

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

CHANGE OF LOCATION

Members
Kitty Jung, Chair
Dr. John Novak, Vice Chair
Oscar Delgado
Dr. George Hess
Kristopher Dahir
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**

PUBLIC HEARING ITEMS SCHEDULED ON THIS AGENDA

(Complete item descriptions on second page.)

- **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.**

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**

March 23, 2017

- 5. *Recognitions**

A. Years of Service

- Robert Sack, Division Director, 30 years, hired 3/23/1987 - EHS
- Lei Chen, Epi Program Manager, 15 years, hired 3/11/2002 - EPHP
- Graciela Flores, Office Assistant II, 15 years, hired 3/25/2002 - CCHS

B. New Hires

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

- C. Promotions
 - i. Matthew Christensen from Environmental Health Trainee I to Environmental Health Trainee II - EHS
- D. Retirements
 - i. Robert Sack – 3/31/2017, Division Director – 30 years – EHS
- E. Little Hats, Big Hearts, American Heart Association with Saint Mary’s Regional Medical Center
Presented by Dr. Bryan and Ms. Helen Lidholm, CEO Saint Mary’s Health Network

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

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: Charlene Albee

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

9. Regional Emergency Medical Services Authority

Presented by Don Vonarx and Kevin Romero

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

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

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

Staff Representative: Kevin Dick

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

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

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 –FY 17-18 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

12. *Board Comment

Limited to announcements or issues for future agendas.

13. *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.

14. Adjournment

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

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

Washoe County District Board of Health Meeting Minutes

Members

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

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

Washoe County Administration Complex, Building B
Health District South Conference Room
1001 East Ninth Street
Reno, NV

1. *Roll Call and Determination of Quorum

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

The following members and staff were present:

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

Members absent: None

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

2. *Pledge of Allegiance

Mr. Andy Gebhardt 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

February 23, 2017

Dr. Novak moved to approve the agenda for the February 23rd, 2017, District Board of Health regular meeting. Mr. Brown seconded the motion which was approved six in favor and none against.

5. Approval of Draft Minutes

January 26, 2017

Dr. Novak moved to approve the minutes for the January 26th, 2017, District Board of Health regular meeting. Mr. Dahir seconded the motion which was approved six in favor and none against.

6. Recognitions

A. Years of Service

- i. Kim Tran Franchi, 10 years, hired 2/23/2007 – EHS

Mr. Dick congratulated Ms. Franchi on her 10 years of service.

- ii. Carmen Mendoza, 15 years, hired 2/27/02 – EPHP

Mr. Dick introduced Ms. Mendoza and congratulated her on her years of service

B. New Hire

- i. Michael White, 1/30/2017, Storekeeper - CCHS

Mr. Kutz introduced Mr. White who has years of experience in purchasing and inventory management. Mr. Kutz stated that he has been a wonderful addition to CCHS and they are very pleased to have him on board.

C. Promotions

- i. Chantelle Batton from Environmental Health Trainee I to Environmental Health Trainee II – EHS

Ms. Batton was not in attendance.

- ii. Ellen Messenger-Patton from Environmental Health Trainee I to Environmental Health Trainee II – EHS

Ms. Messenger-Patton was not in attendance.

- iii. Briana Johnson from Environmental Health Trainee I to Environmental Health Trainee II – EHS

Ms. Johnson was not in attendance.

- iv. Michael Touhey from Environmental Health Trainee I to Environmental Health Trainee II – EHS

Mr. Dick congratulated Mr. Touhey on his promotion.

D. Accomplishments

- i. Dianna Karlicek, passed the National Registration Exam to become a Registered Environmental Health Specialist – EHS

Mr. Dick announced that Ms. Karlicek passed the National Registration Exam to become a Registered Environmental Health Specialist. He stressed that it takes a great amount of preparation and congratulated her on her accomplishment.

E. Retirements

- i. Dennis Cerfoglio – 1/31/2017, Sr. Air Quality Specialist – 28.75 years – AQM

Mr. Dick congratulated Mr. Cerfoglio on his retirement and presented him the gift of a clock to commemorate his years of service. Mr. Dick stated that he'd had the great pleasure of working with Mr. Cerfoglio directly when they both worked in the Air Quality Division, and that Mr. Cerfoglio had worked in Environmental Health Services as well. Mr. Dick thanked him for his service and commented that he'd had a great career at the Health District and he would be missed.

Chair Jung wished him a good retirement.

F. TMWA and Lyon County – Recognition for Exemplary Performance during the Flood Event at Sutcliffe, Pyramid Lake Reservation.

Mr. Dick introduced Andy Gebhardt, Tommy Clifton and Pat Nielson with TMWA, and from Lyon County, Mike Gutierrez and Robert Mann. He requested them all to come forward to be recognized, and asked Mr. English to explain the situation regarding the January flood at Sutcliffe, and the efforts of the members of TMWA and Lyon County.

Mr. English explained that during the first flood in January, multiple water systems had issues. The largest water system in Washoe County is that of the Pyramid Paiute Indian Tribe, and it is not regulated by the Health District.

Their well and main distribution line is at the bottom of a wash, which was part of the area that was washed out by the flood. On Wednesday the 11th, two days into the flood, the Health District received a request from NDP to provide technical assistance to bring water back online in that area. Sutcliffe had already been without water since Saturday.

Mr. English stated that his division had already contacted the Tribe's Emergency Manager who is also the Fire Chief. The Emergency Manager thought that if the Health District could provide 250,000 gallons of water, it should take care of the immediate needs.

Having dealt with similar situations with smaller water systems, it was apparent that this was not sufficient, and Wil Raymond with TMWA was contacted for possible assistance. Mr. Raymond stated that TMWA could supply water, but had no way to transport it.

The State had already contacted Lyon County who had, in a previous emergency, purchased potable water hauling trucks. This is the second occasion that Lyon County has assisted Washoe County in two years.

The Health District became the coordinating agency for this response to assist the Tribe.

The issue became much larger than originally anticipated. Lyon County mobilized immediately. TMWA tested a fire hydrant in Spanish Springs to verify the water was potable to fill a tank owned by the Tribe.

When the collective crew actually assessed the damage, it was decided that this was not the entire solution. The water trucks could move the water to the tank, but couldn't pump it into the tank. Pat Nielson and Andy Gebhardt built an inline pump on Friday night and had it deployed on Saturday with their own generator and with two heavy line crews. Additionally, they sent resources out to the well house. The transmission line had been rebuilt by NDF firefighters, but sprung a leak when it was turned on. TMWA made a temporary repair to the transmission line and sent work crews throughout the community to flush the water system to prevent the residents' faucets from blowing up. All of this work is being done by workers unfamiliar to the system, but they worked to understand it and resolved the issues as they arose.

Meantime, Lyon County had their trucks staged in Washoe County in the snow. They

had been tested and filled with water, and workers were trying to plan for transportation of the water to the tank up a 15% grade on a dirt road that had been washed out.

TMWA brought out their own dump trucks with gravel and road base to build a road and graded a road to the tanks to allow them to be filled.

All of this work was accomplished on Saturday. Saturday night, TMWA was present at the community meeting to explain the situation to the Paiute Chief and the State Emergency Manager. Scott Fleckenstein and two others from Lyon County and six others from TMWA worked until 11:30 on Saturday. At 6:00 p.m. on Saturday, they began trucking water to the Tribe. They had also repaired lines to the well to push water from that source as it had not been damaged. They were able to maintain pressure and refill the system on Saturday through Sunday.

TMWA provided their state-approved lab to do the bacteria testing, line flushing and chlorination for the water system which took place Sunday and Monday. They were able to have potable water coming out of their faucets on Wednesday after more than a week of downtime.

The Washoe County Health District has two potable water tanks that were purchased to supply water to the hospitals in the event of an emergency. Those were deployed immediately to the Reservation to provide potable water. Non-potable water was provided sooner for any fire issues.

Other areas of the system were inspected and TMWA provided assistance and guidance on their repair.

One of the cell repeater towers had been lost on Virginia Peak and TMWA utilized their satellite phones for communication to town.

Mr. English extended the Health District's appreciation to the TMWA and Lyon County employees who acted on their own, regardless of jurisdiction and at the Health District's request, to aid the residents of Washoe County in this emergency.

Chair Jung congratulated all those that had been recognized, and thanked them for their hard work and dedication to public service. She stated that the work that Mr. English and the EHS team, along with the crews from TMWA and Lyon County were the epitome of public servants, that she respected and admired them all.

7. Consent Items

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

A. Budget Amendments/Interlocal Agreements

i. 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 \$290,182 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 10013 and authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Nancy Kerns-Cummins

ii. Approve Interlocal Contract between the Nevada Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon approval through June 30, 2017 in the total amount of \$10,000 in support of the Environmental Protection Agency (EPA) Multipurpose Grant Project, IO TBD; and if approved, authorize the District Health Officer to execute the Contract.

Staff Representative: Patsy Buxton

- B. Acknowledge receipt of the Health District Fund Financial Review for January Fiscal Year 2017

Staff Representative: Anna Heenan

- C. Accept cash donation in the amount of \$4,000 from Arctica Ice Sales to purchase Long Acting Reversible Contraceptives (LARC's) to help decrease high unintended pregnancy rates; approve amendments totaling an increase of \$4,000 in both revenue and expense to the FY17 Arctica Ice Donation budget, IO-20424.

Staff Representative: Steve Kutz

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

8. *Inter-Hospital Coordinating Council (IHCC) Presentation of Accomplishments

Presented by Kent Choma, IHCC Chairman (2014-2016)

Mr. Dick introduced Mr. Choma who presented a report of the Inter-Hospital Coordinating Council accomplishments.

Mr. Choma announced that he had just finished his term as the Chairperson of the Inter-Hospital Coordinating Council. This group was established in the 1980's in Washoe County and involves EMS, Fire, Law Enforcement, Volunteer Organizations and Public Health. The group meets monthly to assure preparedness for unforeseen circumstances.

One of the largest accomplishments for the year was that this group was selected for attendance at a National Leadership Training Program in Alabama, one of three groups selected to present on their best practices. There was a good exchange of information for all participants, working toward the best function for all coalitions across the country.

Other high-level accomplishments included the Isolation and Quarantine Bench Book and the Nevada West Region Medical Surge Plan was reviewed. The Memorandum of Understanding was reviewed with all of the mutual partners, which was an outcome of the Coalition Training Class, formalizing the commitment to the group. Mr. Choma also stated that The Functional Assessment Services Teams, Jurisdictional Risk Assessment and 23 training programs that were offered to the various healthcare partners in the community rounded out the list of high-level accomplishments.

Mr. Choma informed that there were two full-sized exercises in this past year, the first being Operation Unicorn which was an Ebola exercise that involved the healthcare partners, VA health organizations and REMSA. Onlookers were impressed with how quickly the patients were contained, tested and moved through the healthcare system.

The second exercise was a full-scale hospital evacuation, Operation Egress, which was a test of the evacuation plan that was rewritten last year. Using the new tag system that determines where the patient needs to go for the care they require, they were able to process 17 patients in about 30 minutes.

Mr. Choma also stated that there was a Disaster Behavioral Health Annex TTX (Tabletop Exercise), Isolation and Quarantine TTX and 21 other exercises held in 2016.

Mr. Choma informed that Mr. Brian Taylor will be the new Chair, Mr. Sean Applegate is the new Vice Chair and Mr. Kurt Green is the New Member at Large.

Mr. Choma introduced Mr. Taylor, who stated that the IHCC was excited to have been invited and attend the National Leadership Training Program, and that they are working to create regional plans with Carson and other Northern Nevada Coalitions to create leadership groups for a uniform response to disaster. The primary focus is to have a local response plan

that is best for the area's responders and facilities. He thanked the Washoe County Health District for its support and collaboration. Mr. Taylor emphasized that the IHCC stands ready for response and recovery to any incident in the area, and they will continue to increase their readiness.

Chair Jung thanked Mr. Taylor and congratulated him and the new Vice Chair on their newly elected positions.

9. Presentation of the 2016 Community Health Improvement Plan Annual Report

Staff Representatives: Sara Behl and Melanie Flores

Mr. Dick introduced Ms. Behl and Ms. Flores as the presenters of the 2016 Community Health Improvement Plan Annual Report.

Ms. Behl presented an overview of the CHIP with the goal of providing status of the CHIP's progress. She stated that there are many priorities within the Office of the District Health Officer, and that the CHIP initiatives are community wide, while the Strategic Plan is more internally focused.

Ms. Behl stressed that the CHIP is a plan of action that starts with analyzation of the data from the Community Health Needs Assessment. This data determines the top priorities within the community and the group's focus for activities. Other data utilized in determining the greatest areas of need is collected by means of interviews, surveys and workgroups involving community members and partners.

The Health District provides backbone support to this plan, with the four main health priorities being Access to Healthcare and Social Services, Behavioral Health, K-12 Education and Food Security. Ms. Behl stated that year one of a three year plan has been completed, and that Ms. Flores would now provide the status of the plan.

Ms. Flores announced that the entire draft report is available online, and is formatted to easily assess progress. 55 Strategies and 66 Performance Measures were assessed, and the results of the first year's progress were very positive. Overall, 67% of Strategies had been met or exceeded, and 47% of the Performance Measures were also met or exceeded.

The priority of Access to Healthcare and Social Services involved ten community organizations, with 70% of the Performance Measures having been met or exceeded. 85% of the Strategies were met or exceeded.

Ms. Flores informed that Behavioral Health was the largest priority, led by 20 community organizations and included 21 Strategies and 32 Performance Measures. The goal of this priority included improving access, creating a healthier environment for youth and protecting the health and safety of youth through the reduction of substance use and abuse. 63% of the Objectives were met and 71% of the Strategies were met or exceeded.

She also informed that, although the results showed an increase in bullying, with the change in law, more incidents were being reported. Ms. Flores opined that this number could be effectively used as a baseline for future comparison, and that the increase wasn't a negative, but a more accurate assessment of the issue.

Ms. Flores stated that, within this priority, the School District will screen all 7th graders within the next two years to identify and mitigate any adverse experiences the youth may be experiencing. They feel that earlier intervention will help prevent later life negative health outcomes.

The Education priority was led by eight community partners with 11 Strategies, and 18 performance measures with the goal of improving health outcomes through educational attainment and improving physical activity and nutrition among youth. 17% of the Objectives have been met and 73% of the Strategies have been met or exceeded. Overall, graduation rates have increased, but the data also shows the areas that require a focus of

efforts.

An outcome of the 2015 Legislative Session was to improve literacy among youth, especially by the end of grade three, and Washoe County School District has incorporated learning strategists in all 62 of their elementary schools and five charter schools. This School District is one of the first to attain this level of involvement for their students.

Regarding Food Security, Ms. Flores stated this priority is led by five community partners with 10 Strategies and 6 Performance Measures. The goal with this priority is to implement programs that address the immediate need, promote long-term health and food security and enhance home-delivered meal programs to seniors. 17% of the Objectives have been met and 30% of the Strategies.

Ms. Flores opined that this is the most developmental priority within the CHIP. A main partner in this priority is the Food Bank who received a significant amount of money from Feeding America. This sum was matched by Washoe County Health District and Truckee Meadows Healthy Communities. The focus is to create a plan around social disparities such as housing and income stability, to determine how that influences food security.

Some of the areas under Food Security that are currently in progress are increasing utilization amongst food assistance programs, increasing Food Bank access, working with area hospitals and community health centers concerning prescription food programs and increasing food screening among our social service organizations. These efforts are concentrated in the 89502 zip code area, and will be expanded when possible.

Ms. Behl summarized the report by saying that lessons learned in this first year include the realization that the initial number of Strategies and Performance Measures may have been too ambitious. An effort is now underway to streamline and focus on the areas of the greatest importance.

Lessons learned in the past year will be used to create Version Two of the CHIP by using community feedback and evaluation data to concentrate areas of focus. The Health District will continue to offer backbone support to its partners, develop the new Community Health Needs Assessment to then utilize this and other data to develop the new Community Health Improvement Plan for 2019-2021.

Chair Jung congratulated Ms. Behl on a job well done, and acknowledged her role as lead in these activities. Chair Jung also noted that Councilman Delgado and Commissioner Lucey had been instrumental in funding these efforts. She commented that these activities make the Health District eligible for more grant and other funding.

Councilman Delgado wished to highlight the work of Ms. Behl and Ms. Flores, noting that the community is not aware of the scope of their efforts and congratulated them both on a job well done.

Dr. Novak thanked Ms. Behl and Ms. Flores and commented on the value of the future steps that were outlined, that they are part of the Accreditation process to become an accredited Health District.

Dr. Novak moved to accept the 2016 Community Health Improvement Plan Annual Report as presented. Dr. Hess seconded the motion which was approved six in favor and none against.

10. *Presentation from REMSA Board Member Representing the Accounting Profession
Presented by Tim Nelson

Mr. Dick introduced Mr. Nelson, District Board of Health appointed REMSA Board Member and Chairman of the Finance Committee.

Mr. Nelson stated that almost two years ago, the District Board of Health appointed him

and requested more transparency and communication from the Board Appointees to the REMSA Board, including himself.

The Annual Audit was completed in December 2016 and presented as part of the Annual Franchise Compliance Report in January 2017. Again, this year, REMSA received the highest opinion available from the auditors. This year, there was a positive net gain in change of assets of \$2.1M. Contained within that figure there was also \$2.1M in depreciation expense, so there was over \$4M for capital and debt service. \$1.8M was paid in debt within the last year, and the balance was invested in critical capital equipment needs.

Included in the figures for both last year and this year, REMSA has approved the purchase of new ambulances and the refurbishment of others.

Within the last six months, Mr. Nelson stated that REMSA is on target with their plan for the fiscal year, showing a positive change in assets of about \$400K.

Mr. Nelson stressed that the REMSA organization strives to improve efficiencies and expand patient care in the region.

Mr. Brown inquired if there was a hard copy available of this presentation and Mr. Nelson indicated that this information is within the report that was presented at the 1/26/2017 DBOH Meeting.

Mr. Dick wished to share with the Board that he has been very impressed with their appointee, Mr. Nelson. Mr. Dick stated that, as an ex-officio member of the REMSA Board, he receives updates monthly from REMSA. He stated that Mr. Nelson is doing a wonderful job in this capacity.

Chair Jung agreed with Mr. Dick's statement and thanked Mr. Nelson for his work.

11. PUBLIC HEARING Consideration and possible approval of Proposed Revisions of the Regulations of the Washoe County District Board of Health Governing Public Swimming Pool and Spa Operator Certification Program.

Staff Representative: James English

Mr. English stated that he was pleased to present the final draft regulations for the Board's consideration for approval of the Public Swimming Pool and Spa Certification Program.

He explained that they are proposing to remove the requirement to receive an operator's identification card from the Health District after obtaining the certificate from passing a nationally recognized course.

Mr. English stressed that this action would not change the intent or purpose of the existing regulation, but would make the process more efficient for the operators at a slight cost savings for both the operators and the Health District. This action is in line with the District Board of Health's Strategic Priority for both Organizational Capacity and Healthy Environment.

Mr. Dahir asked Mr. English to clarify the financial impact of this proposal. Mr. English explained that the net effect is zero. The fees received for the cards is offset by the expense of maintaining the special printer for the cards, the cost of the supplies for the cards, as well as the cost of staff time to process the application, print the card and track the data base.

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 of the Regulations of the Washoe County District Board of Health Governing Public Swimming Pool and Spa Operator Certification Program. Mr. Dahir seconded the motion which was approved six in favor and none against.

12. Review, discussion and possible adoption of the Business Impact Statement regarding Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 (Gasoline Transfer And Dispensing Facilities) with a finding that the revised regulations do not impose a direct and significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for March 23, 2017 at 1:00 pm.

Staff Representative: Charlene Albee

Ms. Albee stated this proposal involves the removal of the requirement to install Phase II vapor recovery, which is the hanging hardware equipment on a dispenser that collects the gasoline vapors and puts them back into the underground tank.

Ms. Albee directed the Board's attention to an attachment included in their packets, a letter issued by the US EPA in 2012 that acknowledged that 75% of the fleet in the country have vehicles equipped with onboard vapor recovery. Ms. Albee explained that these two technologies conflict, resulting in the increase in emissions released into the atmosphere.

Ms. Albee explained that, per the EPA, when 75% of the fleet is equipped with the on-board vapor recovery systems, the level in which the environmental result is neutral is attained if the Phase II equipment is removed from the pumps.

When the letter was issued, Ms. Albee stated that calls were received from the industry requesting permission to remove the Phase II equipment from their dispensers. Ms. Albee's decision was to wait until it could be proven that Washoe County's fleet had attained 75% of onboard refueling vapor recovery (ORVR), a level which it did attain in 2016.

Meanwhile, new regulations were introduced requiring all underground storage tanks to be constructed with double walls to protect ground water and this would affect Phase II vapor recovery piping.

The objective of this Business Impact Statement is to have this revision of regulations in place prior to the underground storage tank regulations taking effect. Ms. Albee explained that it's estimated that 75-80% of the tanks in Washoe County will have to be dug up, and wanted to make sure that this burden of the Phase II vapor recovery systems was removed.

The Business Impact Statement was developed with this outcome in mind. There is a positive financial impact for the operators and contractors that will be doing the work. It will not have a significant fiscal impact for Washoe County. The Phase I vapor recovery systems will continue to be inspected, permits to operate will still be required and emissions will continue to be monitored and reported to the EPA.

Public Notice was given and two Public Hearings were held with none in attendance, which Ms. Albee stated is normally a sign of approval by the public.

Mr. Dahir asked when the gas tanks would begin to be dug up and replaced. Ms. Albee stated this process would begin as soon as the Federal EPA rule is implemented, which is overseen by Environmental Health. A timeline might be as early as this summer, but is not a firm date with many variables affecting the implementation.

Mr. Dahir moved to approve the Business Impact Statement regarding Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 (Gasoline Transfer And Dispensing Facilities). Dr. Hess seconded the motion which was approved six in favor and none against.

13. Regional Emergency Medical Services Authority

Presented by Don Vonarx

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

Mr. Vonarx presented the January 2017 Operations Report from REMSA and stated he would be happy to answer any questions.

Chair Jung was pleased to note the change of format in the reports, and that they were much easier to read.

Dr. Hess requested clarification regarding exemptions. Mr. Vonarx explained that there are two types of exemptions. The first is a Blanket Weather Exemption with regards to inclement weather conditions. It is a communication between the Communications Department and the EMS Oversight Team; as conditions warrant, this exemption is implemented and then ceased when conditions warrant. Late calls are still monitored when the exemption is active to confirm the late response is due to weather conditions.

The other category is an Individual Weather Exemption for instances where not all areas are affected by the weather issue but may effect response times in some areas.

Mr. Brown moved to approve the Review and Acceptance of the REMSA Operations Report for January 2017. Dr. Novak seconded the motion which was approved six in favor and none against.

*B. Update of REMSA's Public Relations during January 2017

Presented by Kevin Romero

Mr. Romero stated that he would begin his report with New Year's Eve. He stated that between the hours of 6:00 p.m. on December 31, 2016 and 6:00 a.m. on January 1st, there were 132 calls for service processed. In anticipation of the numerous calls, seven additional ambulances were brought in to service; two were dedicated to the downtown corridor. There were four paramedics stationed with carts downtown, one tactical paramedic working with the Reno Police armored rescue, three additional dispatchers and one mobile dispatcher stationed downtown dedicated to processing calls from that area. Advanced EMTs were stationed at the Peppermill and Atlantis with their security teams for calls in those venues, and many other support staff as well. Mr. Romero informed that it was a slow New Year's Eve, but they have to stand prepared.

Mr. Romero went on to say that the other significant event was the January flood that occurred from the 4th to the 10th. REMSA worked to assure the Communications Center was unaffected. The entire operations fleet, restock and resupply, on and off duty check in and the ambulance management team relocated the entire REMSA operation to Circus Circus. REMSA also had a representative at the Regional Emergency Operations Center during the flood on January 8-9 to assure ambulances were able to access all affected areas.

Mr. Romero wanted to extend thanks to Mr. Darrell Clifton at Circus Circus for allowing REMSA to use the parking lot next to St. Mary's as a base of operation.

On January 24th, REMSA did submit request for cost reimbursement to Washoe County Emergency Management for that declared state of emergency.

Mr. Romero stated that a REMSA representative, Mr. Taylor, is working with the Health District on updating and conducting a region-wide training on the MAEA, the Mutual Aid Evacuation Annex. This activity is ongoing.

14. Approval of the Fiscal Year 2017-2018 Budget

Staff Representative: Kevin Dick

Mr. Dick stated that that Anna Heenan had prepared the report but that he would present it. He indicated that the budget is included in the Board Members' packet for review along with the staff report and budget details for the various divisions for the next fiscal year.

Mr. Dick wanted to first share the significant Health District accomplishments and priorities and issues for the future. These items were presented to the Board of County Commissioners during their January retreat. He indicated that the significant accomplishments within the past year have been the development of the Health District Strategic Plan, the development and implementation of the Community Health Improvement Plan, and our work with the Truckee Meadows Healthy Community initiative. Mr. Dick informed that there were many other sizable activities and accomplishments, but these were the largest.

Mr. Dick informed that the Health District priorities for the future are the National Public Health Agency Accreditation and the triennial update of the Community Health Needs Assessment which is in progress in conjunction with Renown. Mr. Dick informed that engaging the community in Collective Impact to effect policy and systems change and developing a funding policy with Washoe County over the next year to provide financial stability through the General Fund transfer for the Health District were also priority. Another priority is dealing with the economic growth impacts on the Health District and the community overall.

Mr. Dick stressed that it is significant for the Board to recognize the potential for impacts to the Health District from the new administration in Washington DC. The impacts could stem from the repeal and replacement of the Affordable Care Act and the elimination of Title 10 Family Planning Funding. Also, EPA grant funding could be affected.

The future location of the Tuberculosis Clinic has yet to be determined. It had been co-located with the ME's office in the County building on Kirman, but is now the only operation in that building since the Medical Examiner moved to their new facility located directly across from the County Complex.

In a discussion with the County Manager, Mr. Dick stated that they were hopeful that any negotiations regarding transfer of that property in the future would include having a solution for the TB Clinic's new location. Renown is interested in that property.

Dr. Hess asked if Mr. Dick knew what the timeline would be for the need of a new facility for the TB Clinic; Mr. Dick stated that is not yet known.

Presenting the overview of the status of the budget, Mr. Dick stated that he proposes that we continue with twenty-two different programs that are currently operating within the Health District with no significant changes in the programs or services being delivered.

Mr. Dick presented the budget breakdown by offices and divisions of the Health District.

Mr. Dick stated that the total budgeted revenues projected for FY18 are just in excess of \$22M, which is \$1M more than the current year, and so is approximately 5.1% over the adopted budget for this fiscal year. That is primarily driven by the license, permits and charges for services and the increases in permitting and services fees that were approved by the Board. It was agreed that half of the fees would be charged in FY17 and the remainder of the increase will be implemented in FY18. The County General Fund Support will be \$9,516,856, which is decreased by \$280K for the overhead that is now captured in the fees. The General Fund Support is now at 43%, with the balance being grants, contracts and fees for services.

The total budget expenditures are up by just less than \$500K, at \$22,490,587, approximately 2.1% over the FY17 adopted budget. The FTE's will remain approximately the same in FY18, but merit increases, the 3.5% COLA that will begin in FY18, as well as the increase in costs of OPEB retirement benefits comprise this number.

There are some above base requests that will be presented to the Board of County Commissioners for approval. These will be funded by the Health District's income, not the

General Fund Transfer. One request will be to bolster the Chronic Disease Program by adding an additional Health Educator. Another request will be to hire an intermittent hourly Community Health Nutritionist for the WIC Program, which will provide flexibility in nutrition staffing.

Mr. Dick informed that some Environmental Health positions are being re-budgeted for funding by fees collected based on the work they're doing. This income is available because of the increased activity in the permit and inspection programs due to a stronger economy. They'd previously been funded by the tire fund Solid Waste Funding that we receive.

There is an increase in payments to the state for birth and death certificates which is driven by their requirement. The increase in fees is being collected and those amounts are being transferred to the state.

Mr. Dick explained that there is a reclassification request to increase some employee's area of responsibility, allowing them a broader scope of work to increase their value to the organization. The increase responsibility will require an increased salary, which is included in the above base requests.

The fund balance for the end of FY18 is projected to be just under \$2.5M, or 11% of the expenditures. Although the projected net change in fund balance for FY17 is a negative \$178K, Mr. Dick stated that at this time in FY16 a negative balance was also forecast, yet the ending figures were nearly a positive \$700K. He explained that this is due to funds that are budgeted for full expenditure in the Air Quality Solid Waste Funds, etc., and staffing vacancies that we may have, and that it is expected there will be a positive balance by fiscal year end. Mr. Dick stated that it is similarly forecast that there will be a positive budget balance in FY18, although it currently shows negative \$373K.

In the projected budget through 2021, it shows that a strong ending fund balance is expected of 11%, and a positive balance for net change in fund in 2019 and 2020. Mr. Dick explained that these projections are based on receiving level funding from the County General Fund Transfer. He reiterated that one of his priorities is to establish an agreement with the County with the goal of having any increased costs of COLA, wages and OPEB be included in the annual General Fund Transfer to rebase the Health District budget to cover those costs.

Mr. Dick presented the outline of the Next Steps in the Budget Plan. He explained that the District Board of Health needs to act early in this process for the budget to be presented to the County Manager for incorporation in the overall County Budget. The overall budget is then presented to the Board of County Commissioners for presentation and consideration. This explains the budget cycle beginning with presentation of the Health District budget at the February DBOH meeting for approval of the proposed budget. Mr. Dick explained that he has a meeting with the City and County Managers February 24 in accordance with the Interlocal Agreement to present this budget to them. In March, the DBOH will receive the update on this meeting. The budget presentation to the County Senior Management will also occur, and then, in April, the Board of County Commissioners will review the County Manager's recommendations and the budget and General Fund support should be finalized. In May, the Board of County Commissioners will have a Public Hearing and will hopefully adopt the FY18 Final Budget.

In summary, Mr. Dick stated that this is the proposed budget that the Board is being asked to approve. He explained that there may be changes to the budget based on any allocations the County may have for the different programs and support services, although they are not anticipated. Any changes would be brought back to the DBOH in future meetings.

Mr. Dick asked Ms. Heenan to whether he'd recapped the report correctly and she confirmed that he had. He then asked for the Board to adopt the budget as proposed.

Mr. Dahir asked why the intermittent hourly position amount had decreased. Ms. Heenan explained that is due to the loss of the grant funding for those positions. When funding is lost, she informed, any reductions to staff are taken first in the intermittent hourly positions, thereby saving the permanent, benefitted positions. Mr. Dahir asked if these positions were deemed as unnecessary. Mr. Dick stated that one area that has had reduced grant funding is the WIC Program, which is a federally funded USDA program that is passed along for implementation at the County level. He explained that the Health District already gives a large amount of support to the WIC program through indirect costs and management that is supported through the local budgets. Without the funding of the federal government, it is difficult for the Health District to maintain the same level of support to those services. In this instance, one employee was transferred from WIC to another area in Community and Clinical Health Services. Another position was eliminated over the past year. The new position in Chronic Disease offsets the eliminated position, which explains the level FTEs.

Other funding reductions impacted the Immunization Program where intermittent hourly nurse support has been reduced. Mr. Dick stated there is an effort to engage our medical reserve corps and utilize those volunteers in support of the Immunization Services through Dr. Todd's EPHP Division.

Mr. Dahir asked whether reduction of the WIC services, even though funding is decreased, is in the best interests of the community and, as the Board serving the community, if that was the best decision in light of the fund balance that could support the cost. Mr. Dick stated that he is inclined to take a conservative approach to the budget for FY18 in light of the uncertainties with other federal funding the Health District receives. Mr. Dick opined that, while he doesn't like to see the WIC support from the federal government decline, if the potential exists to lose the entire Immunization Program support, that critical area of need would need to be addressed.

Mr. Dahir asked if there was any way to anticipate the impact of the increased costs of the employee insurance benefit. Mr. Dick stated that the Health District is one step removed from the process in that, per the Interlocal Agreement structure, we rely on County HR to negotiate those benefits. He stated that HR is very much aware and concerned regarding the impact of those future benefit costs. Insurance options have been expanded to include a high deductible option that is less expensive to the County and provides other opportunities for the employees, such as a Health Savings Account. HR has also been negotiating with the other plans, and copays have increased in the process of balancing the cost to the County.

Chair Jung reiterated the importance to act on this item. She stated that it would be beneficial for Mr. Dick to be able to present this budget as approved by the DBOH in the upcoming meetings, which would be incorporated into the presentation to the BCC in April. She reminded them that this budget could change.

Mr. Dahir moved to approve the Fiscal Year 2017-2018 Budget as presented. Dr. Hess seconded the motion which was approved six in favor and none against.

15. Update regarding Bill Draft Requests and Bill Drafts for the 2017 Legislative session.

Staff Representative: Kevin Dick

Mr. Dick stated that the Legislature is moving very quickly in comparison to past years with the committees becoming involved and moving legislation through the system at a fast pace. He explained that, in past years, there was less Health District involvement due to the fundamental review recommendation to focus efforts to stabilize the Health District. The

approach at that time was more reactive to the newly introduced legislation. Now, with the Community Health Needs Assessment that has been conducted, the Community Health Improvement Plan and our Strategic Plan Objectives and policy changes, the Health District is more prepared to engage in a more proactive way.

In addition to the Staff Report, Mr. Dick brought the Board's attention to the supplemental documents in their packet. The first, a list of bills sorted by the area of the Health District that it would most affect, the Health District's position, if it's being tracked or monitored, and if testimony will be provided by the Health District. The document's categories are bills that would affect the Health District programs, services, and legislative priorities, bills that would affect the Community Health Improvement Plan (CHIP) priorities, the bills that would affect areas identified in the Community Health Needs Assessment that are not identified as a CHIP priority, bills that would affect the Department of Health and Human Services, and then other bills of interest that weren't easily categorized.

The other attachment is a listing of bills sorted by the Health District's level of interest. The bills that are being tracked are at the top of the list, those being the ones that the Health District is most engaged with. The remaining bills are those that are being monitored, in order to have a broader view of the outcome of the Legislative Session in regards to Public Health.

Mr. Dick said that a Legislative activity he wished to report on is in regards to AB193, the Community Water Fluoridation bill that Assemblywoman Joiner and Assemblyman Sprinkle introduced. He informed that he did provide public comment at the February 15th TMWA Board meeting in regards to the health and financial benefits of community water fluoridation. The TMWA Board had voted to oppose, but had characterized their position as not supporting the bill in its current form. Mr. Dick thanked Councilman Dahir who was representing the Sparks Mayor on the Board for his thoughtful comments regarding Public Health and benefits during that discussion.

Mr. Dick stated that another activity he wanted to report on is SB91, Senator Hardy's bill, regarding the review of Medicaid reimbursement rates. Dr. Iser with the Southern Nevada Health District was testifying in support and Mr. Dick had requested to have him add Washoe County Health District's support to his. This bill is in alignment with the Health District's priority of Access to Health Care, by assuring physicians are paid at a rate that will allow them to provide services.

Mr. Delgado asked why there was opposition to AB193. Mr. Dick responded that there were two key reasons for opposition. One is that the TMWA Board was informed that the cost would be \$70M to implement community water fluoridation, and that it would be \$3M per year for operation and maintenance costs. Mr. Dick stated that he questioned those figures when he made his public comment. That figure is based on fluoridation of every well within the TMWA system, which Mr. Dick opined was not intended to be required.

The other point of opposition was their opinion that this should be put to vote rather than decided by the Legislature.

Chair Jung stated that the benefits of fluoridation are supported by research and should be supported as a benefit to the community.

Mr. Delgado asked what the source of the data was, and Mr. Dick stated that he had met with TMWA last year in an attempt to accurately estimate the cost of fluoridation. He explained that he'd had the opportunity to work with an engineer from Stantec and one from TMWA, to discuss the cost of the project and options for fluoridation that would not require all of the wells to be fluoridated to reduce costs. Mr. Dick stated that he did not receive a report due to their stating that they were refining the numbers. A meeting scheduled for the

morning of February 15th to obtain the revised cost estimates was postponed by them until this morning (2/23/17) and then they cancelled the meeting this morning. They were to have provided a memo today, and Mr. Dick said that they'd provided a CD instead and he hadn't had time to review it prior to this Board meeting.

Mr. Dick stated he was aware of a Public Records Request that had been made, and TMWA provided the requestor with a report from October 31, 2016, which was the point in which TMWA had stated they needed to refine the numbers that Mr. Dick has never received. TMWA informed the Board on February 15, 2017 that the cost would be \$70M for the system and \$3M/year thereafter. The October 16th report showed \$60M and \$3M/year, however the rough estimate determined in the discussion with the engineers was about half of that if only the sole source wells of small systems were fluoridated, and not every well.

Mr. Dahir said that he is an alternate on the Board and was present at the meeting, and that the Board bases their decision on information given. He has come to understand in his contact with the community that it's not necessarily that fluoridation is opposed, but the associated cost of fluoridation. That being said, Mr. Dahir stated that the Health District's perspective is to do what is best for the community, which is different that the perspective of the city or county, whose focus is financial. With better information, he opined that the city and county's perspective could be swayed in favor of fluoridation.

Mr. Brown moved to approve the Update regarding Bill Draft Requests and Bill Drafts for the 2017 Legislative session. Chair Jung seconded the motion which was approved six in favor and none against.

16. Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Take action to accept the ILA in its current form *or* direct staff to forward any recommendations for possible amendments to Reno, Sparks and Washoe County

Staff Representative: Leslie Admirand

Chair Jung asked if this was an administrative/bookkeeping issue, and Ms. Admirand responded that it is, per section 7C of the Interlocal Agreement that requires the Board to review it annually. If there are any recommended possible amendments to direct staff to present them to the cities of Reno and Sparks and the County.

Chair Jung if there were any recommendations on the Interlocal Agreement, and there were none.

Dr. Novak moved to accept the ILA in its current form. Dr. Hess seconded the motion which was approved six in favor and none against.

17. *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 – HIV 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.

C. Environmental Health Services, Bob Sack, Director

EHS Division and Program Updates – Childcare, Food, Invasive Body Decoration (IBD), Land Development, Vector-Borne Disease and Waste Management

Mr. English reported in Mr. Sack’s absence, wishing to highlight that the food safety program last month held two workshops regarding service animals that had standing-room-only attendance. There was such a level of interest that they have been requested to present at a state conference, and possibly present at the Southern Nevada Health District as well.

The other item he wished to present is the tremendous amount of flooding in Lemmon Valley, as well as lesser amounts of flooding in Golden Valley and Silver Lake. Mr. English informed that Washoe County Environmental Health is working closely with the Washoe County Community Services Department providing any and all resources available to the residents of the affected areas.

Also, Mr. English stated that Environmental Health is working with the underground storage tank programs, and that it is an EPA program with the State of Nevada being a designated administrator of the EPA program locally. The regulations are set to go into effect in 2018. Currently all new gas stations or those remodeled in the past two years meet the new standards. Mr. English said that the Environmental Health Division would address any instances on a case by case basis for those that can’t pass the new testing if it becomes law.

Dr. Novak asked why the service dog presentations were so successful. Mr. English opined it was due to them bringing in the ADA with a service dog that demonstrated how a true service dog behaves. All of the issues regarding dogs in shopping carts and, eating off tables were addressed, and the interaction between the public and staff was very good.

Mr. English informed that one of the meetings was held at the Washoe County Complex and another was held by the Nevada Restaurant Association, and there was also coverage by the local press and through Facebook.

Chair Jung stated she was aware that this is a big issue for public service industries such as restaurants and airlines, and that it is now becoming more clear what a service dog actually is and how they should behave. She encouraged Environmental Health to present this show at the mentioned venues.

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

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

Dr. Todd gave an update on the article published in the Morbidity and Mortality Weekly Report regarding the antibiotic resistant pneumonia he’d reported on at last month’s DBOH. There is a service engaged by MMWR called Altametrics which scores articles based on the amount of discussion they receive in the various media forms. He informed that if the article receives a score over 19, it indicates that the article is in the top 5% of articles viewed that is tracked by this method. Last month, the pneumonia report’s score was 1797, and it is now at 1851.

Dr. Todd informed that it was Q&D Trucking that transported the water tanks to the Pyramid Lake Paiute Tribe during the January flood.

Dr. Todd directed the Board’s attention to tables within the packet that shows the patient’s perspective from the time of the initial call to the Fire Department or REMSA’s arrival.

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

District Health Officer Report –Board of County Commissioners Strategic Planning Workshop, Quality Improvement, Accreditation, Strategic Plan, , Community Health Improvement Plan, Community Health Needs Assessment, Truckee Meadows Healthy Communities (TMHC), Other Events and Activities and Health District Media Contacts

Mr. Dick informed that the Truckee Meadows Healthy Communities had provided a Housing Forum in January with approximately 50 in attendance engaged in finance, development, construction and local and state government. This forum was facilitated by Enterprise Community Partners. At the conclusion of this meeting, it was decided that another meeting would be necessary to form the structure in which to implement the objectives set forth in the first meeting, and that it has been set for March 8th.

In a conversation earlier today, Mr. Dick spoke with Chris Askin of the Community Foundation regarding collaborating with them on in community-wide forum that would entail a “town hall” meeting venue for housing that will happen in April.

