

## **District Board of Health Meeting Minutes**

### **Members**

Devon Reese, Chair  
Clara Andriola, Vice Chair  
Paul Anderson  
Michael Brown  
Dr. Eloy Ituarte  
Steve Driscoll  
Dr. Reka Danko

**Thursday, December 18, 2025  
1:00 p.m.**

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

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

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

Chair Reese noted the passing of Dr. George Hess, a longtime friend of the Board, who passed away a couple of weeks ago, and a moment of silence was observed in his memory.

Members present: Devon Reese, Chair  
Clara Andriola, Vice Chair  
Michael Brown  
Dr. Eloy Ituarte  
Steve Driscoll  
Paul Anderson

**Ms. Lawson verified a quorum was present.**

### **2. Pledge of Allegiance.**

Ms. Sferrazza led the pledge to the flag.

### **3. Public Comment.**

With no requests for public comment, the item was closed.

### **4. Approval of Agenda.**

**Vice Chair Andriola motioned to approve the agenda. Mr. Brown seconded the motion, and it was approved unanimously.**

## 5. Recognitions.

### New Hires

- i. Emily Nelson – UNLV Fellow – start date 12/02/2025

Nancy Diao introduced Emily Nelson as the new UNLV Fellow from the applied epidemiology fellowship program. She will be working on various projects in epidemiology and chronic disease and injury prevention programs.

### Years of Service

- i. Jackie Lawson – Administrative Assistant I (ODHO) – 15 years 12/13/2010
- ii. Sonya Smith – Public Health Nurse Supervisor (CCHS) – 10 years 12/14/2015

Nancy Diao thanked staff for their years of service to the community.

### Health Heroes

- i. Crystallena Christensen – Community Health Worker (CCHS) – Compassion, Collaboration, Trustworthiness
- ii. Steve Kutz and Jan Houk – Registered Nurses (CCHS) – Adaptability, Compassion, Trustworthiness
- iii. Dianna Karlicek – Environmental Health Specialist (EHS) – Compassion, Collaboration

Frenchie Rubio shared congratulations to the Health Heroes for their awards.

## 6. Consent Items.

- A. Possible approval of November 20, 2025, Draft Minutes.
- B. Approve a Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$105,558.00 (no match required) for the period retroactive to July 1, 2025 through April 28, 2026 in support of the Population Health Division (PHD) Tobacco Prevention and Control Grant Program, and authorize the District Health Officer to execute the Subaward and any future amendments.
- C. Approve a Subaward from the Board of Regents, NSHE obo University of Nevada, Reno in the total amount of \$101,705.97.00 (no match required) for the period retroactive to October 1, 2025 through September 30, 2026 in support of the Population Health Division (PHD) Supplemental Nutrition Assistance Program Education (SNAP-Ed) Program and authorize the District Health Officer to execute the Subaward and any future amendments.
- D. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period October 1, 2025 through September 30, 2026 in the total amount of \$116,216.00 (no required match) in support of the Community and Clinical Health Services (CCHS) Division Fetal Infant Mortality Review (FIMR) Program and authorize the District Health Officer to execute the Subaward and any future amendments.

- E. Approve the Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$471,713.00 (\$47,171.30 cash match) retroactive to July 1, 2025 through June 30, 2026 in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; approve authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not exceed the FY26 travel budget to attend the Health Care Coalition Conferences (dates to be determined); and authorize the District Health Officer to execute the Notice of Subaward, any future amendments and MOU agreements with partnering agencies.
- F. Recommendation for the Board to uphold an uncontested violation issued to North Pyramid Investors, Case No. 1592, Notice of Violation No. AQMV25-0019 with a \$500.00 Administrative Penalty for failing to obtain a Dust Control Permit prior to the commencement of a dust generating activity.

**Board Member Driscoll moved to accept the consent items, and Board Member Anderson seconded the motion, which was approved unanimously.**

**End of Consent Items.**

**7. Presentation, discussion and possible acceptance of the Northern Nevada Public Health (NNPH) Environmental Health Services (EHS) Evaluation Report and possible direction from the Board of Health on policy and program implementation within the community.**

Ralph Renger from Just Evaluation Services presented a summary of the NNPH Environmental Health Services (EHS) evaluation, which was conducted to assess organizational performance, permit holder experience, and comparison with similar health departments. The evaluation was designed following initial stakeholder meetings to identify needs and key evaluation questions, with adjustments made during the process to address unforeseen findings and ensure useful information for decision-making. Methods included secondary data analysis of national studies and accreditation data, as well as primary data collection through permit holder surveys and interviews.

