Meeting Minutes
COVID-19 Mitigation and Mangement Task Force

Attendance		
	DATE	January 14, 2021
	TIME	10:00 A.M.
	METHOD	Video-Teleconference
	RECORDER	Tanya Benitez/Meagan Werth Ranson

Task Force Voting Member Attendance	
Member Name	**Present**
Caleb Cage	X
Richard Whitley	X
Terry Reynolds	X
Jaime Black	X
David Fogerson	X
Felicia Gonzales	X
Brett Compston	X
Meagan Werth Ranson	X
Chris Lake	X
Dagny Stapleton	X
Wesley Harper	X
Mark Pandori	X
Task Force Non-Voting Member Attendance	
Kyra Morgan	X
Lisa Sherych	X
Julia Peek	X
Melissa Peek-Bullock	X
Malinda Southard	X
Lesley Mohlenkamp	X
Samantha Ladich	X

1. Call to Order and Roll Call

Chair Caleb Cage, Governor's Office (GO), called the meeting to order. Roll call was performed by Meagan Werth Ranson, GO. Quorum was established for the meeting.

2. Public Comment

Chair Cage opened the discussion for public comment in all venues. No public comment was provided.

3. Approval of Minutes

Chair Cage called for a motion to amend or approve the draft minutes from the December 29, 2020, Task Force meeting. A motion to approve the drafts minutes as presented was provided by Terry Reynolds, Business and Industry (B&I) and a second was provided by Brett Compston, Nevada National Guard (NVNG). Motion passed unanimously.

4. Appointed Department Updates

a. Department of Business and Industry – Enforcement – Director, Terry Reynolds

Terry Reynolds spoke to work being done by B&I and the Division of Industrial Relations (DIR), which oversees the state's Occupational Safety and Health Administration (OSHA) program. Since the beginning of the new year, there have been a total of 103 inspections completed with 100% compliance. To date, OSHA has received 6,169 complaints. 28% of complaints received are from employees, which equates to 1,146. 72% o of complaints are received from referrals. This equates to 4,423. Director Reynolds noted this shows people are aware of what is occurring in their neighborhoods and are aware of directives currently in place. This individual investment is helping with compliance efforts. This investment is having a positive impact on compliance rates.

b. Division of Emergency Management (DEM) – PPE Status – Chief, David Fogerson

No current update to provide.

c. Fiscal Update – COVID related Funding Coordination –Executive Budget Officer, Lesley Mohlenkamp

Lesley Mohlenkamp, Governor's Finance Office (GFO), provided an update on COVID related funding coordination efforts. Ms. Mohlenkamp noted the following:

- There have been numerous developments regarding new federal funding coming into the State.
- On Sunday, December 27, 2020, the President signed the Consolidated Appropriations Act, 2021, which includes the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSA). This legislation provides an extension of the Coronavirus Relief Fund (CRF) from December 30, 2020 to December 31, 2021. This is a full year extension.
- After contacting the Treasury, GFO received official word on Wednesday, January 13, 2021, that the CRF may be used through December 31, 2021.
- This new federal Act has also released additional COVID-19 relief measures.
- Distribution information and applications began opening for some of the additional relief measures in the CRRSA throughout the week Starting Monday, January 4, 2021 through Sunday, January 10, 2021.This includes funding for rental assistance, education, business assistance, public health, and direct payments to citizens (Economic Impact Payments).
- The GFO is currently assessing these new funds.
- If agencies or programs have current allocations of these funds or are looking at pending allocations, GFO appreciates patience as the GFO quickly assess all these new funding streams and how they work with the CRF.

d. Nevada Department of Education (DOE) – School Opening Plans – Deputy Superintendent of Educator Effectiveness and Family Engagement, Felicia Gonzales

Felicia Gonzales noted schools are returning from winter break and are currently in session. Depending on the type of school, students are back to in person learning, distance learning, or a hybrid type learning environment. The Clark County School District is conducting a school board meeting today. The school district will be discussing the possibility of in person instruction for limited groups. More information can be found on the Clark County School District website. Ms. Gonzales thanked Candice McDaniel, Department of Health and Human Services (DHHS), and her team for sharing the vaccine information with all the school districts and the charter schools. Ms. Gonzales also thanked Ms. McDaniel for leading virtual meetings to provide timely information on the vaccines and the rollout process. There are many districts that are already starting the vaccination process.

