

John Packham, PhD Chairman

Sara Cholhagian
Executive Director

Patient Protection Commission

Office of the Governor, State of Nevada

555 E. Washington Ave., Suite 5600 Las Ve**g**as, NV 89103

SUMMARY MINUTES July 6, 2020

Pursuant to Governor Steve Sisolak's Emergency Directive 006 as amended and extended by Emergency Directive 021, there will be no physical location for this meeting. The meeting can be listened to or viewed live over the internet. The agenda, minutes, meeting materials, and audio or video recording of the meeting are available on the Commission's meeting page or by request.

Agenda Item I - Call to Order

Chairman Packham called the regular meeting to order at 9:02 a.m. Those in attendance and constituting a quorum were:

Commission Members Present:

Dr. John Packham, Chair Dr. Howard Baron Theresa Bohannan Bobbette Bond Jessica Flood Flo Kahn Dr. Ikram Khan Yarleny Roa Dugan Shaun Schoener Dr. Anthony Slonim W. Mason Van Houweling

Advisory Commission Members Present:

Executive Director Heather Korbulic, Silver State Health Insurance Exchange Insurance Commissioner Barbara Richardson, Nevada Division of Insurance (Department of Business and Industry) Director Richard Whitley, Nevada Department of Health and Human Services (DHHS)

Commission Staff Present:

Sara Cholhagian, Executive Director Gregory D. Ott, Chief Deputy Attorney General Lezlie Mayville, Administrative Assistant/Policy Coordinator

Agenda Item II - Public Comment:

No Public Comment



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Agenda Item III - Opening Remarks

Chair Packham

He appreciates all the feedback and would like to focus the Commission on more discussions/recommendations and fewer presentations.

Agenda Item IV - Approval of the June 22, 2020 minutes

Chairman Packham presented the Commission with a draft of the summary minutes of the June 22, 2020 meeting.

MOTION was made to approve minutes of the June 22, 2020, meeting as presented by Commissioner Slonim. Commissioner Khan Seconded. Carried without dissent.

<u>Agenda Item V - Update Concerning the Status of COVID-19 in Nevada and Outbreak</u> <u>Management</u>

Caleb Cage, COVID-19 Response Director, State of Nevada

Due to the uptick in cases, Governor Sisolak required masks be worn in all public places effective June 28, 2020. We should start seeing the results of this mandate by the end of this week or beginning of next week. The state is in a relatively steady place with capacity in our hospitals. Increasing contact tracing is showing tremendous results with over 250 new contact tracers coming online. Over 1500 cases have been identified through contact tracing and people tested prior to elective surgeries. Most asymptomatic positive COVID-19 cases have been found through contact tracing. Some comments by Commissioners included but not limited to were, does the state have a plan on how to follow virus spread as people go back to work, can we get data that separates asymptomatic vs. symptomatic cases, info sharing can come from DHHS as they run those programs, policy proposal to use Nevada WebIZ, would be helpful to have a constant update of status of Personal Protective Equipment (PPE), people should receive texts regarding asymptomatic transmissions, and a centralized system for distributing information were some things mentioned.

Agenda Item VI - Presentation on Nevada's Worker's experiences responding to COVID-19 in Nevada

Representatives from Culinary Workers Union Local 226

Sixto Zermeno, Bellman, Signature at MGM Grand Comments emailed and read into record by staff

Juston Larsen, Barista, HMS Host, McCarran International Airport

He said he took precautions like frequent washing and sanitizing of hands but did not wear a mask at first due to all the mixed messaging coming from Centers for Disease Control (CDC). He thinks he probably contracted it going out with friends. Two have tested positive and two were not. Due to already having asthma, at first, he did not realize he might have COVID because the symptoms mimic asthma. Could not find free testing sites due to poor information and/or difficulty getting through. Ended up going to University Medical Center (UMC) Urgent Care, was tested and received positive results in 8 hours. It took the Health District 10 days after he tested positive to contact him. He feels there needs to be better information and resources. Comments from Commissioners included but were not limited to, 10-15% of positives are asymptomatic and walking around spreading virus, 10-14 day response from any Health District is unacceptable, need social workers to quickly help vulnerable populations get resources to quarantine after positive testing, state and/or federal resources needed to pay for testing and contact tracing, local television/news stations need to post daily on where testing is available.



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Representatives from SEIU Nevada

Grace Vergara-Mactal

She is concerned about the safety of Health Care workers and patients. Due to lack of proper PPE and training, workers are scared to go to work. Health Care workers across the country have filed more than 4,000 complaints. Information is inconsistent and policy changes are constant, so information is hard to keep up with. PPE supplies are inadequate and/or workers must use PPE past the recommended time. CARES act supplied money but not training and should include pre-testing to all Health Care workers.

Elizabeth Bolhouse, Chief of Nursing, UMC

Contracts were suspended at the beginning of the pandemic so people could continue to work. Biggest risk to workers is PPE shortages and rationing of PPE putting extra stress on workers. Nurses are the only ones allowed in patient rooms, so they are doing everything that other job positions used to do such as, transfers, meal delivery, trash removal, etc. This adds to stress levels along with asymptomatic transmission which is very common.