Mr. Dick stated that the initiative for housing is continuing to move forward to address the spectrum of needs in the community.

15. *Board Comment

Dr. Novak stated that he wished to direct the Board to send an immediate request to the TMWA Board for updated, corrected figures on the cost of fluoridation. Due to testimony on the bill regarding fluoridation that will occur in the near future, he recommended including a deadline in the request.

He stated that with 70 years of water fluoridation data and 140 healthcare organizations that support water fluoridation, studies have revealed a wide variety of health benefits that fluoride provides.

Dr. Novak stressed that he would like to send the request to TMWA the next day, in order to have the best opportunity to obtain necessary data to accurately support legislation regarding fluoridation.

Chair Jung stated that she would like to have a presentation by St. Mary’s Health Network at the March 23rd DBOH Meeting on their Partnership Program with the American Heart Association regarding The Little Hats, Big Hearts Program. In this program, community members knit hats for babies, and Chair Jung would like them to be recognized and to then present their Program to the Board of County Commissioners for a possible resolution.

16. *Public Comment

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

17. Adjournment

Chair Jung adjourned the meeting at 3:00 p.m.

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

Special Accommodations. The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in

writing at the Washoe County Health District, 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
State of Nevada Website: <https://notice.nv.gov>

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

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

Staff Report
Board Meeting Date: March 23, 2017

TO: District Board of Health

FROM: Nancy Kerns Cummins, Fiscal Compliance Officer, Washoe County Health District
775-328-2419, 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 \$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.

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 Subgrant Award from the State of Nevada on February 24, 2017 to support the Tobacco Prevention and Control Grant Program. The funding period is effective March 29, 2017 and extends through March 28, 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 the Notice of Subgrant Award for the grant period ending March 29, 2016 in the amount of \$110,000 on April 28, 2016.

Project/Program Name: Tobacco Prevention and Control Grant Program

Scope of the Project: The Subgrant scope of work includes the following strategies: educate and inform stakeholders and decision-makers about evidence-based policies and programs to reduce exposure to secondhand smoke and increase cessation; implement evidence-based, mass-reach health communication interventions to increase cessation and/or promote the Quitline; develop and maintain networked partnerships including state, local and chronic disease coordination.

The Subgrant provides funding for personnel and indirect expenditures.

Benefit to Washoe County Residents: This Award supports tobacco education and prevention activities.

On-Going Program Support: The Health District anticipates receiving continuous funding to support the Tobacco Prevention and Control Program.

Award Amount: \$110,000

Grant Period: March 29, 2017 – March 28, 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: 93.305

Grant ID Number: HD# 15903 / 1U58DP006009

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 11238 was adopted with a total of \$111,035.07 in revenue (includes \$2,377 of indirect) and \$108,658.07 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 \$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.

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 \$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."



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

HD #: 15903
 Budget Account: 3220
 Category: 10
 GL: 8516
 Job Number: 9330517

NOTICE OF SUBGRANT AWARD

Program Name: : Tobacco Prevention and Control Chronic Disease Prevention and Health Promotion Bureau of Child, Family and Community Wellness	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, Nevada 89520
Subgrant Period: March 29, 2017 – March 28, 2018.	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>07-378-6998</u>

Purpose of Award: To provide tobacco education and prevention activities and services in Washoe County.

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

Approved Budget Categories: <table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ <u>106,913.00</u></td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ <u>0.00</u></td></tr> <tr><td>3. Operating</td><td style="text-align: right;">\$ <u>0.00</u></td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$ <u>0.00</u></td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$ <u>0.00</u></td></tr> <tr><td>6. Indirect</td><td style="text-align: right;">\$ <u>3,087.00</u></td></tr> <tr><td>Total Cost:</td><td style="text-align: right;">\$ <u>110,000.00</u></td></tr> </table>	1. Personnel	\$ <u>106,913.00</u>	2. Travel	\$ <u>0.00</u>	3. Operating	\$ <u>0.00</u>	4. Equipment	\$ <u>0.00</u>	5. Contractual/Consultant	\$ <u>0.00</u>	6. Indirect	\$ <u>3,087.00</u>	Total Cost:	\$ <u>110,000.00</u>	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 <i>specific to this subgrant</i> . Total reimbursement will not exceed \$110,000 during the subgrant period.
1. Personnel	\$ <u>106,913.00</u>														
2. Travel	\$ <u>0.00</u>														
3. Operating	\$ <u>0.00</u>														
4. Equipment	\$ <u>0.00</u>														
5. Contractual/Consultant	\$ <u>0.00</u>														
6. Indirect	\$ <u>3,087.00</u>														
Total Cost:	\$ <u>110,000.00</u>														

Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:
1. Centers for Disease Control and Prevention (CDC)	100%	93.305	U58DP006009	1U58DP006009

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
- Section G: Annual Work Plan
- Section H: Quarterly Program Activity Tracking and Evaluation
- Section I: Staff Certification

Kevin Dick District Health Officer, WCHD	Signature	Date
Jenni Bonk, MS CDPHP Section Manager, CFCW		
Beth Handler, MPH Bureau Chief, CFCW		
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 is not addressed by this subgrant

Goal 2: Eliminating nonsmokers' exposure to secondhand smoke						
Strategy 1: Educate and inform stakeholders and decision-makers about evidence-based policies and programs to reduce exposure to secondhand smoke						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>
2.1 By March 2018, educate or inform key decision-makers on the benefits of strengthening or adding at least one smoke-free policy supporting clean indoor air at the local or state level.	2.1.1 Identify at least three locations that are currently exempt from the Nevada Clean Indoor Air Act.	List of identified locations	Q1	Workers at NCIAA exempt locations	# of priority locations	Quarterly progress report
	2.1.2 Communicate with the decision makers of identified locations to provide information and offer technical assistance and model policy language that can be used to adopt a clean indoor air policy.	Informational emails and documents Clean Indoor Air policies	Q2-Q3	Key and decision-makers of NCIAA exempt locations	# of communications # of messages provided # of policies adopted	Quarterly progress report Presentation slides or notes
	2.1.3 Explore implementation of at least one new smoke-free policy to enhance the Nevada Clean Indoor Air Act. Coordinate related educational efforts on proposed policy enhancements regarding minimum distance or other options.	Clean air policy or policy enhancement	Q1-Q4	Key stakeholders, policy influencers, and decision-makers	# of policies or enhancements drafted # of policies or enhancements adopted # of policy education materials or presentations	Quarterly progress report Legislative public records

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Goal 3: Promoting quitting among youth and young adults						
Strategy 1: Educate and inform stakeholders and decision-makers about evidence-based policies and programs to increase cessation						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>
3.1 Through March 2018, provide assistance to increase the number of employer insurance plans that provide comprehensive cessation services by one.	3.1.1 Continue to work with Washoe County Human Resources to disseminate informative documents employees regarding cessation opportunities covered by WC insurance plans and disseminate 1-800-QUIT-NOW cards to employer/employee.	Cessation information	Q1-2	Employers/e employees	# of dissemination opportunities	Quarterly progress report
	3.1.2 Continue to work with Washoe County Human Resources to promote cessation and the Nevada Tobacco Quitline for employees.	Insurer driven promotional NTQ information	Q2-Q4	Insured Tobacco Users	# of employees reached # of cessation promotions	Quarterly progress report
Strategy 2: Increase engagement of health care providers and systems to expand utilization of proven cessation services						
3.2 Increase the number of clinical referrals in Washoe County to the Nevada Tobacco Quitline (NTQ) by 20% from the previous fiscal grant year by March 28, 2018.	3.2.1 Continue to work with Washoe County Health District clinics to identify health systems change that can occur within at least one clinical setting (electronic health records, discharge procedures, emergency room admittance, etc.)	Recommend health system enhancement	Q1-Q3	Health providers of tobacco users	# of recommended enhancements	Quarterly progress report
	3.2.2 Implement a health systems enhancement within at least one WCHD clinical setting that links/connects with the Nevada Tobacco Quitline.	Document systems change	Q1-Q3	Health providers of Tobacco Users	# of documented health system changes # of referrals from system to NTQ	Quarterly progress report
	3.2.3 Conduct an assessment of local health systems that serves low SES or another disparate	Local health system assessment	Q1	Low SES or other disparate population	# of assessments	Quarterly progress report Local health system

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	population to determine capabilities and readiness to adopt a referral system or health system change that supports cessation.					assessment results
	3.2.4 According to the assessment, identify one clinical setting to develop a partnership. Partner with the clinical health system to understand their current tobacco cessation system.	Summary of cessation system	Q1-Q2	Health providers of tobacco users	# of informal or formal partnerships # of cessation system summaries	Quarterly progress report Clinic-specific cessation summary
	3.2.5 Identify health systems change that can occur within the selected clinical setting (electronic health records, discharge procedures, emergency room admittance, etc.)	Recommendation for health system enhancement	Q2-Q3	Health providers of tobacco users	# of recommended enhancements	Quarterly progress report
	3.2.6 Explore implementation of health systems enhancement that links/connects with the Nevada Tobacco Quitline and develop plan with budget and timeline.	Documentation of system change or plan for implementation	Q4	Health providers of Tobacco Users	# of documented health system changes; # of implementation plans; # of referrals from system to NTQ	Quarterly progress report Implementation Plan
3.3 Increase the number of community-clinical linkages to the Nevada Tobacco Quitline (NTQ) in Washoe County from 0 to 1 by March 28, 2018.	3.3.1 Implement an assessment with a community organization (such as Our Center).	Summary of tobacco cessation opportunities	Q1-Q2	LGBTQI	# of assessments # of summary reports	Quarterly progress report
	3.3.2 Develop a fact sheet or talking points and disseminate data to the community organization.	Fact sheet or talking points	Q1-Q3	Community organization staff and management	# of fact sheets (or talking point sheets) developed	Quarterly progress report
	3.3.3 Explore implementation of process that connects the community organization the Nevada Tobacco Quitline (such as modified intake forms, fax/web referrals, or reminder on	Documentation of community-clinical linkage (modified intake forms, fax/web referrals)	Q3-Q4	Community organization staff and management LGBTQI	# of documented community-clinical linkage	Quarterly progress report

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	form) to establish referral mechanism.					
	3.3.4 Develop a data sharing system for quality improvement and tracking.	Shared data documentation	Q4	Community organization staff and management	# of data sharing systems	Quarterly progress report

Section 4: Mass Reach Communications						
Strategy 1: Implement evidence-based, mass-reach health communication interventions to increase cessation and/or promote the quitline						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>
4.1 Message cessation promoting the Nevada Tobacco Quitline and youth prevention with a reach of at least 7,000 by March 2018.	4.1.1 Maintain and update the tobacco information associated with the GetHealthyWashoe.com website and social media platform with the latest tobacco cessation information resources and promotion of the Quitline via at least five postings or distribution of materials as prescribed by the state's Strategic Communications Plan.	Website and social media messages	Q1-Q4	Washoe tobacco users Health care providers Service providers	# of social media messages # of webpages maintained # reached	Quarterly Progress Report
	4.1.2 Support monitoring the TIPS campaign and other leveraged media efforts by submitting at least 2 reports.	Communications and Media Report	Q2, Q4	Washoe tobacco users General Population Various others based on other leveraged grant efforts	# reach using traditional media # speaking engagements # reach using social media (by these 6 types: FB, Twitter, YouTube, Blogs, website/buttons, other)	Communications and Media Reporting Table (part of the Quarterly Progress Report)

Section 5 is not addressed by this subgrant

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Section 6: Infrastructure, Administration and Management						
Strategy 1: Develop and maintain responsive planning						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>
6.1 By March 2018, contribute to and facilitate with activities to produce one state strategic plan to prevent tobacco use in order to help maximize the health of Nevadans.	6.1.1 Participate on the steering committee to guide the development of the strategic plan.	Steering Committee Agendas and Notes	Q1-Q3	CDPHP	# of meetings	State program records
	6.1.2 Participate via NTPC to explore areas to align the state strategic plan with NTPC priorities and incorporate NTPC input into the strategic plan.	Documented strategic plan feedback	Q3	General Population	# of feedback documents	State program records Strategic Plan
	6.1.3 Assist the State with convening community stakeholders (focus group) to provide input on tobacco control strategy that would service the stakeholders' community needs.	Stakeholder Invite Roster Focus group data	Q2	Washoe County Stakeholders	# of stakeholders invited # of focus groups	Quarterly progress report
Strategy 2*: Provide ongoing training and technical assistance						*strategy
2 provided by state for subgrantee						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>
6.2 Through March 2018, participate as one of eight partners in a technical assistance program to improve tobacco prevention and control program activities.	6.2.1 Participate on technical assistance calls with CDPHP on a monthly basis (12 total) and provide regular program updates. Attend annual partner meeting (required*) and may substitute for 1 call.	TA agendas TA notes & action items	First Tuesday of the month unless group call is scheduled (Group calls: June 9, 2017 September 8, 2017 December 8, 2017 March 9, 2018)	CDPHP	# of TA agendas/calls # of partner meetings attended	State program records *Note: primary funding source and reporting will be FHN
	6.2.2 Provide progress reports on a quarterly basis (four total) documenting any barriers or challenges.	Progress reports	July 15, 2017 October 15, 2017 January 15, 2018 April 15, 2018	CDPHP	# of progress reports # of progress reports submitted in a timely manner	State program records
	6.2.3 Develop and disseminate at least one	Success story	October 15, 2017	Local population	# of stories	Quarterly progress report

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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	two-page tobacco control program success story.			and stakeholders CDC	# of channels of dissemination # of people reached	
Strategy 3: Develop and maintain networked partnerships including state, local and chronic disease coordination						
6.3 By March 2018, partner with other agencies to organize and promote at least one educational initiatives addressing tobacco issues in Nevada.	6.3.1 Participate in planning with partnering organizations including NTPC, the Nevada Public Health Association (NPHA), Northern Nevada Action Committee (NNAC), and other local, state, and national groups driving tobacco policy.	Planning Meetings	Q1-Q4	Partners	# of meetings	Quarterly progress report
	6.3.2 Identify a tobacco control initiative or policy WCHD is working on and present the information to at least two partnering organizations.	Presentation	Q1-Q4	Partners	# of presentations # of orgs reached	Quarterly progress report
	6.3.3 Survey local tobacco retailers or explore retailers' needs or interest in merchant training.	Tobacco retailer data summary	Q1-Q4	Tobacco Retailers	# of retailers reached # of data summaries	Quarterly progress report
	6.3.4 Participate in at least one meeting or call to provide input and assistance to guide the development of merchant training for tobacco retailers.	Merchant Training Notes	Q3-Q4	SAPTA Tobacco Retailers	# of merchant training notes	Merchant Training Notes

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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 1U58DP006009-3 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 Centers for Disease Control and Prevention."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 1U58DP006009-3 from the Centers for Disease Control and Prevention.

Subgrantee agrees to adhere to the following budget:

PERSONNEL Position Title and Name	Annual Salary	Fringe	Percent of Time	Months	Amount Requested
<u>Health Educator Coordinator</u>	\$80,304	\$46,672	50%	12	\$63,488
This position directs the overall operation of projects; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for overall program evaluation and budget management; and is the responsible staff person for ensuring necessary reports/documentation are submitted to the Nevada State Tobacco Prevention Control Program. This position relates to all program objectives.					
<u>Health Educator II</u>	\$76,141	\$38,133	38%	12	\$43,424
This position will assist the Health Educator Coordinator to implement project activities, coordinate with other agencies, develop materials, participate in developing and carrying out in-service and trainings, participate in meetings, data collection and interpretation, and report progress on meeting grant deliverables on a monthly basis. This position also relates to all program objectives.					
TOTAL ANNUAL SALARIES & WAGES	\$ 69,086				
		\$ 37,826.54			
		TOTAL PERSONNEL COSTS:			\$ 106,913
INDIRECT COSTS:					
Reduced Indirect Cost rate applied due to funding cap. 2.8874% of total direct costs					
		TOTAL INDIRECT COSTS:			\$3,087
TOTAL BUDGET:					\$110,000

- 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).

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.

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- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work, within 30 days of the end of the previous month and no later than 15 days from the end of the subgrant period which is March 28, 2018.
- The maximum amount available under this subgrant is \$110,000;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Quarterly invoices will not be approved for payment until quarterly reports are received by the Tobacco Program Coordinator.
- DPBH reserves the right to conduct a site visit in regards to the subgrant and deliverables. If deliverables are not met for this subgrant period, DPBH is not obligated to issue continuation funding.
- Additional expenditure detail will be provided upon request to the Nevada State Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, Tobacco Program Manager.

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 Division of Public and Behavioral Health shall provide technical assistance, upon request from the Subgrantee;
- The Division of Public and Behavioral Health shall provide prior approval of reports or documents to be developed;
- The Division of Public and Behavioral Health shall forward reports to the 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:

An annual site visit will be performed by the Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, Tobacco Program Coordinator.

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

CDPHP and Nevada Wellness Attribution Requirements:

Subgrantees are required to include two key attributions to any publication, promotional item or media paid for through this subgrant: 1) Funding attribution, and 2) Nevada Wellness Logo.

Funding Attribution

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 1U58DP006009-3 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 Centers for Disease Control and Prevention.”

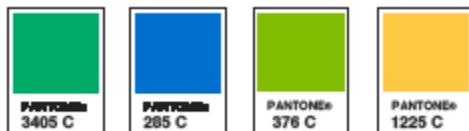
Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 1U58DP006009-3 from the Centers for Disease Control and Prevention.

Nevada Wellness Logo

Use of this logo may not be used for any other commercial purpose without permission from the Chronic Disease Prevention and Health Promotion section at the Nevada Division of Public and Behavioral Health. User groups may not use the Nevada Wellness logo to make profit from it and must comply with usage guidelines. Nevada Wellness is a registered trademark of the Chronic Disease Prevention and Health Promotion section at the Nevada Division of Public and Behavioral Health. Derivative versions of the Nevada Wellness logo are generally prohibited, as they dilute the Nevada Wellness brand identity. Please contact Health Promotions for any questions regarding usage guidelines at cdphp@health.nv.gov.

Usage Guidelines

- **Logo Elements:** The logo consists of two figures with a background of a mountain and sun, with the words “Nevada Wellness” below. These elements cannot be used separately.
- **Size Elements:** The size specifications for the logo are as follows: 303px width x 432px height or 4.208in width x 6in height. Resolution should be set at 72 or higher.
- **Spatial Elements:** The logo should appear unaltered in every application and should not be stretched or have a drop shadow or any other effect applied. Any secondary logos or images surrounding the logo should be of sufficient contrast so that the logo is not crowded or obscured. There must be a minimum of one quarter inch (1/4) clear space around the logo. The logo should be proportional to the size of your publication, promotional item, or website.
- **Font:** Industria LT Std
- **Logo Color:** The printed logo should always appear in these colors or in black & white. When printing or placing the logo on a field that is low contrast, the logo should have a white outline.
 - **PMS Colors:**



- **CMYK Colors:**

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C:75, M:0, Y:75, K:0

C:83, M:40, Y:0, K:0

C:40, M:0, Y:100, K:0

C:0, M:20, Y:85, K:0

o **RGB Colors:**

RGB Colors

Green: R: 43 G: 182 B: 115

Blue: R: 2 G: 130 B: 198

Lime Green: R: 166 G: 206 B: 57

Yellow: R: 255 G: 200 B: 67

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SECTION D

Request for Reimbursement Instructions

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the total expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

C. Current Request: List the current expenditures requested at this time for reimbursement in this column, for each category.

D. Year to Date Total: Add Column B and Column C for each category.

E. Budget Balance: Subtract Column D from Column A for each category.

F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

****An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.***

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REQUEST FOR REIMBURSEMENT

HD#: 15903
 Budget Account 3220
 GL: 8516
 Draw #: _____

Program Name: Tobacco Prevention and Control Chronic Disease Prevention and Health Promotion Bureau of Child, Family and Community Wellness	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, Nevada 89520
Subgrant Period: March 29, 2017 – March 28, 2018	Subgrantee's: 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	\$106,913.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2 Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
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 Indirect	\$3,087.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$110,000.00	\$0.00	\$0.00	\$0.00	\$0.00	-

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/back-up. 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: _____

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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? _____

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

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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

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.

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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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- 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

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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
<p>Division of Public and Behavioral Health 4150 Technology Way, Suite 300 Carson City, NV 89706</p>	<p>Washoe County Health District _____ Business Name</p>
<p>Phone: (775) 684-5975</p>	<p>PO Box 11130 _____ Business Address</p>
<p>Fax: (775) 684-4211</p>	<p>Reno, Nevada 89520 _____ Business City, State and Zip Code</p>
	<p>_____</p> <p align="center">Business Phone Number</p>
	<p>_____</p> <p align="center">Business Fax Number</p>
<p>_____</p> <p align="center">Authorized Signature</p>	<p>_____</p> <p align="center">Authorized Signature</p>
<p>for Cody L. Phinney, MPH _____</p> <p align="center">Print Name</p>	<p>_____</p> <p align="center">Print Name</p>
<p>Administrator, Division of Public and Behavioral Health _____</p> <p align="center">Title</p>	<p>_____</p> <p align="center">Title</p>
<p>_____</p> <p align="center">Date</p>	<p>_____</p> <p align="center">Date</p>

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SECTION G

Annual Workplan Template

Evaluation Worksheet 3. CDPHP Tobacco Program Sub-grantee/Contractor Annual Workplan from March 29, 2017 to March 28, 2018

Date: MM/DD/YYYY Version: 0.2

<i>Goal 1:</i>					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
<i>Goal 2:</i>					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>

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SECTION H

Quarterly Program Activity Tracking and Evaluation Template

ES Worksheet 4. CDPHP Tobacco Control Program Quarterly Program Activity Tracking/Evaluation

Washoe County Health District Core Progress Report

Action Plan Period: 03/29/17 - 03/28/18

Data Collection Date: MM/DD/YY

Funding Amount:	\$
Reimbursement to date:	\$

Goal 1: <u>Prevention initiation among youth and young adults</u>				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
1.1	1.1.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
			MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
			MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
Progress:	(paragraph format reporting entered in here) Text...			
Successes:	1. 2.			
Barriers:				
TA Requests:	1. 2.			

Goal 2: <u>Eliminating nonsmokers' exposure to second smoke</u>				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
2.1	2.1.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	

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Goal 2: <i>Eliminating nonsmokers' exposure to second smoke</i>				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
			MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
Progress:				
Successes:				
Barriers:				
TA Requests:				

Goal 3: <i>Promoting quitting among youth and young adults</i>				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
3.1	3.1.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
			MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
Progress:				
Successes:				
Barriers:				
TA Requests:				

Section 4: <i>Mass Reach Communications</i>				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
4.1	4.1.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
			MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	

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

Section 4: Mass Reach Communications					
Objectives	Activities	Outputs	Quarterly Program Progress <small>(Outputs, When, How, Who, Barriers)</small>		Evaluation <small>(for evaluator use only)</small>
Progress:					
Successes:					
Barriers:					
TA Requests:					

Communications and Media Reporting					
Media Type <small>(TV, Radio, Facebook, Blog, Twitter, YouTube, Buttons)</small>	Earned/ Paid	Target Population	Quitline Promo <small>(Y/N)</small>	Reach <small>(if available)</small>	Dates Run
Example: TV	Earned	Low SES	Y	14,782	9/1/16-10/31/16
(add rows as needed)					
TIPS Leverage <small>(TV, Radio, Facebook, Blog, Twitter, YouTube, Buttons)</small>	Earned/ Paid	Target Population	Quitline Promo <small>(Y/N)</small>	Reach <small>(if available)</small>	Dates Run
Speaking Engagement Types <small>(Presentation, Webinar, Expert Witness)</small>	Location	Target Population	Quitline Promo <small>(Y/N)</small>	# Stakeholders <small>(or estimate)</small>	Date

Section 5: Surveillance and Evaluation					
Objectives	Activities	Outputs	Quarterly Program Progress <small>(Outputs, When, How, Who, Barriers)</small>		Evaluation <small>(for evaluator use only)</small>
5.1	5.1.1		MM/DD/YY		
			MM/DD/YY		
			MM/DD/YY		
			MM/DD/YY		

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

Section 5: Surveillance and Evaluation				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
Progress:				
Successes:				
Barriers:				
TA Requests:				

Section 6: Infrastructure, Administration and Management				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
6.1	6.1.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
			MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
Progress:				
Successes:				
Barriers:				
TA Requests:				

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

SECTION I

Staff Certification Template

**WASHOE COUNTY HEALTH DISTRICT
STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON DUTIES**

For the Period March 29, 2017 through March 28, 2018

Employee Name	Title	% time (level of effort) spent on duties related to HD 15505	% time (level of effort) spent on	% time (level of effort) spent on	% time (level of effort) spent on	Total must equal 100%	I certify that the % of time (level of effort) I have stated is true and correct Employee Signature	Date Certified
Kelli Goatley-Seals	Health Educator Coordinator	50%				50.00%		
Nicole Alberti	Health Educator II	38%				38.00%		
						0.00%		

Note: The Notice of Subgrant Award received from the State of Nevada provides funding for the employees above. All duties performed by these employees support the objectives/deliverables of the federal award.

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Authorized Official Name

Title

Signature

Date

These certification forms must be prepared at least Quarterly and signed by the employee and an authorized official having firsthand knowledge of the work performed by the employee.

Note: Add columns as needed to reflect % allocation across all funding sources.

Staff Report
Board Meeting Date: March 23, 2017

TO: District Board of Health

FROM: Nancy Kerns Cummins, Fiscal Compliance Officer, Washoe County Health District
775-328-2419, nkcummins@washoecounty.us

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

SUMMARY

Washoe County Health District Procurement Card Administrative Guidelines state the Board of Health must approve expenditures for gift cards, certain incentives, and food purchases. In most instances, grant awards include funding for specific medically-necessary food purchases (i.e., food purchases for isolated Tuberculosis (TB) patients and juice for Immunization clients), and program-specific incentives that encourage compliance or participation. These budgeted expenses are delineated for the Board at the time the grant is presented to the Board for approval.

The following list provides examples for how local funding could support program-specific incentives:

- The Maternal-Child Health (MCH) Program no longer has grant funding support. In past years, Public Health Nurses provided home visitation services. The Program currently requires clients to come to the Health District for services and staff would like to provide \$10 gas cards to assist clients with transportation expenses.
- The Tuberculosis Prevention and Control Program has limited grant funding to support Active TB clients who are isolated and others undergoing treatment. The Program would like the flexibility of purchasing food, bus passes and gas cards for these patients if grant funding has been depleted or is no longer available.
- The HIV Prevention and Control Program has limited grant funding to incentivize patients, partners and contacts to be tested and/or treated. The Program would like the flexibility of purchasing bus passes and gift cards for these clients if grant funding has been depleted or is no longer available.
- The Community Health Needs Assessment may require incentives, in the form of gift cards, for focus groups and survey participation.

Such purchases will remain within adopted budget funding for the fiscal year, and each purchase will be approved by the appropriate Division Director.

The Washoe County Manager currently approves the Health District's annual food purchase budget for guests/attendees for a variety of events. This ensures the Health District is in compliance with Washoe County Code 5.364.

District Health Strategic Objective supported by this item:

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

PREVIOUS ACTION

There has been no previous action by the Board.

FISCAL IMPACT

There is no fiscal impact should the Board approve these purchases; all purchases will remain within the adopted budget for the fiscal year.

RECOMMENDATION

It is recommended that the Washoe County Health District approve retroactive and continued purchases on local funding for program-specific incentives from various suppliers, not to exceed the program's authorized budget authority.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve retroactive and continued purchases on local funding for program-specific incentives from various suppliers, not to exceed the program's authorized budget authority."

DD	NA	___
DHO	___	AD
DA	NA	___
Risk	NA	___

STAFF REPORT
BOARD MEETING DATE: March 23, 2017

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, aheenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health Fund Financial Review for February, Fiscal Year 2017

SUMMARY

The eighth month of fiscal year 2017 (FY17) ended with a cash balance of \$2,401,804. Total revenues were \$13,039,584 up \$527,130 or 4.2% over fiscal year 2016 (FY16) and were 61.4% of the FY17 budget. With 66.7% of the fiscal year completed the expenditures totaled \$13,734,169 up \$913,201 or 7.1% compared to FY16 and were 61.2% of budget.

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.

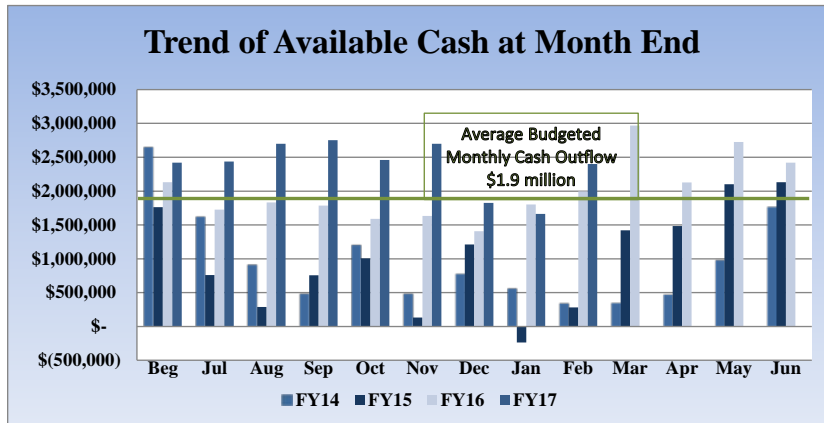
PREVIOUS ACTION

Fiscal Year 2017 Budget was adopted May 17, 2016.

BACKGROUND

Review of Cash

The available cash at the end of February, FY17, was \$2,401,804 which was 128.4% of the average budgeted monthly cash outflow of \$1,871,150 for the fiscal year and up 20.3% or \$406,042 compared to the same time in FY16. The encumbrances and other liability portion of the cash balance totals \$1,133,679; the portion of cash restricted as to use is approximately \$730,346 (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$537,779.



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 and Expenditures by Division

ODHO has received grant funding of \$9,159 for workforce development initiatives. AQM has received \$1,389,262 or 51.4% of budget and down \$104,390 or 7.0% in revenue compared to FY16. The decline is due to the delay in the distribution of the DMV excess reserve revenues designated for pollution control. CCHS received \$2,043,696 in revenue or 53.1% of budget and up \$144,421 over FY16. EHS has received \$1,901,942 which is 65.4% of budget and up \$587,734 or 44.7% over FY16. EPHP has received \$1,164,288 in revenue and is up \$76,964 or 7.1% over last year and 60.8% of the FY17 budget. The County General Fund support is the single largest source of revenue and totaled \$6,531,237 or 66.7% of budget and down \$186,667 or 2.8% compared to FY16.

The total expenditures for FY17 were \$13,734,169 which is 61.2% of budget and up \$913,201 or 7.1% over last fiscal year. ODHO spent \$508,556 up \$137,383 or 37.0% 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 \$748,836 up \$82,770 or 12.4% 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 \$1,928,480 up \$215,635 or 12.6% over last fiscal year due to costs for advertisement campaigns and increased County benefit charges. CCHS has spent \$4,736,967 year to date and is up \$262,275 or 5.9% over last year. EHS spent \$4,147,823 and has increased \$146,540 or 3.7% over last year. EPHP expenditures were \$1,663,507 up \$68,598 or 4.3% over FY16.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2012/2013 through February 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)	February Year to Date	Adjusted Budget	February Year to Date	Percent of Budget	FY17 Increase over FY16
Revenues (all sources of funds)									
ODHO	-	-	-	15,000	-	55,000	9,159	16.7%	-
AHS	33,453	87,930	151	-	91	-	-	-	-100.0%
AQM	2,068,697	2,491,036	2,427,471	2,520,452	1,493,652	2,703,210	1,389,262	51.4%	-7.0%
CCHS	3,322,667	3,388,099	3,520,945	3,506,968	1,899,275	3,850,396	2,043,696	53.1%	7.6%
EHS	1,828,482	1,890,192	2,008,299	2,209,259	1,314,208	2,906,093	1,901,942	65.4%	44.7%
EPHP	1,833,643	1,805,986	1,555,508	2,141,334	1,087,324	1,914,580	1,164,288	60.8%	7.1%
GF support	8,623,891	8,603,891	10,000,192	10,076,856	6,717,904	9,796,856	6,531,237	66.7%	-2.8%
Total Revenues	\$ 17,710,834	\$ 18,267,134	\$ 19,512,566	\$ 20,469,870	\$ 12,512,454	\$ 21,226,135	\$ 13,039,584	61.4%	4.2%
Expenditures (all uses of funds)									
ODHO	-	-	481,886	594,672	371,173	1,034,641	508,556	49.2%	37.0%
AHS	1,366,542	1,336,740	1,096,568	996,021	666,066	1,132,724	748,836	66.1%	12.4%
AQM	2,629,380	2,524,702	2,587,196	2,670,636	1,712,845	3,381,211	1,928,480	57.0%	12.6%
CCHS	6,765,200	6,949,068	6,967,501	6,880,583	4,474,692	7,630,095	4,736,967	62.1%	5.9%
EHS	5,614,688	5,737,872	5,954,567	5,939,960	4,001,283	6,575,424	4,147,823	63.1%	3.7%
EPHP	2,439,602	2,374,417	2,312,142	2,688,659	1,594,909	2,699,708	1,663,507	61.6%	4.3%
Total Expenditures	\$ 18,815,411	\$ 18,922,800	\$ 19,399,859	\$ 19,770,532	\$ 12,820,968	\$ 22,453,804	\$ 13,734,169	61.2%	7.1%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	-	-	(481,886)	(579,672)	(371,173)	(979,641)	(499,397)		
AHS	(1,333,088)	(1,248,810)	(1,096,417)	(996,021)	(665,975)	(1,132,724)	(748,836)		
AQM	(560,683)	(33,666)	(159,725)	(150,184)	(219,193)	(678,001)	(539,218)		
CCHS	(3,442,533)	(3,560,969)	(3,446,556)	(3,373,615)	(2,575,417)	(3,779,700)	(2,693,271)		
EHS	(3,786,206)	(3,847,680)	(3,946,268)	(3,730,701)	(2,687,075)	(3,669,331)	(2,245,881)		
EPHP	(605,958)	(568,431)	(756,634)	(547,325)	(507,585)	(785,128)	(499,219)		
GF Operating	8,623,891	8,603,891	10,000,192	10,076,856	6,717,904	9,796,856	6,531,237		
Surplus (deficit)	\$ (1,104,577)	\$ (655,666)	\$ 112,707	\$ 699,338	\$ (308,514)	\$ (1,227,669)	\$ (694,585)		
Fund Balance (FB)	\$ 2,811,465	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844		\$ 1,740,175			
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 February, Fiscal Year 2017.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund Financial Review for February, Fiscal Year 2017.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 8 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	2015 Actual	Balance	Act%
460527 NOE-AQM	176,103	125,285	50,818	71	116,984	81,971	35,013	70
460528 NESHAP-AQM	153,862	114,962	38,900	75	99,333	83,225	16,108	84
460529 Assessments-AQM	81,614	54,715	26,899	67	51,336	39,222	12,114	76
460530 Inspector Registr-AQ	4,608	1,656	2,952	36	2,162	98	2,064	5
460531 Dust Plan-Air Quality	257,784	281,268	23,484	109	142,403	196,652	54,249	138
460532 Plan Rvw Hotel/Motel	2,530	251	2,279	10	2,530	462	2,068	18
460533 Quick Start		251	251					
460534 Child Care Inspection	14,904	11,944	2,960	80	8,514	6,280	2,234	74
460535 Pub Accomod Inspectn	33,060	24,665	8,395	75	19,000	13,795	5,205	73
460570 Education Revenue		37,923	59,219	39				
460723 Other Fees	97,142	1,560,340	431,031	78	1,361,248	1,090,023	271,225	80
* Charges for Services	1,991,371						500	
471265 Illegal Dumping							500	
* Fines and Forfeitures								
481150 Interest-Non Pooled		29	29					
484000 Donations,Contributions		4,000	4,000		3,000	3,700	700	123
484050 Donation Fed Rgm Inc	24,201	10,637	13,564	44	37,550	18,091	19,459	48
484195 Non-Govt'l Grants								
484197 Non-Gov Grants-Indirect	11,367	5,923	5,444	52	11,631	2,459	9,172	21
485100 Reimbursements	42,576	19,281	23,295	45	38,599	9,210	29,389	24
485300 Other Misc Govt Rev	35,000	1,968	33,032	6				
* Miscellaneous	113,144	41,838	71,307	37	90,780	33,460	57,320	37
** Revenue	11,429,279	6,508,347	4,920,932	57	10,084,311	5,793,175	4,291,136	57
701110 Base Salaries	9,793,203	6,373,748	3,419,455	65	9,758,662	5,972,768	3,785,894	61
701120 Part Time	314,723	141,053	173,670	45	398,206	236,914	161,292	59
701130 Pooled Positions	475,463	242,021	233,443	51	374,608	251,614	122,994	67
701140 Holiday Work	4,319	1,455	2,864	34	4,319	2,171	2,148	50
701150 xcContractual Wages								
701199 Lab Cost Sav-Wages								
701200 Incentive Longevity	165,400	83,714	81,686	51	166,775	81,149	85,626	49
701300 Overtime	80,479	50,351	30,128	63	64,681	43,855	20,826	68
701403 Shift Differential	300	135	165	45	302	142	160	47
701406 Standby Pay	38,000	20,574	17,426	54				
701408 Call Back	5,000	3,505	1,495	70	1,000	765	235	77
701412 Salary Adjustment	83,406	83,406	83,406		43,993		43,993	
701413 Vac Payoff/Sick Pay-Term	84,041	86,146	2,105	103	49,515	58,470	8,955	118
701414 Vacation Denied-Payoff		3,744	3,744			416	416	
701417 Comp Time		14,051	14,051		7,603	7,218	385	95
701419 Comp Time - Transfer		4	4			2,785	2,785	
701500 Merit Awards								
* Salaries and Wages	11,044,334	7,020,509	4,023,825	64	10,781,678	6,658,268	4,123,410	62
705110 Group Insurance	1,749,467	1,153,492	595,975	66	1,602,223	996,164	606,059	62
705190 OPFS Contribution	1,181,460	787,640	393,820	67				

Period: 1 thru 8 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	Act%
705199 Lab Cost Sav-Benef								
705210 Retirement	2,888,390	1,853,616	1,034,774	64	2,870,083	1,744,270	1,125,813	61
705215 Retirement Calculation								
705230 Medicare April 1986	142,384	96,325	46,059	68	143,292	91,049	52,243	64
705320 Workmens Comp	92,671	63,937	28,734	69	69,143	46,095	23,047	67
705330 Unemply Comp	13,762	6,192	7,570	45	15,483	10,322	5,161	67
705360 Benefit Adjustment	21,529		21,529					
Employee Benefits	6,089,663	3,961,202	2,128,461	65	4,700,224	2,887,901	1,812,323	61
710100 Professional Services	628,507	60,709	567,798	10	832,764	174,761	658,003	21
710105 Medical Services	9,971	4,790	5,181	48	9,621	2,617	7,004	27
710108 MD Consultants	61,210	33,658	27,552	55	137,971	29,339	108,632	21
710110 Contracted/Temp Services	39,600	18,063	21,537	46	7,279	2,565	4,714	35
710119 Subrecipient Payments								
710155 Lobbying Services		300	300					
710200 Service Contract	91,731	49,634	42,097	54	172,990	44,617	128,373	26
710205 Repairs and Maintenance	14,843	8,012	6,831	54	24,189	8,806	15,383	36
710210 Software Maintenance	12,319	2,942	9,378	24	16,607	12,770	3,837	77
710300 Operating Supplies	165,504	81,686	83,818	49	278,249	56,691	221,558	20
710302 Small Tools & Allow	1,435	1,266	169	88	23,685	794	22,891	3
710308 Animal Supplies	1,600	1,049	551	66	1,600	564	1,036	35
710310 Parts and Supplies								
710319 Chemical Supplies	232,700	234,975	2,275	101	231,900	243,309	11,409	105
710325 Signs and Markers								
710334 Copy Machine Expense	35,875	13,716	22,160	38	30,061	18,707	11,353	62
710335 Copy Machine-Copy Charges	2,001	3,035	1,034	152				
710350 Office Supplies	41,497	26,267	15,230	63	38,213	22,758	15,455	60
710355 Books and Subscriptions	6,675	5,293	1,383	79	6,015	7,077	1,062	118
710360 Postage	21,750	9,472	12,278	44	27,382	11,872	15,510	43
710361 Express and Courier	645	152	493	24	850	126	724	15
710391 Fuel & Lube	125		125		100	184	84	184
710400 Payments to Other Agencies	31,500	38,420	6,920	122				
710412 Do Not Use								
710500 Other Expense	104,405	8,149	96,256	8	39,891	12,906	26,985	32
710502 Printing	22,753	4,538	18,215	20	29,668	12,188	17,479	41
710503 Licenses & Permits	9,245	4,343	4,902	47	6,770	4,790	1,980	71
710504 Registration		504	504					
710505 Rental Equipment	1,800	1,800		100	1,800	1,800		100
710506 Dept Insurance Deductible		284	284		300	300	300	
710507 Network and Data Lines	9,662	5,442	4,220	56	9,755	5,368	4,387	55
710508 Telephone Land Lines	36,606	23,065	13,541	63	36,040	22,446	13,594	62
710509 Seminars and Meetings	45,728	18,391	27,337	40	52,467	18,342	34,122	35
710512 Auto Expense	10,465	4,678	5,787	45	11,582	4,850	6,732	42
710514 Regulatory Assessments	20,000	6,836	13,164	34	18,500	12,998	5,502	70

Period: 1 thru 8 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	Act%
710519 Cellular Phone	14,109	7,995	6,114	57	13,709	7,218	6,491	53
710529 Dues	8,362	32,203	23,841-	385	8,375	5,598	2,777	67
710535 Credit Card Fees	52,157	16,477	35,680	32	12,107	10,683	1,424	88
710546 Advertising	132,273	100,721	31,552	76	241,546	78,278	163,268	32
710551 Cash Discounts Lost		9	9-			496	496-	
710563 Recruitment								
710571 Safety Expense	55,000	7,866	47,134	14				
710577 Uniforms & Special C	5,657	6,720	1,063-	119	9,900	1,149	8,751	12
710585 Undesignated Budget	450,000		450,000					
710594 Insurance Premium	5,815	5,605	210	96		5,605	5,605-	
710600 LT Lease-Office Space	76,607	47,498	29,109	62	79,703	56,529	23,174	71
710620 LT Lease-Equipment								
710703 Biologicals	298,681	181,028	117,654	61	245,868	131,535	114,333	53
710708 Foster Care Home								
710714 Referral Services	6,780		6,780					
710721 Outpatient	108,555	52,312	56,243	48	96,331	58,928	37,403	61
710872 Food Purchases	2,994	1,039	1,955	35	2,170	768	1,401	35
711008 Combined Utilities	90,800	60,533	30,267	67				
711010 Utilities								
711100 ESD Asset Management	47,382	30,975	16,407	65	66,552	40,796	25,756	61
711113 Equip Srv Replace	44,876	26,255	18,621	59	38,039	16,794	21,245	44
711114 Equip Srv O & M	66,315	38,219	28,096	58	62,441	45,025	17,416	72
711115 Equip Srv Motor Pool	5,000		5,000					
711117 ESD Fuel Charge	34,167	17,065	17,102	50	47,382	22,932	24,450	48
711119 Prop & Lab Billings	82,007	52,472	29,535	64	75,992	50,661	25,331	67
711210 Travel	172,376	46,277	126,100	27	165,570	46,720	118,850	28
711213 Travel-Non Onty Pers		2,148	2,148-					
711300 Cash Over Short		40-	40					
711399 ProCard in Process		41-						
711400 Overhead - General Fund	1,700,797	1,133,865	566,932	67	2,795,882	1,863,921	931,961	67
711504 Equipment nonCapital	75,392	97,401	22,009-	129	156,299	25,428	130,871	16
711509 Comp Sftw nonCap		22,941	22,941-					
* Services and Supplies	5,196,254	2,659,037	2,537,217	51	6,163,813	3,202,669	2,961,144	52
781004 Equipment Capital	40,472	35,340	5,132	87	105,880	14,049	91,831	13
781007 Computer Software Capital								
* Capital Outlay	25,000		25,000					
** Expenses	65,472	35,340	30,132	54	105,880	14,049	91,831	13
485192 Surplus Equipment Sales	22,395,723	13,676,088	8,719,635	61	21,751,595	12,762,887	8,988,708	59
* Other Fin. Sources								
621001 Transfer From General								
* Transfers In	9,796,856-	6,531,237-	3,265,619-	67	10,076,856-	6,717,904-	3,358,952-	67
812330 To Reg Permits-230	58,081	58,081	3,265,619-	67	10,076,856-	6,717,904-	3,358,952-	67
				100	58,081	58,081		100

Period: 1 thru 8 2017 P&L Accounts
 Accounts: GO-P-L
 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	Act%
814430 To Reg Permits-Capit								
* Transfers Out	58,081	58,081		100	58,081	58,081		100
** Other Financing Src/Use	9,738,775-	6,473,156-	3,265,619-	66	10,018,775-	6,661,198-	3,357,577-	66
** Total	1,227,669	694,585	533,085	57	1,648,509	308,514	1,339,995	19

DD	RS	___
DHO	___	___
DA	___	___
Risk	___	___

Staff Report
Board Meeting Date: March 23, 2017

TO: District Board of Health

FROM: James English, Environmental Health Specialist Supervisor
775-328-2610; jenglish@washoecounty.us

SUBJECT: 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.