Chair Cage noted Washoe County School District and other districts throughout the State will be addressing these same questions that the Clark County School District is addressing today at the school board meeting. Chair Cage asked for clarification on the testing effort under way with Washoe County School District, over the last few weeks, it is his understanding that this effort is moving forward rapidly with support from State and local partners. Ms. Gonzales noted that is correct. The Washoe County School District has partnered with DEM, DHHS, and volunteers to provide additional opportunities for employees to receive COVID testing. Malinda Southard, DHHS, noted Chief Fogerson and DEM have worked with the community health nurses, the Division of Public and Behavioral Health (DPBH) Battle Born Medical Corps, and Roy Anderson, Washoe County School District, to assist in this testing effort. The first event testing event went extremely well. Ms. Southard noted additional events are scheduled through June.

e. Gaming Control Board (GCB) – Chief, Jaime Black

Chief Jaime Black provided an update on the GCB enforcement efforts. Chief Black noted for the month of December, the GCB conducted 3,350 inspections. Through January 8, 2021, the GCB conducted 1,448 inspections. There are no new violations. Staff have visited every restricted location at least once and are almost through the list a second time. The GCB has not found anything egregious and when minor infractions are noted, enforcement agents are sent out to ensure the problem has been corrected. Regarding New Year's Eve, the GCB had additional staff out conducting inspections. There was also a team working with the Las Vegas Metropolitan Police Department on public safety issues. It was noted that casinos were busy but not at capacity and overall compliance with the Governor's Directives was exceptional. No new cases were opened. On November 25, 2020, the Governor announced the Statewide "Pause" and issued Directive 035. The "Pause" and the provisions of Directive 035, were recently extended for an additional 30 days. Directive 035, regarding gatherings and events, terminated the liberal public gathering provisions of Directive 033. This now restricts gatherings to the lesser of 50 persons or 25% of the listed fire code capacity in the area in which the gathering might occur. For gaming properties with a single event or large gathering room, theater, arena, or space for gathering, this restriction controls. For properties that have two or more distinct rooms, arenas, or buildings, gathering spaces where each gathering space is separated from the other gathering space by a rigid wall structure and where each gathering space has a distinct fire code capacity, each gathering area would be subject to the provisions of Directive 035. The GCB will be issuing and industry wide notice reminding licensees of the same provisions and will continue to strictly enforce Directive 035.

f. Nevada Association of Counties (NACO) – Executive Director, Dagny Stapleton

Dagny Stapleton noted counties continue to work hard to support and carry out various COVID related activities including testing, contact tracing, and vaccine distribution. Individual county staff and commissioners are working directly with the state on these items.

g. Nevada League of Cities – Director, Wesley Harper

Wesley Harper provided an update from Nevada League of Cities. Mr. Harper noted cities are working with the health districts, as well as counties on the vaccination process. The Nevada League of Cities are continuing to advertise the COVID Trace App. The Nevada League of Cities are continuing to conduct business inspections where they have authority and are acting as ambassadors where they do not have the authority. This effort is done to ensure the guidelines are being followed.

h. Nevada Hospital Association (NHA)– Executive Director, Community Resilience, Chris Lake

Dr. Chris Lake provided an overview from the NHA. Dr. Lake noted Nevada currently has 1,746 confirmed and suspected COVID hospitalizations. That represents approximately 31% of all the patients currently in the