The evaluation found that NNPH EHS provides a broader range of services than comparable agencies, delivering 23 of 34 core services compared to an average of 14 among similar health departments, while operating with fewer full-time equivalent staff than recommended. Comparisons with accredited peer agencies indicated that while EHS demonstrates many environmental health standards, there is an opportunity to improve the extent to which measures are fully demonstrated. Permit holder surveys and interviews indicated overall satisfaction with staff professionalism and expertise, but identified concerns related to fees, clarity of educational materials, unannounced inspections, limited understanding of EHS roles, and, most consistently, perceived inconsistencies across programs, inspections, and staff.

Further analysis indicated that perceived inconsistencies are influenced by multiple factors, including variability in processes and application of standard operating procedures, structural issues such as program silos and staffing constraints, and organizational culture factors related to communication and shared accountability. Permit holders expressed strong trust in individual staff and a willingness to participate as partners in training and education, representing an opportunity for increased collaboration.

Dr. Renger recommended prioritizing improvements in organizational culture and team cohesion, followed by strengthening standardization and sharing of best practices across programs, improving operational efficiency and staffing alignment, enhancing public-facing systems such as the website and permit tracking, and revising public educational materials to improve clarity and accessibility. He identified organizational culture and public-facing points of contact, including the website, permit applications, plan review processes, and resource materials, as recommended starting points for implementation.

Chair Reese thanked Dr. Renger for the evaluation and commended the staff on the preparation of a clear and concise staff report. He also expressed appreciation for the comprehensive work product and acknowledged the significant effort involved. He described organizing the findings into three areas of consideration: implications for Environmental Health Services staff, leadership responsibilities, and matters requiring board-level policy consideration. Key points highlighted findings related to staffing capacity and workload, which were noted as relevant to upcoming budget and strategic planning discussions; confirmation that permit holders perceive EHS staff as professional; the use of experienced staff in mentoring roles; and recommendations related to announced inspections, as part of an education-focused regulatory approach. Findings related to organizational culture and team cohesion were noted as falling within leadership responsibility.

Dr. Renger commented on the role of the Board as a resource to the organization, noting that Boards collectively bring significant professional experience and expertise, and he feels that this could be more fully utilized by leadership, particularly in seeking input and problem-solving support on complex issues. He also encouraged increased engagement with the Board, emphasizing the value of collaborative discussion and shared expertise in addressing organizational challenges.

Vice Chair Andriola expressed appreciation for the evaluation, time spent with Dr. Renger during the evaluation process, and the presentation to the board. She emphasized that organizational culture is a critical issue for any organization and noted the value of having an independent third party conduct such an evaluation. She referenced prior experience with similar evaluations in which the consultant worked collaboratively with leadership to develop a formal implementation plan and suggested that such an approach could be beneficial in this case. She stated that the board has a responsibility to serve as a resource by supporting leadership with appropriate tools, timelines, and expectations, and encouraged consideration of continued engagement with Dr. Renger to assist in developing an implementation plan,

including timelines and progress tracking. Ms. Andriola requests that the board consider supporting the development of a structured implementation plan as a next step, with leadership carrying out implementation and providing the board with periodic updates.

Dr. Renger added a clarified that the recommendations are offered based on the information available during the evaluation and may not reflect all operational considerations. He emphasized that the recommendations represent professional judgment rather than directives and acknowledged that there may be additional context influencing implementation decisions. He requested feedback on the consideration and adoption of the recommendations, noting that it would help assess the practical utility of the evaluation.

Paul Anderson also emphasized the importance of organizational culture, stating that culture can significantly influence the effectiveness of any organization and that responsibility for addressing it rests with both leadership and the board. He highlighted the importance of first points of contact with the public, noting that clear communication can build confidence and reduce perceptions of inconsistency. He also referenced concerns heard in the community regarding differing inspection approaches and acknowledged that varied perspectives could underscore the need for education and consistency. He expressed support for intentional mentoring and the use of experienced staff to support workforce transitions. He further noted that some recommendations may be achievable without significant financial investment and encouraged consideration of implementation, beginning with lower-cost or operational changes. He encouraged continued proactive engagement between leadership and the board and appreciation for opportunities to contribute to board expertise as a resource.

Mr. Renger acknowledged that while the focus is often on process, discussing cultural issues can be challenging, and expressed appreciation for the professionalism with which the topic was addressed by staff and leadership.