SUMMARY

In accordance with the Nevada Revised Statutes 278-0286, the Division of Environmental Health Services of the Washoe County Health District, acting as the Solid Waste Management Authority for Washoe County, has completed the 2016 Annual Report for the Truckee Meadows Regional Planning Agency (TMRPA). The report is due to the TMRPA by April first of each year with a reporting period of the preceding calendar year.

District Health Strategic Priority 2: Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

The 2015 Annual Report was approved on March 24, 2016.

BACKGROUND

The Washoe County Health District, acting as the Solid Waste Management Authority is required to submit various reports to different agencies related to solid waste activities within the Health District. The annual report submitted to the TMRPA provides an update on solid waste facilities and the implementation of the solid waste management plan for the community. Data used within the report is from 2015 as the current recycling and tonnage reports are not calculated until on or after April 1st for the previous year.

FISCAL IMPACT

There is no additional fiscal impact to the FY16 budget should the Board approve this annual report.

RECOMMENDATION

Environmental Health Services Staff recommends that the Washoe County District Board of Health (Board) accept the 2016 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.

POSSIBLE MOTION

Should the Board agree with staff recommendations, a possible motion would be “Move to accept the 2016 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.”

2016 ANNUAL REPORT TO
THE REGIONAL PLANNING COMMISSION
(Reporting Period: January – December 2015)

By the Washoe County Health District (WCHD) as the Solid Waste Management Authority

C. Public Services and Facilities

3. Solid Waste Management (Appendix I, 2012 Regional Plan Version 4)

Solid waste collected in Washoe County is disposed primarily in the Lockwood Regional Landfill with a small amount of waste going to the Russel Pass and Carson City Landfills. The cities and the unincorporated areas have franchise agreements to provide for solid waste collection, transportation, disposal and recycling services. The franchised waste hauler pays franchise fees to the cities of Reno and Sparks, Washoe County and the Incline General Improvement District.

At the present rate of waste generation, the existing transfer stations are adequate. Furthermore, the franchised waste hauler has started designing the expansion of the transfer station located on East Commercial Row, which will include the addition of a materials recovery facility.

The 2011 Solid Waste Management Plan for Washoe County was adopted by the Washoe County District Board of Health in October 2011. The Nevada Division of Environmental Protection approved the plan in December 2011. An implementation plan and schedule has been developed outlining goals and timelines for the next five years. The purpose of the plan is to ensure the safe and adequate management of all solid waste produced or generated in Washoe County. The secondary purpose of the plan is to explore the feasibility of alternative uses of solid waste (e.g., recycling, re-use, waste to energy, composting, etc.). Goals relevant to these potential options are outlined in the plan.

The WCHD completed the update to the 2011 Solid Waste Management Plan as required in December 2016, hence creating the 2016 Solid Waste Management Plan. The plan is awaiting final approval of the Nevada Division of Environmental Protection.

2015 Dataset Inventory:

The amount of domestic solid waste disposed at the landfill: MSW = 436,869.88 T

The amount of industrial and special waste generated: I & P = 248,935.99 T

The total amount of MSW generated in the county: 637,340.30 T

The total waste generated in the county: 1,037,147.46 T

(Note: Total waste generated is the sum of the recycled MSW and C & D, plus the quantity of MSW which was reported as generated in the county plus the I & P and special wastes disposed of in the county.)

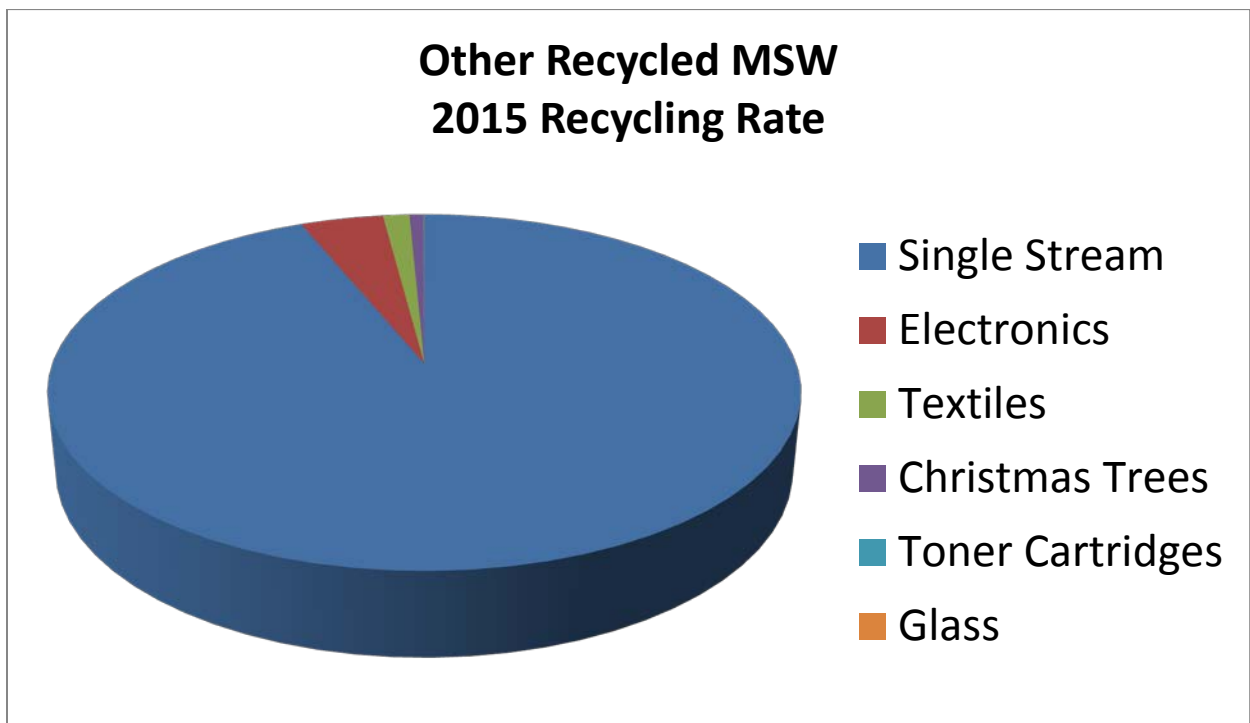
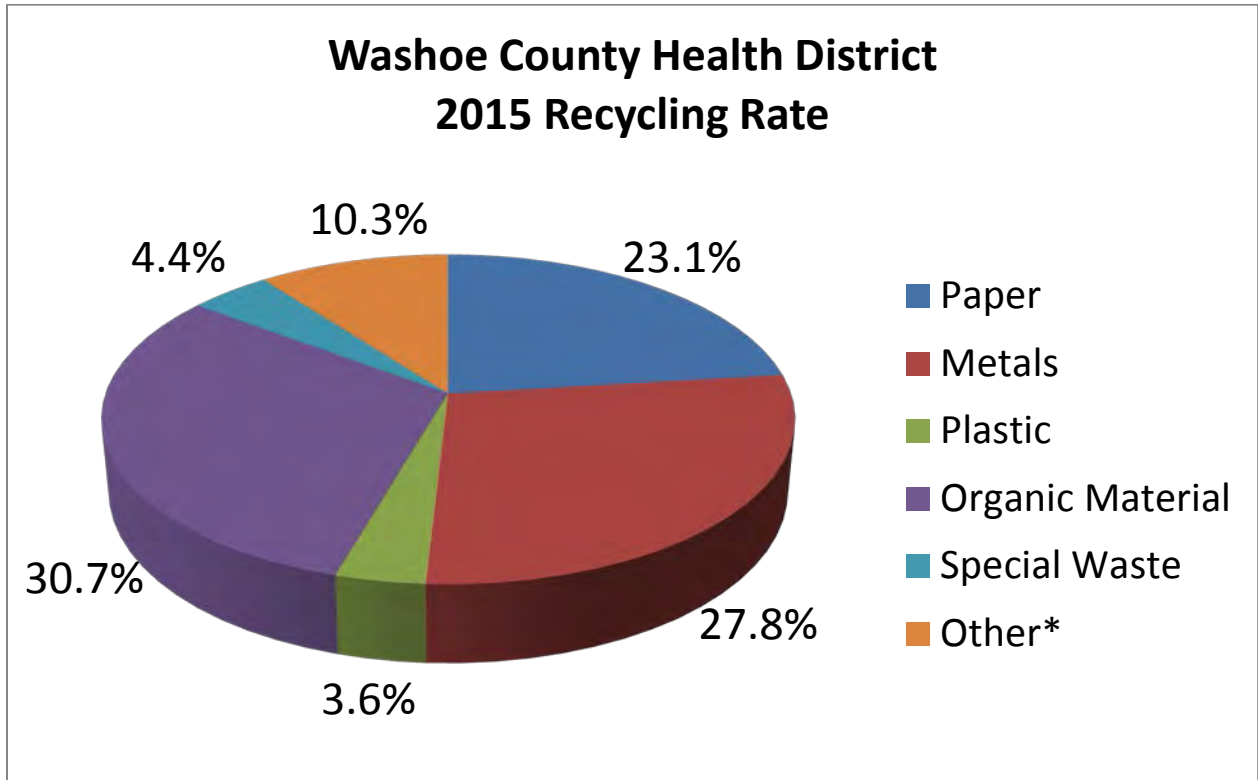
The amount of recycled material diverted from disposal at the landfill: Recycled MSW = 200,470.42 T

The amount of construction and demolition debris diverted from disposal at the landfill: Recycled C & D = 199,336.74 T

The total recycled material collected: Recycled MSW + C&D = 399,807.16 T

MSW recycling rate = 31.5%

C & D recycling rate = 36.8%



DD	CA	-
DHO	KB	.
DA		
Risk		

STAFF REPORT
BOARD MEETING DATE: March 23, 2017

TO: District Board of Health

FROM: Charlee Albee, Director
(775) 784-7211, calbee@washoecounty.us

SUBJECT: Acceptance of the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report

SUMMARY

As a local government or affected entity, Nevada Revised Statutes (NRS) 278.0286 requires that an annual report be submitted to the Regional Planning Commission and the Regional Planning Governing Board indicating how actions in the previous year (Calendar Year 2016) have furthered or assisted in implementing the Regional Plan. This report satisfies the requirement.

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

PREVIOUS ACTION

March 24, 2016	Accepted the AQMD portion of the Truckee Meadows Regional Plan Annual Report.
March 26, 2015	Accepted the AQMD portion of the Truckee Meadows Regional Plan Annual Report.
March 27, 2014	Accepted the AQMD portion of the Truckee Meadows Regional Plan Annual Report.
March 28, 2013	Accepted the AQMD portion of the Truckee Meadows Regional Plan Annual Report.

BACKGROUND

The requirements for regional plan annual reporting are drawn from NRS 278.0286. The statute requires each local planning commission responsible for the preparation of a city or county master plan and each affected entity to prepare and submit to the Regional Planning Commission and the Governing Board a complete report on progress to implement the Regional Plan by April 1 of each year.

This attached report summarizes the progress made in 2016 by the Washoe County Health District, Air Quality Management Division (AQMD) to implement the Truckee Meadows Regional Plan. It also includes a section that identifies ongoing projects or policies scheduled for completion in early 2017. Additionally, the report includes projects or policies that are planned to begin in early 2017 that further or assist in carrying out the Regional Plan.

FISCAL IMPACT

There will be no fiscal impact from the Board accepting this report.

RECOMMENDATION

Staff recommends the Board accept the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report.

POSSIBLE MOTION

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

“Move to accept the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report.”

2016 Regional Plan Annual Report
Washoe County Health District - Air Quality Management Division
(Reporting Period: January - December 2016)

The Clean Air Act requires the U.S. Environmental Protection Agency (EPA) to establish and review the health-based National Ambient Air Quality Standards (NAAQS) for six criteria pollutants (ozone, particulate matter, carbon monoxide, nitrogen dioxide, sulfur dioxide, and lead). As of February 2017, all areas of Washoe County meet all NAAQS for all pollutants and averaging times.

Since 2011, EPA has been proposing to strengthen the 2008 ozone NAAQS of 75 ppb. In anticipation of a more stringent standard, the Air Quality Management Division (AQMD) has been collaborating with stakeholders to encourage voluntary initiatives to improve air quality. In 2015, EPA finalized a rule to strengthen the ozone NAAQS to 70 ppb. Air pollution levels in Washoe County did not meet this standard on seven days in 2016.

Attainment/non-attainment designations are determined from the three most recent years of air monitoring data. Based on preliminary air monitoring data from 2014-2016, the urban areas of Washoe County are expected to meet the 2015 ozone NAAQS. This is contingent on EPA's approval of AQMD's Exceptional Events demonstrations where wildfire smoke from California and the Pacific Northwest increased particulate matter and ozone concentrations. Approval of the demonstrations means that those exceptional event days are not counted towards attainment/non-attainment designations. EPA is anticipated to finalize initial designations in October 2017. A non-attainment designation would mean:

1. Our air is not healthy to breathe, especially for the young, elderly, and those with existing respiratory illnesses,
2. A federally enforceable plan must be developed and submitted to EPA that demonstrates measurable improvements in air pollution levels, and
3. Economic development will be limited, slowed, or stopped.

In an effort to reduce emissions and achieve the ozone standard, AQMD is participating in EPA's Ozone Advance program. Ozone Advance is a collaborative effort to encourage voluntary initiatives that improve air quality. In 2016, resolutions supporting participation in Ozone Advance were adopted by the following governing boards.

1. Washoe County District Board of Health
2. Washoe County Board of Commissioners
3. City of Reno
4. City of Sparks
5. Regional Transportation Commission of Washoe County
6. Regional Planning Governing Board

AQMD submitted an Ozone Advance Path Forward plan to EPA in February 2017. The Path Forward is the AQMD's roadmap to improve air quality through collaborations, voluntary

initiatives, and collective impact. Initiatives concentrate on technology, behavior, and the built environment to achieve long-term permanent improvements. These initiatives support the Path Forward's five primary goals:

1. Reduce ozone precursor emissions from on-road motor vehicles
2. Reduce ozone precursor emissions from non-road motor vehicles and equipment
3. Reduce impacts from heat island effects that contribute to ozone formation
4. Increase efficiency of buildings
5. Expand air quality education and outreach programs

Path Forward is intended to be a living plan that will adapt to and reflect any future changes to community priorities. It will also improve the environmental, public, and economic health of the community.

Module 1 - Regional Form and Patterns

Goal 1.2: Policies 11, 13, 14, 15, 18, and 21

The built environment influences transportation choices in our area. On-road motor vehicles such as cars and trucks are the largest category of ozone precursors. In anticipation of EPA strengthening the ozone NAAQS in 2015, the AQMD has continued to collaborate with stakeholders that influence the Truckee Meadows' regional form and pattern. These stakeholders include community development departments, planning commissions, governing boards, American Planning Association, and other organizations. The primary goals of AQMD's collaboration with stakeholders are to: 1) Emphasize the connection between the built environment, transportation, and air quality; and 2) ensure ". . . public health impacts related to land use decisions" (Policy 21) are included in the planning process.

Goal 1.3: Policies 1 and 2

In addition to the activities under Goal 1.2, the AQMD encouraged Employee Trip Reduction programs for existing and new businesses. This initiative was specifically identified in the resolutions adopted by local governing boards in 2016. It is also a key priority in the Ozone Advance Path Forward.

Module 2 - Management of the Region's Natural Resources

Goal 2.1: Policy 1 (element 14)

The Washoe County Smoke Management Program (SMP) was developed in 2003. It balances the need for prescribed fires with the mandate of providing clean air. In 2016, the AQMD continued to collaborate with land managers to implement and improve the SMP. These federal, state, and regional land managers represent areas in Northwestern Nevada and Northern California.

Goal 2.4: Policy 2 (elements 3, 4, and 7)

In addition to the activities under Goal 1.2, the AQMD encouraged open spaces and greenways to increase multi-modal transportation access and connectivity, especially when linking with Safe Routes to Schools.

Goal 2.6: Policies 1 and 2

In addition to the activities under Goal 1.2, the AQMD developed an Ozone Advance Path Forward plan. The Path Forward includes initiatives that concentrate on technology, behavior, and the built environment to achieve long-term permanent improvements that reduce per capita vehicle miles traveled (VMT)

Transportation-related emissions are a significant source of air pollutants in Washoe County. The AQMD actively participated on the Regional Transportation Commission's Technical Advisory Committee to support cleaner transportation options such as ride sharing, improved bikeways and pedestrian facilities, and an expanded public transportation network. Good community design promotes active transportation choices and a healthier community. AQMD is also an active member of the American Planning Association.

Residential wood combustion accounts for approximately half of wintertime fine particulate matter (PM_{2.5}). In 2016, the AQMD updated its Woodstove regulations to incorporate the 2015 New Source Performance Standards (NSPS) for woodstoves and pellet stoves.

The AQMD continued its partnership with the University of Nevada, Business Environmental Program (UNR|BEP) to implement a woodstove exchange program. Funding was obtained through a settlement agreement between the EPA and Edge Products, LLC. The settlement requires Edge to mitigate particulate matter emissions equivalent to replacing 197 older, non-EPA certified, higher polluting woodstoves with newer, cleaner devices. The exchange program began in Spring 2014 and will continue through 2017, or until 197 non-EPA certified stoves are replaced. Through December 2016, the program has replaced 112 stoves. These stoves were replaced by a higher percentage of pellet and gas stoves than anticipated meaning the program has achieved 80 percent of the emission reduction target.

The AQMD continued a project with the UNR|BEP to collaborate with local fleets assisting their efforts to improve fuel efficiency and reduce vehicle emissions. The collaborative effort includes reestablishment of the local Clean Cities Coalition which will provide additional funding opportunities to improve our local fleets. The project is being implemented in conjunction with the local chapter of the Rocky Mountain Fleet Managers Association. Funding for the project was provided through a grant received from the DMV Pollution Control Excess Reserve account.

Goal 2.7: Policy 1

In addition to the activities under Goal 1.2, the AQMD encouraged energy efficiency, energy conservation, and renewable energy. These are key strategies in the Ozone Advance Path Forward.

Module 3 - Public Services and Facilities

Goal 3.10: Policies 1 and 2

In addition to the activities under Goal 1.2, the AQMD encouraged expansion of renewable energy through the Ozone Advance Path Forward.

Module 4 - Regional Plan Implementation

Goal 4.1: Policy 6

In addition to the activities under Goal 1.2, the AQMD encouraged all of the elements in Policy 6 through the Ozone Advance Path Forward, especially: 1) Walkability, 2) alternative modes of transportation, and 3) public health impacts related to land use decisions.

A Glimpse at 2017

In February 2016, EPA approved AQMD's request to participate in EPA's Ozone Advance program. Ozone Advance is a collaborative effort between EPA, AQMD, and local governments to improve air quality. It consists of voluntary initiatives targeting technology, behavior, and the built environment to reduce motor vehicle emissions and energy consumption. Short-term initiatives include cleaner motor vehicle fleets, employee trip reduction programs, and energy conservation. Improving the regional form and built environment will be very important to achieve the long-term goal of reducing vehicle miles traveled. Achieving the federal air quality standards has other positive benefits related to the environment, public health, and economic development. AQMD will continue to collaborate with local stakeholders to ensure these co-benefits related to land use decisions are also included in the planning process. A Path Forward plan was submitted to EPA in February 2017 which outlines AQMD's strategies to improve ozone concentrations.

Based on preliminary air monitoring data from 2014-2016, the urban areas of Washoe County are expected to meet the 2015 ozone NAAQS. This is contingent on EPA's approval of AQMD's Exceptional Events demonstrations where wildfire smoke from California and the Pacific Northwest increased particulate matter and ozone concentrations. The 2014-2016 data include several days that were impacted by wildfire smoke. In Spring 2017, AQMD will submit documentation to EPA demonstrating that those days qualify as "Exceptional Events" and should not be used for attainment/non-attainment designations. If EPA agrees with the Exceptional Events demonstrations, then all areas of Washoe County will be attainment of the 2015 ozone NAAQS. EPA is anticipated to finalize initial attainment/non-attainment designations in October 2017.

During the 2015 Nevada Legislature, the AQMD provided testimony on AB-146. This bill as proposed would have weakened the State's smog check program. Motor vehicles, especially older vehicles, are the largest source category of ozone precursor emissions. The smog check program is critical to achieving the ozone standard and maintaining the carbon monoxide standard. The final form of the bill required the State of Nevada Advisory Committee on the Control of Emissions from Motor Vehicles to submit a report with recommendations to improve the smog check program to the chairs of the Senate and Assembly Standing Committees on Transportation. Legislation based on this report is expected during the 2017 Legislative Session.

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DHO	___	KD ___
DA	___	___
Risk	___	___

Staff Report
Board Meeting Date: March 23, 2017

TO: District Board of Health

FROM: Charlene Albee, Director, Air Quality Management Division
(775) 784-7211, calbee@washoecounty.us

SUBJECT: 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.

SUMMARY

The Washoe County District Board of Health must adopt any changes to the District Board of Health Regulations Governing Air Quality Management (Regulations).

District Health Strategic Objective supported by this item: #2 - Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

Section 040.080 of the Regulations was last revised on April 22, 2005. That revision brought the Regulations into compliance with the then current U.S. Environmental Protection Agency (EPA) guidelines on Phase I and Phase II vapor recovery. On August 7, 2012, EPA issued a memorandum allowing air districts to remove Phase II vapor recovery requirements.

On February 23, 2017, the District Board of Health adopted the Business Impact Statement with a finding that the revised regulations do not impose a direct and significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for March 23, 2017 at 1:00 pm.

BACKGROUND

Gasoline dispensing pump vapor control devices, commonly referred to as Phase II vapor recovery, are systems that control volatile organic compounds (VOCs) released during the refueling of motor vehicles. This process takes the vapors normally emitted directly into the atmosphere when pumping gas and recycles them back into the fuel storage tanks, preventing them from polluting the air. The Phase II system controls the release of VOCs, benzene and other toxics emitted from gasoline.

Since the early 2000s, new passenger cars, light-duty trucks, and most heavy-duty gasoline powered vehicles are required to be equipped with onboard refueling vapor recovery (ORVR) systems. ORVR systems are carbon canisters installed directly on automobiles to capture the fuel vapors evacuated from the gasoline tank before they reach the nozzle of a gas pump. The fuel vapors captured in the carbon canisters are then combusted in the engine when the automobile is in operation.

The phase-in of ORVR controls has essentially eliminated the need for Phase II vapor recovery systems. As such, EPA has been working with local agencies as they strive to address State legislation and/or revise State regulations aimed at phasing-out Phase II vapor recovery programs. Phase II vapor recovery was always intended by EPA as an intermediary step until most of the nationwide vehicle fleet could be equipped with ORVR.

Washoe County AQMD implemented the requirement for gasoline dispensing facilities (GDF) to install and maintain Phase II in 1997. This measure was adopted to aid in the control of the formation of ozone within the jurisdiction. The support documentation for the August 7, 2012, EPA letter references that in 2012 the national fleet is 75% ORVR compliant. In Washoe County the fleet reached 75% in 2016. Since the Washoe County fleet has had a slower rate of ORVR conversion, the WCAQMD delayed the Phase II decommissioning until the target ORVR fleet rate was achieved.

Public notice for the revisions to these Regulations was published in the Reno Gazette-Journal on December 30, 2016 and January 9, 2017. The proposed revisions were also made available in the "Current Topics" section of the AQMD website (www.OurCleanAir.com). All GDFs in Washoe County will potentially be affected by this rule change. Each of the affected businesses was contacted and provided with a copy of the notification and a solicitation for comments. Public workshops were scheduled on January 12 at noon and at 6 pm, to address any questions or concerns, no GDF representatives or members of the public attended either workshop. Due to the large number of affected businesses, the published notification included instructions that a request must be made to the AQMD by January 27th; however, no comments were received by close of business. No comments were received from any of the affected businesses or the general public.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board adopting the revisions to the regulations as the revisions will not require any modifications to the existing administrative duties associated with the implementation of the program.

RECOMMENDATION

Staff recommends the District Board of Health approve and adopt the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 Gasoline Transfer and Dispensing Facilities and related Section 010.000 Definitions.

Subject: Revisions to DBOH Regulations, Sections 040.080 & 010.000

Date: March 23, 2017

Page 3 of 3

POSSIBLE MOTION

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

“Move to approve and adopt the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 Gasoline Transfer and Dispensing Facilities and related Section 010.000 Definitions. “

040.080

GASOLINE TRANSFER AND DISPENSING FACILITIES (Adopted 2/27/91; Revised 10/22/97, 4/22/05, [12/20/12](#), [mm/dd/yy](#))

SECTION A – GENERAL

1. PURPOSE: The purpose of this regulation is to control and reduce emissions of volatile organic compounds (VOC)s from the sale and distribution of gasoline by requiring:
 - a. Control of gasoline vapors during the transfer and storage into stationary containers (Phase I)
 - ~~b. Control of gasoline vapors from the fueling of vehicles (Phase II).~~
 - ~~c.~~ b. Enhanced Vapor ~~recovery~~ Recovery (EVR)
2. APPLICABILITY: All gasoline dispensing and storage facilities within the Health District. Certain requirements, including exemptions, are defined within the rules – differing standards apply to various operations within the gasoline-dispensing infrastructure.

SECTION B – DEFINITIONS: For the purpose of these regulations, the following definitions shall apply:

- ~~1. Building, Structure, Facility, or Installation means all of the pollutant emitting activities, which belong to the same industrial grouping, are located on one or more contiguous or adjacent properties and are under the control of the same person (or persons under common control). Pollutant emitting activities shall be considered as part of the same industrial grouping if they belong to the same "Major Group" (i.e. which have the same first two digit code) as described in the Standard Industrial Classification Manual, 1972, as amended by the 1977 Supplement (U.S. Government Printing Office stock Number 4101-0066 and 003-005-00176, respectively).~~
- ~~2. Control Officer means the District Health Officer of the Washoe County Health District or the person designated by said District Health Officer to enforce these local air pollution control ordinances and regulations as approved by said District Board of Health created pursuant to the inter local agreement of the City of Reno, the City of Sparks, and the County of Washoe, Nevada.~~
- ~~3.~~ 1. District Approved Vapor Control System is means a system ~~which~~ that is designed to control vapors ~~that are~~ released during gasoline transfer operations, and that is certified by either the California Air Resources Board or the New York Department of Environmental Conservation to be at least 95 percent efficient and has been approved by the Control Officer for installation and operation in Washoe County. (Adopted 2/27/91)
- ~~4.~~ 2. Enhanced Vapor Recovery (EVR) shall means equipment ~~which~~ that complies with the ~~Enhanced Vapor Recovery (EVR)~~ requirements, approved pursuant to California Air Resources Board regulation CP-201 "Certification Procedure for Vapor Recovery Systems at Gasoline Dispensing Facilities", specifically, the use of the equipment certified through Executive Order by the California Air Resources Board to meet those requirements.
- ~~5.~~ 3. Gasoline includes means any petroleum distillate having a Reid vapor pressure of four (4) pounds per square inch or greater.

- ~~64.~~ Gasoline Dispensing Facility (GDF) ~~is~~ means a facility ~~which~~ that dispenses gasoline to the end user.
- ~~7.~~ Leak Free ~~means a liquid leak no greater than three (3) drops per minute. (Adopted 2/27/91)~~
85. Major GDF Modification means the modification of an existing GDF that makes it subject to the same requirements to which a new installation is subject. This includes any modification of the ~~phase~~ Phase I vapor control system that causes any part of an underground storage tank top to be ~~unburied~~ exposed, including the addition, replacement, or removal of any underground storage tank at the facility. Major GDF modification also includes 1) any modification to the ~~phase~~ Phase II vapor control system that involves the removal, addition or replacement of 50 percent or more of the buried vapor piping; or 2) addition or replacement of 50 percent or more of the buried product piping.
- ~~9.~~ ORVR (Onboard Refueling Vapor Recovery) ~~means a vehicle emission control system that captures fuel vapors from the vehicle gas tank during refueling. The gas tank and fill pipe are designed so that when refueling the vehicle, fuel vapors in the gas tank travel to an activated carbon packed canister, which adsorbs the vapor. When the engine is in operation, it draws the gasoline vapors into the engine intake manifold to be used as fuel.~~
- ~~106.~~ Phase I means gasoline vapor recovery from stationary tanks during the transfer of gasoline from delivery vehicles to stationary tanks used for re-fueling motor vehicles or equipment. It May ~~may~~ also be referred to as Stage I vapor recovery. (Adopted 2/27/91, Revised 10/22/97)
- ~~117.~~ Phase II means gasoline vapor recovery from vehicle fuel tanks during vehicle refueling operations from stationary tanks. It May ~~may~~ also be referred to as Stage II vapor recovery. (Adopted 2/27/91, Revised 10/22/97)
- ~~128.~~ Submerged Fill Pipe means any fill pipe of which the discharge opening ~~of which~~ is entirely submerged when the liquid level is six (6) inches or more above the bottom of the tank, or when applied to a tank ~~which~~ that is loaded from the side, submerged fill pipe ~~shall~~ means any fill pipe of which the discharge opening ~~of which~~ is entirely submerged when the liquid level is two (2) times the fill pipe diameter above the bottom of the tank.
- ~~139.~~ Topping Off ~~means to an~~ attempt to dispense gasoline to a motor vehicle fuel tank after a vapor recovery dispensing nozzle has shut off automatically. The filling of those vehicle tanks which, because of the nature and configuration of the fill pipe, causes premature shut off of the dispensing nozzle, and which are filled only after the seal between the fill pipe and the nozzle is broken, shall not be considered topping off. (Adopted 2/27/91)
- ~~1410.~~ Vapor-Tight means a reading of less than 10,000 ppm, above background, as methane, when measured at a distance of one centimeter from the leak source with a portable hydrocarbon detection instrument. Background is defined as the ambient concentration of organic compounds determined at least three meters upwind from any equipment to be inspected and ~~which~~ that is uninfluenced by any specific emission permit unit. (Adopted 2/27/91)
- ~~15.~~ Volatile Organic Compounds ~~means any volatile compound containing carbon, with the exception of the following:~~

carbon monoxide	carbon dioxide
carbonic acid	metallic carbides
metallic carbonates	ammonium carbonate
methane	ethane
acetone	CFC 11
CFC 22	CFC 23
CFC 113	CFC 114
CFC 115	HCFC 123
HCFC 124	HCFC 141b
HCFC 142b	HFC 125
HFC 125a	HFC 134
HFC 134a	HFC 143a

Non-volatile organic materials are not considered VOC. (Revised 10/25/95)

SECTION C – STANDARDS: For the purpose of these regulations, the following standards shall apply:

1. GASOLINE TRANSFER INTO STATIONARY STORAGE CONTAINERS (PHASE I).

A person shall not transfer, permit the transfer, or provide equipment for the transfer of gasoline from any tank truck, trailer, or railroad tank car into any stationary storage container with a capacity of more than 950 liters (~~251~~250 gallons) unless all of the following requirements are met:

- a. Such container is equipped with a permanent submerged fill pipe, and
- b. A "District Approved Vapor Control System" is utilized, preventing the release to the atmosphere of not less than 95 percent by weight, of organic compounds in the vapors displaced. The displaced vapors shall be recovered by a vapor control system involving ~~both the storage container and the delivery vehicle~~ transfer of fuel from the distribution vehicle to the stationary storage vessel, and
- c. The system shall contain a "leak-free" and "vapor-tight" gasoline fill connector and vapor return line to the delivery vehicle of at least 7.6 cm. (3 inches-) nominal diameter, and
- d. The vapor control equipment at the facility shall be maintained in such a way that the vapor control system meets the specifications set forth in this section at all times, and
- e. ~~Each~~ Delivery vehicles shall be designed and maintained in a leak free and vapor-tight condition. A vapor laden vehicle may only be refilled at a facility equipped with a vapor control system ~~which~~ that meets the requirements contained in ~~Section 040.075~~ Section 040.075 of these regulations.
- f. ~~All~~ Phase I vapor recovery systems shall have a poppetted drybreak on the vapor return.
- g. All newly constructed ~~Phase I~~ GDFs or existing facilities subject to a major GDF modification, as defined in this regulation, shall be required to install, operate, and maintain a certified EVR Phase I vapor recovery system upon completion of

~~construction or modification.s shall have a two point configuration, which means that the system shall have a separate connection for liquid gasoline and a separate connection for vapor recovery. Newly constructed systems shall include, for the purposes of this regulation, all construction projects where one or more underground tanks are installed or replaced.~~

2. PHASE I EXEMPTIONS:

- a. ~~Storage tanks with a capacity of less than 251 gallons~~ not more than 250 gallons.
- b. ~~Storage tanks installed prior to the date of adoption of this regulation with an annual throughput of less than 60,000 gallons that were not previously equipped with Phase I vapor recovery.~~

~~3.~~ 3. GASOLINE TRANSFER INTO VEHICLE FUEL TANKS (PHASE II).

- a. Newly constructed or existing facilities subject to a major GDF modification, as defined in this regulation, shall be exempt from the requirements to install a Phase II vapor recovery system. If an owner/operator of a new facility prefers to install a Phase II vapor recovery system, the equipment must be installed in accordance with the certification requirements and manufacturer's specifications to ensure the equipment is maintained as leak-free and vapor-tight and in good working order.
- b. Owners/Operators of existing facilities previously equipped with Phase II vapor recovery systems may:
 - (1) Decommission the Phase II vapor recovery equipment upon completion of the installation of an EVR Phase I vapor control system; or
 - (2) Continue to operate the Phase II vapor recovery equipment in accordance with the certification requirements and manufacturer's specifications to ensure the equipment is maintained as "leak-free", "vapor-tight", and in good working order.

~~A person shall not transfer, permit transfer, or provide equipment for the transfer of gasoline from a stationary storage container to which gasoline has been transferred from another container subject to the provisions of paragraph C1, above, into any motor vehicle fuel tank of greater than 19 liters (5 gallons) capacity unless;~~

- a. ~~The dispensing unit used to transfer the gasoline from the stationary storage container to the motor vehicle fuel tank is equipped with a "District Approved Vapor Control System"; and~~
- b. ~~The vapor recovery system is operating in accordance with the manufacturer's specifications and shall be maintained to be "leak free", "vapor-tight", and in good working order; and~~

~~c. Equipment subject to this regulation is operated and maintained with none of the following defects:~~

~~(1) A nozzle boot which is torn in one or more of the following manners:~~

~~i. Triangular shaped or similar tear 1/2 inch or more to a side.~~

~~ii. A hole 1/2 inch or more in diameter.~~

~~iii. A slit 1 inch or more in length.~~

~~iv. Damaged face plate or flexible cone.~~

~~(2) Nozzle shut off mechanisms which malfunction in any manner.~~

~~(3) Vapor return lines (including such components as swivels, anti-recirculation valve, and underground piping) which malfunction or are blocked or restricted.~~

~~(4) A vapor processing unit which is inoperative.~~

~~Any tank may be opened for gauging or inspection when loading operations are not in progress provided that such tank is not pressurized.~~

~~The requirements of Section 040.080 do not apply to deliveries made to completely fill stationary tanks for the purpose of leak testing provided that such deliveries do not exceed 1,000 gallons at each facility.~~

~~c. Prohibition of use: Whenever the Control Officer determines that a Phase I or Phase II vapor recovery system or any component is not operating in compliance with thereof, as described by these regulations, the Control Officer shall mark such system or component "out of Order". No person shall use or permit the use of such marked component or system until it has been repaired, replaced, or adjusted, as necessary, and the Control Officer has re-inspected it or has authorized its use pending re-inspection.~~

~~4. PHASE II EXEMPTIONS:~~

~~a. Facilities with an annual throughput of less than 240,000 gallons of gasoline. Persons requesting such an exemption shall certify their eligibility annually and maintain adequate records as specified by the Control Officer.~~

~~b. Vehicle to vehicle refueling.~~

~~c. Facilities which exclusively refuel vehicles that are not motor vehicles as defined by the Nevada Revised Statute 482.135.~~

~~d. Any stationary tank with a fuel storage capacity of 1001 gallons or less.~~

~~e. Facilities which exclusively refuel fleets that are not comprised of at least 95% ORVR equipped vehicles. Persons requesting such an exemption shall provide documentation to the Control Officer on each of the fleet vehicles that may be serviced including the make, model year, gross vehicle weight, and the evaporation family code assigned to the ORVR system.~~

~~5. ENHANCED VAPOR RECOVERY (EVR) REQUIREMENTS~~

~~Facilities which are subject to the requirements of 040.080 C (3) of these regulations (Phase II vapor controls) shall be required to install equipment which meets the "Enhanced Vapor Recovery (EVR)" requirements, with the compliance dates and requirements for installation of this equipment as follows:~~

- ~~a. Gasoline Dispensing Facilities (GDFs) which undergo any major modification as defined in this regulation, shall be required to install Phase I vapor control equipment which is certified to meet the Phase I portion of the Enhanced Vapor Recovery (EVR) requirements for the entire facility upon completion of the modification.~~
- ~~b. All Gasoline Dispensing Facilities (GDFs) shall be exempt from requirements to install equipment which meets the Phase II portion of Enhanced Vapor Recovery (EVR) rules.~~

SECTION D – ADMINISTRATIVE REQUIREMENTS: For the purpose of these regulations, the following administrative requirements shall apply:

1. ~~**AUTHORITY TO CONSTRUCT REQUIREMENTS:**~~ Except as exempted in these regulations, a written Authority to Construct shall be required to construct, erect, alter or replace any equipment ~~which~~that may cause, potentially cause, reduce, control or eliminate the issuance of air contaminants. A single Authority to Construct may be issued for all components of an integrated system or process. Plans and specifications drawn in accordance with acceptable engineering practices shall be required before issuance of an Authority to Construct. An Authority to Construct is not needed for routine operation and maintenance. This includes maintenance prescribed by the manufacturer, replacement of worn or broken components with like equipment, etc. All modifications, which are major GDF modifications as defined in these regulations, shall require an Authority to Construct permit.
2. ~~**BUILDING PERMIT ISSUANCE:**~~ No local government authority within the Health District may issue a building permit to any person who wishes to operate, construct, establish, or relocate or modify any stationary source ~~which~~that requires an authority to construct or permit to operate until the Authority to Construct or Permit to Operate has been issued by the Control Officer.
3. ~~**IMPLEMENTATION:**~~ A person shall not offer for sale, sell, or install within the Health District, any Phase I or Phase II vapor recovery equipment unless such equipment is "District Approved Vapor Control System" equipment. Such equipment shall also be approved by the appropriate local fire protection agency for the jurisdiction in which it is installed.
4. A person shall not install or modify Phase I ~~or Phase II~~ gasoline vapor recovery equipment, exclusive of repair or replacement of like parts, unless an Authority to Construct has been obtained pursuant to **Section 030.002**.
5. A person shall not operate or allow the operation of Phase I ~~or Phase II~~ gasoline vapor recovery equipment prior to the submission of a Registration Application and issuance of

a Permit to Operate from the District pursuant to **Section 030.200**.