hospitals. Of the 1,746 patients, 410 are currently within the Intensive Care Units (ICU) and require ICU level care. Dr. Lake advised there are certain facilities experiencing high occupancy rates, particularly in the South. Those facilities are at approximately 36% to 50% of capacity of the COVID population. The inability to transfer patients out of the hospitals to sub-acute facilities continues to be an issue. That is also contributing to the high occupancy, with currently around 440 patients that could be transferred out remaining in the hospital for various reasons. There has been a team working to try and solve these issues and the NHA thanks them for their continued work on this. Dr. Lake noted the Flu has been, essentially, a non-issue in the hospital community. There were initial fears that COVID and Flu patients were going to compete for ICU beds. The various "Pauses" and the masking order also work very well with flu. Nevada is averaging between five to seven flu cases in the hospital, statewide, for the last 30 days. Personal Protective Equipment (PPE) supplies, throughout Nevada remain good. The NHA is beginning to get information from various suppliers that downstream there could be some shortages in large sized gloves, extra-large gowns, and syringe needles. The NHA is closely monitoring these items, along with oxygen. Staffing remains a challenge. This is going to remain a challenge throughout the COVID pandemic as all the hospitals in the nation are competing for finite number of staff. In Northern Nevada, the hospitalizations are declining. These hospitals can accept transfers from rural counties and other areas without a problem. Chair Cage noted it is good news that Northern Nevada is seeing a decline. Southern Nevada is three to four weeks behind where Northern Nevada is in their trajectory. There is a challenge for hospitals being able to scale up and down based off the demand. The hospitals in a region are a system in the sense that they can transfer patients between them, they can scale up internally, and they have mutual aid agreements. The Task Force is starting to receive direct queries from hospitals in the State to intervene on issues mentioned previously and working on stepping patients down from hospitals to skilled nursing facilities. Richard Whitley, DHHS, his team, and our Policy Director have been working on this for some time now. Beyond the aggregate numbers of the system, how can the state best characterize what is going on in Southern Nevada where a decline in patients is not being seen. Chair Cage inquired if Dr. Lake could provide information that will help the Task Force see beyond the system level a little more. Dr. Lake noted the graphs that are sent out do help. When looking at the hospitalization by regions, Northern and Southern Nevada regions are displayed in those graphs as well. The trend is what is more important than the individual day to day numbers. Southern Nevada, in particular, has essentially been in a plateau from mid-December with a slight declining number of hospitalizations. That is a good trend. The bad news with that is the plateau was near the peak of the hospitalization. So, while the hospitals are seeing less daily influx of new COVID patients and they are getting a little bit of a breather, they are still at the highest levels of COVID hospitalization. Compare that chart to the North where that number is declining. The NHA can provide some specific information as needed or required to the public health agencies to solve whatever their specific problem or issue is on that day. The NHA does not produce hospital specific information and charts anymore. The NHA is moving to an online system and hope to roll it out by the end of next week. This will give everyone the ability to log on and look at exactly where hospitals are regionally and statewide and build your own graphs with very specific types of data. An individual will be able to drill down to complete data searches.

Chair Cage noted it is great news the NHA is working on a public facing dashboard. This is something that should be included in the briefings moving forward. Chair Cage inquired if there were any hospitals in the state that are in a critical situation regarding any of the measurable data sets and how to characterize that beyond the normal 75% to 85% range. Dr. Lake noted there are a few hospitals that have occupancy rates in the high 90% range and a few over 100%. A lot of that issue is there are beds that are filled with patients who cannot be discharged opposed to COVID patients occupying the beds. The NHA is working with Director Whitley's and DuAne Young's team to try and solve that problem. That is one of our largest issues. Dr. Lake noted there are 440 patients still in the hospital that do not need to be there. There are only four hospitals in the State that are as large as that number as far as licensed beds. It is like an entire hospital in the State of Nevada full of people that could be discharged. Chair Cage asked if these numbers are counted in the COVID numbers. Dr. Lake noted if they have COVID, they are counted. Not all of them have COVID. Of the 440 approximately 160 were COVID patients that have completed their course of treatment or they happen to be a psych patient that tested positive

for COVID but is not being treated for COVID. It is really a complex issue. There is no one solution or one easy flip of the switch that can solve this issue. Richard Whitley, noted in the space of the hospitals, work is being done on the front end in terms of people going to the Emergency Room (ER) and can they be diverted and as Dr. Lake summarized, work is also being done on the backend. The issue is in knowing what people are waiting for in terms of being discharged in order to help place them elsewhere. There needs to be a more detailed reporting on why the patient is waiting for discharge. Mr. Whitley noted hospitals have an obligation to do an appropriate discharge, which means to a level of care. DHHS is working with a team of clinicians and regulators to work with the variety of placements that would be appropriate for the patient. DHHS does not want to place vulnerable people in vulnerable situations. It does take work and case management. Mr. Whitley feels good about the teams that are deployed to the individual hospitals to help with that concern. Guardianship is another issue where sometimes there is a delay for a court process. The paperwork is being done to make sure that when that court hearing takes place and there is an outcome, there is an appropriately place the patient lined up. Mr. Whitely expressed his concern is within the hospital. There is no singular system for collecting workforce issues, particularly nursing. Pre-COVID, there was a workforce shortage in our State, in terms of nurses... Mr. Whitley has had meetings with the Service Employees International Union (SEIU), the association that represents many of the nurses, and have heard their concerns. Mr. Whitley also noted that he is that Nevada has not requested medical staff for hospitals from the Federal Government DHHS receives reports from the hospitals when they reduce or limit services because of capacity. The reports however are not detailed out on what the reasons are for that decision. Staffing is a variable though and DHHS will get more detail on what the staffing needs are and offer the hospital administrator the options that are available, from the Battle Born registry of people who have expressed an interest to volunteer, to the level of asking for federal assistance. DHHS will detail that out in a more targeted way. DHHS is getting reach out from individual hospitals on capacity issues of which staffing has been identified as one of those issues. Chair Cage clarified that there have been several conversations with the federal government regarding staffing and what staffing is available. The feedback that has been received from the Federal Emergency Management Agency (FEMA) and Region IX for DHHS is there is simply no resource to request right now from the federal government. In July of last year, requests were made, and again in November and December. The response received was there were no teams available to assist. Mr. Whitley noted if a challenge or vulnerability is identified formally, more research needs to be done. Documenting the process is important. This is something DHHS will be working on. Mr. Whitley hopes to be able to report back on how that is going to be more formal in our approach with healthcare workforce in hospitals. Chair Cage thanked Mr. Whitley for the clarification. Ms. Southard clarified that the federal medical staffing resources are meant to be a stop gap. Having a solid plan identified after the resource comes and then leaves the facility. Generally, those are only for a two-week time frame that they are deployed. It is a limited stop gap, and it is meant to be a resource of last resort and going through all the options Mr. Whitley spoke of before making that request.

