended to require that child must have previously been diagnosed with asthma, **Track**. Amendment proposed by Bill sponsor at March 15 meeting to add previous diagnosis by healthcare provider. Amended bill passed committee April 10, Declared exempt.

**AB157** - AN ACT relating to health care; requiring a provider of health care or health facility, under certain circumstances, to notify a patient whether the provider or facility is an in-network provider or facility; and providing other matters properly relating thereto. This bill requires a provider of health care or health facility to notify a patient with health coverage whether the provider or facility is an in-network provider or facility for the patient at least 48 hours before the provider or facility is scheduled to provide any nonemergency care and services for which preauthorization is required. **Applies to CHIP. Position: Neutral, Monitor.**

**AB165** - AN ACT relating to long-term care; providing for the licensure of certain persons as health services executives; authorizing the holder of such a license to perform the functions of an administrator of a residential facility for groups and a nursing facility administrator; and providing other matters properly relating thereto. **Applies to CHNA. Position: Neutral, Monitor.**



**AB166** - AN ACT relating to education; requiring a school district to set the time for the commencement of a school day; requiring public schools in the Breakfast After the Bell Program to increase instructional time; requiring the boards of trustees of school districts to adopt a policy for kindergarten and grades 1 to 5 within the school district to provide a certain amount of time each school day for recess; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor.**

**AB171**- AN ACT relating to concealed weapons; removing the prohibition against carrying certain concealed weapons; and providing other matters properly relating thereto. **Applies to CHNA. Position: Oppose, Monitor.**

**AB175** - AN ACT relating to employment; requiring certain increases in the minimum wage paid to employees in private employment in this State; and providing other matters properly relating thereto. Increases minimum wage to \$15. **Applies to CHNA. Position: Support, Monitor.**

**AB182** - AN ACT relating to education; authorizing the Superintendent of Public Instruction to carry out an on-site inspection of a provider of special education in certain circumstances; authorizing the Superintendent of Public Instruction to take certain measures to ensure compliance with the laws governing the education of pupils with disabilities in certain circumstances; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor.**

**AB183** - AN ACT relating to hospitals; restricting the enforcement by a hospital of certain statutory liens; limiting the amount that a hospital may collect or attempt to collect from a patient or other responsible party under certain circumstances; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Waiver Granted.**

**AB186** - AN ACT relating to education; requiring the board of trustees of each school district to establish, equip and maintain a prekindergarten education program and a kindergarten in each elementary school or school attendance area in the district; revising provisions governing the age at which a child is required to be enrolled in and attend school; authorizing a child who is 4 years of age on or before September 30 of a school year to be admitted to a prekindergarten education program; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

**AB190** - AN ACT relating to occupational safety; requiring employees on certain sites related to the entertainment industry to receive certain health and safety training; providing civil penalties;

and providing other matters properly relating thereto. **Applies to Other Bills of Interest. Position: Neutral, Monitor. Assembly Passage April 21.**

**AB193** - AN ACT relating to water; requiring the fluoridation of water provided by public water systems and water authorities in certain circumstances; and providing other matters properly relating thereto. Reduces population threshold in a County for community water fluoridation to 100,000. **Applies to WCHD. Position: Support, Track, Testify. Testimony provided at March 7, Committee Meeting.**

**AB194** - AN ACT relating to professions; providing for the certification of behavioral healthcare peer recovery support specialists by the Board of Examiners for Alcohol, Drug and Gambling Counselors; providing penalties; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

**AB196** - AN ACT relating to educational personnel; providing for an endorsement that a teacher, administrator or other educational personnel may obtain in culturally responsive educational leadership; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Assembly Passage April 21.**

**AB199** - AN ACT relating to health care; authorizing a physician assistant or advanced practice registered nurse to take certain actions relating to a Physician Order for Life-Sustaining Treatment; revising provisions governing the execution and revocation of a Physician Order for Life-Sustaining Treatment form; requiring the Registry of Advance Directives for Health Care to include a form for electronically completing and registering a Physician Order for Life-Sustaining Treatment; providing penalties; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor.**

**AB200** - AN ACT relating to children; requiring an accommodation facility or child care facility to notify the parent or guardian of a child of whether another child admitted to the facility is exempt from immunization requirements under certain circumstances; requiring a public or private school to notify the parent or guardian of a pupil of whether another pupil enrolled in the school is exempt from immunization requirements under certain circumstances; requiring an accommodation facility, child care facility, public school or private school to notify a parent or guardian of the ability to request such notice; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Track.**

**AB203** - AN ACT relating to cemeteries; clarifying that a cemetery authority is not authorized to order the disinterment and removal of human remains from certain burial plots; requiring a governmental authority to make certain determinations before a cemetery authority may order

the disinterment and removal of human remains; requiring a cemetery authority to prescribe a time for the removal and reinterment of human remains under certain circumstances; providing when a receptacle for reinterment will be deemed suitable; authorizing certain persons to maintain an action to require a cemetery owner to keep the cemetery in an orderly condition; and providing other matters properly relating thereto. **Other Bills of Interest. Position: Neutral, Monitor.**

**AB205** - AN ACT relating to cremation; authorizing the use of alkaline hydrolysis for cremation; exempting a crematory that uses only alkaline hydrolysis from certain limitations on the location of a crematory; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Monitor. Assembly Passage April 17.**

**AB210** - AN ACT relating to education; authorizing the creation of a community education advisory board by certain local governmental entities to provide input, advice and assistance to the board of trustees of a school district on issues relating to public education; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

**AB212** - AN ACT relating to educational personnel; prohibiting the use of pupil achievement data to evaluate employees of a school district; and providing other matters properly relating thereto. **Applies to CHIP. Position Neutral, Monitor.**

**AB213** - AN ACT relating to dental care; revising provisions governing certain policies of health insurance and health care plans that provide coverage for dental services; requiring a dentist to post certain notices relating to fees for services; repealing provisions which limit the amount that may be charged by dentists in certain circumstances; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

**AB215** - AN ACT relating to prescription drugs; requiring the manufacturer of certain prescription drugs to submit a report to the Division of Insurance of the Department of Business and Industry containing information about the costs of the drug; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Waiver Granted.**

**AB217** - AN ACT relating to prostitution; requiring counties and cities to revoke the business license of any place of transient lodging where repeated acts of prostitution have regularly occurred on the premises; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Monitor.**

**AB222** - AN ACT relating to financial services; prohibiting a person who is licensed to operate certain loan services from making certain short-term loans to a customer under certain

circumstances; requiring a person who is licensed to operate certain loan services to verify a customer's ability to repay the loan before making certain short-term loans to the customer; prohibiting a person who is licensed to operate certain loan services from making certain short-term loans to a customer with an annual percentage rate greater than 36 percent; requiring the Commissioner of Financial Institutions to develop, implement and maintain a database storing certain information relating to short-term loans made to customers in this State; providing that information in such a database is confidential; revising requirements for the contents of written loan agreements between licensees and customers; revising various provisions governing short-term loans; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Monitor.**

**AB249** - AN ACT relating to health care; requiring the State Plan for Medicaid to provide certain benefits relating to contraception at no additional cost to the enrollee; requiring a pharmacist to dispense up to a 12-month supply of contraceptives in certain circumstances; requiring all health insurance plans to provide certain benefits relating to contraception at no additional cost to the insured; and providing other matters properly relating thereto. **Applies to WCHD. Position: Support, Track.**

**AB259** - AN ACT relating to criminal procedure; providing for the vacating of certain judgments of conviction relating to marijuana; authorizing a court to depart from prescribed minimum terms of imprisonment for the possession of controlled substances in certain circumstances; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Neutral, Monitor.**

**AB260** - AN ACT relating to crimes; requiring the appointment of a Committee on Prostitution and Human Trafficking; requiring the Committee to adopt regulations for the evaluation, certification and monitoring of programs for the treatment of certain persons convicted of solicitation for prostitution; enacting various provisions governing the certification of such programs; authorizing justice courts and municipal courts to suspend the sentence of certain persons convicted of solicitation for prostitution; revising provisions and penalties for certain acts relating to prostitution; providing penalties; and providing other matters properly relating thereto. **Applies to WCHD. Position: Support, Track, Testimony provided at March 22 Committee Meeting. Committee passage April 14.**

**AB265** - AN ACT relating to nursing; authorizing an advanced practice registered nurse to sign a certificate of death or certificate of stillbirth; authorizing an advanced practice registered nurse to determine whether a person applying for a special license plate, a special parking placard or a special parking sticker issued by the Department of Motor Vehicles has a disability; authorizing an advanced practice registered nurse to issue certain health certificates to prospective drivers of

taxicabs; providing a penalty; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Track.**

**AB269** - AN ACT relating to taxation; including vapor products within the definition of “other tobacco products” for the purposes of licensing and regulation of such products by the Department of Taxation; imposing a tax on the purchase or possession of vapor products in this State based on the milliliters of consumable product; providing penalties; and providing other matters properly relating thereto. **Applies to WCHD. Position: Oppose unless amended to increase taxation to be equivalent to cigarettes, Track, Letter submitted for March 21 Committee Meeting urging the level of taxation to be increased to be equivalent to cigarettes. Passed out of committee without amendment on April 11.**

**AB273** - AN ACT relating to education; requiring school districts in certain larger counties to collect and report data concerning the height and weight of certain pupils; and providing other matters properly relating thereto. **Applies to WCHD. Position: Support, Track, Testimony submitted for 3/20/17 Committee Meeting.**

**AB275** - AN ACT relating to education; requiring the Department of Education to establish a protocol for providing integrated student supports for pupils enrolled in public schools and the families of such pupils; requiring the board of trustees of each school district and the governing body of each charter school to take certain action to provide academic and nonacademic supports for pupils enrolled in the school district or charter school and the families of such pupils; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

**AB284** - AN ACT relating to professions; providing for the licensure and regulation of physician assistants by the Board of Medical Examiners rather than by the Board of Medical Examiners and the State Board of Osteopathic Medicine; authorizing a physician assistant who is licensed in this State or in another state or territory of the United States to provide voluntary health care service in this State in association with a sponsoring organization without the supervision of a supervising physician; creating the Committee on Physician Assistants appointed by the Board of Medical Examiners; requiring the Committee to review and provide recommendations to the Board of Medical Examiners on each application for licensure as a physician assistant; authorizing a physician assistant to render medical care without the supervision of a supervising physician when responding to an emergency or disaster; revising provisions relating to the licensure of physician assistants by the Board of Medical Examiners; designating physician assistants as primary care providers under certain circumstances; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

**AB289** - AN ACT relating to mining; authorizing a person who intends to locate or expand a facility for smelting, processing or refining ores or metal to apply to the Office of Economic Development for a partial abatement of certain property or sales and use taxes; establishing criteria by which such a facility may qualify for such a partial abatement; establishing the maximum duration and percentage of such partial abatements; requiring the State Environmental Commission to adopt regulations providing for the reimbursement of certain permit fees and establishing an expedited process for the issuance of certain permits by the State Department of Conservation and Natural Resources and the Division of Environmental Protection of the Department; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Monitor.**

**AB292** - AN ACT relating to education; requiring the principal of a public school who receives a report of bullying or cyber-bullying to report the matter to the board of trustees of the school district in which the school is located; requiring the principal to notify the parents or guardians of certain pupils before interviewing such a pupil about the matter; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

**AB307** - AN ACT relating to emergency medical services; requiring certain host organizations for special events to obtain from the applicable local government an approval concerning the reserve transport services that are to be provided by the host organization at a special event; and providing other matters properly relating thereto. **Applies to WCHD. Position: Oppose. Track, Testify. Population threshold lowered to include Washoe County, Amended bill passed out of committee April 12.**

**AB344** - AN ACT relating to retail practices; temporarily imposing a fee on the use of certain plastic bags; banning the use of certain plastic bags; authorizing certain inspections by health authorities; providing penalties; and providing other matters properly relating thereto. Requires annual inspection and enforcement by local health authority. **Applies to WCHD. Position: Oppose, Track, Testify, Fiscal Note.**

**AB345** - AN ACT relating to criminal procedure; providing for the vacating of certain judgments of conviction relating to marijuana; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Neutral, Monitor.**

**AB348** - AN ACT relating to education; requiring the board of trustees of each school district to establish an evidence-based, age-appropriate and medically accurate course of instruction in sex education; requiring the Council to Establish Academic Standards for Public Schools to establish standards of content and performance for a course of instruction in sex education as part of a

course of study in health; and providing other matters properly relating thereto. **Applies to WCHD. Position: Support, Track, Testify.**

**AB352** - AN ACT relating to coverage for health care; requiring an insurer under a policy of health insurance to continue coverage for a procedure, device, medication or other treatment for a chronic condition of an insured under certain circumstances; authorizing the imposition of a civil penalty for certain insurers which violate the requirement for continued coverage; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor.**

**AB355** - AN ACT relating to health insurance; requiring a network plan to include access to certain facilities; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

**AB366** - AN ACT relating to mental health; creating four behavioral health regions in this State; creating a regional behavioral health policy board for each region to advise the Division of Public and Behavioral Health and the Commission on Behavioral Health of the Department of Health and Human Services regarding certain behavioral health issues; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Track.**

**AB367** - AN ACT relating to emergency medical services; ratifying the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Monitor.**

**AB374** - AN ACT relating to health care; requiring the Department of Health and Human Services to make coverage through the Medicaid managed care program available for purchase; requiring the Director of the Department to seek any necessary waivers from the Federal Government to provide such coverage and to provide certain incentives to persons who purchase such coverage; authorizing the Department to make such coverage available on the Silver State Health Insurance Exchange in certain circumstances; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Waiver Granted.**

**AB381** - AN ACT relating to health insurance; prohibiting an insurer from taking certain actions concerning prescription drugs covered by a policy of health insurance; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor.**

**AB382** - AN ACT relating to health care; requiring certain hospitals, independent centers for emergency medical care and physicians to accept certain rates as payment in full for the provision of emergency services and care to certain patients; providing an exception under

certain circumstances; requiring the submission of certain reports relating to policies of health insurance and similar contractual agreements by certain third parties who issue those policies and agreements; requiring certain hospitals and independent centers for emergency medical care to submit reports to the Department of Health and Human Services concerning patient debt and rate increases; requiring the Governor's Consumer Health Advocate to adopt certain regulations; requiring the Commissioner of Insurance to consider certain information when determining the adequacy of a network plan; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

**AB387** - AN ACT relating to social work; revising provisions requiring licensed social workers to receive certain suicide prevention and awareness training in order to renew a license; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Assembly Passage April 13.**

**AB388** - AN ACT making an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services for the cost of the Women's Health Connection Program; and providing other matters properly relating thereto. Provides annual funding of \$1,000,000. **Applies to CHIP. Position: Support, Track. Declared Exempt.**

**AB397** - AN ACT making an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services to provide grants of money to local governmental entities and nonprofit organizations for family planning services; and providing other matters properly relating thereto. Appropriates \$4,000,000 for this purpose. **Applies to WCHD. Position: Support, Track. Letter of support submitted. Declared Exempt.**

**AB408** - AN ACT relating to health care; requiring the State Plan for Medicaid to cover certain preventive health care services and maternity and newborn care; requiring insurers to offer health insurance coverage regardless of the health status of a person; requiring insurers to allow the covered adult child of an insured to remain covered by the health insurance of the insured until 26 years of age; requiring insurers to provide coverage for certain preventive health care services for women, adults and children at no cost; requiring insurers to provide coverage for maternity and newborn care; prohibiting providers of health care, insurers and the Silver State Health Insurance Exchange from discriminating against a person on certain grounds; and providing other matters properly relating thereto. Requires insurance provide preventive care, maternity and newborn care, and pre-existing condition coverage. **Applies to CHIP. Position: Support, Track.**

**AB416** – AN ACT relating to environmental protection; requiring the Division of Environmental Protection of the State Department of Conservation and Natural Resources to establish a program



to use certain settlement money received from the Volkswagen Corporation and its subsidiaries; requiring the program to include priorities and other provisions for administering the program; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Track**

**AB428** - AN ACT relating to controlled substances; authorizing a pharmacist to furnish an opioid antagonist without a prescription under certain circumstances; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Track**

**AB429** - AN ACT relating to health care; ratifying, enacting and entering into the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact and the Psychology Interjurisdictional Compact; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Track**

**AB437** - AN ACT relating to information technology; requiring the establishment of a statewide information system to provide information to and accept reports from the general public regarding nonemergency situations in this State; and providing other matters properly relating thereto. **Other Bills of Interest. Position: Neutral, Track**

**AB450** – Interim Legislative Committee on Health Care: Imposes certain requirements concerning vapor products and alternative nicotine products. AN ACT relating to crimes; prohibiting the use of vapor products in certain locations; imposing requirements for the packaging and labeling of certain vapor products and alternative nicotine products; providing penalties; and providing other matters properly relating thereto. Section 1 of this bill amends the Nevada Clean Indoor Air Act to prohibit the use of vapor products in the same locations where smoking tobacco is prohibited. Section 3 of this bill prohibits the sale, distribution or offer of sale of: (1) certain vapor cartridges or other containers of nicotine that are not packaged in compliance with the federal Poison Prevention Packaging Act of 1970, 15 U.S.C. § 1471, et seq., and any regulations adopted pursuant thereto; and (2) vapor products or alternative nicotine products that do not bear labels which include certain required information. **Applies to WCHD. Position: Support. Not heard.**

**SB 3** – AN ACT relating to education; revising provisions governing participation by public schools in the Breakfast After the Bell Program that provides breakfast to certain pupils; and providing other matters properly relating thereto. Existing law provides for the creation of the Breakfast After the Bell Program for the purpose of requiring certain public schools with large populations of pupils from low-income families to provide breakfast to their pupils after an instructional day of school has officially begun. (NRS 387.114-387.1175) Existing law also requires the State Department of Agriculture to monitor participating schools and provide written

notice to a school at the end of each school year if the school did not increase the provision of breakfast to eligible pupils by at least 10 percent in that school year. Existing law requires a school that receives such notice to submit a plan for increasing participation in the Program to the Department. (NRS 387.1165) This bill removes the requirement that the Department provide such notice and instead requires the Department to notify a school if the school has not maintained or increased the provision of breakfast to eligible pupils. This bill also requires a school that receives such notice to submit to the Department: (1) a statement identifying the reasons the school did not maintain or increase the provision of breakfast to eligible pupils; and (2) a plan for increasing participation in the Program by eligible pupils which addresses the reasons identified in the statement. **Applies to CHIP. Position: Neutral, Monitor. Declared Exempt.**

**SB13** - AN ACT relating to motorcycles; abolishing the Advisory Board on Motorcycle Safety; and providing other matters properly relating thereto. Existing law creates an Advisory Board on Motorcycle Safety, whose members are appointed by the Governor. (NRS 486.376) The Board is required to advise and assist the Director of the Department of Public Safety and the Administrator of the Program for the Education of Motorcycle Riders in the development, establishment and maintenance of the Program, and to review the Program regularly and make recommendations to the Director and the Administrator relating to the administration and content of the Program. (NRS 486.377) Section 7 of this bill abolishes the Advisory Board on Motorcycle Safety. Sections 1-6 of this bill make conforming changes. **Applies to CHNA. Position: Neutral, Monitor. Senate Passage April 3.**

**SB28** - AN ACT relating to public welfare; requiring the Administrator of the Division of Health Care Financing and Policy of the Department of Health and Human Services to conduct an annual review of rates paid by Medicaid in this State; requiring the Administrator to submit an annual report to the Legislature that proposes rates to be paid by Medicaid in this State that reflect the costs of providing certain services; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. Declared Exempt.**

**SB44** - AN ACT relating to state property; authorizing the Deputy Administrator of the Public Works - Compliance and Code Enforcement Section of the State Public Works Division of the Department of Administration to issue to a person certain permits for the planning, maintenance or construction of buildings and structures on property of the State or held in trust for the State; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Monitor,** If passed contact SPWD to make sure they are aware of the air quality regulations in Washoe County, specifically related to asbestos, dust control and stationary source permitting requirements.