6. A person shall not install or modify Phase II gasoline vapor recovery equipment, exclusive of repair or replacement of like parts, unless an Authority to Construct has been obtained pursuant to Section 030.002.

7. A person shall not operate or allow the operation of Phase II gasoline vapor recovery equipment prior to the submission of a Registration Application and issuance of a Permit to Operate from the District pursuant to Section 030.200.

SECTION E – COMPLIANCE AND RECORDS: For the purpose of these regulations, the following compliance and record requirements shall apply:

1. **RECORD REQUIREMENTS:** All ~~Gasoline Dispensing Facilities (GDFs)~~ shall keep records of the quantities and types of fuels sold or dispensed. GDFs seeking to comply with these regulations through one or more of the various exemptions provided for under these rules shall keep records sufficient to demonstrate that compliance and shall retain them for a period of at least 3 years.

Records to demonstrate that equipment installed in compliance with required Phase I ~~or Phase II~~ vapor controls is certified and approved for such applications shall ~~also~~ be maintained by the operator for a period of at least 3 years.

All ~~records~~ maintenance logs must be maintained as required above and shall be provided to the Control Officer upon request. The maintenance logs must be maintained by the operator for a period of at least 3 years.

2. **COMPLIANCE DEMONSTRATIONS:** The Control Officer may require the operator of a source to provide any applicable data to demonstrate compliance with the conditions of the Permit to Operate. Requested data must be provided in a timely manner, as specified by the Control Officer. Failure to provide this data as requested by the Control Officer constitutes a violation of the conditions of the Permit to Operate, and the affected source would be subject to a citation under these regulations, suspension of their Permit to Operate, or both.

All ~~Gasoline Dispensing Facilities (GDFs)~~ that install new equipment ~~which~~ that alters the Phase I or Phase II vapor systems such that a new Authority to Construct permit is required, shall have 30 calendar days to perform testing to show that the system has been properly installed. The specific procedures and standards to be used for each type of system test shall be established by the Control Officer.

3. **POSTING OF OPERATING INSTRUCTIONS:** The operator of each retail facility utilizing a Phase II system shall conspicuously post operating instructions for the system in the gasoline dispensing area. The instructions shall clearly describe how to fuel vehicles correctly with vapor recovery nozzles utilized at the station, and shall include a warning that "Topping Off" may result in spillage or re-circulation of gasoline, and which is prohibited.

4. **COMPLIANCE SCHEDULE:** All new gasoline dispensing facilities, or those existing facilities commencing underground storage tank replacement ~~which~~ that receive an initial

building permit after July 1, 1991 shall be in compliance with the provisions of this rule at the time gasoline is first received or dispensed.

~~Any existing facilities which have been exempt under Subsection 040.080 C(2.) above, and later increase their annual throughput to an amount in excess of 240,000 gallons of gasoline, shall be required to install Phase II vapor controls in compliance with the provisions of this rule within one year of the date that the facility throughput exceeds the 240,000 gallon threshold. Once the annual throughput of 240,000 gallons has been exceeded, the facility can no longer be considered exempt under Subsection 040.080 C(2.).~~

~~Any existing facilities which have been required to install Phase II vapor controls under these regulations, and which later decrease their annual throughput to an amount less than 240,000 gallons, may not remove or disconnect the Phase II vapor controls.~~

DRAFT

DEFINITIONS

- GENERAL:** Except as otherwise specifically provided in these regulations, and except where the context otherwise indicates, words used in these regulations are defined as follows:
- 010.001** "ACT" shall mean the Federal Clean Air Act as amended. (Adopted 10/20/93)
- 010.002** "ACTUAL EMISSION" means the actual rate of emissions of a pollutant from an emission unit as determined in accordance with **Subparagraphs A - B** below.
- A. In general, actual emissions, as of a particular date, shall equal the average rate in tons per year at which the unit actually emitted the pollutant during a two-year period that precedes the particular date and that is representative of normal source operations. The Control Officer shall allow the use of a different time period upon determination that it is more representative of normal source operations. Actual emissions shall be calculated using the unit's actual operating hours, production rates, and types of materials processed, stored, or combusted during the selected time period:
- B. For any emissions unit that has not begun normal operations as of the particular date, actual emissions shall equal the potential to emit of the unit on that date. (Revised 10/25/95)
- 010.003** "AFFECTED SOURCE" shall mean a source made up of one or more affected units. An Affected unit shall be any unit or segment of a facility, which is subject to emissions reductions or limitations under title IV of the act. (Adopted 10/20/93)
- 010.004** "AFFECTED STATE" shall mean all States that are contiguous to Washoe County whose air quality may be affected or are within 50 miles of the Part 70 source under consideration. Notice of all Part 70 issuances, renewals, or modifications shall be provided to Affected States as applicable. (Adopted 10/20/93)
- 010.005** "AIR CONTAMINANT" shall mean any substance discharged or emitted into the atmosphere, except water vapor and water droplets.
- 010.010** "AIR POLLUTION" means the presence in the outdoor atmosphere of one or more air contaminants, or any combination thereof, in sufficient quantities and of such characteristics and duration, which are, or may tend to be, injurious to human health and welfare, plant or animal life, or property, or that interfere with the comfortable enjoyment of life or property or the conduct of business.
- 010.011** "ALLOWABLE EMISSIONS" means the specific maximum emission rate allowed under a Permit To Operate, which shall be based on the source's potential to emit (unless the source is subject to federally enforceable permit conditions that limit the emissions of the source based on use of emissions control equipment, controlled operating rates, hours of operation, or other reproducible emissions control methods as approved by the control officer) based on the most stringent of the following:
- A. Applicable standard as set forth in 40 CFR, Parts 60 and 61;
- B. The applicable state implementation plan limitation;
- C. The emission rate specified as permit condition;

- D. A federally enforceable emissions limitation established in the permit pursuant to an applicable requirement; or
- E. A federally enforceable emissions cap assumed by the source to avoid an otherwise applicable requirement.

(Amended 10/20/93)

010.012 "ALTERNATIVE METHOD" means any sampling and analyzing for an air pollutant, which is not a reference or equivalent method, but which has been demonstrated to the Control Officer's satisfaction to, in specific cases, produce results adequate for the determination of compliance.

010.0125 "ALTERNATIVE OPERATING SCENARIOS" in reference to Part 70 permits shall mean alternative methods, practices, or procedures that do not violate any applicable requirement and shall be established in the Part 70 permit upon request of the applicant in the permit application and the approval of the Control Officer. (Adopted 10/20/93)

010.013 "AMBIENT AIR" means that portion of the atmosphere surrounding people, animal life, and plant life.

010.01325 "SERPENTINE" means any form of hydrous magnesium silicate minerals including, but not limited to, antigorite, lizardite, and chrysotile. (Adopted 9/27/00)

010.01327 "SERPENTINE ROCK MATERIAL" means any rock material that contains at least ten percent (10%) serpentine by weight. (Adopted 9/27/00)

010.0135 "APPLICABLE REQUIREMENTS" in reference to part 70 permits shall mean:

1. Any standard or other requirement provided for in the applicable implementation plan approved or promulgated by EPA through rule making under Title I of the Act that implements the relevant requirements of the Act, including any revisions to that plan promulgated in 40 CFR part 52;
2. Any term or condition of any preconstruction permits issued pursuant to regulations approved or promulgated through rule making under Title I including parts C or D, of the Act;
3. Any standard or other requirement under section 111 of the Act, including section 111(d);
4. Any standard or other requirement under section 112 of the Act, including any requirement concerning accident prevention under section 112(r)(7) of the Act;
5. Any standard or other requirement of the acid rain program under Title IV of the Act or the regulations promulgated thereunder;
6. Any requirements established pursuant to section 504(b) or section 114(a)(3) of the Act;
7. Any standard or other requirement governing solid waste incineration under section 129 of the Act;
8. Any standard or other requirement for consumer and commercial products under section 183(e) of the Act;

9. Any standard or other requirement for tank vessels under section 183(f) of the Act;
10. Any standard or other requirement of the regulations promulgated to protect stratospheric ozone under Title VI of the Act, unless the Administrator has determined that such requirements need not be contained in a Title V permit; and
11. Any national ambient air quality standard or increment or visibility requirement under part C of Title I of the Act, but only as it would apply to temporary sources permitted pursuant to section 504(e) of the Act.

(Adopted 10/20/93)

010.0138 "ASBESTOS" means asbestiforms of the following hydrated minerals: chrysotile (fibrous serpentine), crocidolite (fibrous riebeckite), amosite (fibrous cummingtonite--grunerite), fibrous tremolite, fibrous actinolite, and fibrous anthophyllite. (Adopted 9/27/00)

010.014 "ASPHALT" includes any dark brown to black cementitious material of which the main constituents are bitumens, which occur naturally, or as a residue of petroleum refining.

010.015 "ATTAINMENT AREA" means an area, which is shown by air monitoring, calculated by air quality modeling, or is shown by other reliable methods, to have air quality that meets or exceeds minimum ambient air quality standards.

010.017 "BASELINE AREA" means, for each pollutant for which the baseline is established, the area that would have an impact greater than 1 ug/m³ annual average from a proposed major stationary source or major modifications (as established by monitoring and/or modeling, including the source's location, but excluding any portion of the area:

- A. that has been designated as an area of nonattainment for the pollutant; or
- B. for which a baseline date has already been established for the pollutant.

010.018 "BASELINE CONCENTRATION" means the level of ambient concentration, which exists within a baseline area as of the applicable baseline date, minus any concentrations of sulfur dioxide or particulate matter from major stationary sources or major modifications on which construction commenced on or after January 6, 1975. Baseline concentration includes:

- A. the actual concentrations of emissions resulting from other sources in existence on the application baseline date; and
- B. the allowed concentration of emissions resulting from major stationary sources and major modifications on which construction was commenced before January 6, 1975, but which were not in operation by the applicable baseline date.

010.019 "BASELINE DATE" means, for each baseline area, the date of the first complete application after August 7, 1977, to construct a major stationary source or major modification for which a permit is required under Part C of Title 1 of the Clean Air Act (42 U.S.C. 7401 et seq., as amended) as it exists on the effective date of this definition, as whose emissions would effect that area. The date of the first complete application after August 7, 1977, establishes the baseline date for each pollutant for which increments or other equivalent measures have been established if:

- A. in the case of a major stationary source, the pollutant would be emitted in significant amounts; or

B. in the case of a major modification, there would be a significant net increase in emission of the pollutant.

- 010.020 **"BEST AVAILABLE CONTROL TECHNOLOGY" (BACT)** means an emissions limitation (including a visible emission standard) based on the maximum degree of reduction for each pollutant, subject to regulation under the Federal Clean Air Act, (including toxic and hazardous air pollutants), which would be emitted from any proposed stationary source or modification subject to BACT under District Regulations, which the Control Officer, on a case-by-case basis, taking into account energy, environmental, and economic impacts and other costs, determines is achievable for such source or modification through application of production processes, or available methods, systems, and techniques, including fuel cleaning, treatment, or innovative fuel combustion techniques for the control of such pollutant. In no event shall application of BACT result in emissions of any pollutant that would exceed the emissions allowed by any applicable standard under 40 CFR Parts 60 and 61, which includes the New Source Performance Standards (NSPS) and the National Emission Standards for Hazardous Air Pollutants (NESHAPS). If the Control Officer determines that technological or economic limitations on the application of emission standards are infeasible, a design, equipment, work practice, operational standards, or combination thereof, may be prescribed instead to satisfy the requirements for the application of BACT. Such standard shall, to the degree possible, set forth the emissions reduction achievable by implementation of such design, equipment, work practice, or operation, and shall provide for compliance by means that achieve equivalent results. (Amended 3/25/92)
- 010.021 **"BEGIN ACTUAL CONSTRUCTION"** means in general, initiation of physical on-site construction activities on an emissions unit that is of a permanent nature. Such activities include, but are not limited to, installation of building supports and foundations, laying of underground pipework, and construction of permanent storage structures. With respect to change in method of operation, this term refers to those on-site activities other than preparatory activities, which mark the initiation of the change.
- 010.023 **"BOARD OF HEALTH"** means the District Board of Health of the Washoe County Health District created pursuant to Chapter 439 of the Nevada Revised Statutes and by the interlocal agreement of the City of Reno, the City of Sparks, and the County of Washoe, Nevada.
- 010.024 **"BTU - BRITISH THERMAL UNIT"** means the quantity of heat required to raise the temperature of one pound of water by one degree Fahrenheit at or near its point of maximum density (39.1°F).
- 010.025 **"BUILDING, STRUCTURE, FACILITY OR INSTALLATION"** means all of the pollutant emitting activities, which belong to the same industrial grouping, are located on one or more contiguous or adjacent properties and are under the control of the same person (or persons under common control). Pollutant emitting activities shall be considered as part of the same industrial grouping if they belong to the same "Major Group" (i.e. that have the same first two-digit code) as described in the Standard Industrial Classification Manual, 1972, as amended by the 1977 Supplement (U.S. Government Printing Office stock Number 4101-0066 and 003-005-00176, respectively).
- 010.0255 **"CERTIFIED"** means a wood-burning device that has been certified in accordance with current standards adopted by the U.S. EPA (40 CFR 60, subpart AAA and subpart QQQQ (Revised 05/26/16)
- 010.026 **"COLD CLEANER"** includes any batch loaded, non-boiling solvent degreaser.
- 010.027 **"COMBUSTIBLE REFUSE"** means any waste material that can be consumed by combustion.

- 010.028 "COMMENCE" as applied to construction of a major stationary source or major modification, means to commence the construction after the owner or operator has obtained all necessary approvals or permits required before construction under the Federal, State and local laws and regulations on air quality, and:
- A. has begun a continuous program of construction on the site of the source, to be completed within a reasonable time; or
 - B. has entered into binding agreements or contractual obligations, which cannot be canceled or modified without substantial loss to himself, to undertake construction and complete it within a reasonable time.
- 010.030 "COMMERCIAL FUEL OIL" means a liquid or liquefiable petroleum product normally produced, manufactured, used, or sold for the purpose of creating heat for human use or consumption or any other useful purpose.
- 010.032 "COMPLETE" means in reference to an application for a permit that the application contains all of the information necessary for processing the application.
- 010.034 "CONDENSED FUMES" means minute solid particles, which are generated by the condensation of vapors from solid matter after volatilization from the molten state, or which are generated by any sublimation distillation, calcination, or chemical reaction, when these processes create airborne particles.
- 010.035 "CONSTRUCT" means the erection, fabrication, or installation of an affected facility.
- 010.036 "CONSTRUCTION" means any physical change in the method of operation (including fabrication, erection, installation, demolition, or modification of any emissions unit) that would result in a change in actual emissions.
- 010.038 "CONTIGUOUS PROPERTY" means any property under single or joint ownership or operation, which is in physical contact, touching, near or adjoining. Public property or public right-of-way shall not be deemed as a break in any contiguous property.
- 010.040 "CONTROL EQUIPMENT" means any equipment, device, or contrivance, or any combination thereof, which has the function of controlling or eliminating emissions into the atmosphere.
- 010.042 "CONTROL OFFICER" means the District Health Officer of the Washoe County Health District or the person designated by said District Health Officer to enforce these local air pollution control ordinances and regulations as approved by said District Board of Health created pursuant to the interlocal agreement of the City of Reno, the City of Sparks, and the County of Washoe, Nevada.
- 010.044 "CONVEYORIZED DEGREASER" means any continuously loaded, conveyORIZED solvent degreaser, either boiling or non-boiling.
- 010.045 "COOK STOVE" means a wood-stove installed in a kitchen area, which is designed and used for cooking and has a stove-top and an oven. It may also be equipped with gas burners. This wood stove is exempt from the emission standards and requirements of Section 040.051. (Revised 05/26/16)
- 010.046 "CUTBACK ASPHALT" includes any asphalt, which has been liquefied by blending with petroleum solvents (diluent) or which has been produced directly from the distillation of

petroleum.

- 010.047 "DEVELOPMENT" is a group of multifamily dwelling structures built on a parcel of land with common amenities. Examples of a development include but are not limited to, condominiums, apartments, and townhouses. (Adopted 5/23/90)
- 010.048 "DISTRICT HEALTH OFFICER" is the person appointed by the District Board of Health of the Washoe County Health District to administer activities of the Health District of said Health District in all matters directly or indirectly affecting public health, pursuant to the authority of state and local health laws, ordinances, and regulations.
- ~~010.049 "DISTRICT APPROVED VAPOR CONTROL SYSTEM" means a system that is designed to control vapors that are released during gasoline transfer operations and that is certified by either the California Air Resources Board or the New York Department of Environmental Conservation to be at least 95 percent efficient and has been approved by the Control Officer for installation and operation in Washoe County. (Adopted 2/27/91)~~
- 010.0495 "DRAFT PERMIT" shall mean the version of a Part 70 permit that the District offers for public participation or affected State review under District Regulations for Part 70 permits. (Adopted 10/20/93)
- 010.050 "DUST" means minute solid particles released into the atmosphere by natural forces or by mechanical processes such as crushing, grinding, milling, drilling, demolishing, shoveling, conveying, covering, bagging, sweeping, land leveling, or any combination thereof.
- 010.052 "EMISSION" means that act of passing into the atmosphere any air contaminant or a gas stream, which contains any air contaminants, or the air contaminants so passed into the atmosphere.
- 010.054 "EMISSION UNIT" means a discrete part of a stationary source, which emits, or has the potential to emit, any pollutant regulated under these regulations.
- 010.055 "EPA ADMINISTRATOR" shall mean the Administrator of the U.S. Environmental Protection Agency or his designee. (Adopted 10/20/93)
- 010.056 "EQUIVALENT METHOD" means any method of sampling and analyzing for an air pollutant, which has been demonstrated to the satisfaction of the Control Officer to have a consistent and quantitatively known relationship to the reference method, under specified conditions.
- 010.058 "EXCESS EMISSIONS" means an emission rate, which exceeds any applicable emission limitation prescribed by these regulations. The averaging time and test procedures for determining excess emission must be as specified in the applicable emissions limitation.
- 010.059 "EXCESS RISK" means the increase in the risk of both cancer and genetic damage as well as non-cancer related health damage above existing background levels. Units of excess risk for cancer will be reported as a probability of occurrence. For pollutants not characterized as cancer causing, ambient levels sufficiently low to establish no observable adverse effects on public health must be demonstrated. (Adopted 6/27/90)
- 010.0595 "FACILITY" (Related to asbestos abatement, assessment, and control) means any institutional, commercial, or industrial structure, installation, or building (excluding apartment buildings having no more than four dwelling units). (Adopted 6/27/90)
- 010.060 "FEDERAL LAND MANAGER" means with respect to any lands in the United States, the

secretary of the department with authority over such lands.

- 010.062 "FEDERALLY ENFORCEABLE" means all limitations and conditions that are enforceable by the EPA Administrator, and citizens under section 304 of the Act including those requirements developed pursuant to the Standards of Performance for New Stationary Sources (NSPS), of the National Emission Standards for Hazardous Air Pollutants (NESHAPS), requirements of any applicable State Implementation Plan, and permit requirements established pursuant to EPA New Source Review (NSR) regulations in nonattainment areas and/or PSD regulations in the attainment areas. (Amended 10/20/93)
- 010.063 "FIREPLACE" means an open hearth or fire chamber or similar prepared place in which a fire may be made and that is built in conjunction with a chimney. It may have doors, provided they are not designed with gaskets, air intake controls or other modifications, which create an air starved operating condition. Wood-burning devices initially classified as a wood heater (**Section 010.200**) may not be modified to meet the fireplace definition. (Amended 11/16/94, Revised 05/26/16)
- 010.064 "FREEBOARD HEIGHT" means:
- A. for cold cleaning tanks, the distance from the top of the solvent or solvent drain to the top of the tank; or
 - B. for vapor degreasing tanks, the distance from the solvent vapor-air interface to the top of the basic degreaser tank.
- 010.066 "FREEBOARD RATIO" means the freeboard height divided by the width of the degreaser tank.
- 010.068 "FUEL BURNING EQUIPMENT" means any device, except internal combustion engines, used for the primary purpose of producing heat or power by indirect heat transfer in which the products of combustion do not come into direct contact with any process material.
- 010.070 "FUGITIVE EMISSIONS" means emission of any pollutants, including fugitive dust, which could not reasonably pass through a stack, chimney, vent, or a functionally equivalent opening. (Amended 7/28/93)
- 010.072 "GARBAGE" means putrescible animal or vegetable waste.
- 010.074 "GAS" means matter that has no definite shape or volume.
- 010.076 "GASOLINE" includes means any petroleum distillate having a Reid vapor pressure of four (4) pounds per square inch or greater.
- 010.077 "HAZARDOUS AIR POLLUTANT" shall mean any air pollutant listed pursuant to section 112(b) of the Act. (Adopted 10/20/93)
- 010.078 "HEALTH DISTRICT" means the Washoe County Health District created pursuant to Chapter 439 of the Nevada Revised Statutes and interlocal agreement of the City of Reno, the City of Sparks, and the County of Washoe, Nevada and includes all the incorporated cities and unincorporated areas within the geographic boundaries of Washoe County, Nevada.
- 010.080 "HEARING BOARD" is that Board created by the District Board of Health of the Washoe County Health District, pursuant to the authority of Chapter 445 of the Nevada Revised Statutes to perform the functions set forth therein, including those functions enumerated in NRS 445.481 and in those

members appointed by said District Board of Health.

010.082 "HIGH TERRAIN" means any area whose elevation is 900 feet or more above the base of the stack facility.

010.083 "INDEPENDENT SMALL BUSINESS MARKETER OF GASOLINE" is a person engaged in the marketing of gasoline who would be required to pay for the procurement and installation of vapor recovery equipment under Section 040.080 of these regulations, unless such person:

1.
 - a. is a refiner, or
 - b. controls, is controlled by, or is under common control with, a refiner; or
 - c. is otherwise directly or indirectly affiliated (as determined by the Control Officer) with a refiner or with a person who controls, is controlled by, or is under common control with a refiner (unless the sole affiliation referred to herein is by means of a supply contract or an agreement or contract to use a trademark, trade name, service mark, or other identifying symbol or name owned by such refiner or any such person), or
2. receives less than 50 percent of his annual income from refining or marketing of gasoline.

For the purpose of this definition, the term "refiner" shall not include any refiner whose total refinery capacity (including the refinery capacity of any person who controls, is controlled by, or is under common control with, such refiner) does not exceed 65,000 barrels per day. For purposes of this definition, "control" of a corporation means ownership of more than 50 percent of its stock.

This definition has been adopted for use in these regulations from the definition cited in the Clean Air Act Amendment of 1977, Section 325, paragraph c. (Adopted 2/27/91)

010.084 "INCINERATOR" is a specially designed waste burner that is engineered and constructed for the sole purpose of burning refuse. Incinerators must meet criteria set forth in **Section 040.046**.

010.085 "LEAK-FREE" means a liquid leak no greater than three (3) drops per minute. (Adopted 2/27/91)

010.086 "LOWEST ACHIEVABLE EMISSION RATE" means for any source, that rate of emission based on the following, whichever is the most stringent:

- A. The most stringent emission limitation that is contained in the Implementation Plan for any state for such class or category of source, unless the owner or operator of the proposed source demonstrates that such limitations are not achievable; or
- B. The most stringent emission limitation that is achieved in practice by such class or category of source.

"Lowest Achievable Emission Rate," as applied to a major modification, means the lowest achievable emission rate for the new and modified facilities within the source. In no event may the application of this term permit a proposed new or modified facility to emit any pollutant in excess of the amount allowed under the applicable New Source Performance Standards or National Emission Standards for Hazardous Air Pollutant.

010.088 "LOW TERRAIN" means any area whose elevation is less than 900 feet above the base of the stack of a facility.

010.089 "MAXIMUM ACHIEVABLE CONTROL TECHNOLOGY OR MACT" shall in reference to the provisions of Section 112 of the Act mean:

- 1) any MACT standard developed by the EPA if such a standard has been promulgated for the source under consideration; or
- 2) if no standard has been promulgated for that source by EPA, the Control Officer shall determine MACT under the provisions for determining the Lowest Achievable Emission Rate (LAER) as defined in District regulations.

(Adopted 10/20/93)

010.090 "MAJOR EMITTING FACILITY OR MAJOR STATIONARY SOURCE" means any stationary source (or group of stationary sources located within a contiguous or adjacent area and under common control or ownership), which generally belong to the same industrial grouping and are any one of the following depending upon location and category:

Stationary sources that are major for volatile organic compounds (VOC) or Nitrogen Oxides (NOx) shall be considered major for ozone; stationary sources that are major for condensable volatile organic compounds (VOC), Sulfur Oxides (SOx) or Nitrogen Oxides (NOx) shall be considered major for particulate matter.

A. Attainment areas:

1. Any stationary source of air pollutants, which emits, or has the potential to emit, one hundred tons per year or more of any air contaminant. Fugitive emissions shall not be counted in determining applicability unless the source belongs to one or more of the following categories of operations:
 - a. Fossil fuel-fired steam electric plants of more than 250 million British Thermal Units of heat input per hour are regulated under NRS 445.546.
 - b. Coal cleaning plants (thermal dryers),
 - c. Kraft pulp mills,
 - d. Portland cement plants,
 - e. Primary zinc smelters,
 - f. Iron and steel mills,
 - g. Primary aluminum ore reduction plants,
 - h. Primary copper smelters,
 - i. Municipal incinerators capable of charging more than 250 tons of refuse per day,
 - j. Hydrofluoric, sulfuric, and nitric acid plants,
 - k. Sulfur recovery plants,
 - l. Carbon black plants (furnace process),
 - m. Primary lead smelters,
 - n. Fuel conversion plants,
 - o. Sintering plants,
 - p. Secondary metal production facilities,
 - q. Chemical processing plants,
 - r. Fossil fuel-fired boilers (or combinations thereof) of more than 250 million British Thermal Units of heat input per hour,
 - s. Petroleum storage and transfer facilities with a capacity exceeding 300,000 barrels,
 - t. Taconite ore processing plants,

- u. Charcoal production facilities,
- v. Glass fiber processing plants,
- w. Petroleum refineries,
- x. Lime plants,
- y. Phosphate rock processing plants,
- z. Coke oven batteries

2. Any physical change that would occur at a stationary source not qualifying as a major stationary source under A.1., if the change itself would constitute a major stationary source.

B. Nonattainment areas:

- 1. Any stationary facility or source which directly emits, or has the potential to emit, 100 tons or more per year of any nonattainment pollutant other than particulate matter. Any stationary facility or source which directly emits, or has the potential to emit, 70 tons or more per year of PM₁₀; or
- 2. Any physical change that would occur at a stationary source not qualifying as a major stationary source under B.1., if the change itself would constitute a major stationary source.

C. Hazardous Air Pollutants:

- 1. Any stationary facility or source which directly emits, or has the potential to emit, 10 tons or more per year of any single listed hazardous air pollutant, or 25 tons or more of any combination of any listed hazardous air pollutants. If the EPA Administrator has established any major source definition for any hazardous air pollutants at amounts less than those listed above, those lesser amounts shall apply. Fugitive emissions will be included for determining potential emissions for sources of Hazardous Air Pollutants.

D. Procedures for Limiting Potential to Emit:

Any source, which, because of its potential emissions, would otherwise be designated as a major source for the purposes of Title V under these regulations, may choose to seek exemption from the provisions of the Title V (Part 70) regulations by establishing procedures to limit actual emissions. Any source that seeks to limit actual emissions under this regulation must have emissions below the following thresholds, and remain in compliance during all 12-month periods as calculated on a rolling basis beginning the first of each month. In every 12-month period, emissions shall not exceed:

- 1. 50 tons per year for all regulated air pollutants (excluding PM₁₀ and Hazardous Air Pollutants); 35 tons per year of PM₁₀; 5 tons per year of any single Hazardous Air Pollutant; 12.5 tons per year of any combination of Hazardous Air Pollutants and 50 percent of any lesser threshold for a single Hazardous Air Pollutant as established by Federal rule.

Any source that is able to meet the limitations established in this regulation and comply with the provisions of this regulation shall not be designated as a major source. The owner or operator of the source may take into account the operation of air pollution control equipment on the capacity of the source to emit an air contaminant if the

equipment is required by Federal, State or District rules and regulations or permit terms and conditions.

Sources seeking exemption under this regulation shall provide records of operation sufficient to calculate actual emissions annually as a part of their Permit to Operate renewal, including records for each permitted emission unit or group of emissions units. The operator shall also maintain the following records as applicable:

- I. A current listing of all coatings, solvents, organic cleaning solutions, thinners, reducers, inks, adhesives or other volatile organic chemicals in use at the source. The list shall include the VOC and HAPS content in lbs per gallon or grams per liter.
- II. Equipment information including equipment types, makes, models, sizes, maximum designed throughput rates and process methods.
- III. Emission control systems including pollutants controlled, control effectiveness, operational temperatures, rated capacity, concentrations of pollutants controlled, and any stack test data.
- IV. Purchase orders, invoices and other documents to support information in the monthly log.

Operational information shall be summarized in a monthly log containing the following as applicable: fuels consumed including fuel types, fuel usage, fuel heating value and percent sulfur for coal and oil fuels; consumption of each VOC-containing product such as inks, coatings, thinners and adhesives (including those solvents used in clean-up and surface preparation); volumes and throughputs of volatile liquids stored in tanks, hours of operation; system failures including control device failures, upset conditions, equipment breakdowns and any other information as specifically requested by the Control Officer. The information in this log shall be maintained on site for five years, and shall be made available to the Control Officer upon request. The owner or operator of each source seeking exemption under this regulation shall submit a process statement each year at the time of permit renewal containing all the information required in the monthly log and certify under penalty of perjury that the process statement is accurate and true. Data submission shall be made in compliance with sections 020.060 and 030.218 of these regulations. Any source seeking exemption under the provisions of this regulation must request such exemption in writing and provide a plan or demonstration of compliance showing how the source will establish a record of continuous compliance in limiting emissions and which records will be maintained in the monthly log.

If the operator will exceed any limitation specified in part D(1) above, the operator shall notify the Control Officer at least 30 calendar days in advance of such exceedance and shall submit a complete application for a Part 70 permit or otherwise obtain federally enforceable emission limits within 12 months of the date of notification. The operator of a stationary source subject to this rule shall obtain the necessary permits prior to commencing any physical or operational change or activity which will result in actual emissions that exceed the limits specified in section D(1) above. Exceedance of the limitations specified in this regulation without the notice required above shall be considered a violation of District regulations and each day of violation shall constitute a separate offence.

The Control Officer shall annually evaluate the compliance of any source operating under the provisions of this section as a part of the District's permit renewal process. Failure on the part of the operator to comply with the provisions of this section shall constitute a

violation, and the source shall be designated as a major source and shall be subject to all applicable requirements of federal law, including, but not limited to, all applicable MACT standards.

The District shall maintain and make available to the public upon request a listing of sources permitted under section D of this regulation and provide information identifying the applicable provisions of the rule for each source.

E. Synthetic Minor Source Rule:

Any source, which, because of its potential emissions, would otherwise be designated as a major source for the purposes of Title V or Part 70 requirements under this regulation, may choose to seek exemption from designation as a major source by establishing federally enforceable emission limitations. Any source that seeks to limit potential emissions under this regulation must meet all of the following requirements:

1. Any source that is able to meet the limitations established in this regulation and qualify as a synthetic minor shall not be designated as a major source. Sources seeking exemption from Title V as a synthetic minor shall provide records of operation sufficient to calculate actual emissions annually as a part of their Permit to Operate renewal. Such information shall be summarized in a monthly log, maintained on site for five years, and be made available to the Control Officer upon request. The owner or operator shall certify that this log is true and correct. Data submission shall be made in compliance with sections 020.060 and 030.218 of these regulations.
2. Any source seeking Synthetic Minor status under the provisions of this regulation must request such exemption in writing and provide the following information:
 - a. The identification and description of all existing emission units at the source and a calculation of the actual and maximum emissions of regulated pollutants;
 - b. A plan of compliance showing how the source will establish a record of continuous compliance in limiting emissions and which records will be maintained in the monthly log;
 - c. The source must also demonstrate that actual emissions will not exceed: 95 tons per year for all regulated air pollutants (excluding PM-10 and Hazardous Air Pollutants); 70 tons per year of PM-10; 9 tons per year of any single Hazardous Air Pollutant; 23 tons per year of any combination of Hazardous Air Pollutants and 90 percent of any lesser threshold for a single Hazardous Air Pollutant as established by Federal rule;
 - d. The source will propose federally enforceable permit conditions, which limit source-wide emissions to below major source thresholds, are at least as stringent as any applicable requirement and are permanent, quantifiable and include short term standards, i.e., no longer than monthly production or other operational limits as necessary to be enforceable as a practical matter in addition to emission limitations.

If the Control Officer determines the request to be incomplete, he shall notify the applicant within 30 days. If a request is not deemed incomplete within 30 days, it will be considered complete by default. A request for synthetic minor status shall not relieve a source of its responsibility to comply with application deadlines and other requirements under Part 70.

3. If the operator will exceed any limitation specified in any federally enforceable permit condition, the operator shall notify the Control Officer and shall submit an application for a Part 70 permit at least 30 days in advance of such exceedance or otherwise obtain federally enforceable emission limits. All upset or breakdown conditions will be reported in compliance with Sections 020.075 and 020.076.
4. The Control Officer shall, after determining an application for synthetic minor status is complete, prepare a draft permit. The draft permit shall include the following:
 - a. Annual reporting of operational and emissions data, or more frequent if requested;
 - b. Specific record-keeping requirements for operations, emissions and production;
 - c. Federally enforceable limits as specified in section 2(d) above;
 - d. A compliance plan to verify compliance with applicable limitations and regulations;
5. Any requirements or operational limitations relied on to meet synthetic minor status.

After the draft permit has been prepared, the Control Officer shall:

- a. publish notice of the draft permit in a newspaper qualified under NRS 238, make the draft permit available for public review, and allow at least 30 days for public review and comment;
- b. provide a copy of the draft permit to the EPA and allow the Administrator at least 30 days for review and comment.

Any source that has been granted synthetic minor status in accordance with this regulation shall, for any planned modification, which will increase the source's potential to emit, submit a request for modification of their synthetic minor permit conditions at least 180 days before the modification is made. For any modification, the source shall comply with all applicable requirements of **Sections 030.500 through 030.630**.

The Control Officer shall annually evaluate the compliance of any source operating under the provisions of this section as a part of the District's permit renewal process.

Failure of the source to comply with the provisions of this regulation shall constitute a violation, and the source shall be designated as a major source and be subject to all applicable requirements of federal law, including, but not limited to, all applicable MACT

standards.

Any permit that does not comply with this synthetic minor source rule shall not create federally enforceable limitations. A final copy of each synthetic minor permit will be provided to EPA.

(Amended 7/28/93, 10/20/93, Revised 10/25/95)

010.092 "MAJOR MODIFICATION" means any physical change, change in the method of operation for any source that would result in a significant net emissions increase of any air contaminant.

A. As used in this definition, a physical change or change in the method of operation does not include routine maintenance, repair, or replacement and does not, unless previously limited by federally enforceable condition, include:

1. Use of an alternative fuel or raw material under an order issued pursuant to Sections 2(a) and (b) of the Energy Supply and Environmental Coordination Act of 1974 (or any superseding legislation), or under a plan for curtailment of use of natural gas, pursuant to the Federal Power Act as these acts exist on the effective date of this definition;
2. Use of alternative fuel or raw material if, before January 6, 1975, the source was capable of accommodating the fuel or material;
3. Use of an alternative fuel under an order or rule made pursuant to Section 125 of the Act, as it existed on the effective date of this definition;
4. Change in ownership of the source;
5. Use of fuel generated from municipal solid waste if used in a steam-generating unit;
6. Increase in the production rate if the increase does not exceed the designed maximum capacity of the source; or
7. Increase in hours of operation.

B. Any net emissions increase that is significant for volatile organic compounds or Nitrogen Oxides (NO_x) shall be considered significant for ozone. (Amended 7/28/93)

010.094 "MIST" means a suspension of any finely divided or diffused liquid in any gas or in the atmosphere.

010.096 "NET EMISSIONS INCREASE" means the amount by which the sum of the following exceeds zero:

- A. Any increase in actual emissions from a particular physical change or change in method of operation at a stationary source; and
- B. Any other increases and decreases in actual emissions at the source that are contemporaneous with the particular change and are otherwise creditable.
- C. An increase or decrease in actual emissions is contemporaneous with the increase from the particular change only if it occurs between:

1. the date five (5) years before construction on the particular change commences; and
 2. the date that the increase from the particular change occurs.
- D. An increase or decrease in actual emissions is creditable only if the Control Officer has not relied on it in issuing a permit, which is in effect when the increase in actual emissions from the particular change occurs, and any decrease in emissions has not been used in a demonstration of attainment or reasonable further progress. Any decrease is only creditable if the unit was actually operating and emitting the pollutant considered. (Revised 10/25/95)
- E. An increase or decrease in actual emissions of sulfur dioxide or particulate matter that occurs before the applicable baseline date is creditable, only if it is required to be considered in calculating the amount of maximum allowable increases available.
- F. An increase in actual emissions is creditable only to the extent that the new level of actual emissions exceeds the old level. Actual emissions are creditable only where the unit was actually operating and emitting the specific pollutant.
- G. A decrease in actual emissions is creditable only to the extent that:
1. the old level of actual emissions or the old level of allowable emissions, whichever is lower, exceeds that new level of actual emissions;
 2. it is federally enforceable at and after the time that actual construction on the particular change begins; and
 3. it has approximately the same qualitative significance for public health and welfare as that attributed to the increase from the particular change.
- H. An increase that results from a physical change at a source when the emissions unit on which construction occurred becomes operational and begins to emit a particular pollutant. Any replacement unit that requires shakedown becomes operational only after a reasonable shakedown period, which shall be within 60 days of achieving the facility's maximum production rate, but not later than 180 days after initial startup.
- I. Emissions reductions used as offsets must be surplus quantifiable, enforceable and permanent, as defined by the Emissions Trading Policy Statement FR43814.
- J. Early shutdown/production curtailment credits are only allowable if they meet the provisions of 40 CFR 51.165.
(Amended 7/28/93)

010.098 "NONATTAINMENT AREA" for any air pollutant means an area that is shown by air monitoring data or that is calculated by air quality modeling to exceed any national ambient air quality standard, and has been designated as a nonattainment area by EPA in accordance with section 107(d)2 of the Act. (Revised 10/25/95)

010.100 "NONATTAINMENT POLLUTANT" means any pollutant that causes an area to be designated as a nonattainment area or has a significant ambient impact on a nonattainment area.

010.102 "NUISANCE" means anything that is injurious to health, or indecent and offensive to the senses, or an obstruction to the free use of property, so as to interfere with the comfortable enjoyment of life or property.

010.104 "ODOR" means that property of an air contaminant that affects the sense of smell.

010.105 "ODOR THRESHOLD" means the minimum level of substance required to alert the average person to the presence of an odor. Odor thresholds in air listed for 214 common Industrial chemicals in "ODOR AS AN AID TO CHEMICAL SAFETY: ODOR THRESHOLDS COMPARED WITH THRESHOLD LIMIT VALUES AND VOLATILES FOR 214 INDUSTRIAL CHEMICALS IN AIR AND WATER DILUTION" by John Amore and Earl Hautala, published in THE JOURNAL OF APPLIED TOXICOLOGY, VOL 3 NO. 6, 1983, are hereby adopted as the best available information concerning odor threshold levels for the chemicals listed in this document. (Amended 12/88)

010.106 "OPACITY" means that property of a substance tending to obscure vision and is measured in terms of percent obscuration.