5. Current Situation Report

Kyra Morgan, DHHS, provided an overview of the current situation in Nevada as it relates to COVID to include the following (slides were also included in the meeting packet):

- Cases
  - 1,759 14-day rolling average cases daily
  - 1,876 cases per 100,000 over the last 30 days
  - 253,985 cumulative cases
  - 8,065 cumulative cases per 100,000

- Testing
  - 356 tests/day per 100,000 over the last 14 days
  - 21.5% test positivity rate over the last 14 days

- 2,268,691 cumulative tests

- Hospitalizations
  - 1,784 confirmed and suspected hospitalizations
  - 411 total ICU
  - 280 total ventilators

- Deaths
  - 20 14-day rolling average deaths daily
  - 26 deaths per 100,000 over the last 30 days
  - 3,596 cumulative deaths
  - 114 cumulative deaths per 100,000

Ms. Morgan provided the group with an update regarding the slides provided in the handouts showing the trends of COVID-19 in Nevada. The 14-day moving average of new daily cases has appeared stable since late December. However, that trend is skewed low due to extreme outlier days on Christmas and New Year's Day. On Christmas day there were only had 247 individuals to test positive (vs the overall average being about 1,700) and on New Year's Day there were 395 individuals to test positive. As of January 15, 2021, New Year's Day data will drop out of the 14-day window, so the 14-day moving average will likely increase significantly. Ms. Morgan anticipates Nevada could see increases in numbers through the end of the month based on holiday transmission. Test positivity, statewide, has increased daily since January 1, 2021, at 21.5%. There are currently 1,784 confirmed and suspected COVID-19 cases hospitalized in Nevada hospitals. This is down from a high of 2,126 on December 22, 2020. Nevada has not seen the impact of holiday transmission on hospitalizations yet, which will likely come through in the data closer to the end of January and the beginning of February. Northern Nevada hospitalizations are down significantly from the peak that was observed throughout the month of December. Las Vegas has not seen the same decrease and has plateaued since mid-December. ICU utilization state-wide has declined slightly to 76%, however adult ICU utilization in Las Vegas increased to 90%, with 10 out of 14 facilities reporting 90% or higher. It is likely that the number of COVID hospitalizations will increase through the end of the month, driven by holiday transmission, and possibly into February. Nevada continues to see a high number of COVID-19 deaths reported daily, averaging 20 deaths per day over the previous two weeks. The record number of deaths was on December 22, 2020 at 45. Nevada has not seen the impact of holiday transmission on mortality statistics yet. This will likely come through in the data closer to the end of this month and the beginning of February. For Specimens collected, November 30,2020 through January 12, 2021, it has taken approximately two days after specimen collection for results to be reported. All counties in Nevada, except for Storey and White Pine, are flagged for elevated transmission. Of those counties that were flagged for elevated disease transmission, all are flagged with a high case rate and all are flagged with a high-test positivity. For case rates, Nevada has seen declining or improving trends in the following counties: Carson City, Churchill, Douglas, Elko, Esmeralda, Humboldt, Lander, Lyon, Mineral, Pershing, Storey, and Washoe. For test positivity, Nevada has seen declining or improving trends in the following counties: Carson City, Douglas, Elko, Lander, Mineral, and Pershing. Excluding prison or inmate population does not significantly impact any counties' overall status for elevated disease transmission, except for White Pine. Counties that have relatively high increases in testing and case rates after excluding prison inmate populations are due to having few to zero COVID-19 positive inmates. Since the number of tests and/or cases remain relatively constant and the population size (denominator) is smaller without the inmate population, DHHS would expect to see increases in testing and case rates.