**SB59** – AN ACT relating to controlled substances; requiring a law enforcement officer who encounters certain situations relating to prescribed controlled substances or who receives a report of a stolen prescription for a controlled substance to report certain information to his or her employer; requiring the employer of such a law enforcement officer to upload such reported information to the database of the program developed by the State Board of Pharmacy and the Investigation Division of the Department of Public Safety to monitor prescriptions for certain controlled substances; providing a penalty; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor.**

**SB60** - AN ACT relating to Medicaid; requiring the Director of the Department of Health and Human Services to include in the State Plan for Medicaid voluntary programs through which certain governmental entities and Indian tribes may obtain supplemental payments for providing ground emergency medical transportation services to recipients of Medicaid; requiring a participating governmental entity or Indian tribe to reimburse the Department for the costs of implementing and administering the program; and providing other matters properly relating thereto. The bill appears to provide for Medicaid billing of services provided by emergency medical technicians, advanced emergency medical technicians and paramedics in prestabilizing patients and preparing patients for transport. Currently these services provided by Fire EMS agencies are funded by local taxes. **Applies to CHIP. Position: Neutral, Monitor.**

**SB77** - AN ACT relating to education; establishing the Evidence-Based Practice Committee; requiring that certain programs and information relating to the provision of a safe and respectful learning environment be derived from evidence-based research; revising provisions relating to the code of honor for pupils concerning cheating; and providing other matters properly relating thereto.

Existing law requires the Department of Education to prescribe a policy for all school districts and public schools to provide a safe and respectful learning environment that is free of bullying and cyber-bullying. (NRS 388.133) Section 3 of this bill requires such a policy to provide that: (1) a program of training on methods to prevent, identify and report incidents of bullying and cyber-bullying must be derived from evidence-based research; (2) any information delivered during the “Week of Respect” must be derived from evidence-based research; and (3) a program used by a public school to create and provide a safe and respectful learning environment must be derived from evidence-based research. Section 3 defines “evidence-based research” to mean research that is included in a national registry of evidence-based programs and practices or has been approved by the Evidence-Based Practice Committee created by section 1 of this bill. Section 1 creates the Evidence-Based Practice Committee in the Department and prescribes the membership and duties of the Committee. Section 3 provides that a school district that wishes to use a program that is not included on a national registry for evidence-based programs and

practices must apply for and obtain approval from the Committee to use the program. **Applies to CHIP. Position: Neutral, Monitor** to determine position based on ability of schools to implement programs based on their data analysis.

**SB91** - AN ACT relating to prescription drugs; combining the HIV/AIDS Drug Donation Program and the Cancer Drug Donation Program to create the Prescription Drug Donation Program; authorizing a person or governmental entity to donate certain drugs to the Program; and providing other matters properly relating thereto. **Applies to WCHD. Position: Support, Track, Testify**, SNHD provided testimony of WCHD support.

**SB106** - AN ACT relating to employment; requiring certain increases in the minimum wage paid to employees in private employment in this State; and providing other matters properly relating thereto. Increases minimum wage 75 cents each year for 5 years, or until the minimum wage is \$12, or \$11 if the employer offers health insurance. **Applies to CHNA. Position: Support, Monitor. Waiver Granted.**

**SB112**- AN ACT relating to education; requiring a course of study in health prescribed for pupils enrolled in middle school, junior high school or high school to include certain information on organ and tissue donation; and providing other matters properly relating thereto. **Applies to Other Bills of Interest. Position: Neutral, Monitor.**

**SB115** - AN ACT relating to crimes; revising provisions concerning the prohibition against carrying or possessing certain weapons while on certain property; and providing other matters properly relating thereto. Prohibits carrying firearms in libraries without written permission. **Applies to CHNA. Position: Support, Monitor**

**SB122** - AN ACT relating to family planning; establishing a program to award grants to local governmental entities and nonprofit organizations for the purpose of providing certain services relating to family planning; and providing other matters properly relating thereto. Provides for State account to be established and funds to be distributed from the account. **Applies to WCHD. Position: Support, Track. Support letter submitted for March 8 Committee Meeting, Passed out of HHS Committee March 15, passed out of Finance Committee April 10.**

**SB123** - AN ACT relating to long-term care; revising the authority of the State Long-Term Care Ombudsman to review and recommend changes to certain governmental policies relating to facilities for long-term care; revising provisions governing the appointment of advocates and the creation of a volunteer advocacy program; revising provisions relating to certain inspections of long-term care facilities by the Ombudsman; revising provisions concerning the reporting of the abuse, neglect, exploitation, isolation or abandonment of an older person; repealing certain

provisions governing the investigation of certain complaints; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Monitor. Senate Passage February 28.**

**SB124** - AN ACT relating to firearms; revising provisions concerning the surrender, sale or transfer of any firearm by an adverse party subject to an extended order for protection against domestic violence; requiring a person convicted of a battery which constitutes domestic violence or stalking to permanently surrender, sell or transfer any such firearm; adding additional persons to the list of persons who are prohibited from owning or having in their possession or under their custody or control any firearm; providing penalties; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Monitor.**

**SB127** - AN ACT relating to local governing bodies; authorizing a board of county commissioners to appoint members of certain local governing bodies; and providing other matters properly relating thereto. Could be applied to the District Board of Health. **Applies to WCHD. Position: Neutral, Monitor. Population cap added to exclude Washoe County, Passed out of Committee February 24. Senate Passage April 17.**

**SB132** - AN ACT relating to education; providing for the establishment of an individual graduation plan for certain pupils to allow them to remain in high school for an additional period to work towards graduation; requiring the Superintendent of Public Instruction to determine certain requirements for eligibility for such a plan; revising provisions relating to academic plans for high school pupils; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor**

**SB136** - AN ACT relating to health care; creating the State of Nevada Advisory Council on Palliative Care and Quality of Life; authorizing the Council to apply for and accept certain money; establishing the Palliative Care and Quality of Life Consumer and Professional Information and Education Program within the Department of Health and Human Services; and providing other matters properly relating thereto. **Applies to DHHS. Position: Support, Monitor.**

**SB139** - AN ACT relating to patient-centered medical homes; requiring the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease to establish an advisory group to study the delivery of health care through patient-centered medical homes; requiring the Commissioner of Insurance to adopt regulations prescribing standards concerning payments to and incentives for patient-centered medical homes; requiring the inclusion of such payments and incentives in the State Plan for Medicaid; requiring plans of health insurance to provide such

payments and incentives when applicable; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. Declared Exempt.**

**SB143** - AN ACT relating to education; requiring each public school in a school district to establish and maintain a school library that meets certain standards; requiring the State Board of Education to adopt regulations prescribing the minimum standards for a school library; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Declared Exempt.**

**SB147** - AN ACT relating to taxation; authorizing certain credits against the payroll taxes imposed on certain businesses for costs incurred by employers relating to the provision of day care to the children of their employees; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Monitor.**

**SB149** - AN ACT relating to regional transportation commissions; authorizing a regional transportation commission to participate in transit-oriented developments; authorizing a regional transportation commission to recommend the imposition of certain taxes to fund the projects of the commission; requiring the board of county commissioners to adopt an ordinance imposing any such taxes that are approved by the voters; authorizing a regional transportation commission to develop and maintain high-capacity transit systems; authorizing a regional transportation commission to adopt rules for the parking of vehicles at facilities of the commission and the imposition of fees for the use of services or facilities of the commission; repealing provisions requiring certain regional transportation commissions to establish a regional rapid transit authority; revising various provisions relating to the powers and duties of regional transportation commissions; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Monitor**

**SB151** - AN ACT relating to public health; requiring the district board of health in certain counties to establish a public health laboratory; specifying the duties of the laboratory; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral with concerns** regarding resource diversion from State lab, and duplication of services, **Track.**

**SB152** - AN ACT relating to motor vehicles; revising provisions governing the exemption of certain older motor vehicles from emission control compliance; providing a penalty; and providing other matters properly relating thereto. Under existing law, certain older vehicles qualify for special license plates inscribed with the words "Old Timer," "STREET ROD," "CLASSIC ROD" or "CLASSIC CAR." (NRS 482.381, 482.3814, 482.3816) Such vehicles are exempt from certain standards for exhaust emissions, fuel evaporative emissions and visible emissions of smoke provided that the owner of the vehicle certifies to the Department of Motor

Vehicles that the vehicle was not driven more than 5,000 miles during the immediately preceding year and pays a fee at the time of registration that is equal to the fee for a form certifying emission control compliance. (NRS 445B.760) Section 1 of this bill newly requires that the owner of such a vehicle with a “CLASSIC ROD” or “CLASSIC CAR” special license plate who is seeking the exemption from emission control compliance to also provide to the Department verification of the odometer reading of the vehicle completed by an approved inspector at certain emissions compliance stations, and proof satisfactory to the Department that the vehicle is covered by a motor vehicle liability policy that: (1) is designed or designated specifically for classic or antique vehicles; or (2) includes an endorsement that is designed or designated specifically for classic or antique vehicles. Sections 6 and 7 of this bill make conforming changes. Sections 2-4 of this bill revise provisions relating to certain emission compliance stations, authorizing performance of the odometer inspection and verification required by section 1. Section 5 of this bill adds the falsification of an odometer reading to the list of certain acts by emission compliance inspectors and other persons that are unlawful, thereby making such an act punishable as a misdemeanor. (NRS 445B.840, 445B.845) **Applies to WCHD. Position: Support, Track, Testify. Testimony provided at March 9, Committee Meeting.**

**SB153** - AN ACT relating to education; requiring a pupil enrolled in a public high school to successfully complete a course of instruction in computer education and technology to receive a standard high school diploma; establishing a pilot program to provide internship opportunities at private companies involved with computer technology to certain pupils; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

**SB154** - AN ACT relating to education; creating the Program to Develop Leadership Skills for Elementary School Pupils; requiring the State Board of Education to adopt regulations to carry out the Program; requiring the State Board to post certain information relating to the Program on its Internet website; requiring the Department of Education to report on the effectiveness of the Program; creating the Account for Leadership Skills in the State General Fund to provide grants of money on a competitive basis to schools to participate in the Program; requiring schools participating in the Program to make certain reports; making an appropriation; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

**SB155** - AN ACT making an appropriation for the implementation and operation of educational leadership training programs; and providing other matters properly relating thereto. **Applies to CHIP. Position: Oppose,** establishes earmark for Clark County Public Education Foundation, Inc., **Monitor. Declared Exempt.**

**SB156** - AN ACT relating to motor vehicles; revising provisions relating to the transportation of children in motor vehicles; providing immunity from civil liability to child passenger safety

technicians relating to the provision of or failure to provide certain services regarding child restraint systems in certain circumstances; and providing other matters properly relating thereto. The bill would strengthen child safety seat and seat belt laws. **Applies to CHNA. Position: Support, Monitor.**

**SB159** - AN ACT relating to drugs; prohibiting the sale, distribution, bartering, dispensing or offering to sell a material, compound, mixture or preparation containing dextromethorphan to a minor under certain circumstances; prohibiting a minor from purchasing, receiving or otherwise acquiring any material, compound, mixture or preparation containing dextromethorphan under certain circumstances; providing penalties; and providing other matters properly relating thereto. **Applies to Other Bills of Interest. Neutral, Monitor. Senate Passage April 17.**

**SB162** - AN ACT relating to psychology; requiring the registration of psychological assistants, psychological interns and psychological trainees by the Board of Psychological Examiners; requiring an applicant for such a registration to submit an application and his or her fingerprints; requiring a psychologist who supervises the performance of certain services by a registrant to be reimbursed for such services under the State Plan for Medicaid; and providing other matters properly relating thereto. **Applies to CHIP. Neutral, Monitor. Senate Passage April 19.**

**SB165** - AN ACT relating to public health; defining the term “obesity” as a chronic disease; requiring the Division of Public and Behavioral Health of the Department of Health and Human Services to prepare an annual report on obesity; requiring certain school districts to collect data concerning the height and weight of pupils; and providing other matters properly relating thereto. Existing law uses the term “obesity” in listing the benefits of breast-feeding, mandating training for child care providers and mandating public information and prevention programs of the Division of Public and Behavioral Health of the Department of Health and Human Services. (NRS 201.232, 432A.1775, 439.517, 439.521) Section 1 of this bill defines the term “obesity” in the preliminary chapter of NRS as a chronic disease having certain characteristics. Sections 2 and 4-6 of this bill define the term “obesity” as used in those provisions of existing law. Section 5 also requires the Division to prepare an annual report on obesity statistics in this State and the efforts to reduce obesity. Existing law requires certain school nurses to conduct or supervise certain examinations of pupils in certain grades for scoliosis, visual and auditory problems or any gross physical defects. School authorities must provide notice of those examinations to the parent or guardian of a child before performing the examination, and each school nurse or designee of the nurse must report the results of those examinations to the Chief Medical Officer. (NRS 392.420) Section 3 of this bill: (1) requires the board of trustees of each school district in a county whose population is 100,000 or more (currently Clark and Washoe counties) to use school nurses, health personnel and certain teachers and other personnel to conduct examinations of the height and weight of certain pupils; and (2) provides that, under certain circumstances, the



school authorities are not required to provide notice to the parent or guardian of a child before conducting the examination. Section 3 also requires the Division to: (1) compile a report of the results of those examinations specific to each region of this State for which the information is collected; and (2) publish and disseminate the reports. **Applies to WCHD. Position: Support** height and weight measure, **Track** and evaluate bill draft from Legislative Committee on Healthcare when available, **Potentially Testify. NPHA lobbyist testified in support of height and weight but noting AMA guidance on BMI should be sufficient without including definition in NRS. Senate Passage April 17.**

**SB166** - AN ACT relating to education; requiring the Department of Education to establish a program to survey pupils enrolled in public schools concerning the use and abuse of alcohol and drugs; prescribing the requirements for such a survey; authorizing the Department to contract with a qualified person or entity to administer the program; and providing other matters properly relating thereto. **Applies to CHIP. Position: Oppose**, duplicative of YBRS survey of students and SAMSA data, **Monitor**.

**SB167** - AN ACT relating to education; making an appropriation for the creation and maintenance of school gardens for certain Title I schools; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor**

**SB170** - AN ACT relating to public records; requiring copies of public books and records to be provided in an electronic medium except under certain circumstances; revising provisions governing action by governmental entities in response to requests for public books or records; revising provisions governing the fees that governmental entities are authorized to charge for a copy of a public book or record; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Monitor**

**SB171** - AN ACT relating to pharmacies; requiring certain pharmacies in this State to provide a means for persons to dispose of unused drugs; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Track. Senate Passage April 17.**

**SB178** - AN ACT relating to education; revising the Nevada Plan to include a funding multiplier of 2.0 for pupils with disabilities and a funding multiplier that increases incrementally over a 4-year period for pupils who are English learners and pupils who are at risk; requiring the State Board of Education to adopt regulations requiring school districts and charter schools to report the number of pupils enrolled who are identified as English learners and the number of pupils who are at risk; requiring the Department of Education to prescribe annual measurable objectives and performance targets to track the performance of the school districts and charter schools in providing education and services to such pupils; requiring the submission of an annual report by

each school district and charter school which includes their results with respect to the annual objectives and performance targets prescribed for the preceding school year and a plan for meeting those objectives and targets for the ensuing school year; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Declared Exempt.**

**SB180** - AN ACT relating to education; revising provisions governing the expenditure of money by a school district or charter school that receives money from the State Supplemental School Support Account; and providing other matters properly relating thereto. Further defines how funds should be used to improve student achievement. **Applies to CHIP. Position: Support, Monitor. Declared Exempt.**

**SB181** - AN ACT relating to public safety; creating the Account for the Treatment of Substance Abusers; providing that money in the Account must be distributed for programs relating to the treatment of certain offenders who are abusers of alcohol or drugs; requiring the appointment of a Deputy Director for Substance Abuser Programs within the Department of Corrections; increasing the taxes imposed on intoxicating liquor, cigarettes and gaming; requiring the Division of Public and Behavioral Health of the Department of Health and Human Services to establish a pilot program for the treatment of certain heroin-dependent persons; making appropriations; and providing other matters properly relating thereto. Increases cigarette and alcohol taxes to pay for substance abuse treatment for certain offenders. **Applies to CHIP. Position: Support, Monitor. Declared Exempt.**

**SB189** - AN ACT relating to public welfare; revising the amount and type of training that an employee of a child care facility is required to complete; setting forth certain requirements relating to services performed by an independent contractor at a child care facility; revising provisions concerning the frequency and timing of certain background investigations required to be conducted by the Division of Public and Behavioral Health of the Department of Health and Human Services; and providing other matters properly relating thereto. **Other Bills of Interest. Position: Neutral, Monitor.**

**SB190** -AN ACT relating to education; extending the duration of the Zoom schools program; providing for the use of a portion of the money distributed to a Zoom school to provide evidence-based integrated student support systems; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. Declared Exempt.**

**SB192** - AN ACT relating to mental health; establishing required hours of operation for mobile units operated by the Division of Public and Behavioral Health of the Department of Health and Human Services to provide mental health services in certain counties; and providing other matters properly relating thereto. Existing law establishes certain facilities through which the

Division of Public and Behavioral Health of the Department of Health and Human Services provides mental health services. (NRS 433.233) This bill requires, in counties whose population is 100,000 or more (currently Clark and Washoe Counties), any mobile unit operated by such a facility to be available to provide services from 8 a.m. or earlier to 12 a.m. or later, 7 days a week, including holidays. **Other Bills of Interest. Position: Neutral, Monitor. Declared Exempt.**

**SB193** - AN ACT relating to public employment; limiting the amount of certain payments to public officers and employees in relation to their resignation, retirement or termination from employment; and providing other matters properly relating thereto. Existing law imposes certain requirements and restrictions with respect to the compensation of public officers and employees. (NRS 281.120-281.1575) For example, existing law, with certain exceptions, limits the salary of persons employed by the State to not more than 95 percent of the Governor's salary for the same period. (NRS 281.123) This bill prohibits a governmental entity, including a state agency and local government, from paying an officer or employee in relation to his or her resignation, retirement or termination from employment with the governmental entity an amount of money pursuant to a settlement agreement between the officer or employee and the governmental entity relating to the employment of the officer or employee or as a bonus or other monetary incentive, which is greater than the Governor's current annual salary. This bill makes any provision in a contract or other agreement relating to the employment of an officer or employee of a governmental entity entered into, extended or renewed after the effective date of this bill that conflicts with this limitation void. **Applies to WCHD. Position: Neutral, Monitor.**

**SB196** - AN ACT relating to employment; requiring an employer in private employment to provide paid sick leave to each employee of the employer under certain circumstances; providing an exception; providing a penalty; and providing other matters properly relating thereto. **Applies to Other Bills of Interest. Position: Neutral, Monitor.**

**SB233** - AN ACT relating to health care; requiring the State Plan for Medicaid and all health insurance plans to provide certain benefits relating to reproductive health care, hormone replacement therapy and preventative health care at no additional cost to the covered person; requiring a pharmacist to dispense up to a 12-month supply of certain contraceptives in certain circumstances; and providing other matters properly relating thereto. **Applies to WCHD. Position: Support, Track, Letter of support submitted for March 6 Committee Meeting.**

**SB236** - AN ACT relating to marijuana; authorizing a county or city to require a person who wishes to operate a business in which the use of marijuana is allowed or to hold a special event at which the use of marijuana is allowed to obtain a license or permit; and providing other matters

properly relating thereto. **Marijuana Related Bill. Position: Oppose use of marijuana at special event. Monitor.**

**SB251** - AN ACT relating to storage tanks; requiring the Board to Review Claims to adopt regulations for the administration of a program to award grants of money from the Fund for Cleaning Up Discharges of Petroleum to certain operators of storage tanks; authorizing the Division of Environmental Protection of the State Department of Conservation and Natural Resources to award grants of money to those operators under certain circumstances; and providing other matters properly relating thereto. **Applies to WCHD. Position: Support, Track, Letter submitted to NDEP for March 23 Committee Meeting. Senate Passage April 17.**