The relationship between opacity and Ringelmann number is:-

Ringelmann No.	Opacity %
1	20%
2	40%
3	60%
4	80%
5	100%

010.108 "OPEN FIRE" means the burning of any combustible material, substance, or refuse wherein the products of combustion are discharged directly into the atmosphere without passing through a stack or chimney.

010.110 "OPEN TOP VAPOR DEGREASER" means any batch loaded, boiling solvent degreaser.

010.112 "OPERATING PERMIT OR PERMIT TO OPERATE" means a document issued and signed by the Control Officer approving, with or without restrictions, the operation of a new or existing single source of air contaminants.

010.113 "PART 70 PERMIT OR PART 70 OPERATING PERMIT" means any permit or group of permits that is issued, renewed, amended or revised pursuant to District Regulations for Part 70 permits, which are approved by EPA under 40 CFR Part 70. (Adopted 10/20/93)

010.114 "PARTICULATE MATTER" means any material, except uncombined water such as water vapor and water droplets, which exists in a finely divided form as a solid or liquid at reference conditions.

010.117 "PELLET STOVE" means a solid fuel-burning device designed to heat the interior of a building. It is a forced draft heater with an automatic feed that supplies appropriately sized feed material or compressed pellets of wood or other biomass material to the firebox. (Revised 2/23/06)

010.118 "PENETRATING PRIME COAT" means any low-viscosity liquid asphalt that may be applied to an absorbent surface to prepare it for paving with an asphalt concrete.

- 010.120 **"PENETRATING SEAL COAT"** includes any low-viscosity liquid asphalt that may be applied to a new road surface in order to seal it against water penetration or that may be applied to an old road surface to renew flexibility loss due to aging.
- 010.122 **"PERSON"** means any individual, firm, association, organization, partnership, business trust, public or private corporation, company, department or bureau of the state, municipality or any officer, agent or employee thereof, or any other legal entity whatsoever that is recognized by the law as the subject of rights and duties.
- 010.124 **"POTENTIAL TO EMIT"** means the capability of a source, at its designated maximum capacity, to emit an air contaminant after application of equipment for control of air pollution. Annual potential is based on the designed maximum annual capacity of the source, assuming continuous year-round operations; however, Federally enforceable conditions of the permit, limiting the type of materials combusted or processed, operating rates, hours of operation, requiring use of emission control equipment, or other production or emission limiting factors may, at the option of the owner or operator of the source be used in determining the potential to emit. Fugitive emissions are not counted in determining the potential to emit except for the following sources: coal cleaning plants, Kraft pulp mills, Portland cement plants, primary aluminum ore reduction plants, primary zinc smelters, iron and steel mills, primary copper smelters, municipal incinerators, hydrofluoric, sulfuric and nitric acid plants, coke oven batteries, sulfur recovery plants, carbon black plants, primary lead smelter, fuel conversion plants, sintering plants, petroleum refineries, lime plants, phosphate rock plants, secondary metal production plants, petroleum storage and transfer units, taconite ore processing plants, glass fiber processing plants, fossil fuel-fired boilers, chemical processing plants, charcoal production plants and other stationary source categories which, as of August 7, 1980, or later, are regulated under Federal New Source Performance Standards or National Emission Standards for Hazardous Air Pollutants. Fossil-fuel fired steam electric plants are regulated under NRS 445.546. Secondary emissions do not count in determining the potential to emit. (Amended 7/28/93, Revised 10/25/95)
- 010.126 **"PROCESS WEIGHT"** means the total weight of all materials introduced into a single source operation, including solid fuels, but excluding liquids or gases used solely as fuels, and air introduced for purposes of combustion of the fuel.
- 010.128 **"PROCESS WEIGHT RATE"** means the total process weight divided by the number of hours in one complete operation from the beginning of any given process to the completion thereof, excluding any time during which the equipment is idle.
- 010.1285 **"PROPOSED PERMIT"** shall mean the version of a Part 70 permit that the Control Officer proposes to issue and forwards to the Administrator for review in compliance with 40 CFR 70.8. (Adopted 10/20/93)
- 010.129 **"RECONSTRUCTION"** means any reconstruction in which the fixed capital cost of the new components exceeds 50% of the fixed capital costs of a comparable but entirely new stationary source.
- 010.130 **"REFERENCE CONDITIONS"** means that all measurements of ambient air quality are corrected to a reference temperature of 77 F (25 C) and to a reference pressure of thirty (30) inches (760 millimeters, 1013.2 millibars) of mercury.
- 010.1303 **"REGULATED AIR POLLUTANT"** shall mean the following: (Adopted 10/20/93; Revised 06/21/11)

1. Nitrogen oxides or any volatile organic compounds;
2. Any pollutant for which a national ambient air quality standard has been promulgated.
3. Any pollutant that is subject to any standard promulgated under section 111 of the Act.
4. Any class I or II substance subject to a standard promulgated under or established by title VI of the Act.
5. Any pollutant subject to a standard promulgated under section 112 or other requirements established under section 112 of the Act, including the following:
 - a. Any pollutant subject to requirements under section 112(j) of the Act. If the administrator fails to promulgate a standard pursuant to section 112(e) of the Act, any pollutant for which a subject source would be major shall be considered to be regulated on the date 18 months after the applicable date established pursuant to section 112(e) of the Act; and
 - b. Any pollutant for which the requirements of section 112(g)(2) of the Act have been met, but only with respect to the individual source subject to section 112(g)(2) requirement.
6. Greenhouse gases that are subject to regulation as defined in 40 CFR 70.2

010.1305 **"RESPONSIBLE OFFICIAL"** shall mean a Corporation's Chairman, Chief executive officer, president, vice president in charge of a principal business function, secretary, treasurer or designated environmental representative of a corporation responsible for overall operation of one or more manufacturing, production or operating facilities applying for or subject to a permit and approved in advance by the Control Officer; a general partner in a partnership; the proprietor of a sole-proprietorship; or the principal executive officer or ranking elected official of a public agency. For sources subject to Title IV of the act, the responsible official shall be the representative who meets the requirements promulgated in 40 CFR Part 72. (Adopted 10/20/93)

010.131 **"RINGELMANN CHART"** means the chart published by the U.S. Bureau of Mines that are illustrated graduated shades of gray or black for the use in estimating the capacity of smoke or any air contaminant or emission to obscure light.

010.1315 **"RISK ANALYSIS"** is the method of calculating excess risk. Calculations assume a 70-year life time exposure using pollutant dispersion models and the best available risk factors as specified by the Control Officer. The Control Officer will maintain a procedure to be followed in risk analysis calculations. Modified sources must consider all emissions from the source in calculating risk and not only the additional emissions created by the facility modification. (Adopted 6/27/90)

010.132 **"SECONDARY EMISSIONS"** means emissions that would occur as a result of a major stationary source or major modification, but do not come from the major stationary source or major modification itself. For the purpose of this definition, secondary emissions must be specific, well defined, quantifiable, and impact the same general area as the stationary source or modification that causes the secondary emissions. Secondary emissions may include, but are not limited to:

- A. Emissions from trains coming to or from the new or modified source; and
- B. Emissions from any offsite support facility which would not otherwise be constructed or

increase its emissions as a result of the construction or operation of the major stationary source or modification.

(Amended 7/28/93)

010.134 "SIGNIFICANT OR SIGNIFICANTLY" means:

- A. In reference to a net emissions increase or the potential of a source to emit, that the level of emissions or the effect on the ambient air exceeds the levels of emissions or ambient impacts set forth in **Table 3 or 4**.
- B. In reference to a net emissions increase or the potential of a source to emit a pollutant subject to regulation under the Clean Air Act that is not listed in **Table 3 or 4**.
- C. Notwithstanding, **Table 3 or 4**, "significant" means any emissions rate or any net emissions increase associated with a major stationary source or major modification, which would construct within ten (10) Kilometers of a Class 1 area, and have an impact on such area equal to or greater than 1 ug/m³ (24 hour average).

(Amended 7/28/93)

010.136 "SMOKE" means small gas-borne particles resulting from incomplete combustion, consisting predominantly of carbon, ash, and other combustible material present in sufficient quantity to be observable or, as a suspension in gas of solid particles in sufficient quantity to be observable.

010.137 "WOOD STOVE/FIREPLACE CONTROL AREA" (Adopted 9/23/98, rescinded 05/26/16)

010.138 "SOURCE" means any property, real or personal, under common ownership or control that directly emits, or may emit, any air contaminant. (Amended 10/20/93)

010.1381 "SOURCE REGISTRATION" means any source that emits air contaminants and is required to be permitted. Such sources are of the following general categories (Revised 4/22/98):

- A. Any fuel burning equipment capable of producing two (2) million British Thermal Units of heat input per hour, either singly or in the aggregate;
- B. Incinerators;
- C. Stationary storage tanks with more than 40,000 gallons capacity for petroleum products have a Reid vapor pressure of 1.5 pounds per square inch or greater;
- D. Processes or process equipment capable of processing fifty (50) pounds or more of material per hour;
- E. Hazardous material processes regardless of extent of emissions;
- F. Dry cleaning plants;
- G. Degreasing operations; and
- H. Spray paint booths.
- I. Electric Generating units powered by internal combustion engines which generate 150 kilowatts or greater, either singly or in aggregate. (Adopted 4/22/98)

010.1382 "SOURCE-EXISTING" means equipment, machines, devices, articles, contrivances, or facilities

that are constructed, purchased, or in operation on the effective date of these regulations; except that any existing equipment, machine, device, article, contrivance or facility that is altered, replaced, or rebuilt, which increases the total emission after the effective date of these regulations shall be reclassified as a "new source".

- 010.1383 "SOURCE-NEW" means any sources built or installed after the effective date of these regulations.
- 010.1384 "SOURCE-SINGLE" means all similar process operations located at a single premise that can technically and economically be replaced by a single process that performs the same function. Two (2) or more pieces of equipment or processes that handle different materials or produce dissimilar products will be treated separately.
- 010.1385 "SOURCE-STATIONARY" means any building, structure, facility, or installation or group of sources located within a contiguous or adjacent area and under common control or ownership, which emits, or may emit, any air contaminant. (Amended 7/28/93)
- 010.140 "STACK OR CHIMNEY" means any flue, conduit, or duct arranged to conduct any smoke, air contaminant, or emission to the atmosphere.
- 010.142 "STANDARD CONDITIONS" means a temperature of 68°F and a pressure of 29.92 inches of mercury.
- 010.143 "STOVE KIT" means a kit that may include a door, legs, flue pipe and collars, brackets, bolts and other hardware and instructions for assembling the wood heater with ordinary tools. Wood heaters built from such kits must meet all emission standards and requirements of **Section 040.051**.
- ~~010.144 "SUBMERGED FILL PIPE" means any fill pipe the discharge opening of which is entirely submerged when the liquid level is six (6) inches or more above the bottom of the tank, or when applied to a tank which is loaded from the side, submerged fill pipe shall mean any fill pipe the discharge opening of which is entirely submerged when the liquid level is two (2) times the fill pipe diameter above the bottom of the tank.~~
- 010.1445 "TRUCKEE MEADOWS HYDROGRAPHIC BASIN" shall mean hydrographic basin number 87, as designated by the State Engineer (see **Figure 1**). (Adopted 8/25/93)
- 010.145 "UNCERTIFIED" means a wood-burning device that cannot be verified as meeting the current standards adopted by the U.S. EPA (40 CFR 60, subpart AAA and subpart QQQQ) and/or does not appear on the Washoe County Health District Official List of Certified Devices. (Revised 05/26/16)
- 010.146 "VOLATILE ORGANIC COMPOUNDS" means any volatile compound containing carbon with the exception of the following:

carbon monoxide	carbon dioxide
carbonic acid	metallic carbides
metallic carbonates	ammonium carbonate
methane	ethane
acetone	CFC-11
CFC-22	CFC-23
CFC-113	CFC-114
CFC-115	HCFC-123
HCFC-124	HCFC-141b

HCFC-142b
HFC-125a
HFC-134a

HFC-125
HFC-134
HFC-143a

Non-volatile organic materials are not considered VOC. (Revised 10/25/95)

- 010.148** "WASTE BURNER" means any structure, contrivance, or equipment including incinerators, etc., in which combustible refuse is burned.
- 010.200** "WOOD HEATER" means an enclosed, wood-burning-appliance capable of and intended for residential space heating or space heating and domestic water heating. These devices include, but are not limited to, adjustable burn rate wood heaters, single burn rate wood heaters, and pellet stoves. Wood heaters may or may not include air ducts to deliver some portion of the heat produced to areas other than the space where the wood heater is located. Wood heaters include, but are not limited to:
- (1) Free-standing wood heaters – Wood heaters that are installed on legs, on a pedestal or suspended from the ceiling. These products generally are safety listed under UL-1482, UL-737 or ULC-S627.
 - (2) Fireplace insert wood heaters – Wood heaters intended to be installed in masonry fireplace cavities or in other enclosures. These appliances generally are safety listed under UL-1482, UL-737 or ULC-S628.
 - (3) Built-in wood heaters – Wood heaters that are intended to be recessed into the wall. These appliances generally are safety listed under UL-1482, UL-737, UL-127 or ULC-S610.
- (Revised 05/26/16)
- 010.205** "WOOD STOVE/FIREPLACE INSERT" for purposes of compliance with Sections 040.051 means a wood heater, pellet stove, prefabricated zero clearance fireplace or a fireplace heat form with doors or other accessories that cause the fireplace to function as a wood heater. Wood stoves/fireplace inserts do not include open masonry fireplaces, barbecue devices, portable fire pits, gas-fired fireplaces or cook stoves. (Revised 9/23/98)
- 010.210** "GEOHERMAL PRODUCTION WELL" means any well for which the purpose is the commercial use of a geothermal resource.
- 010.215** "GEOHERMAL EXPLORATORY WELL" means any well for which the purpose is the commercial discovery or evaluation of a geothermal resource.
- 010.220** "GEOHERMAL FACILITY" means any project involving the construction or operation of geothermal wells (exploratory or productive), geothermal steam/fluid transmission pipelines, power generating facilities, or any other equipment intended for commercial use with a geothermal resource for purposes of determining compliance with distance criteria in Section 030.800 and Section 030.004. Distances will be calculated from the point of nearest actual emissions to nearest residential dwelling.
- 010.225** "GEOHERMAL STACKING EMISSIONS" means an emission or emissions into the ambient air caused by the release of geothermal steam or fluid from a point source that is the result of a geothermal facility or geothermal steam/fluid transmission pipeline failure (forced outage), scheduled outage, start-up or curtailment. For purposes of compliance, emissions, limitations will be assessed as near as physically possible to the point(s) at which the emissions occur.
- 010.230** "GROSS MEGAWATT HOUR (GHW or GMWHR)" means the amount of electrical energy that could be realized per hour from the expected potential energy of the geothermal steam or fluid prior

to any internal plant electrical requirements, as guaranteed by the turbine generator manufacturer.

- 010.235 "GRAMS PER HOUR PER GROSS MEGAWATT HOUR (G/HR/GMW)" is the emission factor used to determine maximum allowable hourly emission rates of hydrogen sulfide from a given geothermal power plant, (e.g., a 50 g/hr/GMW factor as applied to a 12 GMW plant results in an emission limitation as follows: 50 g/hr/GMW X 12 GMW = 600 g/hr or .6 kg/hr).
- 010.240 "RESIDENTIAL DWELLING" means-a structure inhabited by humans on a continuing basis.
- 010.245 "AIR POLLUTANT EMISSION CONTROL PLAN (GEOTHERMAL WELLS)" means satisfactory completion and approval of a valuation form approved by the Control Officer. This form will require a description of methods for reducing emissions from geothermal wells.
- ~~010.250 "PHASE I" means gasoline vapor recovery from stationary tanks during the transfer of gasoline from delivery vehicles to stationary tanks used for re-fueling motor vehicles or equipment. May also be referred to as Stage I vapor recovery. (Adopted 2/27/91, Revised 10/22/97)~~
- ~~010.251 "PHASE II" means gasoline vapor recovery from vehicle fuel tanks during vehicle refueling operations from stationary tanks. May also be referred to as Stage II vapor recovery. (Adopted 2/27/91, Revised 10/22/97)~~
- 010.253 "CATASTROPHIC RELEASE" means the unexpected release to the atmosphere of a toxic air pollutant as defined in Section 030.400, in a quantity sufficient to create a potential risk to public health. (Adopted 6/27/90)
- ~~010.260 "TOPPING OFF" means to attempt to dispense gasoline to a motor vehicle fuel tank after a vapor recovery dispensing nozzle has shut off automatically. The filling of those vehicle tanks which, because of the nature and configuration of the fill pipe, causes premature shut off of the dispensing nozzle, and which are filled only after the seal between the fill pipe and the nozzle is broken, shall not be considered topping off. (Adopted 2/27/91)~~
- ~~010.265 "VAPOR TIGHT" a reading of less than 10,000 ppm, above background, as methane, when measured at a distance of one centimeter from the leak source with a portable hydrocarbon detection instrument. Background is defined as the ambient concentration of organic compounds determined at least three meters upwind from any equipment to be inspected and that is uninfluenced by any specific emission permit unit. (Adopted 2/27/91)~~

DD	RS	_____
DHO	_____	_____
DDA	_____	_____
Risk	_____	_____

STAFF REPORT
BOARD MEETING DATE: March 23, 2017

TO: District Board of Health

FROM: James English, Environmental Health Specialist Supervisor
775-328-2610, jenglish@washoecounty.us

SUBJECT: 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 – Kim Borgzinner and Birgit Henson, Nevada Division of Environmental Protection (NDEP)

SUMMARY

The Integrated Source Water Protection Program (ISWP Program) is a voluntary, county-wide approach designed to help communities develop and implement a plan that protects their public drinking water supplies. To date, Source Water Protection Plans have been completed in seven of Nevada’s 17 counties. NDEP has contracted with a technical service provider, Resource Concepts, Inc. (RCI), to assist in every aspect of source water protection planning and implementation for public water systems throughout Washoe County, should local entities choose to participate in the planning process.

With the assistance of RCI, communities will identify sensitive drinking water protection areas and activities that could contaminate ground water in these areas. Communities will also set source water protection goals, procure resources and develop and implement a source water protection plan.

Kim Borgzinner and Birgit Henson of NDEP are available to provide a presentation and answer questions on the ISWP Program. NDEP is looking for the Washoe County District Board of Health (Board) to endorse the ISWIP Program efforts by way of a stakeholder letter of support.

District Board of Health Strategic Priority: Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

The Board has not taken any action on this item in the past.

BACKGROUND

The WCHD as the regulatory authority over public water systems via interlocal agreement with NDEP within Washoe County, Nevada and has been approached by NDEP to support this program. It is essential communities identify and protect their drinking water sources whether it is surface water or ground water. This program will help develop a plan to assist in source water protection which will be an important tool for WCHD staff to reference when evaluating development applications to ensure the protection of surface and ground water for our community.

Subject: Integrated Source Water Protection Program

Date: March 23, 2017

Page 2 of 2

The Western Regional Water Commission has issued a letter of support for the ISWP Program. The governing board of the Truckee Meadows Water Authority has issued a letter requesting participation in the ISWP Program.

FISCAL IMPACT

There is no fiscal impact associated with an affirmative recommendation of support for the ISWP Program.

RECOMMENDATION

Staff recommends the Washoe County District Board of Health issue a letter in support of the Integrated Source Water Protection Program.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve a letter in support of the Integrated Source Water Protection Program, and authorize the Chair to sign it on behalf of the Board.

Attachments



<http://ndep.nv.gov/bwpc/sourcewater.htm>

<http://ndep.nv.gov/bwpc/wellhead.htm>

Kim Borgzinner

Bureau of Safe Drinking Water

775.687.9503

kborgzinner@ndep.nv.gov

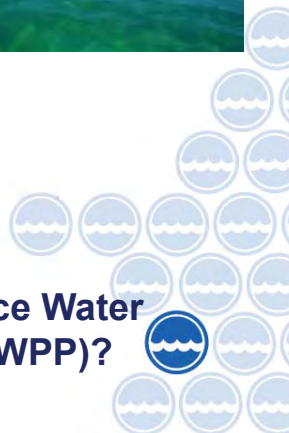


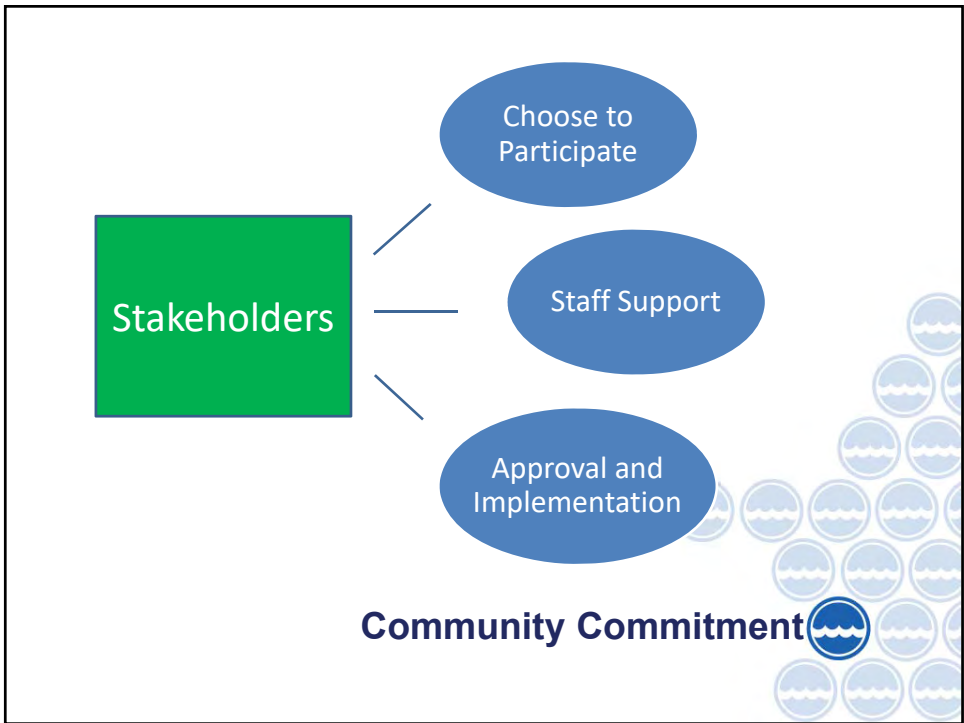
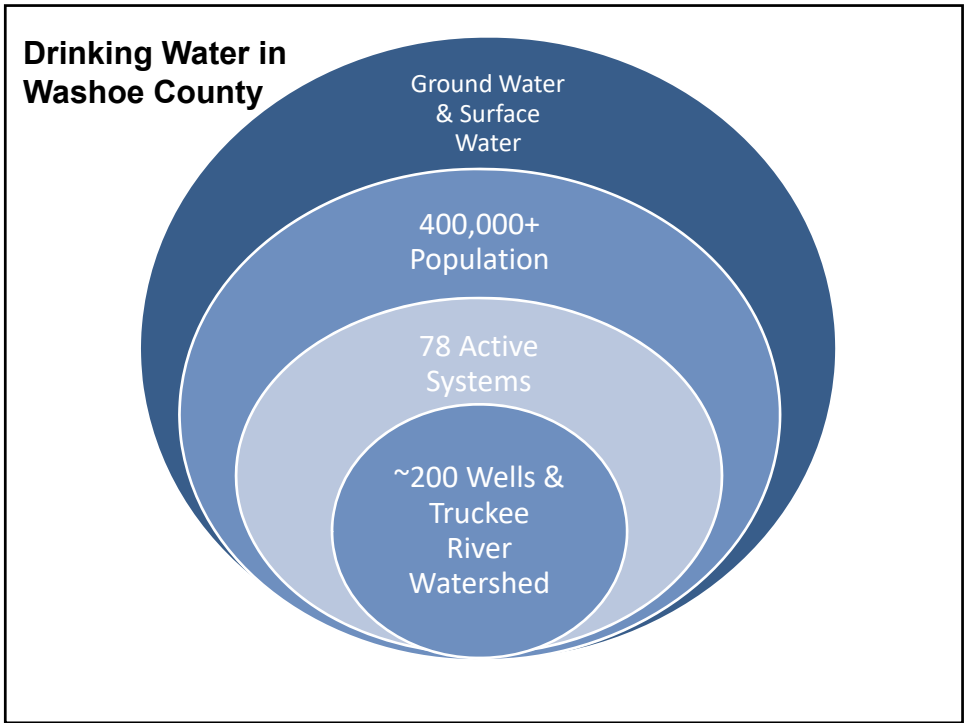
ISWPP is a comprehensive, **voluntary** approach empowering communities to develop and implement a plan to protect their drinking water supplies.

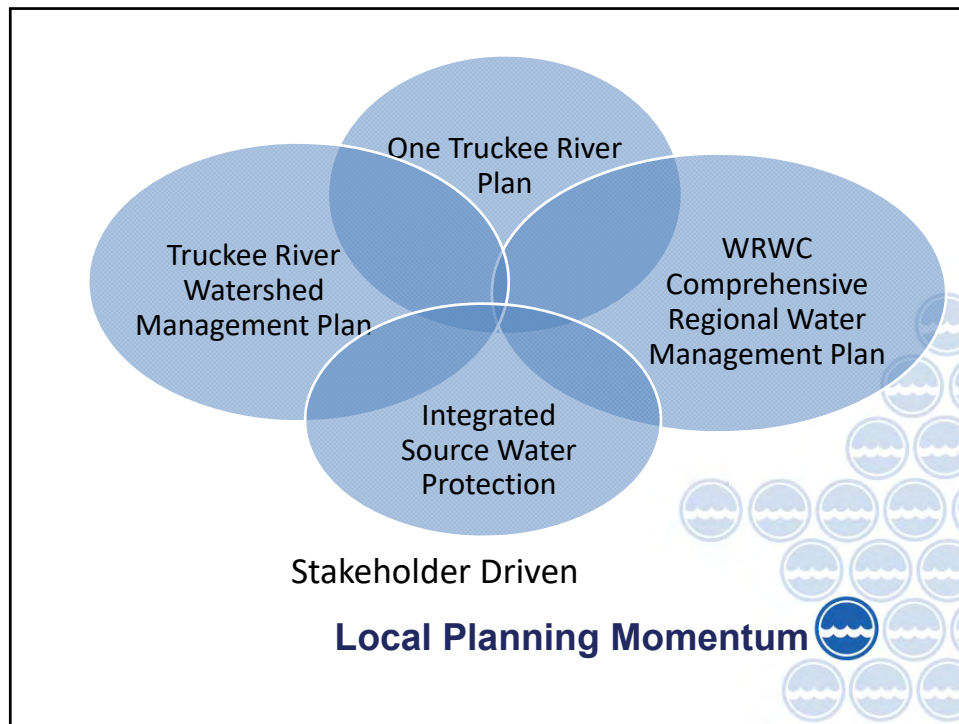


We help your community protect your drinking water.

What is the Integrated Source Water Protection Program (ISWPP)?







Truckee Meadows Why Now?

Instant opportunity to leverage resources and ensure collaboration



Nevada Department of Conservation & Natural Resources Division of Environmental Protection

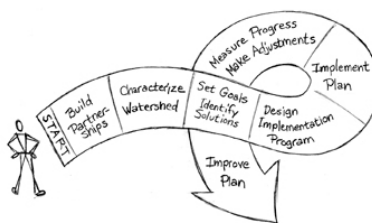


Birgit Henson
Nonpoint Source (NPS) Branch Supervisor
Bureau of Water Quality Planning
775-687-9550
bhenson@ndep.nv.gov

Nevada's NPS Program funds projects to mitigate or reduce NPS pollution

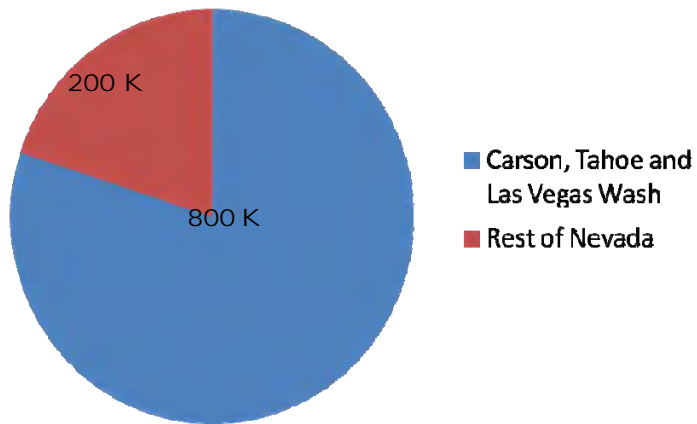


Including funding regional groups
& coordinating with them
to develop Watershed Plans



Benefits of coordinating with the NDEP Watershed Planning Process?

2016 319 (h) Funding



Questions?



Example Projects

Recreation & Water Quality



Wellheads and Planning



Unused Well Closures



Washoe Co Materials Spreader Purchase and Operation



Dog Waste Collection Program



Erosion and Sediment Control



Bank Stabilization Projects





REMSA

Franchise Compliance Report

FEBRUARY 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					
March					
April					
May					
Totals	28697	\$31,770,693	\$1,107.11		

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.			
Apr.			
May			
June 2017			

Year to Date: July 2016 through February 2017

Priority 1 Zone A	Priority 1 Zones B,C,D
93%	92%

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			
	P-2			
Apr. 2017	P-1			
	P-2			
May 2017	P-1			
	P-2			
June 2017	P-1			
	P-2			

Year to Date: July 2016 through February 2017

Priority	Reno	Sparks	Washoe County
P-1	5:02	5:47	8:27
P-2	5:25	6:18	8:32



GROUND AMBULANCE OPERATIONS REPORT

February 2017

1. OVERALL STATISTICS:

Total Number of System Responses	5979
Total Number of Responses in Which No Transport Resulted	2060
Total Number System Transports (Including transports to Out of County Destinations)	3919

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	1.6%
Medical	47.2%
OB	.6%
Psychiatric/Behavioral	8.5%
Transfers	10.5%
Trauma – MVA	8.2%
Trauma – Non MVA	19.9%
Unknown	3.5%

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: 2523

Total number of above calls receiving QA reviews: 330

Percentage of charts reviewed from the above transports: 13.07%



REMSA OCU Incident Detail Report

Period: 2/01/2017 thru 2/28/2017

Corrections Requested					
Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
Zone A	2/2/2017 0:58	2/2/2017 1:05	1C10	0:08:59	0:06:38
Zone A	2/5/2017 12:03	2/5/2017 12:12	3S76	0:08:59	0:08:56
Zone A	2/5/2017 12:03	2/5/2017 12:12	2I27	0:08:59	0:08:56
Zone A	2/8/2017 8:16	2/8/2017 8:21	1C31	0:00:01	0:04:46
Zone A	2/9/2017 7:19	2/9/2017 7:19	1C11	0:08:59	0:00:17
Zone A	2/9/2017 11:18	2/9/2017 11:21	1X27	0:08:59	0:03:28
Zone A	2/9/2017 16:44	2/9/2017 16:59	1N29	0:08:59	0:14:26
Zone A	2/12/2017 7:39	2/12/2017 7:46	1C37	0:08:59	0:07:56
Zone A	2/12/2017 19:40	2/12/2017 19:47	1C29	0:08:59	0:07:22
Zone A	2/13/2017 15:45	2/13/2017 15:55	1M03	0:30:59	0:10:14
Zone A	2/14/2017 11:26	2/14/2017 11:31	1M03	0:08:59	0:05:25
Zone A	2/18/2017 2:38	2/18/2017 2:43	1C27	0:08:59	0:04:49
Zone A	2/18/2017 20:25	2/18/2017 20:25	1C15	0:08:59	0:00:30
Zone A	2/18/2017 22:52	2/18/2017 22:57	1C02	0:08:59	0:04:20

Upgrade Requested					
Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
Zone A	2/22/2017 7:13	2/22/2017 7:59	1C29	0:49:16	0:46:39

Exemptions Requested

Incident Date	Zone	Exemption Reason	Approval
2/21/2017	Zone A	Weather	Exemption Approved
2/21/2017	Zone A	Weather	Exemption Approved
2/21/2017	Zone A	Weather	Exemption Approved
2/21/2017	Zone A	Weather	Exemption Approved
2/21/2017	Zone B	Weather	Exemption Approved
2/21/2017	Zone A	Weather	Exemption Approved
2/21/2017	Zone A	Weather	Exemption Approved
2/21/2017	Zone A	Weather	Exemption Approved
2/21/2017	Zone B	Weather	Exemption Approved
2/21/2017	Zone A	Weather	Exemption Approved
2/21/2017	Zone A	Weather	Exemption Approved
2/22/2017	Zone A	Weather	Exemption Approved
2/22/2017	Zone A	Weather	Exemption Approved
2/22/2017	Zone A	Weather	Exemption Approved
2/22/2017	Zone B	Weather	Exemption Approved
2/22/2017	Zone B	Weather	Exemption Approved
2/22/2017	Zone B	Weather	Exemption Approved
2/22/2017	Zone A	Weather	Exemption Approved
2/22/2017	Zone A	Weather	Exemption Approved
2/22/2017	Zone A	Weather	Exemption Approved
2/22/2017	Zone A	Weather	Exemption Approved
2/22/2017	Zone A	Weather	Exemption Approved
2/22/2017	Zone A	Weather	Exemption Approved
2/22/2017	Zone A	Weather	Exemption Approved
2/22/2017	Zone A	Weather	Exemption Approved
2/23/2017	Zone A	Weather	Exemption Approved



REMSA

EDUCATION AND TRAINING REPORT

FEBRUARY 2017

REMSA Education
 Monthly Course and Student Report
 Month:February 2017

Discipline	Total	Total	REMSA	REMSA	Site Classes	Site
ACLS	4	28	3	26	1	2
ACLS EP	1	1	1	1	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	27	136	8	64	19	72
ACLS S	3	5	0	0	3	5
AEMT	1	25	1	25		
-	-	-	-	-		
B-CON	0	0	0	0	0	0
BLS	77	414	17	90	60	336
BLS I	1	12	0	0	0	0
BLS R	42	239	19	152	23	87
BLS S	15	25	0	0	15	25
CE	0	0	0	0	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	1	6	1	6		
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	0	0	0	0	0	0
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	3	16	0	0	0	0
HS CPR	53	380	6	30	47	350
HS CPR FA	51	361	8	90	43	271
HS CPR FA S	3	7	0	0	3	7
HS CPR PFA	5	40	1	12	4	28
HS PFA S	0	0	0	0	0	0
HS CPR S	1	2	0	0	1	2
HS FA	6	42	0	0	6	42
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	0	0	0	0	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	5	35	3	31	2	4
PALS I	0	0	0	0	0	0
PALS R	16	54	3	15	13	39
PALS S	4	7	0	0	4	7
PEARS	0	0	0	0	0	0
PM	2	42	2	42		
PM R	0	0	0	0		
HS Spanish RCP y DEA	1	12	0	0	1	12
Classes w/ CPR		CPR Students				
249		1492				



COMMUNITY OUTREACH

February 2017

Point of Impact

2/4/17	Child Car Seat Checkpoint hosted by Reno Sparks Indian Colony Injury Prevention Program at the Tribal Health Center, Kuenzli Lane, Reno; 14 cars and 19 seats inspected.	12 volunteers; 3 staff
2/14/17	Safe Kids Washoe County Coalition Meeting	
2/21/17	Nevada Strategic Highway Safety Plan Occupant Protection Critical Emphasis Area quarterly meeting	
2/2017	Three office installation appointments; three cars and four seats inspected.	

Cribs for Kids-Community

2/3/17	Taught Heartsaver CPR in Spanish at Legends Landscaping	13 participants
2/7-8/17	Las Vegas Trip: Meeting with Baby's Bounty about Cribs for Kids program; Train-the-Trainer Safe Sleep at Olive Crest	11 participants
2/9/17	Statewide Impact of Safe Sleep Meeting at WCSS	
2/10/17	Train-the-Trainer Safe Sleep in Silver Springs, NV	9 participants
2/15/17	Train-the-Trainer Safe Sleep in Elko, NV	15 participants
2/22/17	Child Death Review Executive Committee Meeting	
2/24/17	Train-the-Trainer Safe Sleep in Reno @ Catholic Charities of Northern Nevada	11 participants
2/25/17	Macy's Go Red Event: Taught Hands Only CPR, information on Cribs for Kids, Smoking and pregnancy cessation. Point of Impact, Silver Saver and additional CPR classes taught by REMSA	120 participants stopped by
2/26/17	Por Tu Corazon: Taught Hands Only CPR in Spanish at Little Flower Church. Also provided information on additional CPR classes, Cribs for Kids, Smoking and pregnancy cessation and Point of Impact.	600 participants stopped by



Regional Emergency Medical Services Authority

REMSA
CUSTOMER SERVICE
FEBRUARY 2017

REMSA

Reno, NV
Client 7299



1515 Center Street
Lansing, Mi 48096
1 (877) 583-3100
service@EMSSurveyTeam.
www.EMSSurveyTeam.com

EMS System Report

February 1, 2017 to February 28, 2017

Your Score

96.16

Number of Your Patients in this Report

150

Number of Patients in this Report

5,009

Number of Transport Services in All

137



Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **02/01/2017** and **02/28/2017**.

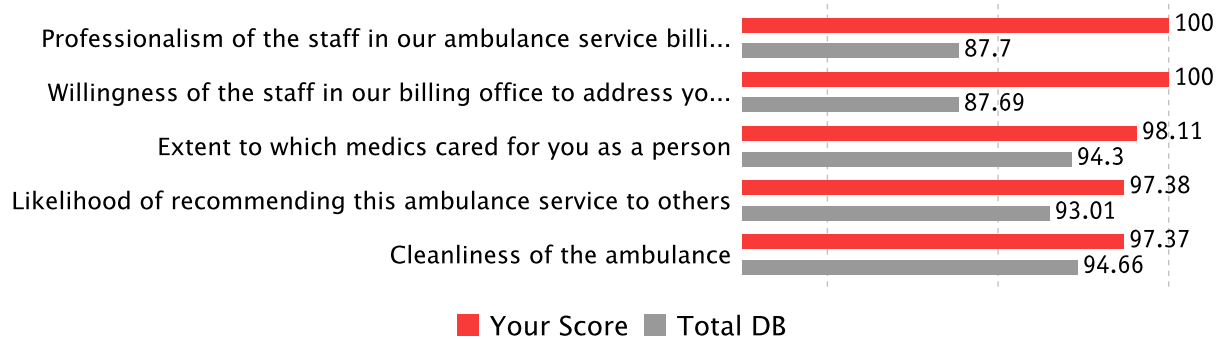
The overall mean score for the standard questions was **96.16**; this is a difference of **3.44** points from the overall EMS database score of **92.72**.

The current score of **96.16** is a change of **1.58** points from last period's score of **94.58**. This was the **12th** highest overall score for all companies in the database.

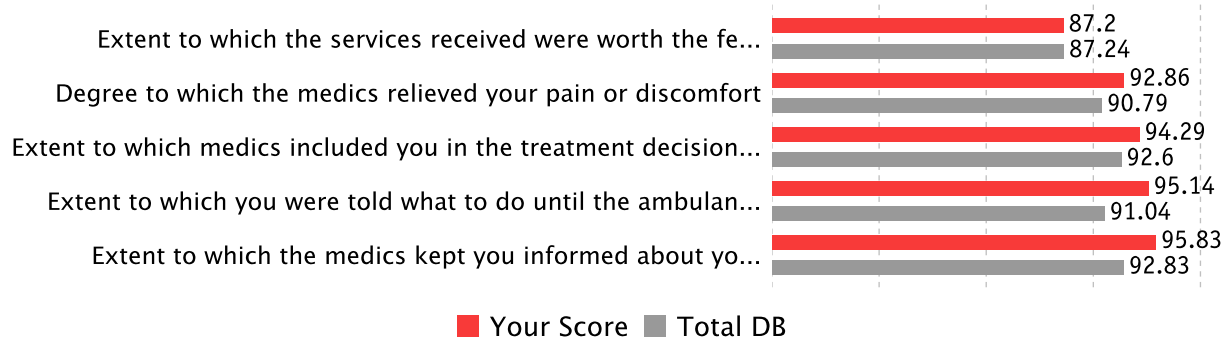
You are ranked **6th** for comparably sized companies in the system.