Kismet Evans, Home Health Care Worker in Las Vegas

There are 240 Home Health Care agencies that provide Medicaid home health care. The State sets how many hours the home health care worker can spend with each patient. The hours are not enough for workers to provide the care their patients depend on. COVID-19 has made clients fearful to allow workers in and they are often the most vulnerable/elderly and in need of bathing, food prep, administering medications, etc. For some reason, Home Health Care workers are not seen as essential workers, but they are for this population. They take all precautions to keep themselves, their families and clients safe but they're constantly at risk dealing with bodily fluids and insufficient PPE. Basic standards must be set such as number of hours worked, compensation per hour and adequate PPE.

Tima Prieto, CAT Scan Technician, Dignity Hospital

There were no policies and procedures in place when COVID-19 hit. Protocols and policies constantly changed, so if you took your days off and came back, they would be different. Communication was lacking and management said to just follow CDC guidelines, which were also constantly changing. There is not enough PPE, and they were told they had to wear the same PPE for their entire shift. Management told them they had to self-quarantine for 14 days if they had any contact with a positive COVID case.

e ra n on Patient's experiences with COVID-19 in Nevada

Nevada Patients

This Agenda Item will combine with the final Public Comment, Agenda Item XII

Agenda Item VIII - Presentation on Health Workforc Development through Licensure Compacts and Reciprocity

Lauren Block, Program Director, National Governor's Association (NGA)

Presentation included but was not limited to, opportunities for workforce during and post-COVID, recruiting and retaining talent, long term policy considerations, emergency flexibilities and which ones should become permanent, Interstate Medical Licensure Compacts of which Nevada belongs to two, Compacts and Reciprocity, credentialing and licensing were mentioned. Commissioner comments included but were not limited to, why can't this process of credentialing from all the different boards be more efficient with all the technology available, need to find out how quickly we are getting through the process, need to add to our work plan understanding the gaps in licensing



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boards and how to make more efficient and possible Bill Draft Request (BDR) were mentioned.

<u>Agenda Item IX - Update on Collaboration and Coordination between the Commission</u> <u>and Other State Entities</u>

Director Cholhagian

In the interest of time she told Commissioners they can expect an email updating a summary of all collaborations of entities with the Commission. She wants to be very mindful of their labor hours as well as ours and being as efficient with that time as possible.

Agenda Item X - Discussion of Commission Work Plan and Potential Bill Draft Requests

Regarding the letter to the Congressional delegation the Commission voted on in the last meeting, Chair Packham has decided not to send it for now, due to extensions already being made to October. Some of the items mentioned but not limited to included, having fewer formal presentations and more discussions regarding BDR's or other recommendations, BDR around licensing with option to expedite to managed care, Telehealth should be paid across the board the same as in-person reimbursement and extended post pandemic, should not legislate what private entities get reimbursed, a state level survey needed of patient experiences especially capturing rural areas that do not have large hospitals, presentation from Executive Directors of licensing boards of exact steps to process, how long does it take and where are the delays, suggestion to create a pioneer program in Nevada to make our own masks so as not to depend on other countries or states for our supply, were some things cited. No action taken.

Agenda Item XI - Discussion of Future Agenda Items and Meeting Dates

Calendar has been set through August 31, and we do not anticipate any changes. It was recommended we hear from Washoe County Health District, Southern Nevada Health District and Rural Health District for their perspectives on COVID-19, PPE, follow-up after testing, etc. Other items of interest mentioned but not limited to included speaking to the Medical Association for the State and what the challenges have been. Would like to see Nevada specific information on vulnerable populations including Native Americans. How can we improve communication throughout the state for health literacy, reducing behavioral health visits to ER's due to lack of information. No action taken.

Agenda Item XII - Public Comment

Jennifer Atlas, Nevada Dental Association

Requested the Commission please support dental offices. The Dental Board lost its quorum during this pandemic and has no way to move forward with credentialing and moving through phases. Dental Board needs more board members in order to provide complete and better dental care to Nevada patients.

Ikram Khan, Commissioner

Wants to give special recognition to Executive Director Cholhagian for her tireless work on behalf of our commission.

Joan Hall, Nevada Rural Hospital Partners

She appreciates the Commission having regular conversations regarding licensing and credentialing which is very important to rural health centers.



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<u> Agenda Item - XIII Adjournment</u>

Meeting was adjourned at 12:00p.m.

Respectfully submitted,

Lezlie Mayville

Office of the Patient Protection Commission

APPROVED BY:

Dr. John Packham, Chair

Date: 7/28/20





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Meeting Materials

AGENDA ITEM	PRESENTER	DESCRIPTION
VI.	Sixto Zermeno, Bellman at Signature at MGM Grand, Las Vegas	Representative from Culinary Workers Union Local 226
VI.	Juston Larsen, Barista, HMS Host, McCarran International Airport	Representative from Culinary Workers Union Local 226
VIII.	Lauren Block, Program Director, National Governor's Association	Workforce Development through Licensure Compacts and Reciprocity