**SB294** - AN ACT relating to bullying; creating certain exceptions to requirements concerning reporting and investigating incidents of bullying and cyber-bullying; revising the definition of the term “bullying”; prohibiting the inclusion of an incident of alleged bullying or cyber-bullying in the record of a pupil under certain circumstances; revising provisions governing the hotline and Internet website maintained by the Office for a Safe and Respectful Learning Environment within the Department of Education for reporting bullying and cyber-bullying; requiring the Department to accept applications for grants from the Bullying Prevention Account; revising provisions concerning training on bullying and cyber-bullying; revising provisions concerning discipline of administrators or principals or their designees for violating provisions concerning bullying; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor.**

**SB302-** AN ACT relating to marijuana; authorizing the sale of marijuana by certain establishments for purposes other than medical use for a limited period of time; imposing taxes; revising existing taxes for sales of marijuana for medical purposes; providing a penalty; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Neutral, Monitor. Waiver Granted.**

**SB307** - AN ACT relating to concealed weapons; removing the prohibition against carrying certain concealed weapons; repealing certain provisions relating to permits to carry concealed firearms; and providing other matters properly relating thereto. Removes requirement for a permit to carry a concealed weapon. **Applies to CHNA. Position: Oppose, Monitor.**

**SB315** - AN ACT relating to waste disposal; requiring the State Environmental Commission to study and make recommendations concerning certain agreements; limiting the amount that a franchisee may charge certain persons for the disposal of construction and demolition waste; prohibiting the governing body of a municipality from displacing or limiting competition in the

collection, transportation and disposal of commercial recyclable material; requiring a county whose population is 100,000 or more to divert a certain percentage of solid waste from landfills; revising the statutory goal for recycling solid waste; requiring the board of county commissioners of each county in this State to report certain information to the Commission and the Legislature; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Track. Declared Exempt.**

**SB323** - AN ACT relating to the Supplemental Nutrition Assistance Program; prescribing the manner in which the Department of Health and Human Services must calculate the 36-month time period for determining a person's eligibility for benefits under the Program; requiring the Department to seek a waiver from certain federal requirements concerning eligibility for benefits under the Program; requiring the Department to create a workfare program; requiring the Department to contract with appropriate persons and entities for certain purposes relating to the Supplemental Nutrition Assistance Program; requiring the Department to consult with certain persons concerning actions of the Federal Government and the Department relating to the Program; and providing other matters properly relating thereto. **Applies to CHIP. Neutral, Monitor.**

**SB324** - AN ACT relating to health care; requiring the State Board of Health to adopt regulations authorizing an employee of a residential facility for groups, an agency to provide personal care services in the home, a facility for the care of adults during the day or an intermediary service organization to check vital signs and perform certain related tasks for a person receiving services from the facility, agency or organization; exempting such tasks from provisions governing respiratory care and medical laboratories; and providing other matters properly relating thereto. **Applies to CHNA. Position: Monitor. Senate Passage April 19.**

**SB325** - AN ACT relating to public welfare; requiring the Director of the Department of Health and Human Services to authorize certain children to enroll in Medicaid and the Children's Health Insurance Program; and providing other matters properly relating thereto. Requires authorization for children under 21 years of age lawfully residing in the U.S. that are residents for less than 5 years to enroll. **Applies to CHIP. Position: Support, Monitor. Declared Exempt.**

**SB329** - AN ACT relating to marijuana; revising various provisions relating to the medical use of marijuana; transferring the program for the medical use of marijuana from the Division of Public and Behavioral Health of the Department of Health and Human Services to the Department of Taxation; authorizing the registration of medical marijuana research facilities; authorizing the registration of nonprofit medical marijuana dispensaries; revising the maximum amount of marijuana that the holder of a registry identification card or letter of approval may possess; allowing the holder of a registry identification card to cultivate, grow or produce

marijuana and give marijuana to another holder of a registry identification card or letter of approval in certain circumstances; revising provisions relating to registry identification cards; revising provisions relating to medical marijuana establishments; authorizing the growth and handling of industrial hemp and the production of agricultural hemp seed in certain circumstances; providing penalties; and providing other matters properly relating thereto.

**Marijuana Related Bill. Position: Neutral, Monitor. Declared Exempt.**

**SB330** - AN ACT relating to professional licensing; establishing certain standards against which governmental entities and regulatory bodies are required to review regulations relating to entry into businesses and professions and certain restrictions on the provision of public services; authorizing a natural person to petition a governmental entity or regulatory body to request the amendment or repeal of such regulations; authorizing a natural person to appeal a denial of such a petition to the district court; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Track.**

**SB340** - AN ACT relating to state property; terminating a lease for certain real property leased to Washoe County; requiring the State Land Registrar to enter into an agreement to transfer certain real property to Washoe County; requiring the State Board of Agriculture to assume responsibility for the operation and maintenance of certain real property; making an appropriation to the State Department of Agriculture for the operation and maintenance of such real property; and providing other matters properly relating thereto. Transfers state land leased for County Complex to the County. **Applies to WCHD. Position: Neutral, Monitor.**

**SB341** - AN ACT relating to marijuana; authorizing a local government to request the registration of additional medical marijuana dispensaries within the jurisdiction of the local government; revising the purposes for which the Division of Public and Behavioral Health of the Department of Health and Human Services may spend certain money relating to the medical use of marijuana collected by the Division; authorizing any institution of the Nevada System of Higher Education to seek the approval of the Federal Government to perform research relating to marijuana; limiting the authority of a board of county commissioners or the governing body of an incorporated city to regulate or impose license taxes upon marijuana establishments and medical marijuana establishments; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Support, Track.**

**SB344**- AN ACT relating to marijuana; revising standards for the labeling and packaging of marijuana for medical use; establishing limits on the quantity of marijuana for medical use that may be sold in a single package; prohibiting the production of edible marijuana products or marijuana-infused products that appear to be candy or may appeal to children; requiring a facility for the production of edible marijuana products or marijuana-infused products which produces

cookies or brownies to seal such a product in a container which is not transparent; prohibiting advertising by a medical marijuana establishment that would be appealing to children; establishing similar provisions for recreational marijuana establishments with delayed effect; providing penalties; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Support, Monitor.**

**SB348** - AN ACT relating to health care; requiring the Governor to impanel a Health Care Funding and Pricing Task Force; prescribing requirements governing the procedure of the Task Force; requiring the Department of Health and Human Services to provide certain facilities and services to the Task Force; prescribing the duties of the Task Force; and providing other matters properly relating thereto. **Applies to DHHS. Position: Neutral, Monitor.**

**SB355** - AN ACT relating to grief support; creating the Grief Support Trust Account in the State General Fund; requiring the Director of the Department of Health and Human Services to administer the Grief Support Trust Account; requiring the fee for the furnishing of a copy of a certificate of death to include \$2 for credit to the Grief Support Trust Account; requiring the Grants Management Advisory Committee to establish standards of eligibility for nonprofit community organizations to receive awards of money from the Grief Support Trust Account to provide grief support services; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Track, Fiscal Impact. Declared Exempt.**

**SB366** - AN ACT relating to health care; requiring the preparation of a report relating to Medicaid recipients and access to employer-based health insurance; requiring the preparation of a report relating to Medicaid financing and eligibility; creating the Advisory Committee on Medicaid Innovation; requiring certain insurers to provide certain health insurance claims data to the Public Employees' Benefits Program, the Division of Health Care Financing and Policy of the Department of Health and Human Services and certain other group purchasers of health insurance; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Senate Passage April 21.**

**SB374** - AN ACT relating to marijuana; prohibiting a professional licensing board from taking disciplinary action against a licensee who holds a registry identification card or engages in certain lawful activities relating to marijuana; prohibiting an employer from taking adverse action against an employee for expressing opinions relating to marijuana; providing a penalty; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Neutral, Monitor.**

**SB375** - AN ACT relating to the medical use of marijuana; authorizing the Governor or his or her designee to enter into agreements with Indian tribes in this State relating to the regulation of

the use of marijuana; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Neutral, Monitor.**

**SB379** - AN ACT relating to public health; requiring the Administrator of the Division of Public and Behavioral Health of the Department of Health and Human Services to use certain excess money to provide block grants for alcohol and drug abuse and behavioral health programs for agencies which provide child welfare services; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. Senate Passage April 18.**

**SB385** - AN ACT relating to education; revising the definition of bullying; providing that nothing in the provisions of law relating to bullying or cyber-bullying shall be deemed to subject any defendant to strict liability for an alleged violation of those provisions; requiring that reasonable efforts be made to ensure a learning environment that is free of bullying and cyber-bullying to the extent practicable; revising provisions relating to an investigation into a reported incident of bullying or cyber-bullying; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

**SB387** - AN ACT relating to protective orders; defining certain terms relating to orders for protection; providing for the issuance and enforcement of certain orders for protection against a person who is alleged to have committed certain acts that constitute a high risk; authorizing a family or household member or law enforcement officer to obtain such orders for protection; prohibiting a person from filing an application for such an order under certain circumstances; authorizing a court to issue such an order for protection in certain circumstances; prohibiting a person against whom such an order for protection is issued from possessing or having under his or her custody or control, or purchasing or otherwise acquiring, any firearm during the period the order is in effect; authorizing a person to request a hearing to move the court to dissolve such an order for protection; authorizing the renewal of such an order for protection; establishing procedures for persons subject to such an order for protection to remove certain information from the Central Repository for Nevada Records of Criminal History; providing penalties; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Track**

**SB390** - AN ACT relating to education; extending the duration of the Zoom schools program; authorizing a Zoom elementary school to use money distributed to the school to provide an extended school day or summer academy or intersession; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. Declared Exempt.**

**SB394** - AN ACT relating to health care; requiring the Director of the Department of Health and Human Services to make coverage through the Medicaid managed care program available for purchase on the Silver State Health Insurance Exchange by persons who are not otherwise



eligible for Medicaid under certain conditions; requiring the Director to seek any necessary waivers from the Federal Government to provide such coverage and to provide certain incentives to persons who purchase such coverage; requiring insurers to offer health insurance coverage regardless of the health status of a person; requiring insurers to provide coverage for certain essential health benefits without an annual, lifetime or other maximum limit on coverage; requiring insurers to allow the covered adult child of an insured to remain covered by the health insurance of the insured until 26 years of age; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

**SB398** - AN ACT relating to health; authorizing the medical use of marijuana or industrial hemp by a provider of health care or massage therapist on a patient or client; prohibiting disciplinary action against a provider of health care or massage therapist for administering or recommending the use of marijuana or industrial hemp; revising the medical conditions for which a person may obtain a registry identification card; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Neutral, Monitor.**

**SB400** - AN ACT relating to public health; authorizing the Director of the Department of Health and Human Services to enter into success contracts; requiring the Department to publish on its Internet website certain information concerning such contracts; requiring the Department to report certain information to the Legislature; and providing other matters properly relating thereto. **Applies to DHHS. Position: Neutral, Monitor. Senate Passage April 18.**

**SB404** - AN ACT relating to insurance; prohibiting certain policies of health insurance and health care plans that cover treatment of certain types of cancer from limiting or excluding coverage for a drug by mandating that the insured first fail to respond successfully to a different drug or prove a history of failure of such drug; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

**SB416** - AN ACT relating to marijuana; authorizing a medical marijuana establishment or an association of medical marijuana establishments to propose and enter into an agreement to carry out a program of apprenticeship for medical marijuana establishment agents; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Neutral, Monitor.**

**SB418** - AN ACT relating to air pollution; declaring the priorities of the Legislature to expend the proceeds from certain consent decrees, orders and settlement agreements involving emissions from vehicles; creating the Fund for Cleaner Emission Vehicles; requiring the Division of Environmental Protection of the State Department of Conservation and Natural Resources to allocate money from the Fund to replace or repower certain school buses in this State and to construct and install publicly available hydrogen fueling stations and electric vehicle charging

stations; requiring the Division to take certain actions required by certain consent decrees, orders and settlements entered into by this State relating to emissions from vehicles; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Monitor. Declared Exempt.**

**SB419** - AN ACT relating to taxes on retail sales; providing for the submission to the voters of the question whether the Sales and Use Tax Act of 1955 should be amended to provide an exemption from the tax for certain durable medical equipment, oxygen delivery equipment and mobility enhancing equipment; providing an exemption from the Local School Support Tax and certain analogous taxes tax for certain durable medical equipment, oxygen delivery equipment and mobility enhancing equipment; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor.**

**SB426** - AN ACT relating to protective equipment; requiring the driver and any passenger of a moped or trimobile to wear protective headgear while the moped or trimobile is being driven on a highway; requiring the driver and any passenger of a moped to wear certain additional protective equipment; providing a penalty; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Monitor.**

**SB429** - AN ACT relating to agriculture; authorizing a governing body of a city or county to establish an urban agriculture zone; providing that a master plan may include an urban agricultural element; authorizing a board of county commissioners or a governing body of a city to allow the use of vacant city- or county-owned land for community gardening; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. Senate Passage April 21.**

**SB436** - AN ACT relating to health insurance; requiring a percentage of certain policies of health insurance and health care plans which provide coverage for prescription drugs to apply a copayment structure before payment of a deductible; prohibiting certain policies of health insurance and health care plans from placing all prescription drugs in a given class within the highest cost tier of the plan; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

**SB446** - AN ACT making an appropriation to the Aging and Disability Services Division of the Department of Health and Human Services to provide financial assistance and other support for the Meals on Wheels program; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. Declared Exempt.**

**SB487** - AN ACT relating to marijuana; imposing an excise tax on sales of marijuana and related products by a retail marijuana store; distributing the money raised by the excise tax to cities and counties; establishing limitations on the use of the proceeds of the excise tax by a city or county; requiring the creation of an advisory committee on mental health and substance abuse issues in each county; providing a penalty; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Track, Submit Letter. Waiver Granted.**

**SB494** - AN ACT relating to water; authorizing grants of money to certain recipients for cloud seeding operations; authorizing the Board for Financing Water Projects to solicit and accept gifts, grants or donations for deposit in the Fund for Grants for Water Conservation, Capital Improvements to Certain Water Systems and Improvements to Certain Sewage Disposal Systems; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Track.**

**SB508** - AN ACT relating to marijuana; imposing an excise tax on sales of marijuana and related products by a retail marijuana store; distributing the money raised by such an excise tax; providing a penalty; and providing other matters properly relating thereto. Adds 10% retail tax to recreational marijuana with proceed to State Distributive School Account. **Marijuana Related Bill. Position: Neutral, Monitor.** Declared Exempt.

**SB509** - AN ACT relating to Medicaid; authorizing the Division of Health Care Financing and Policy of the Department of Health and Human Services to impose an assessment on certain providers of health care; prescribing the authorized uses of the revenue generated by such an assessment; authorizing the Division to impose an administrative penalty against a provider of health care who does not pay an assessment in a timely manner; authorizing the Division to take certain measures to collect an unpaid assessment or administrative penalty; and providing other matters properly relating thereto. Provides for an Assessment on Healthcare providers to be used to supplement Medicaid payments. **Applies to CHIP. Position: Neutral, Monitor.**

House	Bill Number	Text	Sponsor	Status	Summary	Track/ Monitor	Testify	Group	Support/ Oppose	Evaluation	Hearing	Results	Subsequent Action	Results
Assembly	18	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4624/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4624/Text</a>	State Board of Nursing	No Further Action	Adopts the Nurse Licensure Compact.	Monitor		WCHD	Support		2/27/2017 Senate CLE	Mentioned no jurisdiction		No Further Action
Assembly	32	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4678/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4678/Text</a>	State Department of Agriculture	Pending	Revises provisions relating to governmental entities that apply pesticides	Monitor		WCHD	Neutral		3/2/2017 Assembly NRAM	Heard	4/13/17 Assembly NRAM	Amend, and do pass as amended
Assembly	41	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4687/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4687/Text</a>	Department of Administration	Pending	Makes various changes relating to the qualifications for various Administrator positions in state government.	Monitor		DHHS	Neutral		2/27/2017 Senate Finance	Mentioned no jurisdiction	4/14/17 Assembly Government Affairs	Amend, and do pass as amended
Assembly	50	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4717/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4717/Text</a>	Division of Environmental Protection of the State Department of Conservation and Natural Resources	Pending	Revises provisions relating to the imposition of fees, civil penalties and administrative fines by the State Environmental Commission.	Track	Yes / Provided letter as testimony	WCHD	Support	Support the provisions that allow increased penalties on water systems for non-compliance	3/9/2017 Assembly NRAM	Amend, and do pass as amended		
Assembly	62	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4741/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4741/Text</a>	Attorney General	Pending	Revises provisions relating to the supervision of tobacco manufacturers and wholesale dealers.	Monitor		WCHD	Support	Bill adds provisions - should help ensure Master Settlement Agrmt funds are properly provided to State & can be used for Public Health	3/28/2017 Assembly Taxation	Heard	4/4/2017 Assembly Taxation	Amend, and do pass as amended

Assembly	74	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4755/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4755/Text</a>	Department of Corrections	Pending	Revises provisions relating to the policies of the Department of Corrections.	Track	Yes / Provided letter as testimony	WCHD	Oppose	Opposed to language "authorizes" rather than requires disclosure-WILL testify.	3/7/2017 Assembly CPP	Amend, and do pass as amended	4/17/2017 Assembly	Assembly Passage
Assembly	105	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4839/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4839/Text</a>	Assemblyman Thompson	Pending	Enacts provisions relating to suicide prevention for veterans.	Monitor		CHIP	Neutral		3/10/2017 Assembly CLE	Not considered	4/7/2017 Assembly Commerce and Labor	Amend, and do pass as amended
Assembly	108	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4842/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4842/Text</a>	Assemblyman Oscarson	Pending	Provides for the periodic review of rates under the State Plan for Medicaid	Monitor		CHIP	Neutral		3/3/2017 Assembly HHS, 4/7/2017 Assembly Commerce and Labor	Do pass	4/17/2017 Assembly	Assembly Passage
Assembly	113	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4847/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4847/Text</a>	Assemblywoman Spiegel	Pending	Requires an employer to make certain accommodations for a nursing mother.	Track	Yes / Provided letter as testimony	WCHD	Support	Support if amended to remove local board of health mediation.	3/17/2017 Assembly HHS	Not considered	4/5/2017 Assembly Health and Human Services	Amend, and do pass as amended
Assembly	140	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4886/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4886/Text</a>	Assemblyman Kramer	No Further Action	Revises the boundary li	Monitor		WCHD	Neutral	position-involves Duck Hill area of southeast Washoe County	3/14/2017 Assembly Gov't Affairs	Heard		No Further Action
Assembly	141	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4887/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4887/Text</a>	Assemblyman Thompson	Pending	Revises the organizational structure of the Office of Minority Health.	Monitor		DHHS	Support		3/10/2017 Assembly HHS	Do pass	4/13/2017 Assembly Ways and Means	Not Heard
Assembly	142	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4889/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4889/Text</a>	Assemblyman Flores	Pending	Requires certain findings relating to juvenile immigrants.	Monitor		CHNA	Support		3/10/2017 Assembly Judiciary	Do pass	3/14/2017 Assembly 4/19/2017 Senate Health and Human Services	Assembly Passage