89.04% of responses to standard questions had a rating of Very Good, the highest rating. **98.81%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

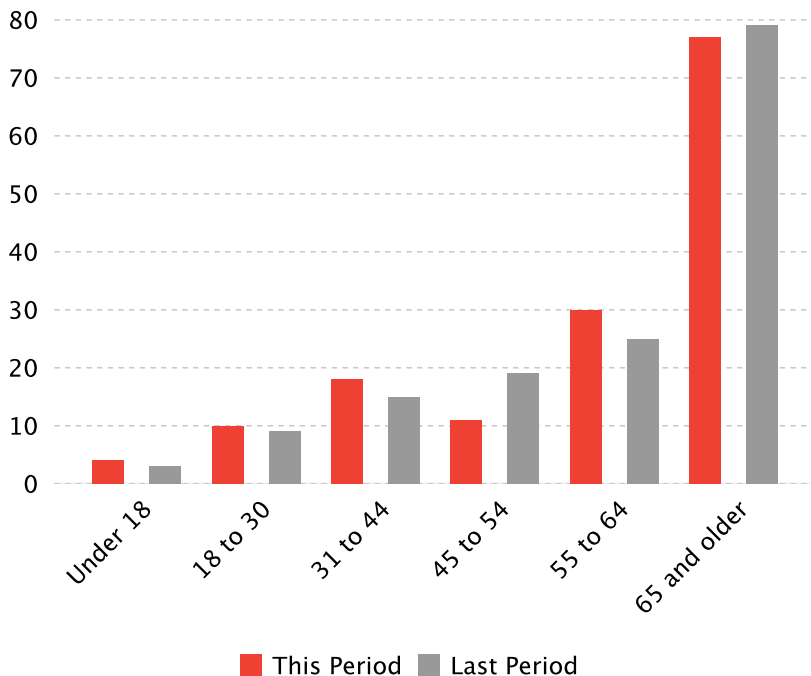




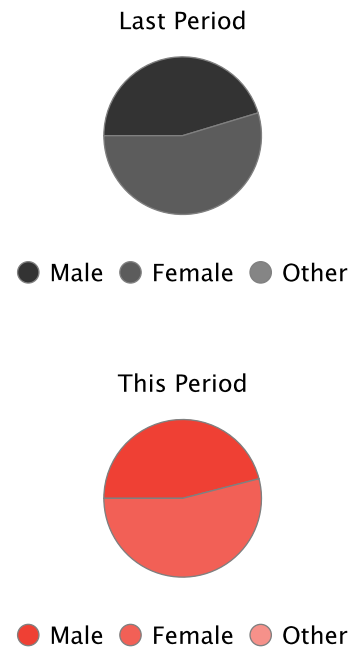
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service

	Last				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	3	1	2	0	4	3	1	0
18 to 30	9	5	4	0	10	4	6	0
31 to 44	15	7	8	0	18	7	11	0
45 to 54	19	11	8	0	11	5	6	0
55 to 64	25	11	14	0	30	13	17	0
65 and older	79	33	46	0	77	37	40	0
Total	150	68	82	0	150	69	81	0

Age Ranges



Gender





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.

	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
Helpfulness of the person you called for ambulance	93.34	92.44	93.15	95.63	95.00	94.19	98.68	91.47	95.41	92.36	93.48	97.50	96.25
Extent to which you were told what to do until the	91.29	91.56	89.00	97.83	94.74	96.43	97.37	88.57	93.37	86.76	91.88	97.92	95.14
Extent to which the ambulance arrived in a timely	93.53	94.36	94.59	93.97	95.21	94.14	94.87	94.44	93.75	92.14	95.79	95.01	96.28
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
Skill of the person driving the ambulance	95.09			95.00			93.85	94.12	93.90	93.93	96.34	95.88	97.14
Care shown by the medics who arrived with the	93.11	94.01	95.74	95.95	93.76	94.75	94.10	93.46	95.63	94.73	96.23	96.23	96.83
Degree to which the medics took your problem	92.66	93.79	97.02	96.21	94.32	95.16	95.70	92.74	94.68	93.45	94.37	95.62	97.16
Degree to which the medics listened to you and/or	92.21	94.52	95.83	92.86	94.52	94.02	94.37	93.41	94.28	93.76	94.51	95.64	96.43
Extent to which the medics kept you informed about	90.60	92.13	93.47	93.70	93.60	92.94	94.00	92.81	93.96	94.53	94.76	92.67	95.83
Extent to which medics included you in the treatment	89.59	91.98	93.37	91.85	92.68	93.42	96.31	91.45	93.76	92.52	94.44	88.94	94.29
Degree to which the medics relieved your pain or		90.15	92.78	91.90	89.79	91.20	94.49	88.30	92.22	89.57	93.16	89.18	92.86
Medics' concern for your privacy	90.99	95.46	94.07	91.98	94.47	94.77	95.35	93.75	95.52	93.70	94.53	94.41	97.23
Extent to which medics cared for you as a person	92.04	94.16	95.31	95.00	94.43	94.17	95.54	94.64	96.22	92.94	95.65	94.92	98.11
Professionalism of the staff in our ambulance service	87.31	88.04	87.50	82.14	77.60	83.33	100.0	95.00	88.89	75.00	90.10	89.76	100.0
Willingness of the staff in our billing office to address	86.47	85.87	85.00	85.00	78.25	91.67	93.75	95.00	84.38	75.00	90.10	88.35	100.0
How well did our staff work together to care for you	92.36	94.34	95.70	94.09	93.93	95.38	96.11	93.80	95.37	94.06	96.08	96.28	96.51
Extent to which the services received were worth the	84.72	88.56	86.90	92.64	82.03	90.27	94.53	66.80	89.95	86.08	86.39	82.19	87.20
Overall rating of the care provided by our Emergency	92.54	94.75	96.05	96.72	93.67	95.57	94.50	92.70	95.93	95.18	95.27	96.58	96.66
Likelihood of recommending this ambulance service	92.66	95.06	94.67	95.74	95.55	95.79	96.48	95.19	95.84	93.28	96.24	96.97	97.38
Your Master Score	91.81	93.51	94.37	94.20	93.69	94.26	95.32	92.78	94.54	93.02	94.96	94.58	96.16
Your Total Responses	376	206	155	157	156	143	146	126	138	150	165	150	150

GROUND AMBULANCE CUSTOMER COMMENTS
FEBRUARY 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You	Description / Comments	Assigned to	Results after follow up
1	01/01/2017		"Return ID right away. When asked".	"Ice pack was offered to Patient and the Medic rolled his eyes because she wanted one for both knees. Patient felt that was unprofessional. Patients license was taken and not returned after patient called and was asked if they had it. Patient called and spoke to a supervisor about this incident and..." "Patient's ID was held for a while before she recieved back in the mail. After being told that REMSA did not have it. 9 days after patient's incident, the ID was mailed back."	S.Selmi 3/6/17 #3699	See Notes
2	01/01/2017			"other than the price it was excellent."		
3	01/02/2017			"Fees comparable with anyone else".		
4	01/02/2017		"My only complaint is the price. Everything else was good".	"I think the fees are way too much. I actually told them that I didn't want to go in the ambulance because it would be so expensive. I wouldn't recommend due to the cost".		
5	01/02/2017		They're some of the nicest people.	"I got dropped in late July or early August - not related to this trip. When they work as a team, they are like synchronized swimmers and I have complete confidence in them. The one day when there were only 2 people on the crew, I saw danger coming and warned them but they didn't listen and dropped me".		This comment was related to a previous trip (the drop) it was followed up on last month.
6	01/02/2017		They were very friendly.			

GROUND AMBULANCE CUSTOMER COMMENTS
FEBRUARY 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You	Description / Comments	Assigned to	Results after follow up
7	01/02/2017	"My wife called and I was at the door of our house looking for them. I have had a heart attack and 5 stints and I was having heart trouble, dizziness, etc. They went to the wrong house. The dispatcher wrote the wrong information down, so they were about half a block away. The dispatcher told me to run" "I don't think they knew everything that was wrong with me, but they aren't doctors".	"Make sure you get the right information - repeat the info you receive to the person calling."		C.Barton 3/6/17 #3700	See Notes
8	01/03/2017		"Get there as fast as you can (my condition has to do with lack of oxygen)".			
9	01/03/2017			"Silver member - that is a great deal!"		
10	01/03/2017	"They asked me to stay on the line until they came".	"They had a lot of respect and care".	"If it wasn't for them, I could have had a seizure and died".		
11	01/03/2017					
12	01/03/2017	One of them showed a lot of care and the other was miserable. Privacy was never an issue.	"Ask how much the patient weighs and send a capable crew to handle the weight. Not so much money".	"They were supposed to bring me into the house and I thought that they were going to dump me on the ground. I ended up walking up the flight of stairs on my own. They were not equipped to do their jobs. They sent two small girls and I weigh 300 lbs. I was terrified".	S.Selmi 3/6/17 #3701	See Notes

GROUND AMBULANCE CUSTOMER COMMENTS
FEBRUARY 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You	Description / Comments	Assigned to	Results after follow up
13	01/03/2017	"Very helpful"	"Everybody was great. Kept talking to me through everything. One of the people was a hunter, so we talked about that for a while. It kept my anxiety way down".	"Made me feel comfortable and safe".		
14	01/03/2017	"had to call around to find a hospital".	"I don't like the wait time from the time they put you in the ambulance until you leave for the hospital. I'm a VA patient and the VA had to diverge because they were full. They should have gotten the name of the doctor who diverged us because it would have made the process easier".	"The bill didn't come to me so I don't know the fees"		Clinical Review
15	01/03/2017	"I was really impressed with them".				
16	01/03/2017	"Everyone was amazing".		"Couldn't do much for pain".		
17	01/03/2017		"Ambulances just aren't very comfortable when you're in pain".	"I wish someone from the other end would call".		
18	01/03/2017		"We waited for over an hour in the ER. Would have been better if it was faster".			

GROUND AMBULANCE CUSTOMER COMMENTS
FEBRUARY 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You	Description / Comments	Assigned to	Results after follow up
19	01/03/2017			"My daughter used to work for REMSA and she loved that job. The people I have met there are always very nice".		
20	01/03/2017	"Lots of help".				
21	01/04/2017	"They were great".				
22	01/04/2017		"check that there are no gas fumes in ambulance, wipe down equipment well next time".	"no step stool to get out, laughed at patient".	S.Selmi 3.6.17 #3702	See Notes
23	01/04/2017	I gave them a bit of a hassle and they were great with me and were very friendly afterward.	"Cure the disease I have!"	"They know what they're doing. I see them in action all the time and they're always right there, professional and get the job done".		
24	01/04/2017		"REMSA arrived after the fire dept. and there seemed to be some confusion about who was supposed to be doing what. Have a clear line of authority".			
25	01/04/2017		"I run a group home and when you're calling for assistance and you ask a client in a group home if they want to go to the hospital, they will say no. They have a disability. If I call for the ambulance, they need to go."			See Notes

GROUND AMBULANCE CUSTOMER COMMENTS
FEBRUARY 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You	Description / Comments	Assigned to	Results after follow up
26	01/05/2017			"I had no trouble with the service. they couldn't do too much about the pain".		
27	01/05/2017			"Doesn't remember"		
28	01/06/2017	"They relieved the pain as well as they could".		"I don't live in the area so I wouldn't recommend".		
29	01/06/2017		"Have someone that can speak Spanish".	"They didn't check her pressure".		See Notes
30	01/06/2017	"They gave me something to calm me down but I don't know what it was".		"I always call REMSA".		
31	01/06/2017	"One side of my body was limp when they picked me up and I think they helped a lot".		"One of them came back while I was in the hospital to check on me".		
32	01/09/2017	"They're very good".	"Shocks on trucks".	"Fees seem awfully high but Medicare pays for it".		
33	01/09/2017			"Fees were outrageous"		
34	01/10/2017	"They got here so fast I didn't get much instruction".		"very timely" "I didn't know what was going on so I didn't try to make any treatment decisions".		
35	01/10/2017		They didn't give me any medication.			
36	01/11/2017	"He kept me on the phone and he was good. He kept telling me to stay calm".				
37	01/11/2017	The medics that helped me were super nice. It takes me a long time to be able to function normally after a seizure, and I already have a ton of medical bills from these seizures. They were very understanding.				

GROUND AMBULANCE CUSTOMER COMMENTS
FEBRUARY 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You	Description / Comments	Assigned to	Results after follow up
38	01/11/2017		"Listen to what the patient wants. Be more sensitive to their situation".		S.Selmi 3/13/17 #3703	See Notes
39	01/11/2017	"No one told me anything".		Didn't say much about my treatment.		
40	01/10/2017	My friend and I were in a car accident and they were very caring and managed our pain well.		"They were great".		
41	01/12/2017		"Pay a little more attention to the pain the person is in."	They said that they couldn't find anything wrong with me and it was going to be like a taxi, but I was actually in pain.		Clinical Review Requested
42	01/12/2017			"Uninformed about price".		
43	01/12/2017	I had a concussion so I don't remember much, but they tried to keep me alert.		"It was good as far as I can remember".		
44	01/12/2017		Couldn't get an IV in.			
45	01/12/2017			"They were very accomodating".		
46	01/13/2017	"You people did a wonderful job. I was very happy with all of the service. They were very concerned about me when they came to the house and wanted to make sure I was taken care of properly".		"I only pay \$69 for the whole year".		
47	01/13/2017	"They came in 10 minutes".	"No complaints"	"I don't remember too much because it was such an exciting time. My husband was very sick".		
48	01/13/2017			"They explained everything, they were patient, and they were kind".		

GROUND AMBULANCE CUSTOMER COMMENTS
FEBRUARY 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You	Description / Comments	Assigned to	Results after follow up
49	01/13/2017		"I was pretty cold when transferred out of the ambulance into the facility. It was windy and winter weather and all I had was the hospital smock".	"it's never worth what gets charged".	S.Selmi 3/6/17 #3704	See Notes
50	01/13/2017	"I called 911 and they called you".	"Didn't really relieve pain".			
51	01/14/2017		"Serve coffee and doughnuts".			
52	01/22/2017		"Nothing at all. They were so kind, gentle and caring - is 81 years old and they knew exactly how to take care of her".			
53	01/22/2017			"All that they could do for her they did" "Uses REMSA quite often and receives the best service".		

1 | 3/10/17, I will merge this complaint with the first complaint, which has the right crew members, this was taken care of in Jan 2017 when the pt called REMSA. Nothing further will close this complaint again.
Stacie On 1/4/17, received
a call from the pt about her missing DL, then she told me about hurting her knees and wanting 2 ice packs. I assured her I would talk to the crew about their attitude and her DL. I spoke to the medic about this pts complaint and the 2 ice packs, he understood and meant no disrespect to the pt. I also spoke to employee #2 about the DL, he had it in his pocket when he got home, he brought it into to me the next afternoon after I called and texted him several times. I spoke several times with the pt on the DL and we had it, I confirmed her address in SF and I mailed it to her on 1/6/17 from the business office, she was very grateful, nothing further, Stacie

7 | This call came in via 911, and had the correct address transferred and accepted in Ani/Ali. Confirmed appropriately via the dispatcher, and not changed. May have been crew routing / MDT issue?
Adam Heinz 3/6/2017 10:57 AM

GROUND AMBULANCE CUSTOMER COMMENTS
FEBRUARY 2017

- 12 3/10/17 1435, I spoke with the pt, he was very nice, laughed a lot but had some concerns. Pt told me he was 300 pounds and two females were sent over to transport him from the hospital to his home on 1/5/17. The EMT in the back was very nice/caring and helped the pt out. Patient told me the other EMT was very rude to him and her co-worker, he said she was "very miserable". They arrived at his home and almost tipped the gurney over because of his weight and the bad sidewalk. After talking to Patient for approx 20 minutes I apologized several times about his experience and I assured him I would follow up with the crew. He was happy I took the time to call about this matter. I am having both the crew members complete an occurrence report. Stacie
- 22 3/10/17 1530 I spoke with the pt, the only complaint she had was REMSA should have a step stool for every ambulance to make it easier for people to get in and out of the ambulance. I asked her why she was not on the gurney and she said she told them she did not want to lay down and be lifted up on the gurney. I asked her about being laughed at and she just kept telling me we need to buy step stools for every ambulance, she did not remember about gas fumes or equipment.
No further closed this ticket, Stacie
- 25 If Patient is alert to person, place and time and doesn't want to receive transportation by EMS to a hospital, EMS can not take patient against their will.
- 29 Chart was reviewed, chart documentation shows that blood pressure was taken twice while in EMS care.
- 38 The Team Support ticket for this complaint can't currently be found. Error "This ticket is either missing or you do not have permission to view the ticket."
- 49 3/11/17 1340 I spoke with the pt, he was very nice and told me this was not a complaint. Patient was asked some questions over the phone and he told them REMSA was great but he was just cold as he did not have a blanket on. I thanked Patient for talking to me, no further Stacie. 3/10/17 1330, left the pt a message to call me back about his complaint. Contacted the paramedic to complete an occurrence report ASAP. Stacie

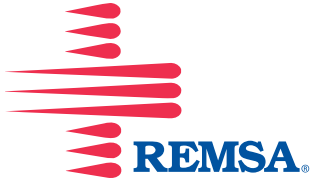


Regional Emergency Medical Services Authority

REMSA

PUBLIC RELATIONS REPORT

FEBRUARY 2017



Feb. 2017 Public Relations Report


District Board of Health

MEDIA COVERAGE

REMSA's Staffan honored with EMS 10: Innovators in EMS Award

Article | Comments (0)

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Staffan

Brenda Staffan, director of new ventures for the Regional Emergency Medical Services Authority (REMSA) of Reno, has been selected to receive the EMS 10: Innovators in EMS Award sponsored by the Journal of Emergency Medical Services (JEMS) and Elsevier Public Safety, Physio-Control, Inc., and Stryker.

The award recognizes 10 individuals, from across the country who have implemented models of quality service and have taken great risks in an effort to advance the art and science of prehospital emergency care.

Staffan was chosen out of more than 40 nominees for her work primarily with REMSA's Community Health Programs... three interventions focused on getting patients to the right care at the right time.

Brenda Staffan, REMSA's director of new ventures was selected for an EMS 10: Innovations in EMS Award. *Northern Nevada Business Weekly* covered the announcement.


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 February included winter weather driving safety tips, heart health trivia and ideas, and EMS-related trade show and conference attendance.

Regional Emergency Medical Services Authority - REMSA
Published by Adam Heinz (?) · February 23 at 6:18am ·

Good Morning Salt Lake City! REMSA/Care Flight is proud to be a participant in the 2017 EMS TODAY Conference! The Exhibit hall opens this evening at 5:00pm. Make sure to stop by our booth (834) and get more information on a career with our world-renowned, industry leading organization. #REMSAEMSTODAY2017 #EMSTODAY2017



1,432 people reached

Boost Post

Regional Emergency Medical Services Authority - REMSA added 5 new photos — at Mount Rose Summit.
Published by Alan Tom (?) · February 21 at 12:12am · Incline Village ·

REMSA, Sheriff's Search and Rescue currently working an Avalanche near the Mt Rose summit.







1,907 people reached


Boost Post

Regional Emergency Medical Services Authority - REMSA
Published by REMSA (?) · February 14 at 6:02am ·

Did you know that every day, your heart beats about 100,000 times, sending 2,000 gallons of blood surging through your body. Say thank you by getting up and moving and starting a new healthy habit today!

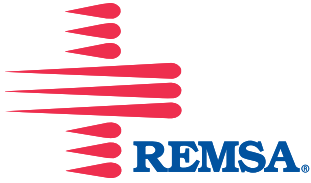


Know your heart



478 people reached

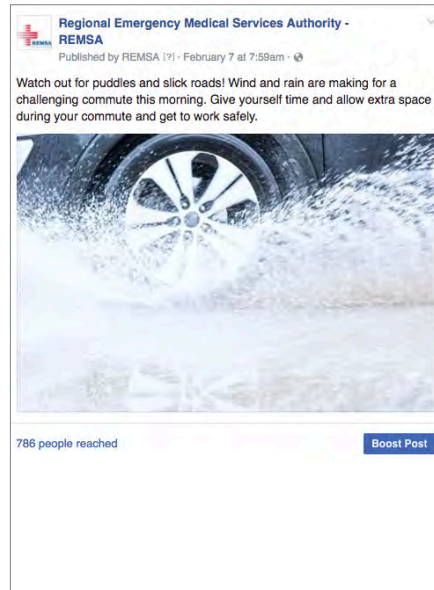
Boost Post



Feb. 2017 Public Relations Report

District Board of Health

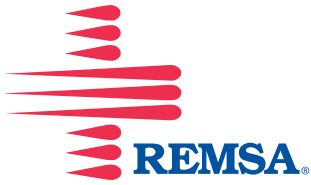
SOCIAL MEDIA HIGHLIGHTS



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. Anticipated launch of the website is first quarter 2017.





Feb. 2017 Public Relations Report

District Board of Health

STRATEGIC INITIATIVES

In support of the organization's recruitment efforts, KPS3 worked with REMSA to design and print new materials for display and distribution at community events, as well as at trade conferences and employment fairs. New materials include a comprehensive recruitment brochure highlighting the various positions within the organization, a benefits card that features key employment benefits and perks, updated swag items, and signage.

REMSA CARE FLIGHT

JOIN THE REMSA TEAM

and build your EMS career here

BENEFITS + PERKS

REMSA provides a competitive benefits package to assist with your professional growth and to support your family needs.



Flexibility for Personal Time Off

Vacation and personal time off policies are highly competitive. You can bid on various available shift options to create a flexible work schedule. At REMSA your PTO accrual is based on hours worked, including overtime, and you begin to accrue PTO upon full-time date of hire.

Premier Healthcare Plan

REMSA offers an exceptional health benefits package at below-average cost to employees, including:

- medical, dental, vision
- flexible spending account
- short- and long-term disability insurance
- accidental death and dismemberment insurance
- basic and voluntary life insurance

Allowances

- boot reimbursement
- education allowance
- gym membership reimbursement



Regional Emergency Medical Services Authority

REMSA

PENALTY FUNDS DISTRIBUTION

FEBRUARY 2017



REMSA 2016-17 PENALTY FUND RECONCILIATION AS OF JANUARY 31, 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	
March 2017	
April 2017	
May 2017	
June 2017	
Total accrued as of 1/31/2017	<u>\$39,486.10</u>

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
Total encumbered as of 1/31/2017	<u>\$5,965.00</u>		
Penalty Fund Balance at 1/31/2017	<u>\$33,521.10</u>		

* Timing adjustments to Penalty Fund dollars previously submitted



Regional Emergency Medical Services Authority

REMSA

INQUIRIES

FEBRUARY 2017

No inquiries for FEBRUARY 2017

STAFF REPORT

BOARD MEETING DATE: March 23, 2017

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775.328.2416, kdick@washoecounty.us
SUBJECT: Update regarding Bill Draft Requests and Bill Drafts for the 2017 Legislative session.

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 March 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 March 2017 Nevada legislative session update, and *[provide input and/or direction as DBOH may feel is appropriate]*.

2017 Nevada Legislative Session Update for March District Board of Health Meeting

March 20, 2017, was the deadline for Legislator's Bill introductions. 1161 Bill Draft Requests (BDRs) have been filed. 408 Assembly Bill Drafts, and 425 Senate Bill Drafts have been filed for these BDRs. The Health District has reviewed and identified the following Bill Drafts as of interest. The deadline for committee passage from the first house is April 14, 2017.

BILLS AFFECTING THE HEALTH DISTRICT, PROGRAMS, OR LEGISLATIVE PRIORITIES

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. **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. **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. **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. **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. **Position: Opposed, Track, Letter in opposition submitted for February 28 Hearing. Passed out of Committee March 7.**

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. **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.**

AB140 - AN ACT relating to counties; revising the boundary line between Carson City and Washoe County; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

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.

Position: Support, Track.

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. **Position: Support, Track, Testify. Testimony provided at March 7, Committee Meeting.**

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. **Position: Neutral, Track.**

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. **Position: Neutral, Monitor.**

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. **Position: Neutral, 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. **Position: Support, Track.**

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. **Position: Support, Track, Testimony provided at March 22 Committee Meeting.**

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. **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. **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.**

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. **Position: Support, Track, Testimony submitted for 3/20/17 Committee Meeting.**

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. **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. **Position: Oppose. Track, Testify.**

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. **Position: Oppose, Track, Testify, Fiscal Note.**

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. **Position: Support, Track, Testify.**

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. **Position: Neutral, Monitor.**

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. **Position: Support, Track.**

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. **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.

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. **Position: Support, Track, Testify**, SNHD provided testimony of WCHD support.

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. **Position: Support, Track. Support letter submitted for March 8 Committee Meeting, Passed out of Committee March 15.**

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. **Position: Oppose unless amended to exclude Districts established under NRS 439, Track. Population cap added to exclude Washoe County, Passed out of Committee February 24.**

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. **Position: Neutral with concerns** regarding resource diversion from State lab, and duplication of services, **Track.**

SB 152 - 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) **Position: Support, Track, Testify. Testimony provided at March 9, Committee Meeting.**

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. **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.**

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. **Position: Neutral, Monitor**

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. **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. **Position: Support, Track, Letter of support submitted for March 6 Committee Meeting.**

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. **Position: Support, Track, Letter submitted to NDEP for March 23 Committee Meeting.**

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. **Position: Neutral, Track.**

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. **Position: Neutral, Track.**

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. **Position: Neutral, Track, Fiscal Impact.**

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. **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. **Position: Neutral, Monitor.**

BDR 355 - Legislative Committee on Health Care: Imposes certain requirements concerning vapor products and alternative nicotine products. **Position: will be tracked and supported** if in alignment with recommendations previously provided by the Nevada local health authorities, and the Nevada Public Health Association.

BILLS AFFECTING CHIP PRIORITIES

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. **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. **Position: Neutral, Monitor**

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. **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.

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. **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. **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. **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. **Position: Neutral, Monitor.**

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. **Position: Neutral, Monitor.**

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. **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. **Position: Neutral, Monitor.**

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. **Position: Support, Monitor.**

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. **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. **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. **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. **Position: Neutral, Monitor.**

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. **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. **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. **Position: Neutral, Monitor.**

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. **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. **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. **Position: Support, Track.**

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. **Position: Neutral, Monitor.**

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. **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. **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. **Position: Neutral, Monitor.**

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. **Position: Support, Track.**

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. **Position: Support, Track.**

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. **Position: Neutral, Monitor.**

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. **Position: Support, Monitor.**

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.
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. **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. **Position: Neutral, Monitor** to determine position based on ability of schools to implement programs based on their data analysis.

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. **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. **Position: Support, Monitor.**

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. **Position: Neutral, Monitor.**

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. **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. **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. **Position: Oppose**, establishes earmark for Clark County Public Education Foundation, Inc., **Monitor**.

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. **Neutral, Monitor**.

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. **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. **Position: Support, 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. **Position: Support, Track**.

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. **Position: Neutral, Monitor**.

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. **Position: Support, Monitor.**

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. **Position: Support, 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. **Position: Support, Monitor.**

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. **Position: Support, Monitor.**

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. **Neutral, Monitor.**

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. **Position: Support, Monitor.**

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. **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. **Position: Support, Monitor.**

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. **Position: Neutral, Monitor.**

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. **Position: Support, Monitor.**

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. **Position: Neutral, Monitor.**

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. **Position: Neutral, Monitor.**

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. **Position: Support, Monitor.**

BILLS OF INTEREST DUE TO CHNA

AB 142 - 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. **Position: Support, Monitor**

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. **Position: Support, 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. **Position: Neutral, Monitor.**

AB171- AN ACT relating to concealed weapons; removing the prohibition against carrying certain concealed weapons; and providing other matters properly relating thereto. **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. **Position: Support, 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. **Position: Support, Monitor.**

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. **Position: Neutral, Monitor.**

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. **Position: Support, 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. **Position: Support, Monitor**

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. **Position: Support, Monitor**

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. **Position: Support, Monitor.**

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. **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. **Position: Support, Monitor**

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. **Position: Support, Monitor.**

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. **Position: Oppose, 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. **Position: Monitor**

BILLS AFFECTING DHHS

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. **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. **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. **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. **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. **Position: Neutral, Monitor.**

MARIJUANA RELATED BILLS

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. **Position: Neutral, Monitor.**

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. **Position: Neutral, Monitor.**

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. **Position: Oppose use of marijuana at special event. 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. **Position: Neutral, Monitor.**

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. **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. **Positin: Neutral, Monitor.**

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. **Position: Support, Monitor.**

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. **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. **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. **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. **Position: Neutral, Monitor.**

OTHER BILLS OF INTEREST

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. **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. **Position: Neutral, Monitor.**

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. **Position: Neutral, 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. **Neutral, Monitor.**

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. **Position: Neutral, Monitor.**

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. **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.
Position: Neutral, Monitor.

2017 Legislative Summary

BDR	Bill	Text	Sponsor	Status	Summary	Division	Track/ Monitor	Testify	Group	Support/ Oppose	Evaluation	Hearing	Results	Next Hearing	Results
7	AB113	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4847/Text	Assemblywoman Spiegel	Pending	Requires an employer to make certain accommodations for a nursing mother.	;#CCHS;#ODHO ;#WIC;#	Track	Yes / Provided letter as testimony	WCHD	Support with Amendment (provide language)	Support if amended to remove local board of health mediation.	2/27/2017 Assembly HHS	Heard	3/17/2017 Assembly HHS	Not considered
796	AB153	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4900/Text	Assemblyman Daly	Pending	Revises provisions relating to counties.	ODHO	Track		WCHD	Support		3/10/2017 Assembly Gov't Affairs	Heard		
796	AB153	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4900/Text	Assemblyman Daly	Pending	Revises provisions relating to counties.	;#ODHO;#PPD;#	Track		WCHD	Support		3/10/2017 Assembly Gov't Affairs	Heard		
581	AB156	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4903/Text	Assemblyman Yeager	Pending	Revises provisions governing the health and safety of pupils.	;#CCHS;#WIC;#	Track		CHIP	Support with Amendment (provide language)	support w/amendment for those w/an Asthma diagnosis only	3/15/2017 Assembly HHS	Heard		
182	AB18	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4624/Text	State Board of Nursing	Pending	Adopts the Nurse Licensure Compact.	CCHS	Track		WCHD	Support		2/27/2017 Senate CLE	Mentioned no jurisdiction		
716	AB193	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4962/Text	Assemblywoman Joiner	Pending	Requires the fluoridation of water provided by certain public water systems and water authorities in certain counties.	;#EHS;#ODHO;#	Track	Yes / DHO Provided Testimony	WCHD	Support		3/7/2017 Assembly NRAM	Heard		

726	AB200	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4978/Text	Assemblywoman Woodbury	Revises provisions governing the health and safety of children.	Pending	;#CCHS;#WIC;# Track	WCHD	Neutral	CCHS-not in favor of IZ exemption bill. Parents can see IZ comveage in schools	2/24/2017 Assembly HHS	Heard		
858	AB249	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5129/Text	Speaker of the Assembly	Revises provisions governing health insurance.	Pending	;#CCHS;#ODHO ;#PPD;# Track	ODHO	Support	Yes / Provided letter as testimony	3/6/2017 Assembly HHS	Heard		
821	AB260	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5145/Text	Assemblymen Tolles, Oscarson, Hambrick, Krasner, Miller, Pickard and Wheeler; Senators Gansert, Cannizzaro, Harris and Hardy	Revises provisions relating to the crime of prostitution.	Pending	CCHS Track	WCHD	Support	Yes / CCHS provided testimony	3/22/2017 Assembly Judiciary	Heard		
352	AB265	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5156/Text	Legislative Committee on Health Care (NRS 439B.200)	Authorizes an advanced practice registered nurse to perform certain tasks.	Pending	CCHS Track	WCHD	Neutral		3/27/17 Assembly Commerce and Labor			
873	AB269	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5165/Text	Assemblywoman Bustamante Adams	Revises provisions governing taxation.	Pending	;#AHS;#ODHO;# Track	ODHO, CCHS	Oppose (provide explanation)	Unless amended to increase tax rate to equal combustible cigarettes.	3/21/17 Assembly Taxation	Heard		
353	AB273	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5181/Text	Legislative Committee on Health Care (NRS 439B.200)	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	Pending	;#ODHO;#CDPP ;#PPD;# Track	WCHD	Support	Yes / Provided letter as testimony	3/8/2017 Assembly Education	Discussed as BDR	3/20/2017 Assembly Education	Heard

928	AB307	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5257/Text	Assemblyman Oscarson	Revises provisions governing emergency medical services.	;#EPHP;#EMS;#ODHO;#	Track	Yes	WCHD	Oppose (provide explanation)	Oppose unless population threshold is lowered to include Washoe County	3/27/2017 Assembly HHS			
958	AB344	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5347/Text	Assemblywoman Jauregui	Revises provisions governing consumer and retail practices	;#EHS;#ODHO;#	Track	Yes	WCHD	Oppose (provide explanation)	Extreme negative fiscal impact to WCHD. \$2.5M 1st year & \$2.2M/yr thereafter, due to increased	None			
181	AB50	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4717/Text	Division of Environmental Protection of the State Department of Conservation and Natural Resources	Revises provisions relating to the imposition of fees, civil penalties and administrative fines by the State Environmental Commission	EHS	Track	Yes / Provided letter as testimony	WCHD	Support with Amendment (provide language)	Support the provisions that allow increased penalties on water systems for non-compliance	3/9/2017 Assembly NRAM	Amend, and do pass as amended		
390	AB62	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4741/Text	Attorney General	Revises provisions relating to the supervision of tobacco manufacturers and wholesale dealers.	;#CCHS;#EHS;#	Track		WCHD	Support	Bill adds provisions - should help ensure Master Settlement Agrmt funds are properly	2/16/2017 Assembly Gov't Affairs	Mentioned no jurisdiction	3/28/2017 Assembly Taxation	
257	AB74	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4755/Text	Department of Corrections	Revises provisions relating to the policies of the Department of Corrections.	EPHP	Track	Yes / Provided letter as testimony	WCHD	Oppose (provide explanation)	Opposed to language "authorizes" rather than requires disclosure-WILL testify.	3/7/2017 Assembly CPP	Amend, and do pass as amended		
630	SB122	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4921/Text	Senator Cancela	Revises provisions relating to health care.	;#CCHS;#WIC;#	Track	Yes / Provided letter as testimony	WCHD	Support		3/8/2017 Senate HHS	Heard, no action	3/15/2017 Senate HHS	Do pass
786	SB127	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4933/Text	Senator Goicoechea	Revises provisions relating to certain local governing boards.	;#ALL;#AHS;#AQM;#CCHS;#EHS;#EPHP;#CD;#EMS;#ODHO;#CDPP;#WIC;#PPD;#	Track		WCHD	Oppose (provide explanation)	Oppose unless amended to exclude Districts established under NRS 439	2/24/2017 Senate Gov't Affairs	Amend, and do pass as amended		

752	SB151	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4987/Text	Senator Manendo	Revises provisions relating to public health.	Pending	;#CCHS;#ODHO;#	Track	WCHD	Neutral	w/Concerns regarding resource diversion from State lab and duplication of services	3/8/2017 Senate HHS	Heard, no action		
802	SB152	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4988/Text	Senator Hammond	Revises provisions relating to motor vehicles.	Pending	AQM	Track	WCHD	Support		3/9/2017 Senate Transportation	Heard, no action		
791	SB165	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5009/Text	Senator Denis	Makes various changes concerning the prevention and treatment of obesity.	Pending	;#CCHS;#WIC;#	Track	WCHD	Support	Yes / AQM Provided testimony	3/15/2017 Senate HHS	Amend, and do pass as amended	3/20/2017 Assembly Education	Mentioned no jurisdiction
634	SB171	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5022/Text	Senator Gansert	Requires pharmacies to accept unused medication under certain circumstances.	Pending	;#ODHO;#PPD;#	Track	CHIP	Support		3/13/2017 Senate CLE	Amend, and do pass as amended		
817	SB233	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5127/Text	Senator Ratti	Revises provisions relating to health care.	Pending	;#CCHS;#ODHO;#	Track	ODHO	Support	Yes / Provided letter as testimony	3/6/2017 Assembly HHS	Mentioned no jurisdiction	3/6/2017 Senate HHS	Heard, no action
942	SB251	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5172/Text	Senator Goicoechea	Provides for a grant program to assist certain operators in cleaning up discharged petroleum.	Pending	EHS	Track		Support	Yes / Provided letter as testimony	3/23/2017 Senate Natural Resources			
849	SB330	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5326/Text	Senate Minority Leader	Enacts the Right to Earn a Living Act.	Pending	;#ODHO;#PPD;#	Track	WCHD	Neutral		None			

271	SB91	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4786/Text	Senator Hardy	Revises provisions regarding health care	Pending	ODHO	Track	Yes / SNHD indicated our support	WCHD	Support	SNHD will indicate our support	2/22/2017 Senate HHS	Amend, and do pass as amended		
355			Legislative Committee on Health Care (NRS 439B.200)	Imposes certain requirements concerning vapor products and alternative nicotine products.	Pending	;#ODHO;#CDPP;#	Track		WCHD	Support					
32	AB105	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4839/Text	Assemblyman Thompson	Enacts provisions relating to suicide prevention for veterans.	Pending	;#CCHS;#ODHO;#	Monitor		CHIP	Neutral		3/10/2017 Assembly CLE	Not considered		
209	AB108	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4842/Text	Assemblyman Oscarson	Provides for the periodic review of rates under the State Plan for Medicaid	Pending	;#CCHS;#ODHO;#	Monitor		CHIP	Neutral		3/3/2017 Assembly HHS	Do pass		
696	AB140	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4886/Text	Assemblyman Krarr	Revises the boundary line	Pending	ODHO	Monitor		WCHD	Neutral	position-involves Duck Hill area of southeast Washoe County	3/14/2017 Assembly Gov't Affairs	Heard		
214	AB141	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4887/Text	Assemblyman Thompson	Revises the organizational structure of the Office of Minority Health.	Pending	;#ODHO;#PPD;#	Monitor		DHHS	Support		3/10/2017 Assembly HHS	Do pass		
739	AB142	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4889/Text	Assemblyman Flores	Requires certain findings relating to juvenile immigrants.	Pending	;#ODHO;#PPD;#	Monitor		CHNA	Support		3/10/2017 Assembly Judiciary	Do pass		

617	AB146	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4893/Text	Assemblyman Watkins	Pending	Revises provisions governing recognition and enforcement of domestic orders.	;#ODHO;#PPD;# Monitor	CHNA	Support	3/10/2017 Assembly Judiciary	Do pass		
697	AB157	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4904/Text	Assemblywoman Spiegel	Pending	Makes various changes related to medical billing practices.	;#CCHS;#WIC;# Monitor	CHIP	Neutral	None			
566	AB165	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4918/Text	Assemblyman Hambrick	Pending	Revises provisions governing long-term care administrators.	;#ODHO;#PPD;# Monitor	CHNA	Neutral	3/8/2017 Assembly CLE	Heard		
778	AB166	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4924/Text	Assemblyman Edwards	Pending	Revises provisions governing education.	;#ODHO;#PPD;# Monitor	CHIP	Support	2/20/2017 Assembly Education	Heard		
458	AB171	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4932/Text	Assemblyman Marchant (Originally requested by Assemblyman Moore)	Pending	Revises provisions governing carrying certain concealed weapons.	;#ODHO;#PPD;# Monitor	CHNA	Oppose (provide explanation)	None			
866	AB175	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4939/Text	Assemblyman McCurdy II	Pending	Revises provisions governing the minimum wage.	;#ODHO;#PPD;# Monitor	CHNA	Support	2/20/2017 Senate CLE	Mentioned no jurisdiction		
490	AB182	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5016/Text	Assemblyman Oscarson	Pending	Revises provisions governing special education.	;#ODHO;#PPD;# Monitor	CHIP	Support	None			

694	AB183	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4947/Text	Assemblyman Ohrenschall	Revises provisions relating to liens.	Pending	;#ODHO;#PPD;# Monitor	CHIP	Neutral	3/2/2017 Assembly Judiciary	Heard		
868	AB186	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4952/Text	Assemblywoman Diaz	Makes various changes relating to education.	Pending	;#ODHO;#PPD;# Monitor	CHIP		2/14/2017 Assembly Gov't Affairs	Mentioned no jurisdiction	3/22/2017 Assembly Education	Minutes not yet available
151	AB190	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4959/Text	Assemblywoman Diaz	Requires certain health and safety training for entertainment industry workers and supervisors.	Pending	ODHO	Monitor	ODHO	3/10/2017 Assembly CLE	Amend, and do pas as amended		
712	AB194	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4970/Text	Assemblywoman Monroe-Moreno	Provides for the certification of peer support specialists.	Pending	;#ODHO;#PPD;# Monitor	CHIP	Neutral	None			
659	AB196	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4972/Text	Assemblyman McCurdy II	Provides for a culturally responsive educational leader endorsement for teachers, administrators and other educational personnel.	Pending	;#ODHO;#PPD;# Monitor	CHIP	Neutral	3/6/2017 Assembly Education	Heard		
813	AB199	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4977/Text	Assemblywoman Woodbury	Revises provisions governing health care.	Pending	;#ODHO;#PPD;# Monitor	CHIP	Support	3/8/2017 Assembly CLE	Heard		
723	AB203	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4995/Text	Assemblywoman Joiner	Revises provisions relating to cemeteries.	Pending	ODHO	Monitor	ODHO	3/6/2017 Assembly HHS	Heard		

649	AB205	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5000/Text	Assemblyman Araujo	Revises provisions governing crematories.	Pending	EHS	Monitor	No	WCHD	Neutral	3/8/2017 Assembly HHS	Heard	3/17/2017 Assembly HHS	Amend, and do pass as amended
457	AB210	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5012/Text	Assemblyman Osca	Provides for Community Education Advisory Boards	Pending		;#ODHO;#PPD;# Monitor		CHIP	Neutral	3/15/2017 Assembly Education	Heard		
693	AB212	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5017/Text	Assemblyman Fumo	Revises provisions governing education.	Pending		;#ODHO;#PPD;# Monitor		CHIP	Neutral	None			
288	AB213	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5018/Text	Assemblyman Ohrenschall	Revises provisions regarding health care	Pending		;#ODHO;#PPD;# Monitor		CHIP	Neutral	3/1/2017 Assembly CLE	Heard		
284	AB215	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5040/Text	Assemblywoman Joiner	Provides for transparency in prescription drug costs.	Pending		;#ODHO;#PPD;# Monitor		CHIP	Neutral	None			
278	AB217	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5043/Text	Assemblyman Hambrick	Revises provisions relating to prostitution.	Pending	CCHS	Monitor		WCHD	Neutral	3/2/2017 Assembly Gov't Affairs	Heard		
574	AB222	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5052/Text	Assemblywoman Swank	Revises provisions governing loans and check-cashing services.	Pending		;#ODHO;#PPD;# Monitor		CHNA	Support	3/15/2017 Assembly CLE	Heard		