Chair Reese noted that this report represents a deep dive into one division and highlighted that broader strategic planning efforts will occur after the start of the new year, providing an opportunity to address similar issues across all divisions.

Dr. Kingsley responded by noting that he and the team view the report as an opportunity for growth, and they have engaged in ongoing discussions and are enthusiastic about developing an implementation plan based on the report's findings. Dr. Kingsley indicated that clear objectives and timelines will be established, and that the plan will address both division-specific priorities and overall organizational culture. He confirmed that the implementation plan will be brought back to the board, with part of the strategic planning session in February directly related to this.

Mike Brown acknowledged the significant contribution of staff in preparing the presentation and developing the findings and recommendations. He specifically highlighted the recommendation regarding the development and maintenance of Standard Operating Guidelines (SOGs), emphasizing the importance of regularly reviewing and updating these



documents to reflect current best practices.

Mr. Renger emphasized the importance of SOGs as foundational documents for new trainees, noting that they serve as a living resource that should evolve. He highlighted that SOGs allow staff to share best practices, refine workflows, and enhance consistency and efficiency across the organization.

Chair Reese recognized Mr. Brown's prior work and asked him to provide comments regarding inspections.

Mr. Brown expressed support for the move toward scheduled inspections rather than unannounced visits, noting that surprises can create unnecessary stress for staff during peak operational periods. He emphasized that community feedback consistently highlighted concerns about the impact of surprise inspections on workflow and performance. He observed that providing advance notice allows staff to prepare adequately, maintain operational efficiency, and reduce anxiety.

Steve Driscoll also emphasized the importance of organizational culture as a central recommendation. Culture can be difficult due to personalities, directions, responsibilities, and professional requirements. processes, directions, but it comes together where there is a consensus at every level responsible for decision-making and outcomes. In this case, it starts with the Board and management having a buy-in. He noted that culture is shaped by consensus at all levels, beginning with the board and extending through management and staff, boiled down to key points, and agreed upon. He highlighted that scheduled inspections support this culture by promoting education, safety, and operational consistency. Consistency in communication and policy application, such as providing uniform responses regarding fees, further reinforces a cohesive organizational culture.

Dr. Renger noted that scheduled inspections are beneficial, as they engage staff in an educational process and reinforce active managerial control. Advanced staff preparation is positive and fosters learning and awareness rather than penalization. He noted that even with prior notice, staff may still encounter unforeseen issues, underscoring that inspections serve both an educational and operational purpose. This approach removes animosity, encourages engagement, and supports a culture of continuous improvement and consistency across the organization.

Chair Reese indicated that there is no evidence that surprise inspections measurably improve health outcomes. While inspections are essential to ensure public safety, including food, pools, and other permitted activities, evidence-based practice suggests that scheduled inspections encourage staff to adopt best practices more routinely. Scheduled inspections potentially allow inspectors to spend more time on-site addressing significant issues in a non-adversarial manner, fostering participation in training and active managerial control. He emphasized that such an approach is likely to improve measurable outcomes and supports the rationale for implementing a pilot program for scheduled inspections.

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Mr. Driscoll shared that by standardizing approaches in one area, improvements can ripple across all levels, affecting customer interactions, problem-solving, education, and operational consistency. The insights gained from this focused analysis establish a foundation for broader organizational improvements over time.

Dr. Ituarte noted that, from a public health perspective, he feels outcomes need to be defined, and a clear measure of success needs to be established. He indicated that further reflection on the report will inform the understanding of these endpoints and agreed with the suggestion that this discussion continue during the upcoming board retreat.

Vice Chair Andriola highlighted that while the report focused on a single department, its findings regarding organizational culture have the potential to influence the broader organization. She recommends that Dr. Renger collaborate with leadership to develop an implementation plan to guide leadership in actionable strategies. This approach will allow leadership to step back and view the organization from a higher perspective, ensuring lessons learned can be applied across other departments, enhancing overall organizational performance and capacity.

Chair Reese emphasized that the report was intended as a constructive tool for organizational improvement. He inquired about the staff's reaction to the recommendation on scheduled inspections and the overall sense or mood within the department concerning these proposed changes.

Mr. Fyda acknowledged that the topic of scheduled versus unscheduled inspections has generated considerable discussion among staff, with differing preferences and opinions expressed. Some staff noted that unannounced inspections allow evaluators to observe operations as they normally occur, while others recognized that even with scheduled inspections, certain behaviors or practices may still emerge. Staff also raised logistical concerns regarding the scheduling of inspections, including potential conflicts or delays, reflecting thoughtful consideration of operational impacts.