Assembly	146	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4893/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4893/Text</a>	Assemblyman Watkins	Revises provisions governing recognition and enforcement of domestic orders.	Pending	Monitor	CHNA	Support		3/10/2017 Assembly Judiciary	Do pass	3/14/2017 Assembly	Assembly Passage
Assembly	153	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4900/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4900/Text</a>	Assemblyman Daly	Revises provisions relating to counties.	No Further Action	Track	WCHD	Support		3/10/2017 Assembly Gov't Affairs	Heard		No Further Action
Assembly	156	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4903/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4903/Text</a>	Assemblyman Yeager	Revises provisions governing the health and safety of pupils.	Pending	Track	CHIP	Support	support w/amendment for those w/an Asthma diagnosis only	3/15/2017 Assembly HHS	Heard	4/10/2017 Assembly HHS	Amend, and do pass as amended, Exempt
Assembly	157	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4904/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4904/Text</a>	Assemblywoman Spiegel	Makes various changes related to medical billing practices.	No Further Action	Monitor	CHIP	Neutral		3/29/2017 Assembly HHS	Heard		No Further Action
Assembly	165	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4918/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4918/Text</a>	Assemblyman Hambrick	Revises provisions governing long-term care administrators.	Pending	Monitor	CHNA	Neutral		3/8/2017 Assembly CLE	Heard	4/12/2017 Assembly Commerce and Labor	Amend, and do pass as amended
Assembly	166	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4924/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4924/Text</a>	Assemblyman Edwards	Revises provisions governing education.	No Further Action	Monitor	CHIP	Support		2/20/2017 Assembly Education	Heard		No Further Action
Assembly	171	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4932/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4932/Text</a>	Assemblyman Marchant (Originally requested by Assemblyman Moore)	Revises provisions governing carrying certain concealed weapons.	No Further Action	Monitor	CHNA	Oppose		None			No Further Action

Assembly	175	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4939/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4939/Text</a>	Assemblyman McCurdy II	Pending	Revises provisions governing the minimum wage.	Monitor	CHNA	Support	2/20/2017 Senate CLE	Mentioned no jurisdiction	4/12/2017 Assembly Commerce and Labor	Amend, and do pass as amended, Waiver Granted
Assembly	182	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5016/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5016/Text</a>	Assemblyman Oscarson	No Further Action	Revises provisions governing special education.	Monitor	CHIP	Support	None			No Further Action
Assembly	183	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4947/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4947/Text</a>	Assemblyman Ohrenschall	Pending	Revises provisions relating to liens.	Monitor	CHIP	Neutral	3/2/2017 Assembly Judiciary	Heard/ Waiver Granted		
Assembly	186	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4952/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4952/Text</a>	Assemblywoman Diaz	Pending	Makes various changes relating to education.	Monitor	CHIP	Neutral	3/22/2017 Assembly Education	Minutes not yet available	4/14/2017 Assembly Education	Amend, and do pass as amended
Assembly	190	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4959/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4959/Text</a>	Assemblywoman Diaz	Pending	Requires certain health and safety training for entertainment industry workers and supervisors.	Monitor	Other	Neutral	3/10/2017 Assembly CLE	Amend, and do pass as amended	4/21/2017 Assembly	Assembly Passage
Assembly	193	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4962/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4962/Text</a>	Assemblywoman Joiner	No Further Action	Requires the fluoridation of water provided by certain public water systems and water authorities in certain counties.	Track	Yes / DHO Provided Testimony WCHD	Support	3/7/2017 Assembly NRAM	Heard		No Further Action
Assembly	194	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4970/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4970/Text</a>	Assemblywoman Monroe-Moreno	Pending	Provides for the certification of peer support specialists.	Monitor	CHIP	Neutral	4/12/2017 Assembly Commerce and Labor	Amend, and do pass as amended		

Assembly	196	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4972/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4972/Text</a>	Assemblyman McCurdy II	Pending	Provides for a culturally responsive educational leader endorsement for teachers, administrators and other educational personnel.	Monitor		CHIP	Neutral		3/6/2017 Assembly Education 4/12/2017 Assembly Education	Amend, and do pass as amended	4/21/2017 Assembly	Assembly Passage
Assembly	199	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4977/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4977/Text</a>	Assemblywoman Woodbury	Pending	Revises provisions governing health care.	Monitor		CHIP	Support		4/12/2017 Assembly Commerce and Labor	Amend, and do pass as amended		
Assembly	200	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4978/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4978/Text</a>	Assemblywoman Woodbury	No Further Action	Revises provisions governing the health and safety of children.	Track		WCHD	Neutral	CCHS-not in favor of IZ exemption bill. Parents can see IZ comveage in schools	2/24/2017 Assembly HHS	Heard		No Further Action
Assembly	203	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4995/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4995/Text</a>	Assemblywoman Joiner	Pending	Revises provisions relating to cemeteries.	Monitor		Other	Neutral		4/14/2017 Assembly HHS	Amend, and do pass as amended		
Assembly	205	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5000/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5000/Text</a>	Assemblyman Araujo	Pending	Revises provisions governing crematories.	Monitor	No	WCHD	Neutral	no fiscal impact	3/8/2017 Assembly HHS 3/17/2017 Assembly HHS	Amend, and do pass as amended	4/17/2017 Assembly	Assembly Passage
Assembly	210	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5012/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5012/Text</a>	Assemblyman Osca	No Further Action	Provides for Community Education Advisory Boards	Monitor		CHIP	Neutral		3/15/2017 Assembly Education	Heard		No Further Action
Assembly	212	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5017/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5017/Text</a>	Assemblyman Fumo	No Further Action	Revises provisions governing education.	Monitor		CHIP	Neutral		4/10/2017 Assembly Education	Heard		No Further Action



Assembly	213	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5018/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5018/Text</a>	Assemblyman Ohrenschall	Revises provisions regarding health care	No Further Action	Monitor	CHIP	Neutral	3/1/2017 Assembly CLE	Heard		No Further Action
Assembly	215	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5040/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5040/Text</a>	Assemblywoman Joiner	Provides for transparency in prescription drug costs.	Pending	Monitor	CHIP	Neutral	4/3/2017 Assembly Health and Human Services	Heard/ Waiver Granted		
Assembly	217	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5043/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5043/Text</a>	Assemblyman Hambrick	Revises provisions relating to prostitution.	No Further Action	Monitor	WCHD	Neutral	3/2/2017 Assembly Gov't Affairs	Heard	4/14/2017 Assembly Government Affairs	No Further Action
Assembly	222	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5052/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5052/Text</a>	Assemblywoman Swank	Revises provisions governing loans and check-cashing services.	No Further Action	Monitor	CHNA	Support	3/15/2017 Assembly Commerce and Labor	Heard	4/14/2017 Assembly Commerce and Labor	No Further Action
Assembly	249	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5129/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5129/Text</a>	Speaker of the Assembly	Revises provisions governing health insurance.	Pending	Track	Yes / Provided letter as testimony WCHD	Support	3/6/2017 Assembly HHS	Heard	4/14/2017 Assembly HHS	Amend, and do pass as amended Notice of eligibility for exemption.
Assembly	259	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5144/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5144/Text</a>	Assemblyman McCurdy II	Revises provisions governing criminal conviction and sentencing.	Pending	Monitor	MJ Bill	Neutral	3/16/2017 Assembly Judiciary	Mentioned no jurisdiction	4/13/2017 Assembly Corrections Parole and Probation	Amend, and do pass as amended
Assembly	260	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5145/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5145/Text</a>	Assemblymen Tolles, Oscarson, Hambrick, Krasner, Miller, Pickard and Wheeler; Senators Gansert, Cannizzaro, Harris and Hardy	Revises provisions relating to the crime of prostitution.	Pending	Track	Yes / CCHS provided testimony WCHD	Support	3/22/2017 Assembly Judiciary	Heard	4/14/2017 Assembly Judiciary	Amend, and do pass as amended, Notice of eligibility for exemption.

Assembly	265	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5156/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5156/Text</a>	Legislative Committee on Health Care (NRS 439B.200)	No Further Action	Authorizes an advanced practice registered nurse to perform certain tasks.	Track	WCHD	Neutral		3/27/17 Assembly Commerce and Labor			No Further Action
Assembly	269	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5165/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5165/Text</a>	Assemblywoman Bustamante Adams	Pending	Revises provisions governing taxation.	Track	Yes / Provided letter as testimony WCHD	Oppose	Unless amended to increase tax rate to equal combustible cigarettes.	3/21/17 Assembly Taxation	Heard	4/11/2017 Assembly Taxation	Do pass
Assembly	273	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5181/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5181/Text</a>	Legislative Committee on Health Care (NRS 439B.200)	No Further Action	Requires the board of trustees of certain school districts to collect and report information on the height and weight of a representative sample of certain pupils	Track	Yes / Provided letter as testimony WCHD	Support		3/8/2017 Assembly Education	Discussed as BDR	3/20/2017 Assembly Education	No Further Action
Assembly	275	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5184/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5184/Text</a>	Assemblywomen Spiegel and Diaz; Senators Parks and Manendo	Pending	Requires the establishment of a protocol for providing integrated student supports for certain pupils and their families.	Monitor	CHIP	Neutral		4/12/2017 Assembly Education	Amend, and do pass as amended		
Assembly	284	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5199/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5199/Text</a>	Assemblywoman Woodbury	No Further Action	Revises provisions governing health care.	Monitor	CHIP	Neutral		3/27/2017 Assembly Commerce and Labor			No Further Action
Assembly	289	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5208/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5208/Text</a>	Assemblyman Wheeler	No Further Action	Enacts provisions to promote and encourage the development of lithium mining in Nevada	Monitor	WCHD	Neutral		None			No Further Action
Assembly	292	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5212/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5212/Text</a>	Assemblyman Carrillo	Pending	Revises provisions governing safe and respectful learning environments in public schools.	Monitor	CHIP	Neutral		4/14/2017 Assembly Education	Amend, and do pass as amended		

Assembly	307	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5257/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5257/Text</a>	Assemblyman Oscarson	Revises provisions governing emergency medical services.	Pending	Track	Yes	WCHD	Oppose	Oppose unless population threshold is lowered to include Washoe County	3/27/2017 Assembly HHS	Heard	4/12/2017 Assembly HHS	Amend, and do pass as amended
Assembly	344	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5347/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5347/Text</a>	Assemblywoman Jauregui	Revises provisions governing consumer and retail practices	No Further Action	Track	Yes	WCHD	Oppose	Extreme negative fiscal impact to WCHD. \$2.5M 1st year & \$2.2M/yr thereafter, due to increased staffing necessary to perform inspections.	None			No Further Action
Assembly	345	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5349/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5349/Text</a>	Assemblywoman Miller	Revises provisions governing vacation of conviction for certain offenses.	No Further Action	Monitor		MJ Bill	Neutral		None			No Further Action
Assembly	348	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5353/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5353/Text</a>	Assemblywoman Joiner	Revises provisions governing sex education in public schools.	Pending	Track	Yes	WCHD	Support		4/14/2017 Assembly Education	Amend, and do pass as amended, Notice of eligibility for exemption.		
Assembly	352	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5362/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5362/Text</a>	Assemblyman Pickard	Provides for continued c	No Further Action	Monitor		CHIP	Support		None			No Further Action
Assembly	355	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5365/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5365/Text</a>	Assemblywoman Neal	Makes various changes relating to health care.	No Further Action	Monitor		CHIP	Neutral		None			No Further Action

Assembly	366	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5381/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5381/Text</a>	Assemblyman Araujo	Pending	Revises provisions relating to mental health.	Track	CHIP	Support	4/7/2017 Assembly HHS	Amend, and do pass as amended		
Assembly	367	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5385/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5385/Text</a>	Assemblyman Oscarson	No Further Action	Enacts the Recognition of Emergency Medical Services Personnel Interstate Compact Act.	Monitor	WCHD	Neutral	3/24/17 Assembly Commerce and Labor			No Further Action
Assembly	374	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5393/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5393/Text</a>	Assemblyman Sprinkle	Pending	Revises provisions relating to health care.	Monitor	CHIP	Neutral	4/7/2017 Assembly HHS	Not Heard/ Waiver Granted		
Assembly	381	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5418/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5418/Text</a>	Assemblywoman Spiegel	Pending	Makes various changes concerning insurance practices related to prescription medication.	Monitor	CHIP	Support	4/10/2017 Assembly Commerce and Labor	Heard	4/14/2017 Assembly Commerce and Labor	Amend, and do pass as amended, Notice of eligibility for exemption.
Assembly	382	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5419/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5419/Text</a>	Assemblywoman Carlton	Pending	Enacts the Family Medical Emergency Act.	Monitor	CHIP	Neutral	4/10/2017 Assembly Health and Human Services	Heard	4/14/2017 Assembly Health and Human Services	Amend, and do pass as amended, Notice of eligibility for exemption.
Assembly	387	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5424/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5424/Text</a>	Assemblywoman Benitez-Thompson	Pending	Revises provisions relating to social workers.	Monitor	CHIP	Neutral	4/7/2017 Assembly Commerce and Labor	Do pass	4/13/2017 Assembly	Assembly Passage
Assembly	388	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5425/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5425/Text</a>	Assemblywoman Benitez-Thompson	Pending	Makes an appropriation for certain health programs.	Track	CHIP	Support	4/10/2017 Assembly Ways and Means	Heard/ Exempt		

Assembly	397	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5456/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5456/Text</a>	Speaker of the Assembly	Pending	Revises provisions governing health care.	Track	Yes/ Provided Letter as Testimony	WCHD	Support		4/10/2017 Assembly Ways and Means	Heard/ Exempt		
Assembly	408	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5498/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5498/Text</a>	Assemblywoman Joiner	Pending	Makes various changes relating to health care.	Track		CHIP	Support		4/7/2017 Assembly Health and Human Services	Heard	4/12/2017 Health and Human Services	Amend, and do pass as amended
Assembly	416	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5526/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5526/Text</a>	Assemblywoman Swank	Pending	Revises provisions governing environmental protection.	Track	No	WCHD	Neutral		4/11/2017 Assembly NRAM	Amend, and do pass as amended		
Assembly	428	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5574/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5574/Text</a>	Assembly Committee on Health and Human Services	Pending	Revises provisions governing the acquisition and use of opioid antagonists.	Track	Maybe	CHIP	Support		4/14/2017 Assembly HHS	Amend, and do pass as amended		
Assembly	429	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5575/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5575/Text</a>	Legislative Committee on Health Care (NRS 439B.200)	Pending	Enacts certain interstate compacts relating to the provision of health care	Track	No	WCHD	Neutral		4/14/2017 Assembly HHS	Amend, and do pass as amended, Notice of eligibility for exemption.		
Assembly	437	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5582/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5582/Text</a>	Assembly Committee on Government Affairs	Pending	Creates an application for mobile devices to be used as a centralized system for reporting nonemergency issues to the government.	Track	No	Other	Neutral		4/14/2017 Assembly Gov't Affairs	Do pass, Exempt		
Assembly	450	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5694/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5694/Text</a>	Legislative Committee on Health Care (NRS 439B.200)	No Further Action	Imposes certain requirements concerning vapor products and alternative nicotine products.	Track	Yes	WCHD	Support	Support if definition of e- cig is improved.	None			No Further Action

Senate	3	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4593/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4593/Text</a>	State Department of Agriculture	Revises provisions governing the Breakfast After the Bell Program in public schools	Monitor	CHIP	Neutral		2/21/2017 Senate Finance	Heard, no action/ Exempt		
Senate	13	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4606/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4606/Text</a>	Office of the Governor	Eliminates the Advisory Board on Motorcycle Safety.	Monitor	CHNA	Neutral		3/28/2017 Senate Transportation	Do pass	4/3/2017 Senate	Senate Passage
Senate	28	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4636/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4636/Text</a>	Nevada Silver Haired Legislative Forum	Requires periodic reviews of certain rates paid under the State Plan for Medicaid.	Monitor	CHIP	Support		2/22/2017 Senate HHS	Do pass, and re-refer	4/3/2017 Senate Finance	Heard, no action/ Exempt
Senate	44	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4671/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4671/Text</a>	State Public Works Division of the Department of Administration	Authorizes the State Public Works Division to issue permits to private contractors for construction projects on state land or land held in trust by the State.	Monitor	WCHD	Neutral	Charlene indicated she wants to track, but doesn't expect to act on it.	2/17/2017 Senate Gov't Affairs, 2/22/2017 Senate	Do pass, Senate Passage	3/21/2017 Assembly Gov't Affairs	Heard
Senate	59	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4699/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4699/Text</a>	Committee on Health and Human Services	Requires the reporting of certain information to the database of the program to monitor prescriptions for certain controlled substances.	Monitor	CHIP	Support		3/20/2017 Senate HHS	Heard, no action	4/12/2017 Senate HHS	Amend, and do pass as amended
Senate	60	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4700/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4700/Text</a>	Las Vegas, City of	Revises provisions relating to supplemental reimbursement for Medicaid ground emergency medical transportation services.	Monitor	CHIP	Neutral		3/22/2017 Senate HHS, 4/17/2017 Senate	Amend, and do pass as amended, Senate Passage	4/26/2017 Assembly HHS	
Senate	77	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4733/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4733/Text</a>	Department of Education	Revises provisions relating to ensuring a safe and respectful learning environment for pupils.	Monitor	CHIP	Neutral		None			No Further Action

Senate	91	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4786/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4786/Text</a>	Senator Hardy	Pending	Revises provisions regarding health care	Track	Yes / SNHD indicated our support	WCHD	Support	SNHD will indicate our support	2/22/2017 Senate HHS	Amend, and do pass as amended		
Senate	106	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4835/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4835/Text</a>	Committee on Commerce, Labor and Energy	Pending	Requires certain increases in the minimum wage paid to employees in private employment in this State.	Monitor		CHNA	Support		2/22/2017 Senate CLE	Mentioned Not Agendized/ Waiver Granted		
Senate	112	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4870/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4870/Text</a>	Senator Ratti	Pending	Revises provisions relating to education.	Monitor		Other	Neutral		3/20/2017 Senate Finance	Heard, no action	3/28/2017 Senate Finance	Do pass
Senate	115	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4875/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4875/Text</a>	Senator Denis	Pending	Revises provisions relating to public safety	Monitor		CHNA	Support		2/28/2017 Senate Judiciary	Heard, no action	3/16/2017 Senate Judiciary	Do pass
Senate	122	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4921/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4921/Text</a>	Senator Cancela	Pending	Revises provisions relating to health care.	Track	Yes / Provided letter as testimony	WCHD	Support		3/15/2017 Senate HHS	Do pass	4/10/2017 Senate Finance	Amend, and do pass as amended
Senate	123	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4922/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4922/Text</a>	Senator Ratti	Pending	Revises provisions relating to the State Long-Term Care Ombudsman.	Monitor		CHNA	Support		2/22/2017 Senate HHS, 2/28/2017 Senate	Do pass, Senate Passage	3/13/2017 Assembly HHS	Heard
Senate	124	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4923/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4923/Text</a>	Senator Spearman	Pending	Revises provisions relating to firearms.	Monitor		CHNA	Support		4/14/2017 Senate Judiciary	Amend, and do pass as amended		

Senate	127	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4933/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4933/Text</a>	Senator Goicoechea	Pending	Revises provisions relating to certain local governing boards.	Monitor	WCHD	Neutral	2/24/2017 Senate Gov't Affairs, 4/17/2017 Senate	Amend, and do pass as amended, Senate Passage	4/25/2017 Assembly Government Affairs	
Senate	132	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4953/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4953/Text</a>	Senator Harris	Pending	Revises provisions governing education	Monitor	CHIP	Support	3/30/2017 Senate Education	Amend, and re refer	4/17/2017 Senate Finance	Heard, No Action
Senate	136	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4964/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4964/Text</a>	Senator Woodhouse	Pending	Makes various changes relating to palliative care.	Monitor	DHHS	Support	3/3/2017 Senate Gov't Affairs	Heard, no action	4/10/2017 Senate Gov't Affairs	Do pass, and re refer
Senate	139	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4967/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4967/Text</a>	Senator Hardy	Pending	Revises provisions relating to patient-centered medical homes.	Monitor	CHIP	Support	3/20/2017 Senate HHS	Heard, no action	3/27/2017 Senate HHS	Amend, and do pass as amended, Exempt
Senate	143	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4975/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4975/Text</a>	Senator Harris	Pending	Revises provisions relating to education	Monitor	CHIP	Neutral	4/10/2017 Senate Finance	Mentioned, no jurisdiction	4/11/2017 Senate Education	Amend, and re refer, Exempt
Senate	147	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4983/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4983/Text</a>	Senator Spearman	No Further Action	Authorizes certain credits against the taxes imposed on financial institutions and other businesses for certain costs incurred by employers	Monitor	CHNA	Support	3/2/2017 Senate Revenue & ED	Heard, no action		No Further Action
Senate	149	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4985/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4985/Text</a>	Senator Manendo	Pending	Makes certain changes relating to fixed guideway systems.	Monitor	CHNA	Support	3/14/2017 Senate Transportation	Heard, no action	3/28/2017 Senate Transportation	Amend, and do pass as amended