Melissa Peek Bullock, DHHS, provided a brief overview of the evolution of the epidemiological (epi) response. Ms. Peek-Bullock provided the following comment, "early in the pandemic the focus was early identification of cases through laboratory confirmation and subsequent disease investigation and contact tracing. The goal of individual disease investigation and contact tracing was to help interrupt further disease transmission and slow

the spread through both isolation and quarantine measures. These individual level control efforts occur concurrently with population-based control measures, such as social distancing, mask wearing, and the Governor's statewide directives. The effectiveness of individual disease investigation and contact tracing is greatest when disease burden is relatively low so it can be balanced with public health resources. There are also many factors that directly relate to the effectiveness of disease investigation and contact tracing. These factors include, testing availability, test turnaround times, the magnitude of test results received by public health, the amount of epidemiology personnel, and the memory of the positive person to recall potential exposures. In general, the higher the disease burden, the less effective disease investigation and contact tracing is in terms of interventions that result in slowing the spread. Not only in Nevada, but across the nation, public health is struggling to keep up with these efforts due to the sheer volume of cases reported. In response, a shift in the epi approach is occurring at the national, state and local levels. It is important that our limited epidemiology resources are prioritized and targeted to those considered to be higher risk, those in congregate settings, and the school setting. The local health authorities have adopted prioritization methods that suit the individual needs within their counties, abbreviated case investigations to limit the number of questions asked during investigations, and automated tools, such as text messaging and online surveys. DHHS is currently exploring options to incorporate a self-administered disease investigation and contact tracing survey that can be sent out to those that test positive and would not otherwise receive a call from public health. This would allow for cases to still get information related to self-isolation and guidance for quarantine of their contacts. Now, with the availability of COVID vaccine that is another mitigation tool that has been proven throughout history to be key in lowering disease transmission. As more of the population becomes vaccinated, it is expected to lower the disease burden and hopefully help round a corner with this pandemic. The future with COVID is still uncertain, but ultimately the hope for disease investigation and contact tracing is to either move to a surveillance model or if disease burden drastically decreases, have capacity again to manage individual level measures.

Dr. Mark Pandori, Nevada State Public Health Lab, spoke to a new dimension to testing. Testing, while it is important to control the pandemic and contact trace, it is entering a new phase where Nevada needs to make sure testing stays at a high level so that the NSPHL and other labs can perform proper surveillance for variants. There is a lot of attention being paid to variants with some international variants that are entering the United States. With this change of events, the NSPHL is sequencing samplings of positive cases. It is important to continue to get a good sampling from around the State of positive specimens, or else the state is going to miss out on intelligence regarding the presence of variants in our State. There is a new reason why this screening is very important. Dr. Pandori did notice that Quest's lab turnaround times are increasing. Quest is a private lab. Dr. Pandori noted he has received a complaint from an outbreak investigation that was budding, where it took anywhere from 8-11 days to get results from Quest. Dr. Pandori noted the NSPHL is working on sequencing samples. Whatever kind of variant it is whether it is called the South African or United Kingdom variant, the NSPHL would see it within the samples that are being tested. Ms. Morgan noted on slide 7, there are only four counties that are showing an average of more than three days for turnaround and that is Carson City, Lander, Pershing, and White Pine. All of those appear to be driven by testing that is taking place at Quest. Quest seems to be the common denominator as far taking longer to come back. Chair Cage reiterated Chair Cage noted the importance of staying focused and making sure that as Nevadan's we are doing everything possible to mitigate the spread of this virus. It is a difficult time. There is a lot of work to still be done and in addition there is a lot of work to do with respect to vaccine roll. That has made our response here in the State both more hopeful and more complex.