920	AB275	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5184/Text	Assemblywomen Spiegel and Diaz; Senators Parks and Manendo	Requires the establishment of a protocol for providing integrated student supports for certain pupils and their families.	Pending	;#ODHO;#PPD;#	Monitor	CHIP	Neutral	None			
728	AB284	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5199/Text	Assemblywoman Woodbury	Revises provisions governing health care.	Pending	;#ALL;#AHS;#AQM;#CCHS;#EHS;#EPHP;#CD;#EMS;#ODHO;#CDPP;#WIC;#PPD;#		CHIP	Neutral	3/27/2017 Assembly Commerce and Labor			
201	AB289	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5208/Text	Assemblyman Wheeler	Enacts provisions to promote and encourage the development of lithium mining in Nevada	Pending	;#AQM;#EHS;#	Monitor	WCHD	Neutral	None			
319	SB292	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5255/Text	Senator Hardy	Revises provisions concerning health care.	Pending	;#CCHS;#EPHP;#ODHO;#CDPP;#PPD;#	Monitor	CHIP	Neutral	None			
176	AB32	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4678/Text	State Department of Agriculture	Revises provisions relating to governmental entities that apply pesticides	Pending	EHS	Monitor	WCHD	Neutral	3/2/2017 Assembly NRAM	Heard		
592	AB352	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5362/Text	Assemblyman Pick	Provides for continued	Pending	CCHS	Monitor	CHIP	Support	None			
1118	AB355	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5365/Text	Assemblywoman Neal	Makes various changes relating to health care.	Pending	;#ODHO;#PPD;#	Monitor	CHIP	Neutral	None			

987	AB366	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5381/Text	Assemblyman Arau	Revises provisions relat	Pending	;#ODHO;#PPD;# Track	CHIP	Support	None				
881	AB374	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5393/Text	Assemblyman Sprinkle	Revises provisions relating to health care.	Pending	;#CCHS;#ODHO;#	Monitor	CHIP	Neutral	None			
540	AB387	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5424/Text	Assemblywoman Benitez-Thompson	Revises provisions relating to social workers.	Pending	;#ODHO;#PPD;#	Monitor	CHIP	Neutral	3/24/2017 Assembly Commerce and Labor			
915	AB388	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5425/Text	Assemblywoman Benitez-Thompson	Makes an appropriation for certain health programs.	Pending	;#ODHO;#PPD;#	Track	CHIP	Support	None			
240	AB41	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4687/Text	Department of Administration	Makes various changes relating to the qualifications for various Administrator positions in state government.	Pending	ODHO	Monitor	DHHS	Neutral	2/20/2017 Assembly Gov't Affairs	Heard	2/27/2017 Senate Finance	Mentioned no jurisdiction
865	SB106	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4835/Text	Committee on Commerce, Labor and Energy	Requires certain increases in the minimum wage paid to employees in private employment in this State.	Pending	;#ODHO;#PPD;#	Monitor	CHNA	Support	2/22/2017 Senate CLE	Mentioned Not Agendized		
516	SB112	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4870/Text	Senator Ratti	Revises provisions relating to education.	Pending	ODHO	Monitor	ODHO	Neutral	3/9/2017 Senate Education	Do pass	3/20/2017 Senate Finance	Heard, no action

279	SB115	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4875/Text	Senator Denis	Revises provisions relating to public safety	Pending	;#ODHO;#PPD;# Monitor	CHNA	Support	2/28/2017 Senate Judiciary	Heard, no action	3/16/2017 Senate Judiciary	Do pass
507	SB123	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4922/Text	Senator Ratti	Revises provisions relating to the State Long-Term Care Ombudsman.	Pending	;#ODHO;#PPD;# Monitor	CHNA	Support	3/13/2017 Assembly HHS	Heard	3/24/2017	
307	SB124	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4923/Text	Senator Spearman	Revises provisions relating to firearms.	Pending	;#ODHO;#PPD;# Monitor	CHNA	Support	None			
311	SB13	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4606/Text	Office of the Governor	Eliminates the Advisory Board on Motorcycle Safety.	Pending	;#ODHO;#PPD;# Monitor	CHNA	Neutral	2/16/2017 Senate Transportation	Heard, no action		
47	SB132	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4953/Text	Senator Harris	Revises provisions governing education	Pending	;#ODHO;#PPD;# Monitor	CHIP	Support	2/23/2017 Senate Education	Heard, no action		
143	SB136	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4964/Text	Senator Woodhouse	Makes various changes relating to palliative care.	Pending	;#ODHO;#PPD;# Monitor	DHHS	Support	3/3/2017 Senate Gov't Affairs	Heard, no action		
679	SB139	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4967/Text	Senator Hardy	Revises provisions relating to patient-centered medical homes.	Pending	;#ODHO;#PPD;# Monitor	CHIP	Support	3/20/2017 Senate HHS	Heard, no action	3/27/2017 Senate HHS	

59	SB143	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4975/Text	Senator Harris	Pending	Revises provisions relating to education	;#ODHO;#PPD;# Monitor	CHIP	Neutral	2/23/2017 Senate Education	Heard, no action		
56	SB147	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4983/Text	Senator Spearman	Pending	Authorizes certain credits against the taxes imposed on financial institutions and other businesses for certain costs incurred by employers relating to the provision of day care to the children of their employees.	;#ODHO;#PPD;# Monitor	CHNA	Support	3/2/2017 Senate Revenue & ED	Heard, no action		
318	SB149	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4985/Text	Senator Manendo	Pending	Makes certain changes relating to fixed guideway systems.	;#ODHO;#PPD;# Monitor	CHNA	Support	3/14/2017 Senate Transportation	Heard, no action		
833	SB153	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4989/Text	Senator Spearman	Pending	Revises provisions relating to education.	;#ODHO;#PPD;#	CHIP	Neutral	None			
819	SB154	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4990/Text	Senator Hammond	Pending	Revises provisions relating to education and leadership.	;#ODHO;#PPD;# Monitor	CHIP	Neutral	3/2/2017 Senate Education	Heard, no action		
1	SB155	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4991/Text	Senator Farley	Pending	Makes certain changes relating to fixed guideway systems.	#ODHO;#PPD;# Monitor	CHIP	Oppose (provide explanation)	None		Establishes earmark for Clark County Public Education Foundation, Inc.	

349	SB156	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4992/Text	Senator Woodhouse	Revises provisions relating to the safe transportation of children.	Pending	;#ODHO;#PPD;# Monitor	CHNA	Support		3/9/2017 Senate Transportation	Heard, no action	3/16/2017 Senate Transportaion	Reschedule
543	SB159	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4998/Text	Senator Farley	Revises provisions relating to the sale of certain medications.	Pending	ODHO Monitor	ODHO	Neutral		2/13/2017 Assembly CLE	Mentioned no jurisdiction	3/15/17 Senate HHS	Heard, no action
614	SB162	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5002/Text	Senator Gansert	Revises provisions relating to public welfare.	Pending	;#ODHO;#PPD;# Monitor	CHIP	Neutral		3/3/2017 Senate CLE	Heard, no action		
795	SB166	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5010/Text	Senator Farley	Revises provisions relating to youth risk behavior surveillance surveys.	Pending	;#ODHO;#PPD;# Monitor	CHIP	Oppose (provide explanation)	Duplicative of YBRS survey of students.	2/21/2017 Senate Education	Heard, no action		
834	SB167	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5011/Text	Senator Farley	Revises provisions concerning education.	Pending	;#ODHO;#PPD;# Monitor	CHIP	Support		3/7/2017 Senate Education	Heard, no action		
560	SB170	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5021/Text	Senator Segerblom	Revises provisions governing public records.	Pending	Monitor	WCHD	Neutral		3/15/2017 Senate Gov't Affairs	Heard, no action		
792	SB178	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5029/Text	Senator Denis	Revises provisions relating to the funding formula for K-12 public education.	Pending	;#ODHO;#PPD;# Monitor	CHIP	Neutral		2/22/2017 Assembly Education	Mentioned no jurisdiction	3/16/2017 Senate Education	Heard, no action

461	SB180	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5031/Text	Senator Segerblom	Requires money in the State Supplemental School Support Account to be spent for specified purposes to improve student achievement.	Pending	;#ODHO;#PPD;# Monitor	CHIP	Support	None				
513	SB181	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5032/Text	Senator Segerblom	Revises provisions governing certain alcohol and drug abuse programs.	Pending	;#ODHO;#PPD;# Monitor	CHIP	Support	2/27/2017 Senate Judiciary	Re-refer	3/22/17 Senate HHS	Minutes not yet available	
61	SB189	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5041/Text	Senator Woodhouse	Revises provisions relating to child care facilities.	Pending	ODHO	Monitor	ODHO	Neutral	3/15/2017 Senate HHS	Reschedule	3/22/2017 Senate HHS	Minutes not yet available
774	SB190	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5044/Text	Senator Cannizzaro	Revises provisions relating to education.	Pending	;#ODHO;#PPD;# Monitor	CHIP	Support	None				
816	SB192	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5047/Text	Senator Cannizzaro	Revises provisions relating to health care.	Pending	ODHO	Monitor	ODHO	Neutral	None			
81	SB193	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5058/Text	Senator Settelmeyer	Revises provisions relating to public financial administration	Pending	;#AHS;#ODHO;# Monitor	WCHD	Neutral	None				
682	SB196	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5063/Text	Senator Ford	Requires an employer to provide paid sick leave to each employee of the employer under certain circumstances.	Pending	ODHO	Monitor	ODHO	Neutral	None			

373	SB28	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4636/Text	Nevada Silver Haired Legislative Forum	Requires periodic reviews of certain rates paid under the State Plan for Medicaid.	Pending	;#ODHO;#PPD;#	Monitor	CHIP	Support	2/22/2017 Senate HHS	Do pass, and re-refer		
449	SB294	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5264/Text	Senator Farley Joint Requester: Senator Hammond	Revises provisions relating to education	Pending	ODHO, PPD	Monitor	CHIP	Support	3/23/2017 Senate Education			
135	SB3	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4593/Text	State Department of Agriculture	Revises provisions governing the Breakfast After the Bell Program in public schools	Pending	;#CCHS;#ODHO ;#PPD;#	Monitor	CHIP	Neutral	2/21/2017 Senate Finance	Heard, no action		
627	SB323	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5309/Text	Senator Cancela	Revises provisions relating to nutrition standards.	Pending	;#CCHS;#CDPP; ;#WIC;#PPD;#	Monitor	CHIP	Neutral	None			
1112	SB340	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5344/Text	Senator Settelmeyer	Revises provisions relating to agriculture and animals.	Pending	ODHO	Monitor	WCHD	Neutral	3/24/2017 Senate Gov't Affairs			
238	SB44	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4671/Text	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.	Pending	;#AQM;#EHS;#	Monitor	WCHD	Neutral	2/17/2017 Senate Gov't Affairs	Do pass	3/21/2017 Assembly Gov't Affairs	Heard
386	SB59	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4699/Text	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.	Pending	CCHS	Monitor	CHIP	Support	3/20/2017 Senate HHS	Heard, no action	3/27/2017 Senate HHS	Minutes not yet available

411	SB60	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4700/Text	Las Vegas, City of	Revises provisions relating to supplemental reimbursement for Medicaid ground emergency medical transportation services.	Pending	;#ODHO;#PPD;# Monitor	CHIP	Neutral		3/13/2017 Senate HHS	Heard, no action	3/22/2017 Senate HHS	Minutes not yet available
252	SB77	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4733/Text	Department of Education	Revises provisions relating to ensuring a safe and respectful learning environment for pupils.	Pending	;#ODHO;#PPD;# Monitor	CHIP	Neutral		None			
285	AB348	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5353/Text	Assemblywoman Joiner	Revises provisions governing sex education in public schools.	Pending		CCHS		Position?	None			
646	AB367	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5385/Text	Assemblyman Oscarson	Enacts the Recognition of Emergency Medical Services Personnel Interstate Compact Act.	Pending	;#CCHS;#EMS;#			Position?	3/24/17 Assembly Commerce and Labor			
989	SB315	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5293/Text	Senator Farley	Revises provisions relating to programs for recycling.	Pending	;#EHS;#ODHO;#				None			
970	SB418	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5492/Text	Senator Spearman	Revises provisions relating to air pollution.	Pending		AQM		Position?	None			

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: March 23, 2017

DATE: March 10, 2017
TO: District Board of Health
FROM: Charlene Albee, Director
775-784-7211, calbee@washoecounty.us
SUBJECT: Program Update, Divisional Update, Program Reports

1. Program Update

a. Keep It Clean Program Transition



The winter 2016–17 Keep it Clean – Know the Code burn code program ended on February 28th as one of the cleanest seasons in 15 years. Recognizing the weather plays a major role in determining the burn code, the AQMD would also like to acknowledge the community support of the program. AQMD monitors provide the evidence proving that voluntarily reducing burning during yellow burn codes significantly reduces particulate matter (PM) concentrations. Reducing concentrations helps to avoid red burn codes and mandatory burn restrictions. Without the communities support of the program, the area would experience an increased number of red burn codes which translates into significant health impacts, especially to our sensitive populations with respiratory issues. This season experienced only one 24-hour red burn code and was the only yellow or red code issued in February since 2002.

As winter comes to an end, the AQM is transitioning the Keep It Clean campaign to focus on spring and summertime pollution control programs which include Rack Em Up (active transportation) and Be Idle Free (emission reductions from idling vehicles). Bike Week will be the first community-wide event supporting Rack Em Up. The event will be

held May 15th through 19th at various locations around town. Bike Week supports the Rack Em Up program by promoting healthy living and physical fitness through active transportation. Since vehicles contribute up to 67% of the ozone precursors in Washoe County, providing education and outreach about alternative forms of transportation, like cycling, may lead to behavior changes which can positively impact our air quality and an overall healthy community. Bike Week also supports the Ozone Advance Resolution adopted by the District Board of Health through the reduction of vehicle miles traveled and encouraging active transportation.

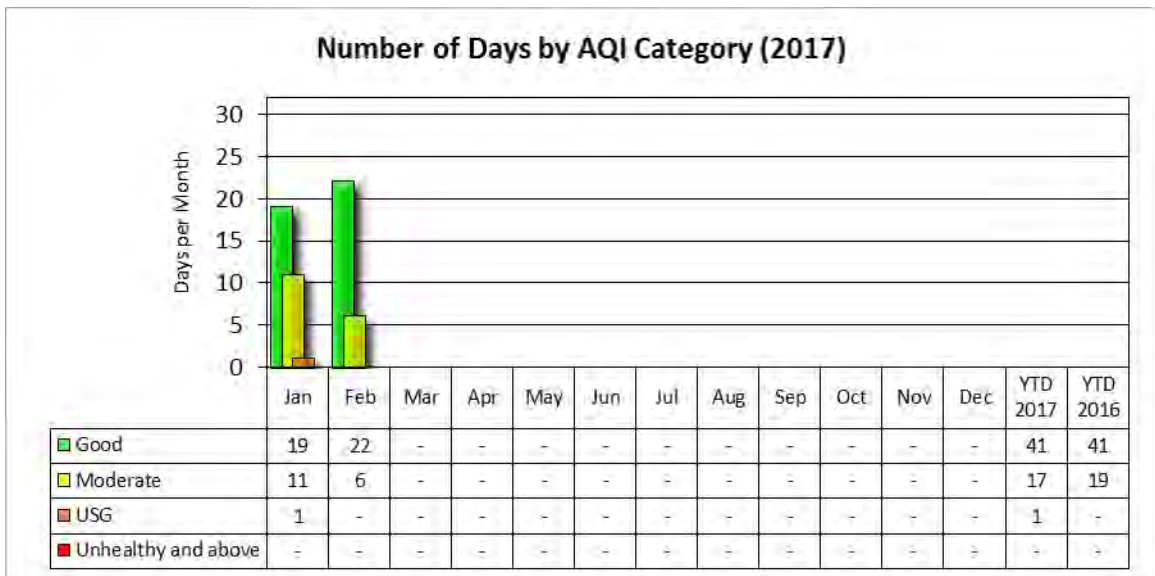
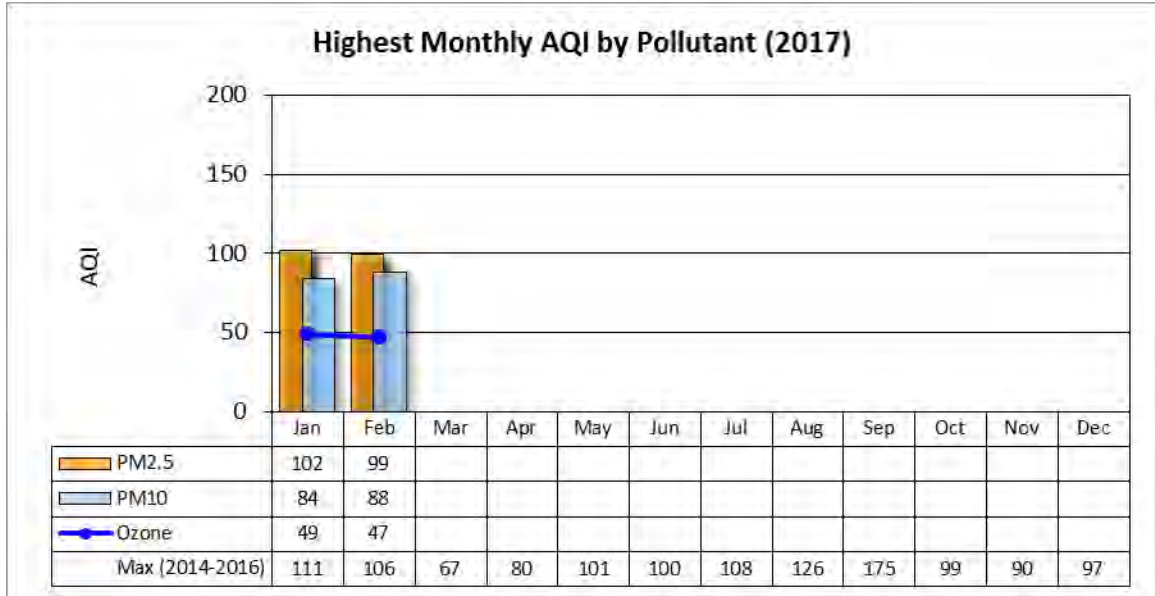
For details on all Bike Week events, please visit www.bikewashoe.org.



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 February. 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 for the most recent AQI Summary.

3. Program Reports

a. Monitoring & Planning

February Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of February.

Know the Code: The AQMD has been implementing a burn code program from November through February since the late 1980's. Yellow and Red burn codes were not uncommon through the 1990's. Weather is the most important factor when AQMD determines the burn code each day. Storm systems keep temperature inversions from trapping pollution in the valley. Today's cleaner woodstoves and the public's support of the burn code are the two reasons wintertime air pollution has improved in the Truckee Meadows. Below is a summary of the 2016-17 Know the Code season compared to the last four seasons. Also included is a calendar depicting the burn codes for the 2016-17 season.



Code	Number of Days			
	2016-17	2015-16	2014-15	2013-14
Green	109	111	102	75
Yellow	10	8	11	30
Red	1	2	7	15
PM2.5 Exceedances	0	0	0	9

Green-Yellow-Red Burn Code Summary
 (2016-17)

November 2016						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December 2016						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January 2017						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2017						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

Daniel K. Inouye
 Chief, Monitoring and Planning

b. Permitting and Enforcement

Type of Permit	2017		2016	
	February	YTD	February	Annual Total
Renewal of Existing Air Permits	76	152	105	1285
New Authorities to Construct	3	9	15	97
Dust Control Permits	11 (150 acres)	28 (573 acres)	18 (292 acres)	161 (2239 acres)
Wood Stove (WS) Certificates	31	64	27	434
WS Dealers Affidavit of Sale	4 (4 replacements)	12 (9 replacements)	6 (6 replacements)	81 (57 replacements)
WS Notice of Exemptions	615 (7 stoves removed)	1254 (14 stoves removed)	537 (9 stoves removed)	7523 (66 stoves removed)
Asbestos Assessments	71	151	84	1020
Asbestos Demo and Removal (NESHAP)	25	48	28	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 thirty-seven (37) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- The joint presentation described in the January Division Directors report regarding the sampling of VOC emissions from marijuana cultivation facilities submitted to A&WMA has been accepted. Michael Wolf of Washoe County AQMD and Mark McDaniel from DRI will be presenting the findings of the sampling at the national A&WA conference to be held in Pittsburgh, in June of this year.
- AQMD Enforcement staff is working with local gasoline dispensing facilities as well as gasoline facility maintenance companies to ensure continued compliance for the facilities in anticipation of Board approval of the revised Gasoline Station regulations.

Staff conducted inspections fifty-eight (58) stationary sources inspections in February 2017. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2017		2016	
	February	YTD	February	Annual Total
Asbestos	2	3	6	29
Burning	5	5	1	16
Construction Dust	0	0	0	58
Dust Control Permit	0	0	3	13
General Dust	1	3	5	72
Diesel Idling	0	0	1	8
Odor	3	3	1	31
Spray Painting	0	0	0	3
Permit to Operate	0	0	2	8
Woodstove	0	0	0	1
TOTAL	11	14	19	239
NOV's	February	YTD	February	Annual Total
Warnings	1	2	7	16
Citations	0	1	2	24
TOTAL	0	3	9	40

*Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf
 Chief, Permitting and Enforcement

DD	SK	___
DHO	___	___

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: March 23, 2017**

DATE: March 10, 2017
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
 775-328-6159; skutz@washoecounty.us
SUBJECT: Program Update – World TB Day – Tuberculosis Prevention and Control Program;
 Divisional Update – Patagonia Health; Data & Metrics; Program Reports

1. Program Update – World TB Day – Tuberculosis Prevention and Control Program



World TB Day signifies the date when Dr. Robert Koch, a German physician, announced the discovery of the bacterium that causes tuberculosis (TB) in 1882. He was awarded the Nobel Prize in 1905 for this discovery.

World TB Day is an opportunity to promote awareness:

- **Globally**, TB has surpassed HIV as a leading cause of death, among infectious diseases
 - One-third of the global population has a latent tuberculosis infection
 - Of the 10.4 million people newly diagnosed, TB claimed 1.8 million lives in 2015 (0.4 million were HIV positive) despite being a treatable disease¹
- **Nationally**, the reported number of persons with TB has declined each year since the peak of the resurgence in 1992, except
 - In 2015 there were 9,557 persons with TB reported representing a 1.6% **increase** for the first time in 23 years
 - TB among foreign-born persons in the U.S. is down slightly for 2015 to 15.1 per 100,000; for U.S.-born persons the rate is steady at 1.2 per 100,000²
- **Nevada** also an increase in the number of TB cases with 85 people diagnosed in 2015 or 2.9 cases per 100,000 (compared to the U.S. rate of 3.0 per 100,000)

¹ World Health Organization www.who.int/tb

² CDC. *Reported Tuberculosis in the United States, 2015*. Atlanta, GA: US Department of Health and Human Services, CDC; 2016.

- Approximately 67.6% were from TB endemic countries, an increase from the previous year
- **Washoe County** provided treatment to 11 persons diagnosed with TB in 2015 for a case rate of 2.5 cases per 100,000.
 - Mirroring national and state cases, the majority of Washoe County’s TB patients are from countries where TB is endemic

Note: 2016 numbers will be finalized and are expected to be available at the end of March 2017.

Washoe County Health District’s Tuberculosis Prevention and Control Program (TBPCP) mission is to prevent and control TB to reduce morbidity, disability, and premature death caused by tuberculosis.

On December 1, 2016 the TBPCP hosted the third annual northern and rural Nevada cohort review. Rural Nevada counties, Carson City and Washoe County shared their treatment and contact investigation outcomes for 2015 TB patients.

The cohort review highlights the complexities of treating TB, which can take 6-12 months or longer, and the time intensive nature of contact investigations to stakeholders, exploring what went well and what could be improved for future cases.

The TBPCP utilizes a set of objective targets from the National Tuberculosis Indicators Project (NTIP) to highlight TB care and treatment provided to Washoe County residents diagnosed with TB in 2015.

The NTIP objectives were created as a monitoring system for tracking the progress of U.S. tuberculosis control programs toward achieving the national TB program objectives.

NTIP Objective – Recommend Initial Therapy: For patients whose diagnosis is likely to be TB disease, increase the proportion who are started on the recommended initial 4-drug regimen of Rifampin, Isoniazid, Pyrazinamide, and Ethambutol (RIPE) to 97%.

- In 2013, two of three clients were started on RIPE when TB was suspected.
- In 2014, one of two clients was started on RIPE when TB was suspected.
- In 2015, six of eight clients were started on RIPE when TB was suspected.

National 2020 Target	WCHD 2013 Performance	WCHD 2014 Performance	WCHD 2015 Performance
97%	67%	50%	75%

Efforts need to continue to help our community physician’s remember to “Think TB” in order to meet this objective. One client had classic pulmonary TB symptoms and was from a TB endemic country. The others had extra- pulmonary TB which is more difficult to diagnosis. Yet, they

were all from TB endemic countries and their signs and symptoms were consistent with TB which should have promoted suspicion.

TBPCP distributed informational packets to local civil surgeons, infectious disease physicians and family practitioners. The Nevada State TB Controller will be distributing additional packets at a later roll out date. The packets provide guidelines for risk assessments, TB facts and information, reporting forms and state requirements relating to TB.

NTIP Objective – Treatment Initiation: For TB patients with positive acid fast bacillus (AFB) sputum smear results, increase the proportion who initiated treatment within 7 days of specimen collection to 97%.

- All clients in 2013, 2014, and 2015 with positive AFB sputum smears were started on treatment

National 2020 Target	WCHD 2013 Performance	WCHD 2014 Performance	WCHD 2015 Performance
97%	100%	100%	100%

NTIP Objective – Known HIV Status: Increase the proportion of TB patients who have a positive or negative HIV test result reported to 98%.

- WCHD TBPCP clients with active TB in 2013, 2014, had HIV testing completed; One client in 2015 unfortunately died prior to TB diagnosis and did not have HIV testing done

National 2020 Target	WCHD 2013 Performance	WCHD 2014 Performance	WCHD 2015 Performance
98%	100%	100%	91%

NTIP Objective – Sputum Culture Conversion: For TB patients with positive sputum culture results, increase the proportions who have documented conversion to negative results within 60 days of treatment initiation to 73%.

- In 2013, five of six clients converted to culture negative in 60 days
- In 2014, all three clients converted to culture negative in 60 days
- In 2015, all three clients converted to culture negative in 60 days

National 2020 Target	WCHD 2013 Performance	WCHD 2014 Performance	WCHD 2015 Performance
73%	83%	100%	100%

NTIP Objective – Sputum Culture Result Reported: For TB patients ages 12 years or older with a pleural or respiratory site of disease, increase the proportion who have a sputum culture result reported to 98%.

- All culture results were reported for 2013, 2014, and 2015

National 2020 Target	WCHD 2013 Performance	WCHD 2014 Performance	WCHD 2015 Performance
98%	100%	100%	100%

NTIP Objective – Completion of Treatment: For patients with newly diagnosed TB disease, for whom 12 months or less of treatment is indicated, increase the proportion who complete treatment within 12 months to 95%.

- In 2013, seven of nine clients completed treatment within 365 days
- In 2014, five of seven clients completed treatment within 365 days
- In 2015, nine of ten clients completed treatment within 365 days

Reasons for our 2013 clients not completing treatment in 12 months include malabsorption of drugs for both of them and for one of them, a disease site that was difficult to treat – ocular tuberculosis, with slow response to treatment for one of them. Drug malabsorption requires restarting medications with higher doses of medications to accommodate for the malabsorption.

Our 2014 clients both had adverse drug reactions to treatment requiring stopping medication and finding a suitable alternate regimen that they could tolerate. And in 2015 one client moved out of the United States prior to completing treatment. It is unknown if treatment was completed or not.

National 2020 Target	WCHD 2013 Performance	WCHD 2014 Performance	WCHD 2015 Performance
95%	78%	71%	90%

NTIP Objective – Contact Investigation: Contact Elicitation: For TB patients with positive acid fast bacillus (AFB) sputum-smear results, increase the proportion who have contacts elicited to 100%. Examination: For contacts to sputum AFB smear-positive TB cases, increase the proportion who are examined for infection and disease to 93%. Treatment Initiation: For contacts of sputum AFB smear-positive TB cases diagnosed with latent TB infection (LTBI), increase the proportion who start treatment to 91%. Treatment Completion: For contacts to sputum AFB smear-positive TB cases who have started treatment for LTBI, increase the proportion who complete treatment to 81%.

NTIP Objective	National 2020 Target	2013 WCHD Performance	2014 WCHD Performance	2015 WCHD Performance
Contact Elicitation	100%	100% (4/4)	100% (2/2)	100% (2/2)
Examination	93%	92% (352/384)	100% (26/26)	100% (35/35)

Treatment Initiation	91%	65% (15/23)	100% (3/3)	67% (2/3)
Treatment Completion	81%	73% (11/15)	67% (2/3)	100% (2/2)

Contact investigations are labor intensive and complex and they require coordination and collaboration with individuals who are not familiar with TB and often have different and competing priorities. Many TB programs struggle to achieve the NTIP treatment goals.

In 2013 a contact investigation involved students at a vocational school. Many of the students left the program, moved and completion of therapy information was unavailable. Another investigation involved the hospitality industry. Start of treatment and/or completion of therapy records were unavailable for the employees.

One person in 2014 stopped latent TB treatment due to medication intolerance.

The numbers below are representative of our 2015 case investigations. Goals for contact investigations follow CDC Guidelines for the Investigation of Persons with Infections Tuberculosis, Dec. 16, 2005/Vol. 54/No. RR-15.

Sputum Smear Positive (4)	Sputum Smear Negative (4)
*Index interviewed w/in 1 day = 3/4	**Index interviewed w/in 3 days = 3/4
Transmission sites assessed w/in 3 days = 2/4	Transmission sites assessed w/in 5 days = 3/4
Contacts initial interview w/in 3 days = 2/4	Contacts initial interview w/in 3 days = 3/4
High priority contacts tested w/in 7 days = 4/4 100%	High priority contacts tested w/in 7 days = No-One refused
Medium priority contacts tested w/in 14 days = No (None)	Medium priority contacts tested w/in 14 days = No

*Patient intubated – Unable to talk

**Patient died prior to Dx

Testing of contacts within recommended time frames remains an ongoing challenge not only for Washoe County TB program but for many other TB programs as well. Contacts often have competing priorities and concerns to overcome including work schedules, child care, or fear.

NTIP Objective – Examination of Immigrants and Refugees:

- Examination Initiation: Increase the proportion who initiate a medical examination within 30 days of notification to 84%.
- Examination Completion: Increase the proportion who complete a medical examination within 90 days of notification to 76%.
- Treatment Initiation: For immigrants and refugees who are diagnosed with latent TB infection (LTBI) or have radiographic finding consistent with prior pulmonary TB on the

basis of examination in the US, for who treatment is recommended, increase the proportion who start treatment to 93%.

- **Treatment Completion:** For immigrants and refugees who are diagnosed with LTBI or have radiographic findings consistent with prior pulmonary TB on the basis of examination in the U.S., and who have started treatment, increase the proportion who complete treatment to 83%.

NTIP Objective	National 2020 Target	2013 WCHD Performance	2014 WCHD Performance	2015 WCHD Performance
Examination Initiation	84%	85% (29/34)	93% (25/27)	100% (39/39)
Examination Completion	76%	82% (28/34)	89% (24/27)	100% (39/39)
Treatment Initiation	93%	50% (9/18)	50% (5/10)	64% (9/14)
Treatment Completion	83%	78% (7/9)	100% (5/5)	89% (8/9)

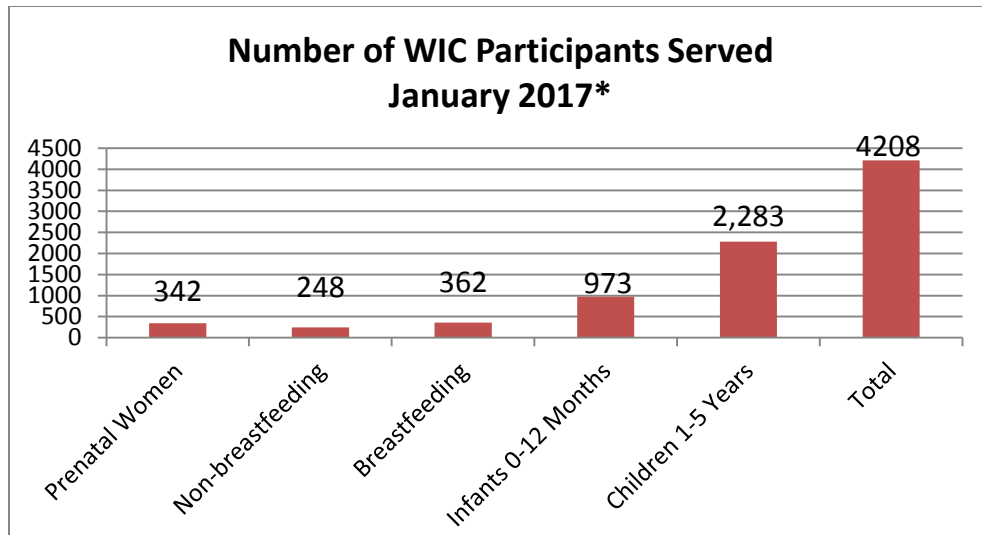
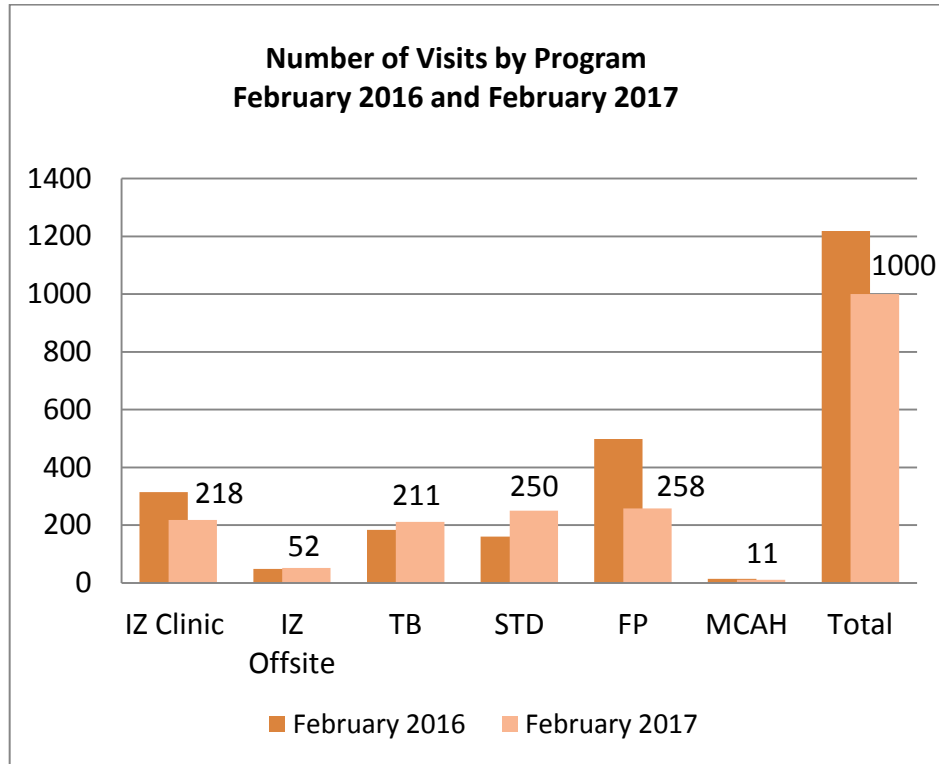
Reasons for not initiating treatment include returning to country of origin; belief that he/she had received adequate prior treatment, and declined treatment against medical advice.

Reasons for not completing treatment include having moved and inadequate follow up with healthcare provider.

2. Divisional Update

- Patagonia Health (PH)** – Proficiency in use of PH continues to improve for all programs. Staff will participate in two Go-To- Meeting trainings in March. One will be specifically for improved reporting in the Immunization Program; the second training will be for reporting in other programs, and use of the Management Dashboard. We look forward to maximizing the reporting capabilities of PH for staff and management.
- Insurance Contracts** – We are awaiting a final contract from Aetna, and have submitted Prominence Health Plans and SilverSummit Healthplan contracts for internal approval. SilverSummit is a fourth Medicaid Managed Care plan in Nevada.

c. 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** – Preliminary data for 2016 indicates an 11 percent increase in chlamydia and gonorrhea and a nine percent increase in syphilis. Disease Intervention Specialist staff conducted an average of 83 partner service investigations per month in 2016. This was an increase over 2015, which averaged 74 partner service investigations per month.
- b. **Immunizations** – A total of 16 School Located Vaccination Clinics (SLVCs) were held this flu season with a total of 1,103 flu vaccines administered. An outreach clinic was also held at the Men's Drop-in Center on February 16, 2017 with 18 participants receiving 48 vaccinations. One Medical Reserve Corps (MRC) Registered Nurse (RN) completed orientation and administered vaccine with program nursing staff during this clinic. Several MRC RNs have also expressed interest in participating in the SLVC program during next flu season.
- c. **Tuberculosis Prevention and Control Program** – See program report above.
- d. **Family Planning/Teen Health Mall** – Staff welcomes Advanced Practice Registered Nurse, Chris Ballew, MSN, FNP-C, RN, who began her employment with the Family Planning Program on February 21, 2017. Chris's orientation is progressing well. The clinic is fully staffed for the first time since August 2016.

Due to an increase in the number of new employees, management has organized the review of Quality Family Planning (QFP) recommendations and reports from the Centers for Disease Control and Office of Population Affairs. The QFP outlines how to provide quality family planning services, which include contraceptive services, pregnancy testing and counseling, helping clients achieve pregnancy, basic infertility services, preconception services and Sexually Transmitted Disease Services. The QFP is a resource for any provider of family planning services including those service sites dedicated to only family planning services. The last review took place approximately three years ago. The clinical protocol will also be revised to be more inclusive of this guidance.

- e. **Chronic Disease Prevention Program (CDPP)** – Staff have begun a QI project to improve the benefit-cost ratio when supervising 100 hour UNR Field Study students.

The City of Reno was very receptive to working with staff to help make sure City of Reno employees are aware of tobacco cessation resources available for themselves and their family members. Staff are hopeful that the other jurisdictions will be as receptive.

Ads are currently running online (see below) with *For Rent* to promote Smoke Free Multi Unit

Housing and staff is preparing for a large campaign promoting smoke free environments. In addition, a social media campaign specifically for the LGBTQ population is in the development stages.

View smoke-free apartment listings at:

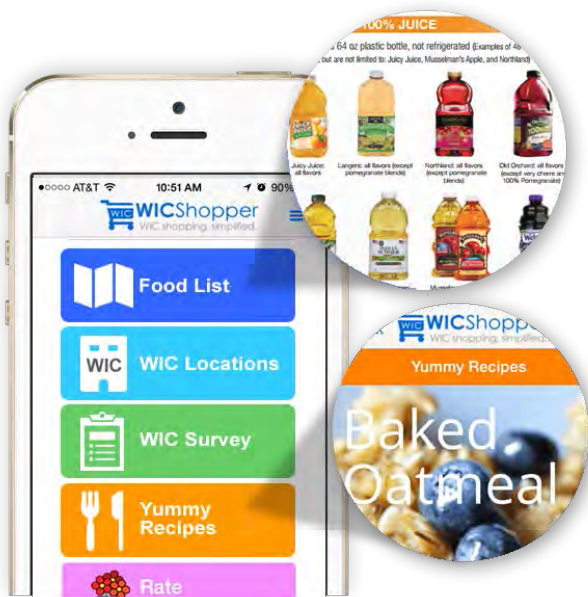
WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

GetHealthyWashoe.com
(775) 328-6140

NEVADA Wellness 1-800-QUIT-NOW
Nevada Tobacco Quitline

- f. **Maternal, Child and Adolescent Health (MCAH)** – Staff attended the Infant Mortality Collaborative Improvement & Innovation Network (IM CoIIN) Learning Session on February 20-21, 2017 in Houston, Texas. IM CoIIN works to prevent and reduce infant mortality, and eliminate disparities in birth outcomes, working to ensure every child reaches his or her first birthday and beyond. Participants learn from one another and national experts, share best practices and lessons learned, and track progress toward shared benchmarks.
- g. **Women, Infants and Children (WIC)** – March is National Nutrition Month with the theme of “Putting your best fork forward”. WIC staff work with clients to help them make informed food choices and develop sound eating habits for themselves and their children.