Senate	151	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4987/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4987/Text</a>	Senator Manendo	Pending	Revises provisions relating to public health.	Track	WCHD	Neutral	w/Concerns regarding resource diversion from State lab and duplication of services	3/8/2017 Senate HHS	Heard, no action	4/12/2017 Senate HHS	Amend, and do pass as amended
Senate	152	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4988/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4988/Text</a>	Senator Hammond	No Further Action	Revises provisions relating to motor vehicles.	Track	WCHD	Support		3/9/2017 Senate Transportation	Heard, no action		No Further Action
Senate	153	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4989/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4989/Text</a>	Senator Spearman	No Further Action	Revises provisions relating to education.	Monitor	CHIP	Neutral		None			No Further Action
Senate	154	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4990/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4990/Text</a>	Senator Hammond	Pending	Revises provisions relating to education and leadership.	Monitor	CHIP	Neutral		3/2/2017 Senate Education	Heard, no action	4/11/2017 Senate Education	Amend, and re-refer
Senate	155	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4991/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4991/Text</a>	Senator Farley	Pending	Makes certain changes relating to fixed guideway systems.	Monitor	CHIP	Oppose	Establishes earmark for Clark County Public Education Foundation, Inc.	4/10/2017 Senate Finance	Heard, no action/ Exempt		
Senate	156	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4992/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4992/Text</a>	Senator Woodhouse	Pending	Revises provisions relating to the safe transportation of children.	Monitor	CHNA	Support		3/16/2017 Senate Transportaion	Reschedule	3/28/2017 Senate Transportaion	Amend, and do pass as amended
Senate	159	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4998/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4998/Text</a>	Senator Farley	Pending	Revises provisions relating to the sale of certain medications.	Monitor	Other	Neutral		3/22/2017 Senate HHS	Amend, and do pass as amended	4/17/2017 Senate	Senate Passage

Senate	162	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5002/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5002/Text</a>	Senator Gansert	Pending	Revises provisions relating to public welfare.	Monitor	CHIP	Neutral		3/29/2017 Senate CLE	Amend, and do pass as amended	4/19/2017 Senate	Senate Passage
Senate	165	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5009/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5009/Text</a>	Senator Denis	Pending	Makes various changes concerning the prevention and treatment of obesity.	Track	Yes / AQM Provided testimony WCHD	Support	Support height and weight measurement provisions of the bill	3/15/2017 Senate HHS, 4/17/2017 Senate	Amend, and do pass as amended, Senate Passage	3/20/2017 Assembly Education	Mentioned no jurisdiction
Senate	166	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5010/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5010/Text</a>	Senator Farley	Pending	Revises provisions relating to youth risk behavior surveillance surveys.	Monitor	CHIP	Oppose	Duplicative of YBRS survey of students.	2/21/2017 Senate Education	Heard, no action	4/11/2017 Senate Education	Amend, and re-refer
Senate	167	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5011/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5011/Text</a>	Senator Farley	Pending	Revises provisions concerning education.	Monitor	CHIP	Support		3/7/2017 Senate Education	Heard, no action	3/30/2017 Senate Education	Amend, and re-refer, Exempt
Senate	170	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5021/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5021/Text</a>	Senator Segerblom	No Further Action	Revises provisions governing public records.	Monitor	WCHD	Neutral		3/15/2017 Senate Gov't Affairs	Heard, no action		No Further Action
Senate	171	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5022/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5022/Text</a>	Senator Gansert	Pending	Requires pharmacies to accept unused medication under certain circumstances.	Track	CHIP	Support		3/13/2017 Senate CLE, 4/17/2017 Senate	Amend, and do pass as amended, Senate Passage	4/26/2017, Assembly Commerce and Labor	
Senate	178	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5029/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5029/Text</a>	Senator Denis	Pending	Revises provisions relating to the funding formula for K-12 public education.	Monitor	CHIP	Neutral		4/10/2017 Assembly Ways and Means	Mentioned no jurisdiction	4/11/2017 Senate Education	Re-refer/ Exempt

Senate	180	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5031/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5031/Text</a>	Senator Segerblom Pending	Requires money in the State Supplemental School Support Account to be spent for specified purposes to improve student achievement.	Monitor	CHIP	Support		3/28/2017 Senate Finance	Heard, no action/ Exempt		
Senate	181	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5032/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5032/Text</a>	Senator Segerblom Pending	Revises provisions governing certain alcohol and drug abuse programs.	Monitor	CHIP	Support	increase sin tax' to support substance abuse treatment-possible funding for tobacco	3/22/17 Senate HHS	Heard, no action	4/5/2017 Senate HHS	Do pass, and refer, Exempt
Senate	189	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5041/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5041/Text</a>	Senator Woodhouse Pending	Revises provisions relating to child care facilities.	Monitor	Other	Neutral		3/15/2017 Senate HHS	Reschedule	3/22/2017 Senate HHS	Amend, and do pass as amended
Senate	190	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5044/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5044/Text</a>	Senator Cannizzaro Pending	Revises provisions relating to education.	Monitor	CHIP	Support		None/ Exempt			
Senate	192	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5047/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5047/Text</a>	Senator Cannizzaro Pending	Revises provisions relating to health care.	Monitor	Other	Neutral		4/5/2017 Senate Health and Human Services	Do pass, Exempt		
Senate	193	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5058/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5058/Text</a>	Senator Settelmeyer No Further Action	Revises provisions relating to public financial administration	Monitor	WCHD	Neutral		None			No Further Action
Senate	196	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5063/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5063/Text</a>	Senator Ford Pending	Requires an employer to provide paid sick leave to each employee of the employer under certain circumstances.	Monitor	Other	Neutral		4/7/2017 Senate CLE	Amend, and do pass as amended	4/18/17 Senate	Senate Passed as amended

Senate	233	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5127/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5127/Text</a>	Senator Ratti	Pending	Revises provisions relating to health care.	Track	Yes / Provided letter as testimony	WCHD	Support		3/6/2017 Senate HHS	Heard, no action	4/12/2017 Senate HHS	Amend, and do pass as amended
Senate	236	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5143/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5143/Text</a>	Senator Segerblom	Pending	Authorizes local governments to enact ordinances allowing for marijuana social clubs, events and concert arenas to allow the public use of marijuana	Monitor		MJ Bill	Oppose	Secondhand smoke concerns	4/12/2017 Senate Judiciary	Amend, and do pass as amended		
Senate	251	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5172/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5172/Text</a>	Senator Goicoechea	Pending	Provides for a grant program to assist certain operators in cleaning up discharged petroleum.	Track	Yes / Provided letter as testimony	WCHD	Support		3/23/2017 Senate Natural Resources	Amend, and do pass as amended	4/17/2017 Senate	Senate Passage
Senate	294	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5264/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5264/Text</a>	Senator Farley Joint Requester: Senator Hammond	No Further Action	Revises provisions relating to education	Monitor		CHIP	Support		3/23/2017 Senate Education			No Further Action
Senate	302	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5274/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5274/Text</a>	Senator Segerblom	Pending	Establishes the Early Start Program for recreational marijuana.	Monitor		MJ Bill	Neutral		4/3/2017 Senate Judiciary	Amend, and re-refer	4/6/2017 Senate Revenue and Economic Development	Mentioned not agendized, Waiver Granted
Senate	307	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5283/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5283/Text</a>	Senator Gustavson	No Further Action	Revises provisions governing concealed firearms.	Monitor		CHNA	Oppose	Public safety concern - removes requirement for CWP permit	None			No Further Action
Senate	315	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5293/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5293/Text</a>	Senator Farley	Pending	Revises provisions relating to programs for recycling.	Track		WCHD	Neutral		4/13/2017 Senate Natural Resources	Re-refer/ Exempt		

Senate	323	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5309/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5309/Text</a>	Senator Cancela	Revises provisions relating to nutrition standards.	Pending	Monitor	CHIP	Neutral	4/12/2017 Senate HHS	Amend, and do pass as amended		
Senate	324	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5310/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5310/Text</a>	Subcommittee to Conduct a Study of Postacute Care (A.B. 242, 2015)	Authorizes employees of certain facilities and organizations to check vital signs and provide related services to residents.	Pending	Monitor	CHNA		4/12/2017 Senate HHS	Amend, and do pass as amended	4/19/2017 Senate	Senate Passage
Senate	325	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5311/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5311/Text</a>	Senator Cancela	Makes certain changes relating to health care for children.	Pending	Monitor	CHIP	Support	4/12/2017 Senate HHS	Do pass, Exempt		
Senate	329	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5324/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5324/Text</a>	Senator Segerblom	Provides for a Medical Marijuana Patients' Bill of Rights.	Pending	Monitor	MJ Bill	Neutral	4/7/2017 Senate Judiciary	Heard, no action	4/12/2017 Senate Judiciary	Re-refer/ Exempt
Senate	330	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5326/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5326/Text</a>	Senate Minority Leader	Enacts the Right to Earn a Living Act.	No Further Action	Track	WCHD	Neutral	None			No Further Action
Senate	340	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5344/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5344/Text</a>	Senator Settlemeyer	Revises provisions relating to agriculture and animals.	No Further Action	Monitor	WCHD	Neutral	3/24/2017 Senate Gov't Affairs			No Further Action
Senate	341	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5346/">https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5346/</a>	Senator Farley	Revises provisions relating to the licensure of certain marijuana establishments.	Pending	Track	MJ Bill	Support	4/12/2017 Senate Judiciary	Not heard	4/13/2017 Senate Judiciary	Amend, and do pass as amended

Senate	344	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5354/">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5354/</a>	Senator Farley Pending	Revises provisions relating to consumer protection.	Monitor	MJ Bill	Support	3/28/2017 Senate Judiciary	Heard, no action	4/12/2017 Senate Judiciary	Amend, and do pass as amended
Senate	348	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5360/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5360/Text</a>	Senator Cancela No Further Action	Makes certain changes relating to health care.	Monitor	DHHS	Neutral	None			No Further Action
Senate	355	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5384/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5384/Text</a>	Senator Segerblom Pending	Increases the fee for death certificates to fund grief support	Track	WCHD	Neutral	4/3/2017 Senate and Human Services	Heard, no action	4/10/2017 Senate Health and Human Services	Do pass, Exempt
Senate	366	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5405/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5405/Text</a>	Senator Cancela Pending	Revises provisions relating to Medicaid.	Monitor	CHIP	Neutral	4/12/2017 Senate HHS	Amend, and do pass as amended	4/21/2017 Senate	Senate Passage
Senate	374	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5428/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5428/Text</a>	Senator Segerblom Pending	Prohibits professional licensing boards from taking disciplinary action against licensees because of the licensees' professional involvement with marijuana.	Monitor	MJ Bill	Neutral	4/12/2017 Senate Judiciary	Amend, and do pass as amended		
Senate	375	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5429/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5429/Text</a>	Senator Segerblom Pending	Authorizes the Governor to enter into compacts with Indian tribes in Nevada concerning the regulation of marijuana and revises provisions relating to a tribal marijuana program in Nevada.	Monitor	MJ Bill	Neutral	4/12/2017 Senate Judiciary	Amend, and do pass as amended		
Senate	379	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5434/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5434/Text</a>	Senator Ratti Pending	Revises provisions relating to revenue.	Monitor	CHIP	Support	4/13/2017 Senate Revenue and Economic Development	Do Pass	4/18/2017 Senate	Senate Passage

Senate	385	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5443/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5443/Text</a>	Senator Hammond	Revises provisions relating to education.	Monitor	CHIP	Neutral	None			No Further Action
Senate	387	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5486/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5486/Text</a>	Senator Ratti	Revises provisions relating to public safety.	Track	CHNA	Support	4/14/2017 Senate Judiciary	Amend, and do pass as amended		
Senate	390	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5448/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5448/Text</a>	Senator Denis	Revises provisions relating to Zoom schools.	Monitor	CHIP	Support	4/13/2017 Senate Education	Re-refer/ Exempt		
Senate	394	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5457/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5457/Text</a>	Senator Spearman	Revises provisions relating to health care.	Monitor	CHIP	Neutral	4/12/2017 Senate HHS	Amend, and re-refer		
Senate	398	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5463/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5463/Text</a>	Senator Kieckhefer	Revises provisions relating to commerce.	Monitor	MJ Bill	Neutral	4/10/2017 Senate Judiciary	Amend, and do pass as amended		
Senate	400	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5465/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5465/Text</a>	Senator Spearman	Revises provisions relating to social impact bonds.	Monitor	DHHS	Neutral	4/14/2017 Senate Gov't Affairs	Do pass	4/18/2017 Senate	Senate Passage
Senate	404	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5469/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5469/Text</a>	Senator Parks	Revises provisions relating to health insurance coverage of certain cancer treatment drugs.	Monitor	CHIP	Neutral	None			No Further Action

Senate	416	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5490/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5490/Text</a>	Senator Spearman	Revises provisions relating to economic development.	Monitor	MJ Bill	Neutral	4/13/2017 Senate Judiciary	Amend, and do pass as amended		
Senate	418	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5492/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5492/Text</a>	Senator Spearman	Revises provisions relating to air pollution.	Monitor	WCHD	Neutral	4/13/2017 Senate Natural Resources	Amend, and refer, Exempt		
Senate	419	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5494/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5494/Text</a>	Senator Hardy	Revises provisions relating to taxation.	Monitor	CHIP	Support	4/4/2017 Senate Revenue and Economic Development	Amend, and do pass as amended		
Senate	426	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5504/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5504/Text</a>	Senate Committee on Transportation	Revises provisions relating to mopeds.	Monitor	CHNA	Support	4/13/2017 Senate Transportation	Do Pass		
Senate	429	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5508/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5508/Text</a>	Senate Committee on Natural Resources	Makes various changes relating to agriculture.	Monitor	CHIP	Support	4/14/2017 Senate Government Affairs	Amend, and do pass as amended	4/21/2017 Senate	Senate Passage
Senate	436	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5543/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5543/Text</a>	Senate Committee on Commerce, Labor and Energy	Enacts restrictions on certain discriminatory health benefit plan designs.	Monitor	CHIP	Neutral	4/3/2017 Senate Commerce Labor and Energy	Heard, no action		No Further Action
Senate	446	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5554/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5554/Text</a>	Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs (NRS 218E.750)	Makes an appropriation to the Aging and Disability Services Division of the Department of Health and Human Services to fund home-delivered meals	Monitor	CHIP	Support	None/ Exempt			



Senate	487	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5688/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5688/Text</a>	Senate Committee on Revenue and Economic Development	Pending	Revises provisions relating to taxes.	Track	CHIP	Support	Submitted letter in support	4/6/2017 Senate Revenue and Economic Development	Heard, no action/ Waiver Granted		
Senate	494	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5710/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5710/Text</a>	Legislative Commission's Subcommittee to Study Water (NRS 218E.200)	No Further Action	Revises provisions relating to grants for capital improvements to publicly owned water systems.	Track	WCHD	Neutral		3/31/2017 Senate Government Affairs	Heard, no action		No Further Action
Senate	508	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5753/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5753/Text</a>	Office of Finance in the Office of the Governor	Pending	Imposes tax on the sale of marijuana.	Monitor	MJ Bill	Neutral		4/6/2017 Senate Revenue and Economic Development	Heard, no action	4/13/2017	re-refer/ Exempt
Senate	509	<a href="https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5754/Text">https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5754/Text</a>	Office of Finance in the Office of the Governor	Pending	Revises provisions relating to Medicaid.	Monitor	CHIP	Neutral		4/5/2017 Senate Health and Human Services	Heard, no action	4/12/2017 Senate Health and Human Services	Amend, and do pass as amended

**AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT**  
**BOARD MEETING DATE: April 27, 2017**

**DATE:** April 14, 2017  
**TO:** District Board of Health  
**FROM:** Charlene Albee, Director  
775-784-7211, calbee@washoecounty.us  
**SUBJECT:** Program Update, Divisional Update, Program Reports

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**1. Program Update**

a. Update on 2015 National Ambient Air Quality Standard for Ozone

The AQMD continues to pursue a designation of attainment of the 2015 Ozone Standard for Washoe County. An exceptional events demonstration was submitted to EPA Region IX on November 10, 2016, for smoke impacts from California wildfires resulting in an exceedance of the ozone standard on August 21, 2015. Subsequently, an addendum was submitted to include measured ozone exceedances on August 18 and 19, 2015, also resulting from smoke impacts as a result of California wildfires.

On April 14, 2017, an exceptional events demonstration was submitted to EPA Region IX, with a concurrent 30-day public review period, for smoke impacts from the Trailhead Fire in Northern California resulting in exceedances of the ozone standard on July 2, 3, and 4, 2016. AQMD staff has worked closely with Region IX staff in the development of this demonstration.

As part of the attainment/non-attainment designation process, EPA is required to provide 120-days advance notice to jurisdictions that may be designated non-attainment prior to a final determination. For the 2015 ozone standard, 120-day letters are due by June 2, 2017 which is only two days following the May 31, 2017 statutory deadline for submittal of 2016 exceptional events demonstrations. Recognizing these deadlines would not provide Region IX adequate time to review the Washoe County demonstration, AQMD committed to submit the 2016 exceptional event demonstration early to provide as much time as possible for Region IX to review and hopefully concur with the demonstration.

During a conference call with Region IX staff on April 10<sup>th</sup>, AQMD staff was informed a 120-day letter is expected to be issued for Washoe County. However, the letter will acknowledge the pending 2015 and 2016 exceptional events demonstrations. If EPA concurs the monitored exceedances were the result of smoke impacts from wildfires, the ozone design value for

Washoe County will be 0.070 ppm which just meets the standard to be designated as attainment. If EPA does not concur with the exceptional events demonstration, Washoe County will be designated as marginal non-attainment. AQMD staff will continue to work with Region IX staff to provide any and all information possible to ensure a concurrence.

b. Ozone Advance Path Forward Accepted by EPA



On April 4<sup>th</sup>, AQMD received notification from Colleen McKaughan, Associate Director USEPA Region IX Air Division, accepting the Washoe County Path Forward stating, “We are very impressed with the framework for action that you have put together so far.” Comments and suggestions were provided, including local resources fact sheets, examples of social media messages and checklists used by other Advance areas to obtain commitments from stakeholders.

AQMD will be utilizing all of the tools available as we enter the 2017 ozone season facing the possibility of being designated as non-attainment. The overall health of our community, including both our citizen’s individual health and the health of our economic recovery, will be reliant on the success of our Ozone Advance program as we work to *Keep it Clean*.

c. National Air Quality Awareness Week

EPA has announced the 11th annual National Air Quality Awareness Week, which will be recognized Monday, May 1 through Friday, May 5, 2017. This year’s theme is “Be Air Aware.” This event provides an annual opportunity to engage the community and provide information on the health effects of air quality.