6. Update on State Vaccination Distribution Plan

Candice McDaniel, DHHS, presented on the State Vaccination Distribution Plan. Ms. McDaniel spoke to the recent press conference that occurred on Monday, January 11, 2021. Ms. McDaniel and Shannon Bennett, DHHS, were able to present the new vaccine prioritization for the State of Nevada. Ms. McDaniel noted a lot of

detail was put into the third version of the Vaccine Playbook. DHHS was able to take Nevada specific data including the recommendations from the Advisory Committee on Immunization Practices and use those recommendations to support a Nevada specific response. The vaccinators on the ground, who are doing the work, requested this additional flexibility. This request was incorporated into the new prioritization schedule. There is a need for prioritization as there is a limited allocation of vaccine that Nevada receives from the Federal Government. Ms. McDaniel is hopeful that the allocation Nevada receives will increase over time, that is just not the case currently. Ms. McDaniel noted on the record, it is important to remember that all counties in Nevada will be at varying points within the new prioritization. All the county plans are very much individualized to that specific county. There are different population sizes, different populations within both age groups and occupational groups. From the State level, DHHS goes through a weekly process of supporting all the counties. Through this supportive structure, DHHS has been able to identify some challenges. The playbook allows for an ongoing evaluation as to how the state is performing. With support of the Governor, DHHS was able to bring in experts to support the scaling up of both logistics and communication. As of today, Nevada is only a month into this vaccine response. Being able to evaluate and provide resolutions at this point, is something that the state is very committed to. Ms. McDaniel noted one of the logistical challenges being observed is the regarding data entry. With the support of DEM, NVNG, local emergency managers, and local health districts, real time resolutions are in the works. Starting this week, the vaccination response will ramp up. Ms. McDaniel noted the Centers for Disease Control and Prevention (CDC) publishes an allocation by state. It is an allocation that the Federal Government has set aside for the State of Nevada. There are varying levels of this allocation. The vaccination teams take a look at what has been ordered, what is in transit, and what has been delivered. From that delivery is an immense effort to store, handle, prepare, schedule, and vaccinate. The CDC is going to be publishing new analysis on vaccination efforts. They realized that what was being published was not showing what was happening on the ground. This should be published by the end of this week or early next week. Ms. McDaniel went on to discuss what has been ordered and what has been delivered. The health districts and the counties are responsible for upholding the prioritization in the playbook, matching that with what they can do, what the capacity is, and then to support their needs of their county. Ms. McDaniel noted she understands how difficult this process is with trying to manage week by week. This is a huge task when trying to vaccinate a large number of people. This is where the logistic support that was mentioned earlier will be a huge benefit. At this point, Ms. McDaniel feels Nevada has a very structured prioritization based on science and data. It is difficult to have this prioritization schedule in place when DHHS believes everyone is essential. This structure is necessary based on the limited allocation at this point in the process. DHHS is balancing the allocation and supporting counties to the fullest extent possible.

Chair Cage noted the allocation is a critical piece of this response and asked for clarification on the allocation process. Chair Caged inquired if the following was accurate, Nevada submits an allocation request on Fridays to the Federal Government and what the limit is on the allocation order. Ms. McDaniel noted for this as week, Nevada has been allocated around 36,000 doses and that is a combination of both the Pfizer vaccine and Moderna vaccine. The vaccines are ordered this week and the delivery starts the week after. Chair Cage noted there has been a lot of discussions pertaining to suggestions of what should be done and believes, although in good faith, miss the complexity of the distribution. Chair Cage noted Nevada is allocated 36,000 doses. This includes first and second doses. Ms. McDaniel noted that this week, the 36,000 are for first doses. Chair Cage noted Nevada received 36,000 first doses, which is for a population of approximately 3 million people. That is a small number. Then the state coordinates with county governments based on the following criteria; where the state is regarding the prioritization schedule, population size, ability to deliver, and what the needs are for a specific area. The state then matches the request with what is coming in and looks at the 17 requests. Ms. McDaniel confirmed.

Chair Cage noted one of the items that was pointed out is that Nevada has not fully distributed all the doses that are on hand right now, so that state should not be worried about only getting 36,000 doses at a time. Distribute what you have and worry about the others later. This is a very simplistic way of looking at this very

complex issue. There is "x" number that are on a shelf, or in a freezer somewhere, and those cannot necessarily be redistribute because of cold chain needs. If the vaccine is a sub 80 degree, it cannot have excursions in that temperature without potentially compromising the vaccine. Once vaccines are distributed and put into the freezer, if they are the Pfizer negative 80 degree, they need to stay there until they are thawed and delivered. The 36,000 doses that are coming in are not necessarily going to go into that backlog. They will be distributed, and they will be in arms. The state has had some challenges in getting the distribution up to the level where it needs to be to meet the weekly distribution.