The WICShopper app (see below) was made available to Nevada WIC clients in late February and already has 304 registered families and 904 shopping trips. The app allows participants to scan products to ensure they can be purchased using WIC, find WIC offices and stores, view recipes, and even provides close to real time information regarding their benefits.



DD	RS	___
DHO	___	___
DA	___	___
Risk	___	___

Staff Report
Board Meeting Date: March 23, 2016

DATE: March 10, 2017
TO: District Board of Health
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
775-328-2644; bsack@washoecounty.us
SUBJECT: EHS Division and Program Updates – Childcare, Food, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management

DIVISION UPDATES

Quality Improvement

- There is a Quality Improvement project up for review which involves redirecting our inspection efforts more towards sanitation and communicable disease prevention. As part of the project, staff is reviewing what is done in other jurisdictions with more comprehensive school environmental programs as well as what is in Nevada Administrative Code and what may be lacking. There is also a Quality Improvement project that is getting underway to improve knowledge of childcare providers on relevant topics in communicable disease and sanitation. The foods team has an ongoing Quality Improvement project as part of the risk factor study. **Having staff members participate in Quality Improvement is consistent with principles set forth for the Accreditation of the Health District.**

Regulations

Both the Invasive Body Decoration (BD) and Certified Pool Operator (CPO) regulations went for final approval in front of the State Board of Health on March 10 and were approved.

Student Interns

- Environmental Health Services has two student interns working on the Food Establishment Risk Factor studies and one working in the School Inspection program for the spring semester of 2017.

Workforce Development

- The REHS Trainee Manual is currently being revised in anticipation of a potential new hire to fill a vacant area in 2017.

PROGRAM UPDATES

Childcare

- A new staff member has completed training and has taken over an area in childcare inspections to fill a void. All inspections for 2017 are up-to-date as of early March. **Having staff members trained is consistent with principles outlined in FDA Standard 2 – Trained Regulatory Staff.**

Food

- **Environmental Health Services Epidemiology Program** – In February 2017 epidemiology program staff followed up on a recall of several lots of cheese locally for source milk identified as having risk for *Listeria monocytogenes*. Popular brands in several local retailers were affected. Staff has made several calls to area supermarket chains and distributors to ensure the product has been pulled from shelves. The list of recalled product continues into March, however, there have been no local distributors identified as of yet with the more recent recalls. Staff has also been working with the Communicable Disease Program on an outbreak of Hand Foot and Mouth Disease (HFMD) at a local childcare and on updating protocols for disease outbreak investigations and exclusions. We are entering the time of year when HFMD is more prevalent in childcares. **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 during the slower event season.

Invasive Body Decoration (IBD)

- The Invasive Body Decoration regulations went for final approval in front of the State Board of Health on March 10 and were approved.

Land Development

- Staff has been engaged with assessing the flood impacts in Lemmon Valley as well as their routine work. Complaints and concerns from citizens have increased during the flood event, as wells and septic throughout the county continue to be affected. Plan reviews continue to increase as well; the program has seen a 25% increase from last year to date. It is expected that the growth rate may well increase as weather issues subside. Plan review turnaround timeframes remain longer than desired.

Safe Drinking Water

- The program is also dealing with some flood issues and questions, though primarily the focus is on communicating with potentially impacted water systems to ensure that proper precautions are being taken. No major water system issues have occurred yet.
- The group is working through several new processes that the team designed to distribute work more efficiently. Monthly tasks have been divided up and that is improving completion times. With each staff assigned to specific water systems, response to specific issues and complaints are being handled more rapidly. Over the year, each facility manager will be working to resolve numerous old “clean up” issues with each water system.

Schools

- The school inspection program staff is busy with annual inspections and updating inspection forms and lists. Spring semester 2017 school inspections are nearly 50% complete.

Vector-Borne Diseases

- The Vector Borne Diseases Program will be hosting the annual meeting of the Nevada Vector Control Association that includes Mason Valley Mosquito Abatement District, City of Fernley, Churchill Mosquito Abatement District, Douglas County Mosquito Control, Carson City Health District and Southern Nevada Health District. Staff from our program will be providing mosquito identification training to these Vector Districts and to staff at the Department of Agriculture. Dr. Anette Rink, Director of Animal Diseases laboratory will be requesting the number of surveillance mosquito collections she will receive from all the Vector Districts in monitoring for disease transmission in 2017. The Vector Borne Diseases Program staff will present a draft template management plan to the Association in response to Zika.
- Staff presented at the Nevada Landscape Association (NLA) annual conference. The presentation covered monitoring techniques, insect identification, application thresholds, control techniques and prevention strategies. This is the third year that staff has presented at the NLA conference.
- Staff reviewed 10 building civil projects in the Truckee Meadows Community.
- Vector Responses to Public Requests:

	JAN 2017	FEB 2017
Mosquito	1	2
Hantavirus	5	0
Plague	0	0
Rabies	2	0
Planning	21	6
Lyme Disease/Ticks	0	1
Media	0	1
Outreach/Education/Misc.	2	4
Cockroach/Bedbug	12	8
West Nile Virus	0	0
Zika	1	1
TOTAL	44	23

Waste Management

- Staff participated in a multi-agency inspection at a local recycling transfer station at the request of City of Reno on February 9, 2017, which resulted in discovering some serious violations.

EHS 2016 Inspections / Permits / Plan Review

	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUNE 2016	JULY 2016	AUG 2016	SEPT 2016	OCT 2016	NOV 2016	DEC 2016	YTD 2016	Mo. Avg
Child Care	8	6	7	5	15	10	17	11	14	16	5	7	121	10
Complaints	103	68	103	93	97	175	121	144	143	57	81	34	1,219	102
Food	217	317	454	369	363	580	706	580	511	539	400	280	5,316	443
General*	38	73	125	137	296	185	164	365	102	97	114	88	1,784	149
Developmental Review Numbers	20	26	27	34	41	42	21	39	34	40	31	38	393	33
Plan Construction Inspection (Comm.)	11	9	6	12	25	34	32	39	60	28	6	19	281	23
Construction Plans Received (Comm.)	35	31	63	41	52	22	16	30	7	14	19	16	346	29
Plan Review (Residential - Septic/Well)	54	35	63	76	59	73	72	69	68	54	54	45	722	60
Residential Septic/Well Inspections	58	67	94	110	86	93	74	90	65	85	79	81	982	82
Temporary Foods/Special Events	24	26	45	106	120	360	286	305	699	167	53	25	2,216	185
Well Permits	11	7	20	20	15	21	11	18	15	14	4	12	168	14
Waste Management	19	29	16	16	14	13	12	28	17	15	11	37	227	19
TOTAL	563	663	960	978	1,183	1,608	1,532	1,718	1,735	1,126	776	648	13,660	1,148

* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

EHS 2017 Inspections / Permits / Plan Review

	JAN 2017	FEB 2017	Mo. Avg
Child Care	1	4	3
Complaints	40	61	51
Food	212	282	247
General*	45	36	41
Developmental Review Numbers	30	34	32
Plan Construction Inspection (Commercial)	17	53	35
Construction Plans Received (Comm.)	16	19	18
Plan Review (Residential - Septic/Well)	41	67	54
Residential Septic/Well Inspections	18	52	35
Temporary Foods/Special Events	19	19	19
Well Permits	4	9	7
Waste Management	21	23	22
TOTAL	464	659	562

* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

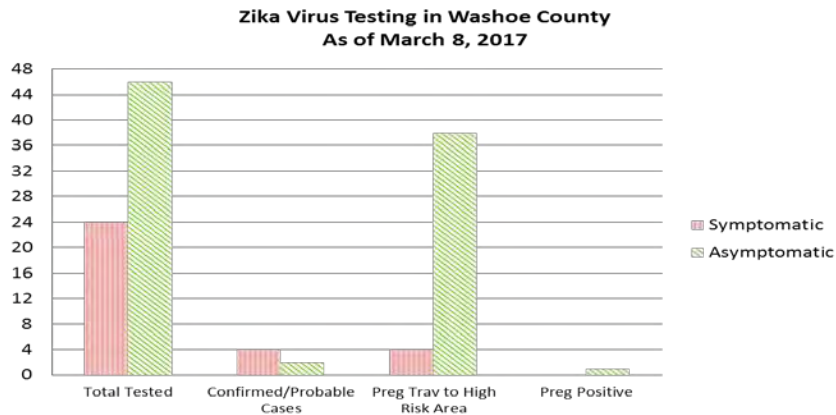
DD	<u>RT</u>
DHO	<u>KD</u>
DA	_____
Risk	_____

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: March 23, 2017**

DATE: March 13, 2017
TO: District Board of Health
FROM: Randall Todd, DrPH, EPHP Director
 775-328-2443, 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 March 8, 2017, there have been 76 individuals referred by local healthcare providers for evaluation of possible Zika virus infection. Six cases have been reported. One of the six cases was an asymptomatic pregnant woman and one was identified through blood donation. The pregnant woman delivered her baby on January 11, 2017, and the baby was healthy and was not infected with Zika according to laboratory tests at CDC. However, testing for the maternal tissues is still pending at CDC.



Note: Categories above are not mutually exclusive

Outbreaks - Since the last District Board of Health meeting, the CD Program has closed three outbreaks of Respiratory Syncytial Virus (RSV) and opened one outbreak of Hand, Foot, and Mouth Disease (HFMD) in a childcare facility. As of March 8, one outbreak remains open.

Seasonal Influenza Surveillance – For the week ending March 4, 2017 (CDC Week 9) 12 participating sentinel providers reported a total of 135 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 1.9% (135/7,220) which is below the

regional baseline of 2.5%. During the previous week (CDC Week 8, 2017), the percentage of visits to U.S. sentinel providers due to ILI was 4.8%. This percentage is above the national baseline of 2.2%. All ten regions reported a proportion of outpatient visits for ILI at or above their region-specific baseline levels.

Twenty death certificates were received for week 9 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 9 was 167. This reflects a P&I ratio of 12.0%. The national P&I ratio for week 6 was above the epidemic threshold at 7.8%. The total P&I deaths registered to date in Washoe County for the 2016-2017 influenza surveillance season is 152. This reflects an overall P&I ratio of 7.5% (152/2036).

Public Health Preparedness (PHP)

In response to the Lemmon Valley Flood, the Public Health Preparedness Program requested Centers for Medicare and Medicaid (CMS) data to identify citizens residing in potential flood areas. The CMS data helps allocate resources and outreach to those citizens who require assistance in evacuating and preparing for those with healthcare needs within a shelter.

The PHP Program responded to the Lemmon Valley Flood through deployment of two Emergency Alert AM Radio Stations, providing information to the citizens affected by the flood.

The Public Health Emergency Response Coordinator (PHERC) continues to participate in the Northern Nevada Healthcare Coalition Leadership meetings. The meetings are an opportunity for the region to discuss initiatives and develop solutions in healthcare preparedness.

The PHERC continues to participate in the Northern Nevada Hospital Net on amateur radio and serves as a net controller, providing technical assistance to area hospitals. The PHERC also passed the amateur radio general class license exam on February 18. This class of license extends operating privileges to extensive portions of the high frequency bands allowing communication over much longer distances and increasing the PHP Program's redundant communications among healthcare and first responders.

The Medical Reserve Corp (MRC) coordinator on February 27, 2017 arranged Adult, Child and Infant Automated External Defibrillator (AED), along with Cardiopulmonary Resuscitation (CPR) training for the recently purchased new AED. The training was open to all Health District personnel and was attended by EPHP, EHS, and AQM representatives. The AED will be placed in the second floor staff's break room. The MRC will have the AED available when its volunteers are staffing First Aid stations at community events.

Emergency Medical Services (EMS)

The EMS Program continues to work on several objectives of the 5-year EMS Strategic plan. The regional protocol task force continues to meet on a bi-weekly basis and has developed approximately a dozen draft protocols for the regional document. EMS Program staff provided a status update on the project to the PMAC on March 8, 2017.

The EMS Program Manager and EMS Coordinator attended the 2017 EMS Today conference in Salt Lake City on February 23-25, 2017. During the three days staff attended more than 30

sessions in various tracks including, leadership, operations, street medicine, special topics and managing dynamic and actives threats and MCIs. The EMS Coordinator also completed a ride along with a local ambulance provider, Gold Cross.

The EMS Program Manager and EMS Coordinator met with staff from the American Red Cross and the Reno-Tahoe International Airport on February 28, 2017 to assist in the planning for the triennial airport exercise. During the 2017 exercise, there will be a significant portion of the exercise that will focus on family assistance and associated operations.

EMS and PHP staff met with community partners from Carson City and Douglas County to discuss conducting a regional seminar for first responders and healthcare facilities related to disaster preparedness and evacuation preparation. The planning team intends to hold the training in June in Carson City. First responders and healthcare from Washoe and the Quad Counties will be invited to participate.

The EMS Statistician conducted an agency ride along with REMSA on February 28, 2017 in order to increase knowledge of the regional EMS system and the in-person interactions between patients and first line responders.

EMS Program staff organized a meeting with dispatch and EMS partners on March 2, 2017 to discuss the possibility of a Public Service Announcement (PSA) project. All partners had valuable input and the group discussed several media campaign options to address some of the more frequent misuses of the 911 system. The group will meet again later this month to develop a media plan, establish objectives and define the budget.

**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%
YTD	93%	90%	96%	97%	92%	93%

REMSA 90th 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*

*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90th percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

District Health Officer Staff Report
Board Meeting Date: March 23, 2017

TO: District Board of Health

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

SUBJECT: District Health Officer Report –FY 17-18 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

FY 17-18 Budget

In accordance with the Interlocal Agreement establishing the Health District, a meeting was held with the City and County Managers on 2/24 to present and discuss the proposed FY 2017-18 budget and receive comments. In attendance were Steve Driscoll, City Manager of Sparks, and Christine Vuletich, Assistant County Manager representing Washoe County Manager Slaughter. Acting Reno City Manager Bill Thomas had been scheduled to attend but was unable to make the meeting. Mr. Thomas was mailed the budget materials. They indicated that they were satisfied with the proposed budget. Mr. Driscoll inquired about whether the budget afforded the opportunity to make investments in one-time project expenditures based on needs identified. It was explained that this was the case due to the expenditure authority provided for professional services and other services and supplies within the budget. Mr. Driscoll appreciated the ending fund that was budgeted in FY17-18 and the conservative approach taken due to uncertainties with future federal grant funding levels.

On March 9, a similar meeting was held with the County budget team. During both meetings we explained the significant work that had been done by the District Board of Health to provide for the full costs recovery of services provided and the priority in the District's Strategic Plan that had been placed upon reaching a funding agreement with the County moving forward to address increases in labor and benefit costs negotiated by the County on behalf of the Health District.

North Valleys Flood

The County Manager, Truckee Meadows Fire Protection District Chief, and I established a unified command and designated Battalion Chief Sam Hicks as our Incident Commander to manage the North Valleys Flood event that has been affecting homes in Lemmon Valley, and is also affecting Silver and White Lakes areas. James English, a Supervisor in EHS has participated on the Incident Management Team as the Health District representative. The Health District has contributed toward the response by providing reader boards, AM broadcast station, and messaging to the community. Phil Ulibarri has participated in the Joint Information Communication (JIC) Team. EHS participated in assessment of flood impacts to well and septic systems, surface flood water sampling, and has provided sample kits for residents to sample

private well water for testing free of charge. EHS is working with Waste Management to provide garbage collection services to residents and incident responders. The Medical Reserve Corp assisted with distributing information to residents. The PHP program received CMS information to GIS map locations of residents near the flood areas that may have medical needs. The Health District participated in the community meetings that have been held. The Health District has also participated in the long range planning and provided cost estimates for additional mosquito abatement required as a result of the flooding. The Health District's engagement will continue into the future and the recovery period following the floodwater receding.

Regional License/Permit Program

Work to correct bugs and problems with the Accela permitting software continues. The software continues to be slow to operate and still requires more time for most tasks related to its use. A Regional Oversight Group meeting was held on March 7, and the transition to Accela support will not occur until the Accela implementation tasks have been completed. The Mobile is still not functioning for Health District inspections. An Accela representative is to work with EHS program staff to understand the issues on March 17. The Health District has concerns with the cost-calculations for the FY18 Accela subscription costs and the proposal the higher subscription costs for additional subscriptions be charged to the Health District, even though other jurisdictions are adding the additional higher cost users. Further discussions will occur to attempt to resolve this issue.

Quality Improvement

The Washoe County Health District Fundamental Review recommended that organizational effectiveness could be strengthened by developing infrastructure to support the District Health Officer. This resulted in the creation of an ODHO position with responsibility for leading the District's QI initiative Quality Improvement (QI). QI was incorporated into the Health District Strategic Plan. Since the Director of Programs and Projects position was filled, the following QI activities have taken place:

- Development of annual QI Plans for the Health District
- ½ day QI training for all staff in FY 2016
- 20 minute QI Refresher training for all staff in FY 2017
- Annual QI surveys completed by staff and results analyzed
- Process developed for QI teams to report out on project results to Health District Leadership Team.
- Divisions implementing QI projects using what they learned from the trainings
- Results from a few of the QI projects include
 - Vehicle Utilization Project
 - Total savings for turning in vehicles between 2016 and 2017 is \$26,738 – this was accomplished due to the efficiencies with the GPS QI Project.

- Additional improvements are being made during FY2017, to include a greater reduction in the fleet.
- The level of vehicles currently operated by EHS is that on busy days the entire fleet is being utilized and occasionally other Divisions and personal vehicles are utilized to cover the need.
- However, per vehicle costs have gone up.
- Sexual Health Scheduling Project
 - AIM Statement: Implement a more flexible schedule that will allow for better time management of clinic staff and better patient satisfaction as evidenced by increasing average clients per hour by 10% over baseline.
 - Clients no longer have to wait for a walk-in appointment. When a client arrives for a walk-in appointment, the client is told when a walk-in appointment is available and to report back at that time.
 - Clients can now get their test results back 5 days a week. Prior to the QI project, random call-in times were scheduled for test results.
 - Per diem nurses were not being used to their full potential. Per diem nurses are now the primary nurses for appointments. If an appointment for the per diem nurse is a no-show, they take the secondary nurse's appointment, freeing up the secondary nurse for DIS activities.

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 is recently developed a final timeline for PHAB activities.

PHAB requirements completed within the current pre-application phase include:

- Accreditation Coordinator has been appointed
- Accreditation Readiness Checklists have been completed
- The Accreditation Team has completed the PHAB Online Orientation
- A PHAB PIN number for WCHD has been obtained

Next Steps:

- Register for e-PHAB (as early as April 2017)
- Submit an application and fees to PHAB (as early as July 2017)
- Participate in 2-day PHAB training

Strategic Plan

Staff continues to work toward meeting outcomes within the Health District Strategic Plan and track progress utilizing the OnStrategy software program. The Board of Health will continue to receive quarterly updates.

Community Health Improvement Plan

The Board of Health has approved the Community Health Improvement Plan (CHIP). The final report will be published soon on the Health District website. In addition, community activities continue to proceed for the second year of the triennial plan. The Youth Mental Health Group is moving forward with the development of a care coordination plan between Washoe County School District's Children in Transition program, the Family Resource Centers and Communities in Schools. Their next all member meeting will be March 30, 2017. The Access to Healthcare and Social Services working group will be meeting April 18, 2017 to learn more about the new Medicaid Managed Care Organizations, Health Insight and the Office of Primary Care.

Workforce Development

Washoe County Health District has partnered with the Western Region Public Health Training Center and their local affiliate at UNR to administer a workforce development survey to assess training needs of the Health District's workforce. Results of this survey will be utilized to develop a Workforce Development Plan for the Health District. This is a requirement of public health accreditation to ensure the community is served by a competent workforce and operating by the Public Health Core Competencies: Analytical/Assessment skills, policy development/program planning skills, communication skills, cultural competency skills, community dimensions of practice skills, public health sciences skills, financial planning and management skills, and leadership and systems thinking skills.

Truckee Meadows Healthy Communities

The Family Health Festivals have been put temporarily on hold until the summer. This downtime will allow the Family Health Festival Committee to engage in strategic planning to improve the event to better serve the community. Dr. Tony Slonim from Renown is leading this effort with other TMHC Board members and the FHF workgroup. To-date, two strategic planning sessions have been scheduled.

A second regional Housing Forum was held on March to build on the work conducted at the January 12 forum. During the forum, the group agreed upon a vision statement and a framework and structure for moving forward to develop a regional plan to address the continuum of housing needs in the community. TMHC was selected as the convening organization to provide backbone support for this initiative should sufficient funds be secured to fulfill this role. From this work, Enterprise Community Partners would be re-engaged to assist in developing the plan and assisting additional forward movement. TMHC is collaborating with the Community Foundation of Western Nevada to support a larger community forum, which will be held on April 13.

Grant funding was secured from Charles Schwab Bank, and an application submitted to the Wells Fargo Bank Foundation.

Subject: District Health Officer Report

Date: March 23, 2017

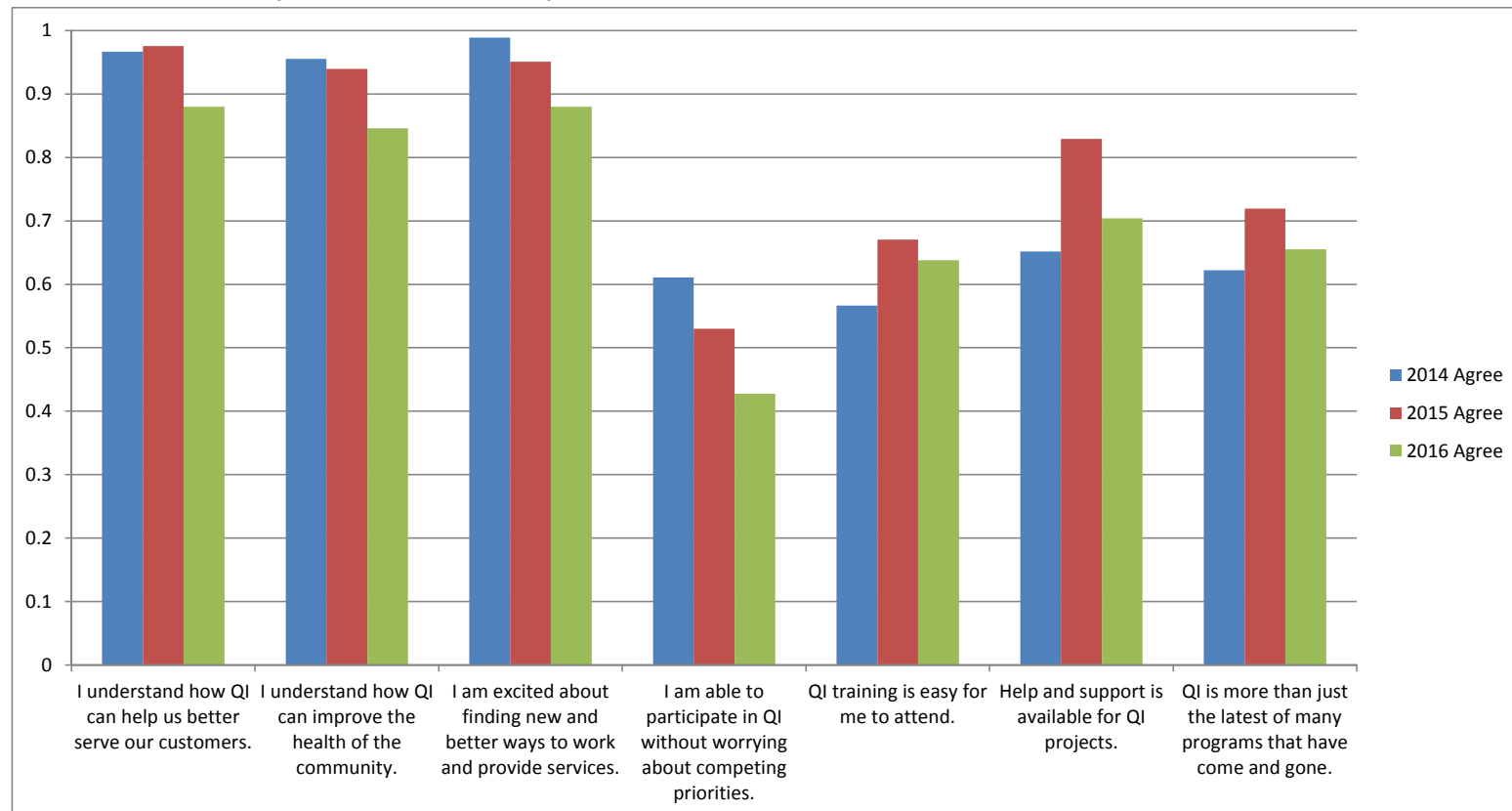
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Other Events and Activities

2/24/14	REMSA Board Meeting
2/24/17	Community Health Needs Assessment Committee Meeting
2/24/17	Presentation of Health District Budget to ILA Managers
2/24/17	NALHO Meeting
2/27/17	TMHC Affordable Housing Planning Meeting
2/27/17	Lemmon Valley Flood Strategy Meeting
2/28/17	Meeting with UNR, LHAs and State regarding Nevada Forecast Center
3/1/17	TMHC Steering Committee Meeting
3/2/17	NV Health Authorities Monthly Call
3/7/17	Assembly Natural Resources Committee, Testimony in Support of AB193
3/8/17	Department Heads Meeting
3/8/17	Regional Housing Forum
3/9/17	Health District FY18 Budget meeting with Co. Budget Staff
3/10/17	NPHA Advocacy Call
3/10/17	State Board of Health
3/10/17	County Health Ranking Event Planning – call
3/15/17	DD Meeting
3/22/17	NALHO Meeting

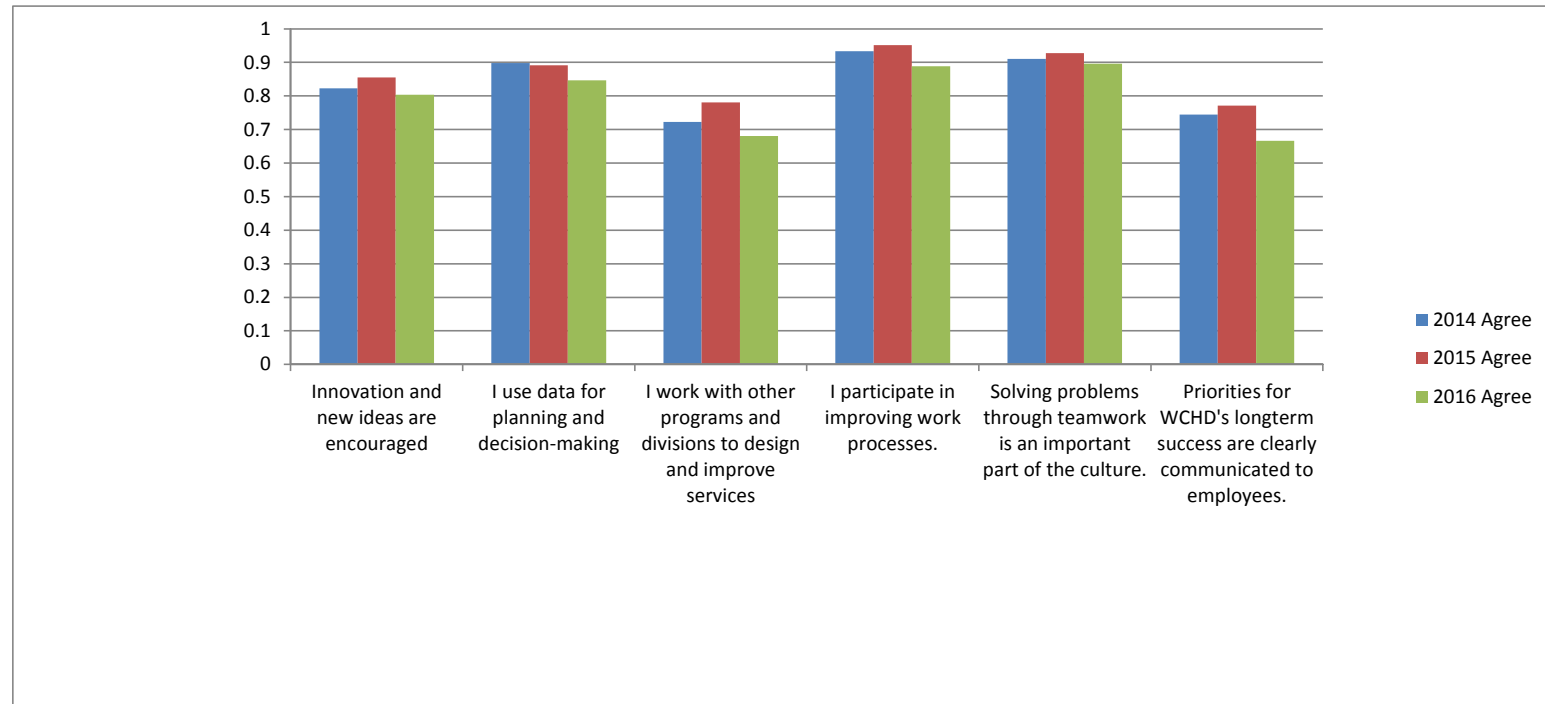
Question 1: In relation to my work at the Washoe County Health District...	2014		2015		2016	
	Agree	Disagree	Agree	Disagree	Agree	Disagree
I understand how QI can help us better serve our customers.	96.67%	2.22%	97.56%	2.44%	88.03%	9.40%
I understand how QI can improve the health of the community.	95.56%	3.33%	93.98%	4.82%	84.62%	11.97%
I am excited about finding new and better ways to work and provide services.	98.89%	1.11%	95.12%	4.88%	88.03%	11.11%
I am able to participate in QI without worrying about competing priorities.	61.11%	34.44%	53.01%	45.78%	42.74%	52.14%
QI training is easy for me to attend.	56.67%	36.67%	67.07%	31.71%	63.79%	32.76%
Help and support is available for QI projects.	65.17%	17.98%	82.93%	7.32%	70.43%	17.39%
QI is more than just the latest of many programs that have come and gone.	62.22%	21.11%	71.95%	23.17%	65.52%	24.14%

Question 1: In relation to my work at the Washoe County Health District...



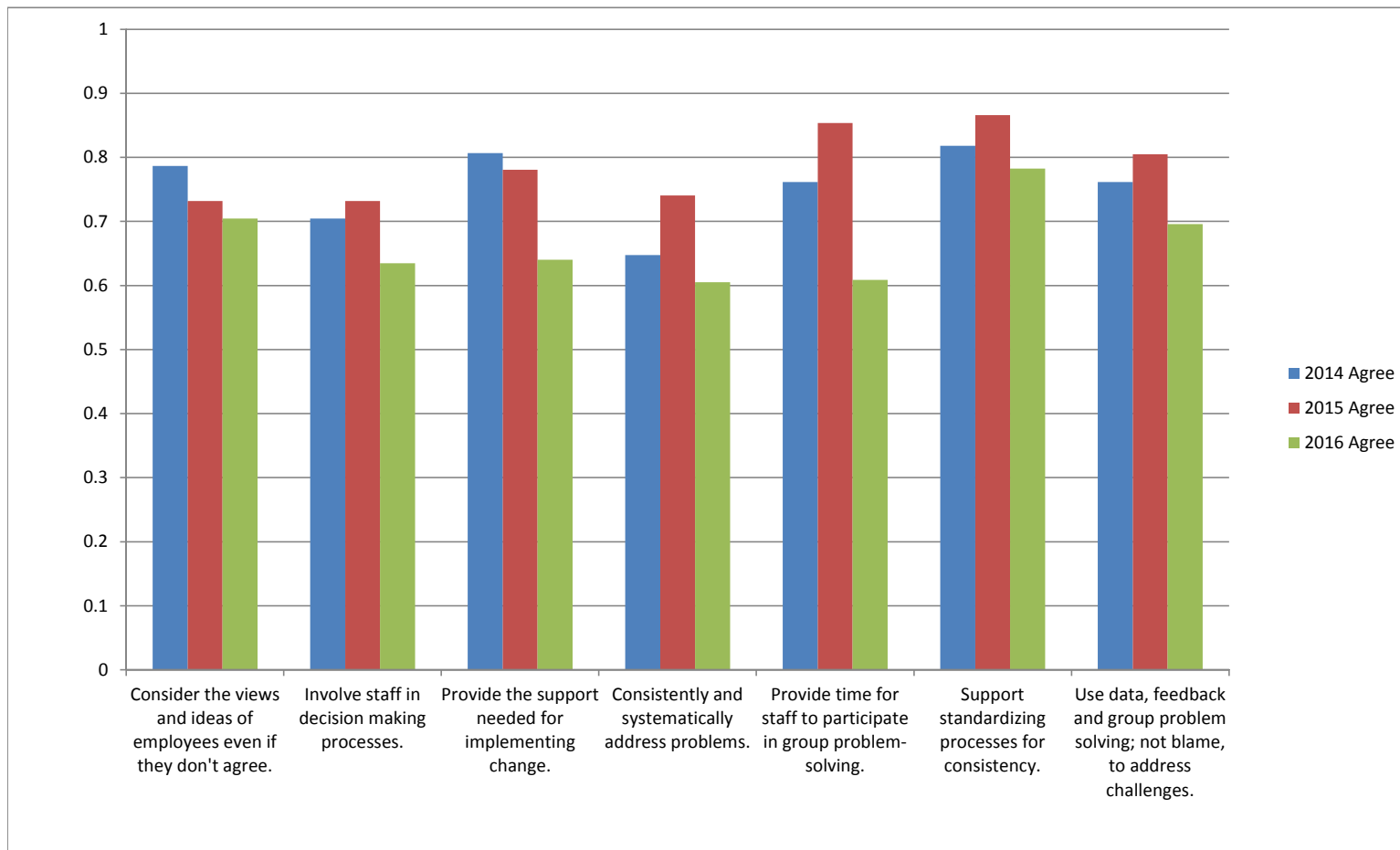
Question 2: At the Washoe County Health District...	2014		2015		2016	
	Agree	Disagree	Agree	Disagree	Agree	Disagree
Innovation and new ideas are encouraged	82.22%	16.67%	85.54%	14.46%	80.34%	17.95%
I use data for planning and decision-making	89.77%	10.23%	89.16%	9.64%	84.62%	11.97%
I work with other programs and divisions to design and improve services	72.22%	25.56%	78.05%	20.73%	68.10%	28.45%
I participate in improving work processes.	93.33%	6.67%	95.12%	4.88%	88.89%	8.55%
Solving problems through teamwork is an important part of the culture.	91.01%	8.99%	92.77%	7.23%	89.66%	8.62%
Priorities for WCHD's longterm success are clearly communicated to employees.	74.44%	24.44%	77.11%	20.48%	66.67%	29.06%

Question 2: At the Washoe County Health District...



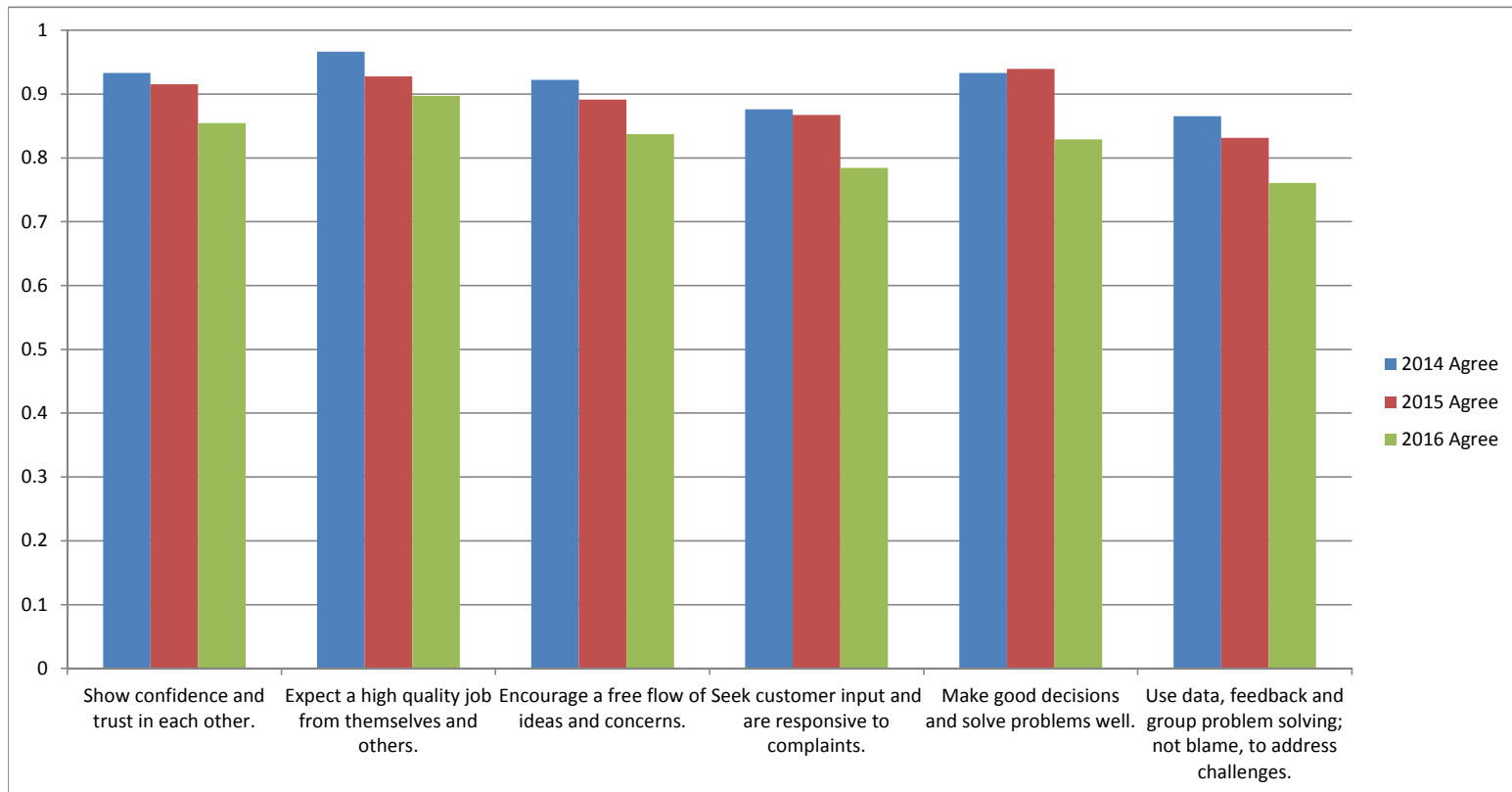
Question 3: Washoe County Health District Leadership Team (DHO, DDs, Sups)...	2014		2015		2016	
	Agree	Disagree	Agree	Disagree	Agree	Disagree
Consider the views and ideas of employees even if they don't agree.	78.65%	19.10%	73.17%	24.39%	70.43%	25.22%
Involve staff in decision making processes.	70.45%	28.41%	73.17%	25.61%	63.48%	34.78%
Provide the support needed for implementing change.	80.68%	18.18%	78.05%	20.73%	64.04%	32.46%
Consistently and systematically address problems.	64.77%	32.95%	74.07%	25.93%	60.53%	36.84%
Provide time for staff to participate in group problem-solving.	76.14%	21.59%	85.37%	14.63%	60.87%	33.91%
Support standardizing processes for consistency.	81.82%	15.91%	86.59%	12.20%	78.26%	16.52%
Use data, feedback and group problem solving; not blame, to address challenges.	76.14%	20.45%	80.49%	10.98%	69.57%	28.70%

Question 3: Washoe County Health District Leadership Team (DHO, DDs, Sups)...



	2014		2015		2016	
	Agree	Disagree	Agree	Disagree	Agree	Disagree
Question 4: At the Washoe County Health District, the people I work with...						
Show confidence and trust in each other.	93.33%	5.56%	91.57%	8.43%	85.47%	12.82%
Expect a high quality job from themselves and others.	96.63%	3.37%	92.77%	7.23%	89.74%	8.55%
Encourage a free flow of ideas and concerns.	92.22%	6.67%	89.16%	9.64%	83.76%	12.82%
Seek customer input and are responsive to complaints.	87.64%	5.62%	86.75%	9.64%	78.45%	12.93%
Make good decisions and solve problems well.	93.33%	3.33%	93.98%	4.82%	82.91%	12.82%
Use data, feedback and group problem solving; not blame, to address challenges.	86.52%	10.11%	83.13%	14.46%	76.07%	19.66%

Question 4: At the Washoe County Health District, the people I work with...



Health District Media Contacts: February 2017

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
2/28/2017	KOLO CH8 - ABC Reno	Colin Lygren	Mosquitos - Shaffer
2/24/2017	Canadian Broadcasting Corporation	Kelli Crowe	NDMCRE - Chen/Ulibarri
2/14/2017	New York Times	Peter Smith	NDMCRE - Chen
2/13/2017	Pacific Content	Tori Allen	NDMCRE - Chen
2/3/2017	India Health Journal	Rohit Pillandi	NDMCRE - Chen
2/3/2017	KTVN CH2 - CBS Reno	Andi Guevara	HIV testing during prostitution sting - Howell

Press Releases/Media Advisories/Editorials/Talking Points

2/23/2017 HeartSafe Community Ulibarri

Social Media Postings

Facebook

AQMD/CCHS/ODHO
EHS

106 (CCHS 35 EHS 11 AQM 60)

Twitter

AQMD/CCHS

73 (CCHS 12 AQM 61)