EPA has selected five main topics for this year’s event:

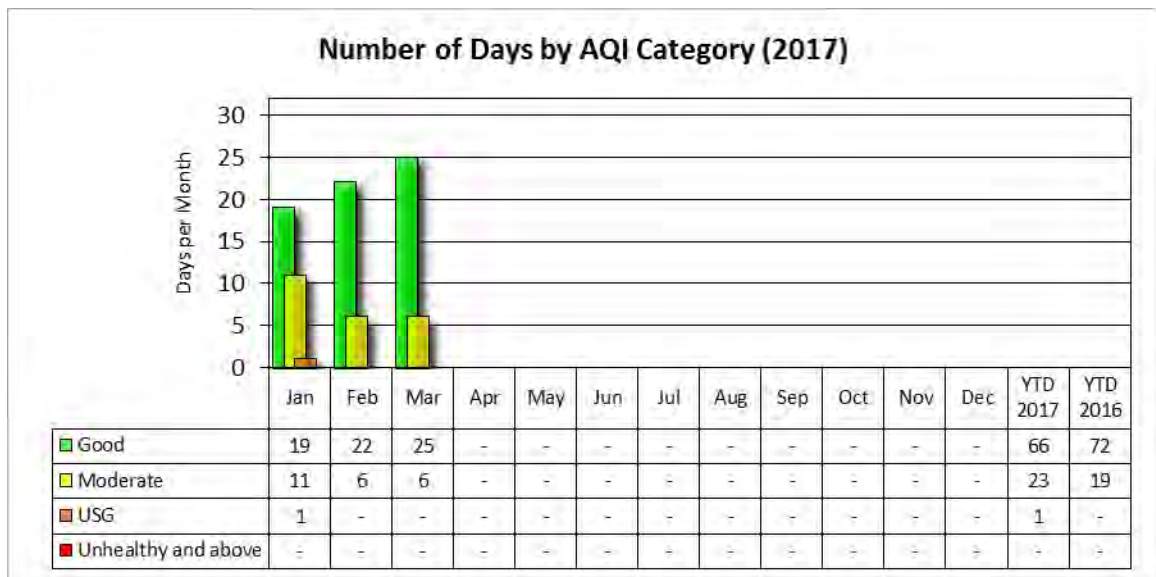
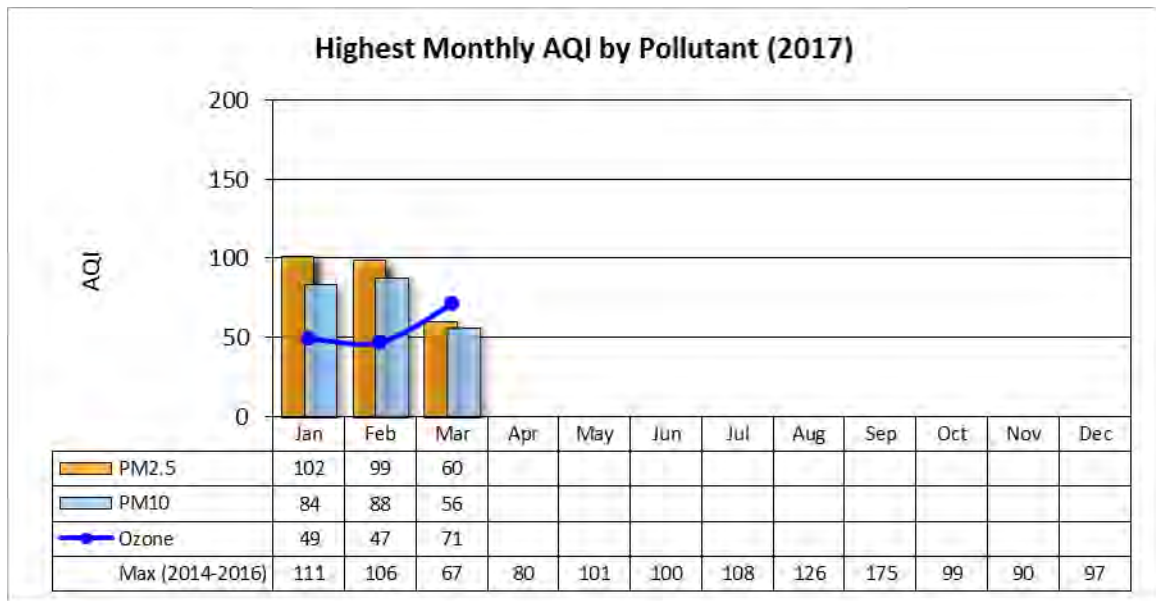
- Wildfires
- Asthma and Air Quality
- Air Quality Trends
- Air Quality Around the World
- Citizen Science

In support of these topics, AQM will provide updates on our website, OurCleanAir.com, and through social media.

Charlene Albee, Director  
Air Quality Management Division

## 2. Divisional Update

- a. Below are two charts detailing the latest air quality information for the month of March. The top chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note AQI data are not fully verified and validated and should be considered preliminary. As such, they should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the AQI data, please visit [OurCleanAir.com](http://OurCleanAir.com) for the most recent AQI Summary.

### **3. Program Reports**

#### **a. Monitoring & Planning**

March Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of March.

Staff continues to prepare Exceptional Events Demonstrations to exclude several days (July 2-4, 2016) of ozone data from comparison to the NAAQS. These days were impacted by smoke from the Trailhead Fire in Northern California. The Demonstrations must meet specific requirements specified in the Exceptional Events Rule (40 CFR 50). Excluding these days is critical to EPA's initial attainment/non-attainment designations for the 2015 ozone NAAQS which are expected to be finalized in October 2017.

The Washoe County Green Team (GT) is comprised of representatives from County Departments and Divisions. Its goal is to improve County operations and reduce environmental impacts. Improvements save County resources such as time and/or money. A successful GT project has been the installation of Hydration Stations throughout many County facilities. Beginning on Earth Day 2017, and each Earth Day thereafter, the GT will provide the County Manager with recommendations to incorporate into County operations. County employees can find news and announcements on the GT intranet and WC intranet bulletin board.

Daniel K. Inouye  
Chief, Monitoring and Planning

b. Permitting and Enforcement

Type of Permit	2017		2016	
	March	YTD	March	Annual Total
<b>Renewal of Existing Air Permits</b>	95	247	100	1285
<b>New Authorities to Construct</b>	3	12	4	97
<b>Dust Control Permits</b>	24 (322 acres)	52 (895 acres)	21 (294 acres)	161 (2239 acres)
<b>Wood Stove (WS) Certificates</b>	35	99	35	434
<b>WS Dealers Affidavit of Sale</b>	5 (3 replacements)	17 (12 replacements)	9 (5 replacements)	81 (57 replacements)
<b>WS Notice of Exemptions</b>	506 (4 stoves removed)	1760 (18 stoves removed)	570 (2 stoves removed)	7523 (66 stoves removed)
<b>Asbestos Assessments</b>	111	262	76	1020
<b>Asbestos Demo and Removal (NESHAP)</b>	19	67	19	261

Note: The reduction in the total number of monthly renewals of existing air permits, as compared to last year, is a result of multiple industrial process permits issued to a facility being consolidated into a single facility permit which includes multiple industrial processes. This is a result of streamlining made possible by the Accela Regional Licensing & Permitting System.

Staff reviewed sixty-nine (69) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Permitting staff is coordinating with Truckee Meadows Fire Protection District (TMFPD) to ensure a save open burn season that is compliant with AQMD regulations. TMFPD has historically expressed a reluctance to enforce District Board of Health Regulations Governing Air Quality Management Section 040.035 OPEN FIRES since this is not a TMFPD regulation. To ensure compliance with Section 040.035, Permitting staff is now being contacted to make the determination if a permit applicant's request for an exemption should be approved or denied. AQMD staff is working with TMFPD staff to establish a streamlined open burn permitting system that will ensure continued compliance with District regulations. Once the new proposed permitting process is completed, it will be presented to the District Board of Health for approval.

Staff conducted fifty-five (55) stationary source inspections in March 2017. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2017		2016	
	March	YTD	March	Annual Total
Asbestos	3	6	4	29
Burning	1	6	1	16
Construction Dust	4	4	1	58
Dust Control Permit	0	0	3	13
General Dust	2	5	7	72
Diesel Idling	0	0	1	8
Odor	3	6	0	31
Spray Painting	0	0	1	3
Permit to Operate	0	0	0	8
Woodstove	0	0	0	1
<b>TOTAL</b>	<b>13</b>	<b>27</b>	<b>18</b>	<b>239</b>
NOV's	March	YTD	March	Annual Total
Warnings	0	2	3	16
Citations	0	1	2	24
<b>TOTAL</b>	<b>0</b>	<b>3</b>	<b>5</b>	<b>40</b>

\*Note: Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf  
 Chief, Permitting and Enforcement

DD	<u>SK</u>	___
DHO	___	<u>KD</u> ___

**Community and Clinical Health Services  
Director Staff Report  
Board Meeting Date: April 27, 2017**

**DATE:** April 14, 2017  
**TO:** District Board of Health  
**FROM:** Steve Kutz, RN, MPH  
775-328-6159; skutz@washoecounty.us  
**SUBJECT:** Program Update – National STD Awareness Month; Divisional Update – Training Day, Patagonia Health and Insurance Contracts; Data & Metrics; Program Reports

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**1. Program Update – National STD Awareness Month**



April is designated as STD Awareness month by CDC. “Syphilis Strikes Back”, the theme for 2017, reflects the phenomenon of increased syphilis rates nationally, statewide, and in Washoe County. The CDC is encouraging heightened awareness, diligence, and activities from public health, health care providers, and individuals to “disrupt syphilis”.

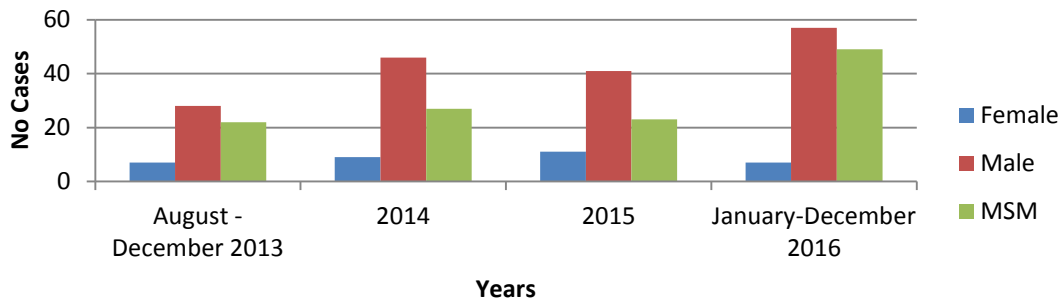
Once nearing elimination, data indicate that syphilis is thriving. In 2015, the United States experienced the highest number and rate of reported primary and secondary (P&S) syphilis cases in more than 20 years. Across the US, syphilis rates increased in every region, a majority of age groups, and across almost every race/ethnicity. Men, and men who have sex with men (MSM) specifically, continue to face the highest levels of syphilis. Women have experienced an increase in cases in recent years as well. One of the most disturbing trends is back-to-back years of increasing rates of congenital syphilis.

Nationally, syphilis cases have increased 19% from 2014 to 2015. Nevada currently ranks 4<sup>th</sup> nationally for P&S cases, which are the most infectious stages of the disease. With regard to P&S among MSM, Nevada ranks 8<sup>th</sup>. Washoe County has experienced an increase in infectious syphilis cases since 2013.

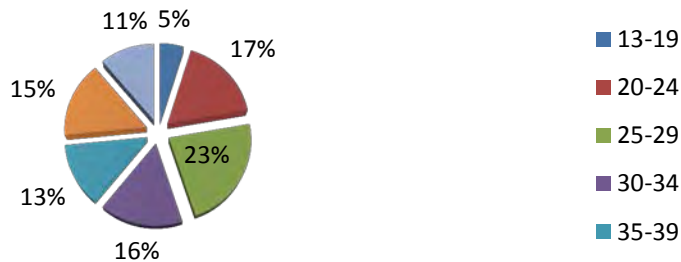


Washoe County has defined the current syphilis outbreak as any case of early syphilis, (P&S, Early Latent), which are the infectious stages, that have been reported since August 2013. According to the Nevada Division of Public and Behavioral Health, in 2015, Washoe County reported a rate of 6.1 for P&S cases and an Early Latent rate of 5.9 per 100,000. The P&S rate decreased from 2014 (8.2 per 100,000) yet the Early Latent rate increased from 3.7 per 100,000. During 2013, the P&S rate was 7.2 and the Early Latent rate was 3.2 per 100,000. Four (4) congenital syphilis cases have been reported in WC since the beginning of the outbreak. Most cases are among men, most often MSM. The highest number of early syphilis cases has occurred among the 20-34 year old age group. With regard to HIV status, 30% (64 out of 208) early latent cases were also HIV positive. Of note, the majority of co-infected cases were cases previously diagnosed with HIV.

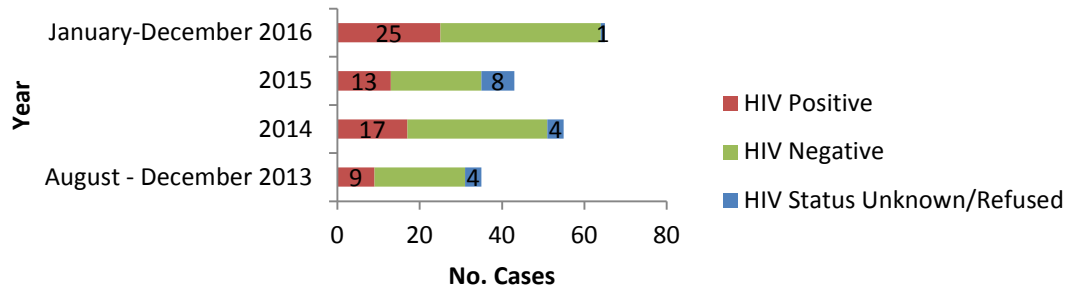
**Washoe County  
Infectious Syphilis by Gender including MSM  
August 2013 - December 2016**



**Washoe County  
Infectious Syphilis Age Distribution  
August 2013 - December 2016**



### Washoe County HIV Status of Infectious Syphilis Cases August 2013 - December 2016



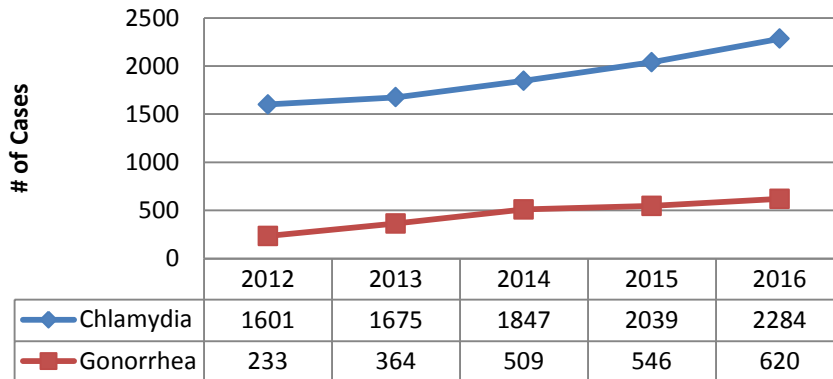
The consequences of syphilis infection are far reaching. The P&S stages of syphilis are highly infectious.

Congenital syphilis can cause miscarriage, stillbirth, prematurity, low birth weight, death shortly after birth, and developmental delays. Ocular syphilis case reports have also increased which can and have led to permanent blindness. Having syphilis also increases the likelihood of becoming infected with HIV by 3-to-5 times. Untreated syphilis can result in severe medical problems affecting the heart, brain and other organs of the body. Long-term infection may also be fatal.

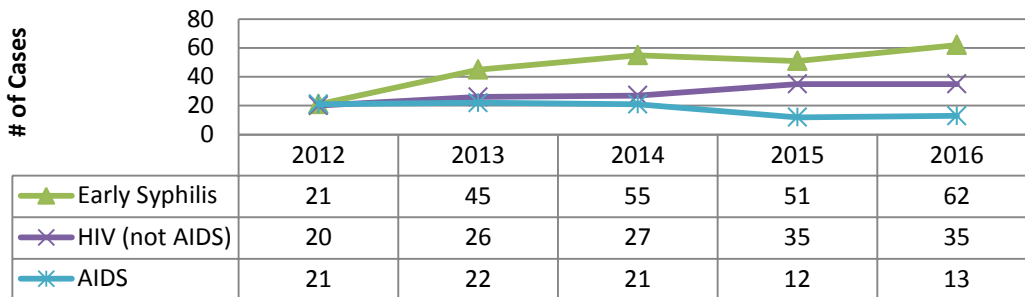
In response to the Washoe County outbreak, the Sexual Health Program has implemented a multi-faceted approach. Staff resources were increased to investigate the time intensive syphilis cases as well as the increased cases of chlamydia and gonorrhea. Area healthcare providers continue to be targeted in Epi-News articles, a syphilis provider packet mailing, and through direct communication with WCHD staff. Healthcare providers have been asked to increase their awareness of syphilis symptoms, consider increasing sexual risk assessments of patients, and to treat/report cases appropriately.

Along with syphilis, cases of the other reportable STDs have been increasing. Chlamydia and gonorrhea have shown dramatic increases. From 2012-2016, the number of chlamydia cases have increased 43%. During the same time period, gonorrhea cases increased 166%. HIV cases have increased 75% during that 5 year time period while AIDS cases decreased 38%.

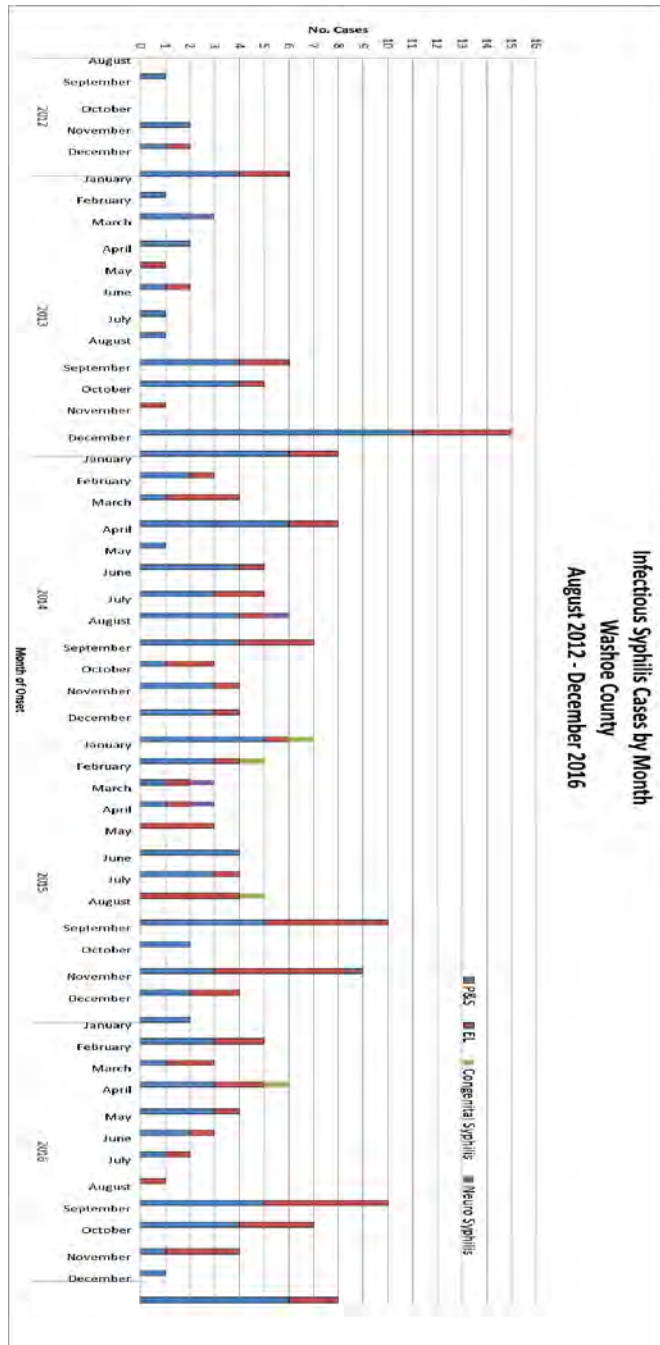
**Chlamydia & Gonorrhea Reported Cases  
Washoe County  
2012-2016**



**Early Syphilis, HIV, AIDS Reported Cases  
Washoe County  
2012-2016**



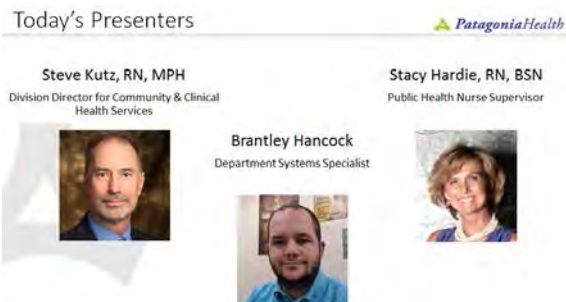
The Sexual Health Program continues to utilize best practices in the investigation and surveillance of STDs in Washoe County. Facilitating awareness of the appropriate testing, treatment, and reporting with healthcare providers will be maintained. To heighten awareness among the public, social media outreach will continue along with targeted advertising is planned for the second half of 2017. To further reach community members, free testing is available at various offsite clinics. Sexual Health Program staff integrate services across sub-programs to leverage resources and work toward the goal of decreasing the burden of STDs in Washoe County.