Ms. McDaniel noted it is DHHS's perspective, the challenge is due to the cadence being on a weekly frequency. Whatever is ordered for that week, counties must be able to use within that week. When DHHS identifies a challenge of getting the weekly doses out, that is where the state is trying to support. DHHS is also looking forward to making sure a structure is in place, logistics are in place, and scheduling is in place to ensure what is ordered in a week will be used within that timeframe. Chair Cage noted this is going to be more challenging for the counties that have a higher population. Chair Cage also noted there are two arms operating concurrently during this vaccination effort. Chair Cage inquired if bringing together DEM and the NVNG was to develop a plan for breaking out distribution within a jurisdiction to ensure the state is maximizing the throughput where barriers have been observed. Ms. McDaniel concurred and noted it is bringing those entities together within a county to really support the capacity. Ms. McDaniel noted the best approach is to come together and work collectively. Chair Cage confirmed being able to break it out between the various hospitals, emergency management, the health districts, and other agencies to ensure the state is meeting our potential in the most difficult challenge in the highest populated area. Chair Cage noted the state received new guidance from the CDC on Monday or Tuesday about those 65 years of age and older. In developing the original playbook and taking the input from partners, the plan was updated to include as much flexibility within the tiers as possible. Guidance was subsequently released from the CDC, not the HCIP, on Tuesday. That guidance states every State should expand their distribution to people over 65. That was built into Nevada's plan. Nevada is going to stay with the current version of the playbook and continue to move forward as planned. This will continue to be rolled out with both an age distinction and a profession distinction. This is to provide as much flexibility as possible to the local governments and ensure Nevada is meeting the current need. Ms. McDaniel noted when talking about 65 years of age and older, Nevada has over 500,000 Nevadans who are 65 years of age or older. The allocation just does not meet that demand for that age group alone. Nevada does hold prioritization for that 65 years of age and older group, it is just in a more structured format. Ms. McDaniel reiterated that the 65 years of age and older does hold a prioritization in the structure as does the 70 years of age and older. It is unfortunate, that that messaging came out and does not meet our reality. Chair Cage opened the discussion to other members of the Task Force.

Felicia Gonzales thanked Ms. McDaniel for the support for the education community in Nevada. NDE has been continuously communicating with district superintendents. The rural districts did express some concern. The rural counties shared that they understand scheduling is based upon availability. The expressed concern that one of the barriers to vaccination is the limited staff in the rural counties that can provide the vaccination. Another area of concern is the chain of custody as it relates to the Moderna vaccine. These districts and their staff are willing to assist in this process. Rural counties would love to be a community center for the vaccinations. Ms. Gonzales inquired if Ms. McDaniel could speak to the chain of custody and if it were possible to identify flexibilities. Ms. McDaniel noted what has to happen in order to directly receive the Moderna product to some of our Rural Counties. There is essentially an enrollment process that is completely supported by the CDC. It is basically a contract. There are a lot of requirements in the contract. There is a lot of criteria to be able to be a provider. That can be a barrier for some. It is at a critical time as DHHS work through these counties on a weekly basis. The state is at a point now where it is looking at other potential areas of support are available and how to achieve that support. That is why there are weekly calls. Ms. Gonzales thanked Ms. McDaniel and noted the school districts are willing to assist with the manpower wherever possible.

Jaime Black noted there is confusion with the GCB being handled differently by the various jurisdictions. Some employees of the GCB are being told they are not eligible while others are being sent links to sign up for vaccines. From the GCB perspective, they are clearly a law enforcement agency. The GCB has been deemed as such by statute, so although the GCB is not separately identified in the most recent version of the vaccination playbook, under the workforce definitions for public safety and security it sets forth law enforcement and then also includes other peace officers not specifically named. It has been a bit of a challenge trying to navigate with the various jurisdictions to help get the GCB staff vaccinated. Ms. McDaniel noted it is almost impossible to callout every sort of occupational group. Ms. McDaniel noted if anyone is having those sorts of issues, to reach out directly to DHHS and the vaccination team. Terry Reynolds noted as a prelude to getting B&I staff or people vaccinated in general, there are several individuals that are choosing to not get the vaccine. That has been typical across the board in certain areas. Mr. Reynolds inquired if there was any way to get vaccination information out to individuals prior to the time they are eligible to receive the vaccine. Vaccination hesitancy is a big challenge. Ms. McDaniel noted nvcovidfighter.org (COVID-19 | Immunize Nevada) as being a wonderful resource. The immunize Nevada Coalition has some incredible information posted on their website. They run down everything from what the CDC recommendations are to anything from the FDA. They address vaccine competence. They have some great tools that can be sent to those individuals who hold that hesitancy. Ms. McDaniel noted one of the biggest goals is to build confidence in the vaccines. The state is seeing, in terms of occupational groups, is if a colleague receives the vaccine and they share their experience, others in that area are more interested in also receiving the vaccine. Director Reynolds noted he has looked at that site mentioned and believes, as a collective group, the information needs to be available in terms of something that is easy to read and can distributed to everyone. Kyra Morgan noted when discussing the COVID vaccine and the idea of herd immunity and getting things back to normal, she believes there a goal of two-thirds of the population needing to be vaccinated in order to reach that level of sufficient herd immunity. There are a lot who are skeptical of the vaccine, but they really want to get things back to normal. Ms. Morgan inquired if there have been any conversations or analysis done on how effective a vaccine is if you do not get to the two-thirds of herd immunity. Ms. McDaniel noted there is a delay in that specific data and DHHS is waiting on that data to close within some of the clinical trials, in order to identify the true level of herd immunity for this vaccine. Chair Cage thanked Ms. McDaniel for the plan her team has put together to ensure the state is doing this in a science-based and equitable way Statewide.