\*Monthly early syphilis, congenital, and neuro syphilis case counts captured in the graph below demonstrate the increased number of cases reported and investigated. Data from 2012 is included as a comparison to subsequent years.

## 2. Divisional Update

- a. **Training Day 2017** – CCHS held its annual training day on Wednesday, April 12<sup>th</sup>. Staff is able to complete many of our required trainings, with minimal disruption to our clinics. This year 68 staff attended. This year's guest speakers included Becky Gebhardt, APRN, from Washoe County Social Services, speaking on Child Abuse and Neglect; Dr. Mel Minarik from UNR, speaking to us about Emotional Intelligence and working with our staff on a few exercises; and Molly Davisson who provided a lecture on Emergency Medical Responses, and then went through emergency medical mock scenarios with nursing staff to test our skills and knowledge. Concurrent sessions were also held on Improving Customer Service and Early Autism Awareness. Besides meeting training needs for the Division, staff and management enjoy the opportunity for all CCHS staff to network with those from other programs, improve morale, strengthen relationships, and enhance staff communication. Training Day is a fit with the Health District's Strategic Priority 6 – Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.
  
- b. **Patagonia Health** – Stacy Hardie, Public Health Nursing Supervisor, Brantley Hancock, Health District Department Systems Specialist assigned to CCHS, and I were the featured speakers on two Patagonia Health (PH) webinars at the end of March, with over 100 attendees. In the presentations, we shared our experience working with PH from review and selection to the implementation of the Electronic Health Record (EHR).

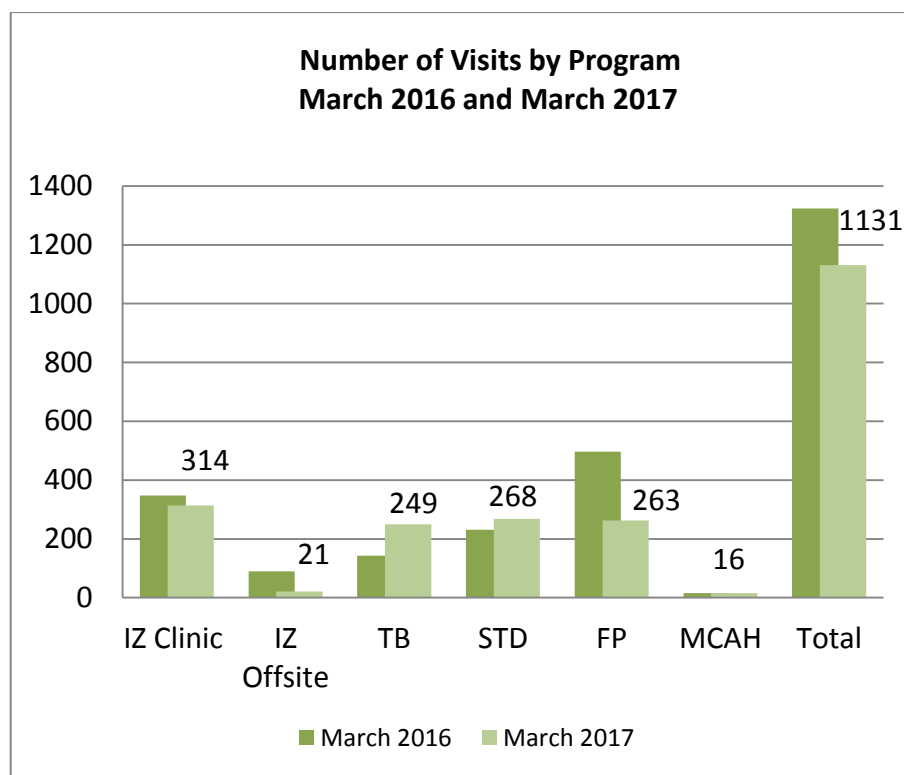


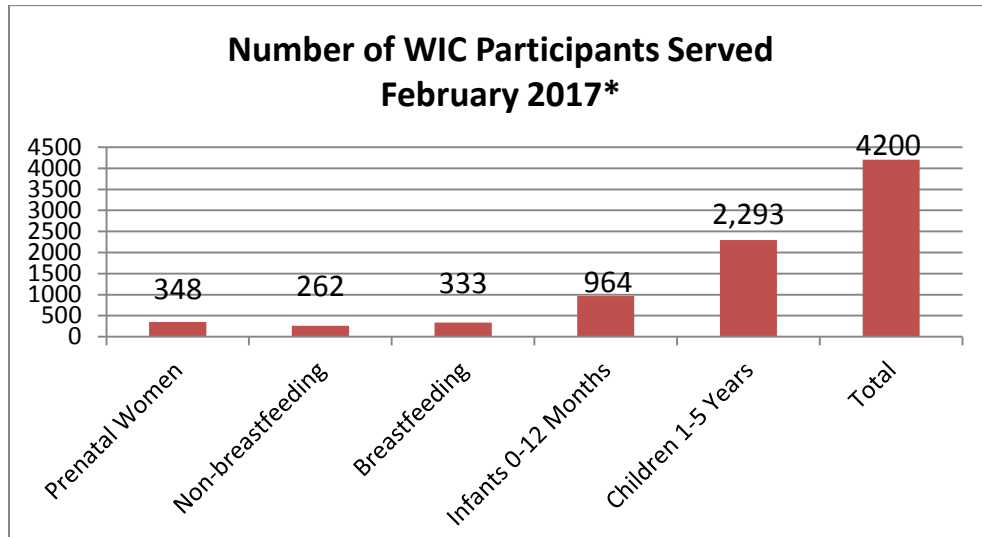
We were asked in part due to our collaborative working relationship with PH on meeting our needs, working through pain-points, and our ability to ultimately overcome challenges and

successfully implement the EHR in our clinical programs. Feedback on our presentations was very favorable and positive, with PH leadership commenting that the presentations were awesome, and that we were in part successful because of our Division’s “can do” attitude.

- c. **Insurance Contracts** – Our contract with Aetna should be finalized in advance of them going live as a Medicaid Managed Care Organization in Nevada, July 1, 2017. Aetna has been eager to contract with us, acknowledging that we are designated as an Essential Community Provider (ECP), which serves predominately low-income, medically underserved individuals.

d. **Data/Metrics**





\*It takes a full month after the last day of the reporting month for final caseload counts as WIC clinics operate to the end of the month and participants have 30 days after that to purchase their WIC foods.

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.

### 3. Program Reports – Outcomes and Activities

- a. **Sexual Health** – See program report above.
- b. **Immunizations** – Staff will be partnering with Immunize Nevada to provide immunizations at the “Baby Bash” event at Northern Nevada HOPES on April 21, 2017.
- c. **Tuberculosis Prevention and Control Program** – Washoe County has had six cases of active Tuberculosis since January 1, 2017. Staff conducted follow-up testing at a community site on March 28, 2017. Diane Freedman, TB Program Coordinator, assisted in revising the State of Nevada’s TB program manual, which will be available on-line in July 2017. Diane will be attending the National Tuberculosis Controllers Association conference in April.
- d. **Family Planning/Teen Health Mall** – Orientation of new nurse practitioner staff is going well, and Christina Shepherd, APRN, recently attended “Contraceptive Technology” training. This training is a hands on opportunity to hone insertion skills of Nexplanon and IUDs, discussion and educational sessions on the latest on contraception, and review of case studies.

Shaun Hasty, APRN, has joined the Family Planning team as an Intermittent Hourly APRN, and is currently in training. Shaun is also a nursing instructor at Orvis School of Nursing, and previously worked for the Health District in the early 1990s.

The Family Planning Clinic worked with the advertising agency KPS3 and developed an advertising campaign for the clinic. Radio spots, billboards and social media were utilized. Response from the campaign has been favorable. Below is a sample of what appears on a number of billboards throughout Reno and Sparks.



- e. **Chronic Disease Prevention Program (CDPP)** – On March 14<sup>th</sup>, in partnership with Carson City Health and Human Services, staff presented on Tobacco prevention as part of the Nevada Public Health ECHO series. The audience included public health professionals and health care providers and residents throughout Northern Nevada, including participants from Washoe County, Elko, Ely, and Winnemucca.

A new tobacco campaign has been developed promoting tobacco free locations across our community. The campaign started at the end of March and will run through May on TV, radio and Facebook with English and Spanish components.

Wolf Pack Coaches Challenge pilot program concluded with a total of 38 classrooms registered and 11 classrooms completing the program. Four winning elementary schools will receive visits from Wolf Pack coaches and athletes, including: Lemelson STEM Academy, Van Gorder, Lemmon Valley, and Incline. Feedback is being gathered from both teachers who registered and those that completed the program and will be used to make improvements.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Fetal Infant Mortality Review (FIMR) staff continue to conduct data abstraction from local hospitals for fetal and infant deaths. Approximately six cases are reviewed each month at Case Review Team meetings. Staff continue to provide safe sleep training and Pack ‘N Play portable cribs through the Cribs 4 Kids program. Staff also participate in monthly Pregnancy and Infant Loss Support Organization of the Sierras (PILSOS) committee meetings and Child Death Review meetings every other month.



Additionally, staff continue to work with the Drug Endangered Children (DEC) Program, in partnership with local law enforcement, to provide prenatal education, prenatal vitamins, resources and Pack 'N Play cribs for eligible clients. These clients are followed by Child Protective Services after the baby is born.

- g. **Women, Infants and Children (WIC)** – Staff are successfully implementing new policies and procedures as directed by the State for all Nevada WIC clinics. Changes include a variety of adjustments for both staff and clients ranging from changes in calculating seasonal workers annual income, certification of foster children, to changes in scheduling new applicants within 10 *calendar* days instead of the previous 10 *business* days.

DD	_____
DHO	_____ <i>KD</i> _____
DA	_____
Risk	_____

**Staff Report**  
**Board Meeting Date: April 27, 2016**

**DATE:** April 14, 2017  
**TO:** District Board of Health  
**FROM:** EHS Supervisors  
**THROUGH:** Kevin Dick, District Health Officer  
775-328-2416, [kdick@washoecounty.us](mailto:kdick@washoecounty.us)  
**SUBJECT:** EHS Division and Program Updates – Childcare, Food, IBD, Schools, Vector-Borne Disease and Waste Management

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**DIVISION UPDATES**

- EHS Staff continues to support the North Valleys Flood Incident as part of the Recovery Team headed up by Community Services Director, Dave Solaro. This includes surface water sampling and evaluating data, evaluating residential onsite sewage disposal systems and assisting residents on domestic well rehabilitation or connection to community water. Staff is also working with Community Services Department (CSD) on the drafting and implementation of a debris management plan for the area.

**PROGRAM UPDATES**

**Childcare**

- Childcare inspection staff served on a panel for childcare providers at the Quality Rating Improvement System. It provided a good forum for our staff to interact with county licensing inspectors and childcare directors and answer questions relevant to sanitation in their facilities.

**Food**

- Staff received results of an independent audit that was conducted to verify the accuracy of the 2016 Program Standards Self-Assessment which found the Food Safety Program met Standard 1 – Regulatory Foundation and Standard 7 – Industry and Community Relations. The audit confirmed that the Food Safety Program meets the referenced standards. The completion of periodic program self-assessments and verification audits demonstrates active participation in the FDA Retail Program Standards.
- Several staff members attended the Nevada Food Safety Task Force – Nevada Environmental Health Association Conference held in Reno on April 11 and 12, 2017. The conference provided the opportunity for participants to learn about new food safety and environmental health concerns and attendees included representatives from the food safety industry, food establishment operators and regulatory agencies in the state of Nevada. **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.**

- Staff presented on how service animal laws affect the restaurant and retail food establishment industries during the Nevada Food Safety – Nevada Environmental Health Association Conference. Representatives from the Retail Association of Nevada, the Nevada Restaurant Association, Nevada Disability Advocacy and Law Center, and Canine Companions for Independence also participated in the workshops. **Participation in public outreach and workshops for consumers and industry meets the criteria of Standard 7 - Industry and Community Relations.**
- Staff continues to conduct data collections at Washoe County food establishments as part of the risk factor study. The risk factor study is a research project designed to assess the occurrence of food preparation procedures and practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention (CDC) as contributing factors to foodborne illness outbreaks at the retail level. From the data collected, the WCHD will provide guidance to industry food safety professionals to assist them in addressing food safety issues that have the most significant impact on protecting public health. **Completion of a risk factor study at least every five years to measure trends in the occurrence of foodborne illness risk factors meets the criteria of Standard 9 – Program Assessment.**
- **Environmental Health Services Epidemiology Program** – In March, Environmental Health Services Epidemiology program staff assisted the Communicable Disease program staff on a case of *Salmonella enterica* (aka – typhoid fever). The case had a travel history to Central America and it was the first such reported case in Washoe County in several years. It resulted in exclusion of a household contact who was a food service worker who has since been cleared. Program staff is also attending a series of web-presentations hosted by Cornell University on whole genome sequencing and applications for identifying bacterial agents that cause foodborne illness. **Conducting investigations for recalls meets the criteria of FDA Standard 5 – Foodborne Illness and Food Defense Preparedness and Response.**
- **Special Events** – Staff continues to assist in the collection of data for the on-going risk factor study, but are also gearing up for the event season as permits begin to roll in. Most permits have been for small individual events, but the first significant upcoming event is Earth Day, which is scheduled to occur on April 23.

#### **Invasive Body Decoration (IBD)**

- Staff provided oversight of the 15th Annual Lady Luck Tattoo Expo held at Circus Circus Hotel Casino from March 31-April 2. Seven different staff members performed a total of 90 inspections over the course of the three-day event.

#### **Schools**

- The school inspection program staff is completing annual inspections and working on revised guidelines for school inspections. As part of continuous improvement, inspections are now transmitted electronically every month to the School District and State Department of Education. This has saved a substantial amount of staff time preparing copies and manually mailing the reports.

### Vector-Borne Diseases

- Staff has begun mosquito surveillance using portable CO2 traps in Lemmon Valley due to the flooding that has occurred. This is the earliest the Program has begun this surveillance. Trapping the first week of April netted over 80 *Culiseta inornata*. While this specie has the ability to transmit West Nile virus and Western equine encephalitis the average daily temperatures do not yet support virus transmission. The stationary New Jersey light traps that will be deployed the middle of this month, monitors base line mosquito population levels in the Truckee Meadows Community. Adulticiding will be used for mosquito based on surveillance data, complaints received and as temperatures warm due to limited larvaciding inventory.
- Vector staff provided a bed bug presentation to 80 staff from Renown. The presentation included prevention and control techniques including the newest methods, bed bug biology and identification. Renown Home Health staff provides in home nursing care and is developing protocols to prevent bed bug spreading between residences.
- Program staff presented to the Nevada Food Safety Task Force annual meeting at the Peppermill in Reno on April 12. Presentation topics included concerns governing the protection of public health from vector-borne diseases, diversity and morbidity associated tropical and semi-tropical diseases transmitted by vectors, emergent vector-borne diseases, and surveillance and control of West Nile Virus in Washoe County. Approximately 60 people were in attendance during the presentation.
- Public health interns will begin their seasonal work in the Vector Program starting April 17. Three of the five are returning and staff will begin recruitment to fill the two positions that are vacant.
- Staff reviewed 10 building projects in the Truckee Meadows and commented and signed off on two projects; Life Church and The Eddy.
- Vector Responses to Public Requests:

	JAN 2017	FEB 2017	MAR 2017	YR Total	Mo. Avg
Mosquito	1	2	21	24	8.0
Hantavirus	5	0	2	7	2.3
Plague	0	0	5	5	1.7
Rabies	2	0	6	8	2.7
Planning	21	6	6	33	11.0
Lyme Disease/Ticks	0	1	0	1	0.3
Media	0	1	0	1	0.3
Outreach/Education/Misc.	2	4	24	30	10.0
Cockroach/Bedbug	12	8	13	33	11.0
West Nile Virus	0	0	0	0	0.0
Zika	1	1	0	2	0.7
<b>TOTAL</b>	<b>44</b>	<b>23</b>	<b>77</b>	<b>144</b>	<b>48</b>
<b>Planning Projects</b>	<b>12</b>	<b>6</b>	<b>26</b>	<b>44</b>	<b>14.7</b>

### Waste Management

- Staff continues to support Lemmon Valley residents in coordinating waste disposal activities with Waste Management and those impacted by flood waters by providing alternative waste disposal locations.

**EHS 2017 Inspections / Permits / Plan Review**

	JAN 2017	FEB 2017	MAR 2017	YR Total	Mo. Avg
Child Care	1	4	9	14	5
Complaints	40	61	93	194	65
Food	212	282	367	861	287
General*	45	36	75	156	52
Developmental Review Numbers	30	34	38	102	34
Plan Construction Inspection (Commercial)	17	53	45	115	38
Construction Plans Received (Comm.)	16	19	25	60	20
Plan Review (Residential - Septic/Well)	41	67	88	196	65
Residential Septic/Well Inspections	18	52	84	154	51
Temporary Foods/Special Events	19	19	29	73	24
Well Permits	4	9	14	27	9
Waste Management	21	23	16	60	20
<b>TOTAL</b>	<b>464</b>	<b>659</b>	<b>883</b>	<b>2,012</b>	<b>168</b>

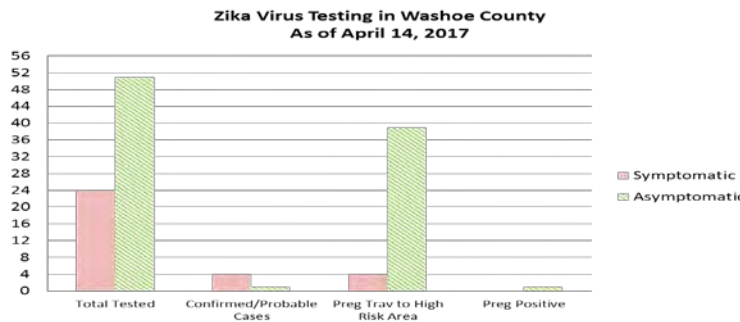
\* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS  
DIVISION DIRECTOR STAFF REPORT  
BOARD MEETING DATE: April 27, 2017**

**DATE:** April 14, 2017  
**TO:** District Board of Health  
**FROM:** Randall Todd, DrPH, EPHP Director  
 775-328-2443, [rtodd@washoecounty.us](mailto:rtodd@washoecounty.us)  
**Subject:** Program Updates for Communicable Disease, Public Health Preparedness, and  
 Emergency Medical Services

**Communicable Disease (CD)**

**Zika Virus Disease Evaluation and Testing** - As of April 14, 2017, there have been 81 individuals referred by local healthcare providers for evaluation of possible Zika virus infection. Five cases have been reported. One of the five cases was an asymptomatic pregnant woman and one was identified through blood donation. The March report to the District Board of Health had indicated a total of six cases. However, one of these has been reclassified as “not a case” after more laboratory test results were received. The pregnant woman delivered her baby on January 11, 2017, and the baby was apparently not infected with Zika based on laboratory tests at CDC. Testing for the maternal tissues at CDC also came back with negative result. However, according to CDC, negative maternal tissue results cannot rule out Zika. Therefore, the baby’s health monitoring within one year still need to follow CDC’s guidance.



Note: Categories above are not mutually exclusive

**Outbreaks** - Since the last District Board of Health meeting, the CD Program has closed one outbreak investigation of Hand, Foot, and Mouth Disease (HFMD) in a childcare facility. As of April 14, no additional outbreak investigations have been opened.

**General communicable diseases** – The CD program had a very busy month investigating communicable diseases. These diseases included coccidioidmycosis (2), probable mumps (2),

probable pertussis (4), cryptosporidiosis (4), acute Hepatitis A (1), acute hepatitis C (1), and Typhoid fever (1). These investigations are time intensive due to the necessary activities of tracking contacts, providing post-exposure prophylaxis, and excluding from work for some cases. The CD Program also received a report of suspect Chagas disease and finally ruled out this case after the investigation was completed.

**Seasonal Influenza Surveillance** – For the week ending April 8, 2017 (CDC Week 14) 11 of 12 participating sentinel providers reported a total of 97 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 11 providers was 1.6% (97/5,904) which is below the regional baseline of 2.5%. During the previous week (CDC Week 13, 2017), the percentage of visits to U.S. sentinel providers due to ILI was 2.9%. This percentage is above the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 0.9% to 4.3%. Six regions reported a proportion of outpatient visits for ILI at or above their region-specific baseline levels.

Two death certificates were received for week 14 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 14 was 80. This reflects a P&I ratio of 2.5% which is below the epidemic threshold set by CDC for week 11 at 7.4%. The national P&I ratio for week 11 was below the epidemic threshold at 7.3%. The total P&I deaths registered to date in Washoe County for the 2016-2017 influenza surveillance season is 174. This reflects an overall P&I ratio of 6.9% (174/2514).

### **Public Health Preparedness**

Several Medical Reserve Corp (MRC) volunteers, along with the MRC Coordinator participated as judges at the Health Occupations Students of America (HOSA) National State Leadership Conference, held here in Reno, March 20-21, 2017 and headquartered at the Nugget Hotel. Over 800 high school and college students that are aspiring to become health care workers gathered to learn and compete against each other in a variety of events such as CPR/First Aid and Life Support Skills, Medical Spelling, Nursing and Medical Assisting, Health Posters and many others. Winners of the competition earn the privilege to represent Nevada at HOSA's National Competition that will be held later this year in Orlando, Florida.

The Public Health Emergency Response Coordinator and PHP Program Manager attended the Disaster Recovery Statewide Conference on March 16, 2016. The conference was hosted by Washoe County Emergency Management and Homeland Security Program. The conference provided an overview of the Recovery Framework and the web-based application of the Preliminary Damage Assessment from Orion.

The Public Health Emergency Response Coordinator conducted a site assessment of North Valleys High School for the utilization as a federal medical station on May 6, 2017.

### **Emergency Medical Services (EMS)**

The EMS Coordinator attended a regional MCI training on March 17, 2017. The training was hosted by the Airport Fire Department in preparation for the triennial exercise. The training provided an overview of the on-scene processes for triage and treatment and concluded with a tabletop exercise for responders.

The EMS Coordinator and Sparks Fire Division Chief, McEvers, facilitated the first MCI Command Training/Seminar for the region on March 20, 2017. The three-hour training for Fire and EMS leadership/command staff included an overview of the Multi-Casualty Incident Plan (MCIP) and its two annexes, on scene response and the Incident Command System (ICS), and a seminar discussion about the upcoming triennial exercise.

EMS Program staff have continued to meet with regional partners on the possible Public Service Announcement (PSA) project for 911 usage. The regional partners have expanded and included dispatch, EMS and law enforcement agencies. The group has discussed the budget, timeline and structure for the media campaign. A formal letter was distributed to agency leadership inviting them to participate in this regional project designed to further educate the public on the appropriate use of the 911 system. Each agency was invited to create a 30-second PSA or graphic that would educate people on 911. Ideally, the region will launch this project in coordination with National Police and EMS weeks in May 2017.

The EMS Coordinator presented at the Northern Nevada Medical Center Summit meeting on March 29, 2017. The presentation focused on the MCIP and Mutual Aid Evacuation Annex (MAEA) and the critical hospital components of preparedness and response to disasters.

The EMS and PHP program staff attended a two-day National Transportation Safety Board (NTSB) training on April 4-5, 2017. The training included a variety of topics from an overview of the NTSB to family assistance legislation to the medicolegal aspects of family assistance. The training was extremely beneficial to the region in developing a better understanding of legal aspects of transportation disasters.

The EMS Advisory Board held its regularly scheduled quarterly meeting on April 7, 2017. The agenda included several items, such as, a Prehospital Medical Advisory Committee (PMAC) update, a presentation on EMS data and the new online heat map of response times, and an update on the process of the EMS 5-year strategic plan.

EMS Program staff continue to work with Airport staff in planning for the triennial exercise, which is scheduled from April 27, 2017. Staff have attended a variety of planning meetings for this full-scale exercise to include coordination with hospitals, REMSA, and the airport responses. This year, there is a focus on family assistance and using the regional victim report form and WebEOC board that was created as part of the Family Service Center (FSC) Annex of the MCIP.

The regional protocols task force that was established in February 2017 continues to meet on a bi-weekly basis. To date, the group has reviewed and began developing 35 different protocols. Many are still in draft form as the group works through the elements of each protocol. The task force has reached final consensus on 12 protocols.



**REMSA Percentage of Compliant Responses  
 FY 2016 -2017**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2016	94%	91%	100%	100%	94%	94%
August 2016	93%	88%	100%	100%	92%	93%
September 2016	95%	90%	100%	100%	93%	95%
October 2016	93%	92%	94%	80%	92%	93%
November 2016	93%	94%	93%	100%	94%	94%
December 2016	92%	88%	96%	100%	91%	92%
January 2017	92%	87%	95%	100%	90%	92%
February 2017	91%	94%	91%	100%	93%	91%
March 2017	92%	95%	100%	100%	96%	92%
YTD	93%	91%	96%	97%	93%	93%

**REMSA 90<sup>th</sup> Percentile Responses**

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2016	8:04	15:33	13:39	N/A*
August 2016	8:18	16:02	18:12	N/A*
September 2016	7:52	16:02	16:20	19:13
October 2016	8:29	15:07	21:48	31:04
November 2016	8:17	15:03	19:32	N/A*
December 2016	8:27	16:56	17:14	29:48
January 2017	8:42	17:33	19:48	N/A*
February 2017	8:47	13:23	19:53	N/A*
March 2017	8:35	13:28	16:48	N/A*

\*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90<sup>th</sup> percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

**District Health Officer Staff Report**  
**Board Meeting Date: April 27, 2017**

**TO:** District Board of Health

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

**SUBJECT:** District Health Officer Report –FY17-18 Budget, North Valleys Flooding, EHS Management, Quality Improvement, Public Health Accreditation, County Health Rankings, Community Health Improvement Plan, Workforce Development, Annual Report, Truckee Meadows Healthy Communities, Other Events and Activities and Health District Media Contacts

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FY 17-18 Budget

The District Board of Health approved budget for FY17-18 is expected to continue to move through the County budget process for approval.

North Valleys Flooding

The Health District continues to work with Washoe County and coordinate with City of Reno on response and recovery from flooding occurring in the north valleys. Messaging continues through the AM radio station deployed to the Lemmon Valley area and the Health District Communications Manager continues to work with the Joint Information Communication Team. The mobile showers were scheduled for removal on April 20, and the nearby Fellowship Community Church is providing shower facilities. The portable toilets delivered to residences are scheduled to be removed on April 28.

The Health District is monitoring mosquito activity and is prepared to respond to mitigate areas with high mosquito activity with fogging of adulticide. We do not have sufficient larvacide to provide helicopter application to the vast areas with standing waters not only in the north valleys but throughout the county. We are in discussions with County representatives on approaches and budget needed to expand current fiscal year larvaciding beyond the application to 250 acres currently supported within the budget and scheduled for June 2017. We are also discussing additional funds that will be required to expand helicopter larvacide application beyond the 1000 acres that we have budgeted for each of the months of July, August, and September.

EHS Management

I continue to meet with the EHS leadership team weekly to work with them and provide direction for management of the Division.

Quality Improvement

The Q-Team will begin development of the FY17-18 QI Plan at the May Q-Team meeting, taking into account recent QI staff survey results and PHAB requirements.

In addition, and based on QI survey results, the Q-Team is looking to expand its role to provide greater support to staff as they develop QI projects. Ideas for Q-Team role expansion have been presented to the Division Directors and will be discussed in detail at the May Q-Team meeting.

ODHO staff will be participating in a Green Belt Six Sigma class to further QI efforts at the Health District. Both the Director of Programs and Projects and the Program Coordinator will choose a significant QI project tied to the Health District Strategic Plan to practice newly learned skills that will be passed on to all staff.

### Public Health Accreditation

The Accreditation Team continues to hold team and individual meetings to review and gather documentation for public health accreditation purposes. The Accreditation Team has revised the draft timeline for PHAB activities based on potential NACCHO grant funding that is available to cover partial PHAB application fees.

- Online Orientation: All staff to complete by October 1, 2017
- Submit Statement of Intent (SOI): October 1, 2017
- Submit Application: Within six months of SOI submission – no later than March 31, 2018
- PHAB Fees Due: Within 30 days of Application Approval – no later than April 30, 2018
- Accreditation Coordinator Training: Within 3 months of payment – no later than June 30, 2018
- Register for ePHAB: Upon completion of Accreditation Coordinator training – no later than June 30, 2018
- Document Uploads Completed: Within 12 months of accessing ePHAB - no later than June 2019

In addition, staff met with Carson City Health and Human Services staff to discuss lessons learned from their PHAB process.

### County Health Rankings

We worked with a number of regional partners to host what has become an annual Community Health Rankings Event, which was held on March 29 in the County Commission Chambers. The County Health Rankings is a project funded by the Robert Wood Johnson Foundation and performed by the University of Wisconsin. Counties within each state are ranked on Health Outcomes (length of life, quality of life) and Health Factor (behaviors, clinical care, socioeconomic, and physical environment). Speakers from the UNR Medical School, the Health District, Nevada Division of Public and Behavioral Health, and Carson City Health and Human Services presented at the event. Washoe County ranked fourth in Nevada for health outcomes, and third in the State for health factors. In 2016, Washoe County ranked fifth in health outcomes and third in health factors. The County Health Rankings Report and a video of the March 29 event are available at the Health District website, [www.washoehealth.org](http://www.washoehealth.org).

### Community Health Improvement Plan

The Community Health Improvement Plan (CHIP) 2016 Annual Report is available on the Health District website. In addition, recommended changes have been made to the CHIP and has been labeled version 2.0 and is also available online. Two community presentations have been made to garner community feedback on the 2016 CHIP Annual Report. Presentations were made March 29, 2017 at the Northern Nevada County Health Rankings event and for the Truckee Meadows Healthy Communities steering committee meeting April 5, 2017.

### Workforce Development

In partnership with the Western Regional Public Health Training Center and their affiliate, the Nevada Public Health Training Center (NPHT) at the University of Nevada (UNR), Reno, the Washoe County Health District implemented a workforce development survey to assess training needs and skills and knowledge associated with public health competencies. The survey closed Friday April 7, 2017. Of the 150 full time employees at the Health District, a total of 96 people took the survey, which is a 64% response rate. The NPHT is analyzing the data and the Health District should have a preliminary report in the next month. This will inform the Workforce Development Plan the Health District is required to have for public health accreditation

### Annual Report:

The 2016 Health District Annual Report was produced and published. Titled, “A Year of Accomplishment,” it highlights significant accomplishments of the Health District and each of the Divisions during the past year.

### Truckee Meadows Healthy Communities

#### TMHC Board and Steering Committee

TMHC continues to move forward with incorporation as a 501©(3) not-for-profit charitable organization and implementation of several initiatives including the Community Health Improvement Plan, Collaborating for Clients Arnold Foundation Grant, the Family Health Festivals, and Affordable Housing. Dr. Slonim, CEO of Renown Health and I co-chaired Board and Steering Committee meetings on March 30, and April 5, and I worked with Director Zadra throughout the month.

#### Family Health Festivals and Silver Syringe Awards

Health District staff, along with TMHC community partners, are being recognized at the 19th Annual Silver Syringe Awards on April 20, 2017. Staff coordinating the Family Health Festivals will receive an award for “Outstanding Community Partner.” This award is given to a community organization that demonstrates exceptional dedication to immunizations and furthering the mission of Immunize Nevada through collaboration and partnerships.

The Family Health Festival has partnered with Health Plan of Nevada to co-host a back-to-school event Saturday June 24, 2017 from 8:00am to 1:00pm. This event will be held at the Evelyn Mount Community Center located at 1301 Valley Road, Reno NV 89512.

### Remote Area Medical (RAM Event)

The Health District is taking the leadership role in working with Truckee Meadows Healthy Communities to coordinate a RAM event for northern Nevada residents. RAM is part of a larger effort to address health care issues that plague countless isolated and impoverished communities in the United States. They aim to be the most organized, efficient, and effective provider of no-cost health care, to enhance quality of life, and to consistently deliver high-quality treatment. Their mission is to prevent pain and alleviate suffering by providing high-quality health care to those in need.

RAM planning ties in with the CHIP Access to Healthcare and Social Services priority, and will increase collaboration amongst Health District Divisions. ODHO, EPHP, and CCHS have already begun discussions for coordination and planning and operational activities for the event.

### Community Conversation on Workforce Housing

TMHC partnered with the Community Foundation of Western Nevada to hold a Community Conversation on Workforce Housing at the Reno High auditorium the evening of April 13. The event was attended by approximately 200 people and was designed to inform the community of the work being conducted by in the community and to be supported by TMHC to assist in the development and implementation of an action plan around the continuum of affordable housing in the Truckee Meadows. A group of panelists moderated by Wendy Damonte shared their experiences in developing affordable housing in different communities and included the Derenda Timmons Schubert, Executive Director of Bridge Meadows, and intergenerational affordable housing community supporting foster children, parents and seniors, Denver City Councilwoman Robin Kniech, Connie Wright, Assistant Director and National Housing Relationship Manager, Wells Fargo Housing Foundation, Robert Klein, President of Klein Financial Corporation which has arranged more than \$5 billion in financing and equity for affordable housing projects, and Robert Nielsen, President of Shelter Properties, and advocate for affordable housing with a real estate and development company based in Reno that develops affordable housing for families and senior citizens. Earlier in the day, members of TMHC, the Community Foundation, staffers of Senators Heller and Cortez Masto, the Reno HUD office, and others met with Enterprise Community Partners to establish the framework for moving forward with development and implementation of an affordable housing action plan.

### C4C

The Truckee Meadows Healthy Communities Collaborating for Communities (C4C) initiative continues to strengthen its strategies for the FEED Travel Team and each of the three Community Action Networks (CANs): Food Security CAN, Economic Stability CAN, and the Housing CAN. On April 24<sup>th</sup> and 25<sup>th</sup>, Annie E. Casey Foundation representatives will be coming to Reno for a two-day site visit to work with the FEED Travel Team and CAN leads to further strengthen and align strategies across these four groups. It is expected that this site visit will move the C4C work further toward our expected outcomes and results as we work together to address public health needs in our community (food security, education, housing, financial stability, and general health).

Other Events and Activities

- Regular meetings with Division Directors and Direct Reports
- 3/24/17 – REMSA Board Meeting
- 3/28/17 – EHS SR/Mgmt. Meeting w/Health Officer
- 3/29/17 – County Health Rankings Event
- 3/29/17 – TMHC Family Health Festival Strategic Planning Meeting
- 3/30/17 – TMHC Board of Directors Meeting
- 3/31/17 – Nevada Public Health Association (NPHA) Advocacy Call
- 3/31/17 – North Valleys Transition from IM Commander Hicks to Washoe County, REOC
- 4/3/17 – North Valleys Flooding Operation Meeting, REOC
- 4/4/17 – Health District General Staff Meeting
- 4/4/17 – EHS Supervisors Meeting
- 4/5/17 – TMHC Steering Committee Meeting
- 4/6/17 – Quarterly EMS Advisory Board Meeting
- 4/6/17 – Monthly NV Health Authority Conference Call
- 4/7/17 – NPHA Advocacy Call
- 4/7/17 – Monthly Meeting w/County Manager Slaughter
- 4/7/17 – N. Valleys Flood REOC Meeting
- 4/10/17 – NV Association of Local Health Officials (NALHO) Conference Call
- 4/10/17 – Community Health Needs Assessment (CHNA) Steering Committee Meeting
- 4/10/17 – EHS Supervisor’s Meeting
- 4/11/17 – Affordable Housing Planning Conference Call
- 4/12/17 – Department Heads Meeting
- 4/13/17 – Enterprise Community Partners Housing Plan Meeting
- 4/13/17 – Community Conversation on Workforce Housing
- 4/14/17 – NPHA Advocacy Call
- 4/15/17 – Healthcare Town Hall Meeting with NV State Legislators
- 4/17/17 – N Valleys Flood REOC
- 4/18/17 – EHS Supervisors Meeting
- 4/18/17 – TMHC Affordable Housing Conference Call
- 4/20/17 – BANN Land Development Group
- 4/20/17 – Silver Syringe Award Dinner

Subject: District Health Officer Report

Date: April 27, 2017

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4/21/17	NPHA Advocacy Call
4/25/17	EHS Seniors/Management Meeting
4/26/17	NALHO Conference Call
4/26/17	Nevada Public Health Association (NPHA) Board of Directors Meeting
4/27/17	EHS All Employee Meeting

**Health District Media Contacts: February 2017**

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
3/30/2017	KOLO CH8 - ABC Reno	Cameraman/Photographer	County Health Rankings - Dick
3/30/2017	KRNV CH4 - NBC Reno	Cameraman/Photographer	County Health Rankings - Dick
3/30/2017	KTVN CH2 - CBS Reno	Cameraman/Photographer	County Health Rankings - Dick
3/30/2017	KRNV CH4 - NBC Reno	Ben Margiott	Water Quality - English
3/30/2017	KOLO CH8 - ABC Reno	Lygren/Russell	Water Quality - English
3/30/2017	UNIVISION	Carolina Lopez	Water Quality - English
3/28/2017	KTVN CH2 - CBS Reno	Arianna Bennett	Mosquitos - Jeppson
3/24/2017	KOLO CH8 - ABC Reno	Terri Russell	Water Quality - English
3/21/2017	UNIVISION	Carolina Lopez	Flood Update - Ulibarri
3/17/2017	KRNV CH4 - NBC Reno	Jaclyn Shearer	Mosquitos - Shaffer
3/14/2017	Science News	Elizabeth Eaton	NDMCRE - Chen/Ulibarri
3/13/2017	KOLO CH8 - ABC Reno	Terri Russell	Water Quality - English
3/7/2017	KRNV CH4 - NBC Reno	Diane Thao	Mosquitos - Shaffer
3/3/2017	KTVN CH2 - CBS Reno	Angela Schilling	Burn Code - Schnieder

**Press Releases/Media Advisories/Editorials/Talking Points**

3/27/2017 County Health Rankings Ulibarri

**Social Media Postings****Facebook**

AQMD/CCHS/ODHO 91 (CCHS 32 EHS 16 AQM 42 ODHO 1)  
EHS

**Twitter**

AQMD/CCHS 55 (CCHS 15 AQM 40)

**Emergency Radio Station Messages**

3/11-31/2017 **WQJR971/1150 AM** 129 Lemmon Valley Flood - Ulibarri