7. Update on Health Insurance Portability and Accountability Act (HIPAA) and COVID Response Efforts

Deanna Anderson, DHHS, provided an update on HIPAA and COVID response efforts. Ms. Anderson noted in anticipation of today's meeting, she reviewed all of the bulletins that the Office for Civil Rights (OCR) has distributed since February 2020 in regard to COVID. The presentation was as follows:

1. Sharing Protected Health Information with Employers (from HHS.gov)

• If a Public Health Authority engages a business associate to assist in a specified public health activity, the business associate's written agreement with the covered entity should identify these activities, and the business associate may make the disclosure for public health reasons in accordance with its written agreement. Is the employer a business associate? Then information can be exchanged between the Public Health Authority and the business associate. But the protected health information (PHI) or personal identifying information (PII) must be kept confidential as specified by Americans with Disabilities Act (ADA) and separate from the employee's regular employment records.

• Workplace medical surveillance. A covered health care provider who provides a health care service to an individual at the request of the individual's employer, or provides the service in the capacity of a member of the employer's workforce, may disclose the individual's protected health information to the employer for the purposes of workplace medical surveillance or the evaluation of work-related illness and injuries to

the extent the employer needs that information to comply with OSHA, the Mine Safety and Health Administration (MSHA), or the requirements of State laws having a similar purpose. The information disclosed must be limited to the provider's findings regarding such medical surveillance or work-related illness or injury. The covered health care provider must provide the individual with written notice that the information will be disclosed to his or her employer (or the notice may be posted at the worksite if that is where the service is provided). See 45 CFR 164.512(b)(1)(v).

2. Billing Information for administration of Vaccinations

• The Privacy Rule permits a covered entity to use and disclose protected health information, with certain limits and protections, for treatment, payment, and health care operations activities.

• Billing for services provided is one of the areas that the Privacy Rule that allows disclosure of protected health information without patient authorization.

3. Registration of Employees

• PHI can be disclosed to public health authorities and their authorized agents for public health purposes including but not limited to public health surveillance, investigations, and interventions.

Chair Cage inquired where local partners could go if they have challenges meeting the requirements or have questions regarding the requirements. Ms. Anderson noted they can go to hhs.gov. That is the Department of Health and Human Services national website and there are links in there directly to the office for civil rights which is the regulatory arm of the DHHS, and they are the ones that regulate HIPAA. Individuals can see all the bulletins that have come out including the latest one which says there will be no fines levied for any complaints or anything related to the release of PHI. Chair Cage inquired if the new policy put out by OCR is tied directly to the duration of the President's major declaration request and if there is a time limit associated with it. Ms. Anderson noted it was not specified, but it did roll out in coordination with the President's declaration of a pandemic disaster. Chair Cage asked if there are State specific resources in addition to the Federal website resource. Ms. Anderson noted there are two HIPAA Privacy Officers in the State under DHHS. Anyone can reach out to her or Mariann Lane with specific questions.

8. Public Comment

Chair Cage opened the discussion for public comment in all venues. No public comment was provided.

9. Adjourn

Chair Cage called for a motion to adjourn the meeting. A motion to adjourn was presented by Meagan Werth Ranson and a second was provided by Chief David Fogerson. The motion passed unanimously. Meeting adjourned.