Chair Reese expressed his hope that staff will have robust discussions, remaining academic, polite, and constructive. He acknowledged that change can be challenging but noted that respectful dialogue and differing perspectives ultimately strengthen the organization. Appreciation was expressed for the department leadership's willingness to facilitate this iterative process.

Mr. Fyda feels staff are open to being intentional in piloting scheduled inspections and measuring outcomes. Key measures under consideration include inspection violations, incidence of foodborne illness, and outbreak occurrences.

Dr. Kingsley noted that past reports in CCHS, Air Quality, and Environmental Health Services have informed of meaningful changes, and there will be a continuation of the process to the remaining divisions. Emphasis will be placed on developing and implementing the upcoming plan, strengthening the organization, and engaging effectively with the

community.

**Chair Reese made a motion to accept the evaluation report and directed Dr. Kingsley to implement it as directed by the colleagues on the dais this day. Vice Chair Andriola offered a second on the motion, and it was approved unanimously.**

**8. Presentation on PFAS Health and Regulatory impacts in Washoe County.**

Latricia Lord presented on the health and regulatory impacts of per- and polyfluoroalkyl substances (PFAS) in drinking water in Washoe County. PFAS are human-made chemicals developed since the 1930s and 1940s to resist water, grease, stains, and heat. They are highly persistent in the environment, earning the nickname “forever chemicals,” and are found in soil, water, air, and consumer products. Exposure to PFAS has been linked to health concerns such as interference with cholesterol metabolism, immune system suppression, thyroid disruption, certain cancers, and pregnancy-related risks. PFAS can enter drinking water through industrial releases, accidental spills, wastewater, and natural hydrologic cycles.

Ms. Lord explained the regulatory context for Washoe County, noting that NNPH currently regulates 69 public water systems (PWS), primarily small groundwater systems or connections to larger surface water systems. Larger systems, including the Truckee Meadows Water Authority and Incline Village GID, are regulated directly by the Nevada Division of Environmental Protection (NDEP). The Environmental Protection Agency (EPA) requires monitoring of unregulated contaminants through its Unregulated Contaminant Monitoring Rule (UCMR). UCMR 3 occurred from 2013 to 2015, and UCMR 5 is ongoing from 2023 to 2025, which includes PFAS and lithium. In April 2024, the EPA finalized a PFAS rule establishing maximum contaminant levels for six compounds, with initial monitoring required by 2027 and compliance by 2029. NDEP plans to request primacy from the EPA to assume state-level regulatory authority over PFAS enforcement, which will affect 34 of the 69 Washoe County water systems currently regulated by NNPH. These systems include community water systems, non-transient non-community systems, schools, and industrial water systems.

Ms. Lord also discussed treatment and funding options, including granular activated carbon, ion exchange media, and reverse osmosis. Funding opportunities are available through the State Revolving Loan Fund, the Bipartisan Infrastructure Law, and other grants for small or disadvantaged communities. NNPH received approximately \$228,000 from NDEP for private well sampling, targeting around 300 wells to inform residents of PFAS levels and assess local aquifer conditions. Sampling is planned to begin early in the year, with grant activities to be completed by 2029.

Mr. Driscoll asked about EPA setting a standard, if they also set what compliance looks like, and what the repercussions of non-compliance are.

Ms. Lord shared that monitoring requirements will be instituted, typically involving four consecutive quarters of sampling to account for potential seasonal fluctuations. Levels will



be established, and systems must remain below these levels to achieve compliance. Staff are actively reviewing the Code of Federal Regulations, interpreting the requirements, and working closely with NDEP, which is coordinating with the EPA to obtain primacy. Washoe County is asking for guidance, assistance, and consistency to work closely to ensure consistent implementation across Washoe County as they are throughout the rest of the state.

Vice Chair Andriola asked about the areas in the community being monitored and the guidelines of timing and organizations working together for the monitoring.

Ms. Lord noted that TMWA operates 6 different water systems, with the primary sampling point being the Chalk Bluff treatment plant and the Glendale surface water treatment plant, serving a majority of the valley. NNPH regulates 5 water systems, one of which is in Wadsworth and has been tested at or above the limits established in the current rule. They are in the process of submitting to NDEP for a water project and treatment, and one of the available technologies and are barely meeting the initial 2029 timeline, versus some other systems that haven't sampled.

Mr. Anderson asked if we've thought far enough about when we become responsible for the compliance oversight, what is foreseen as staffing training, and how this will work within NNPH. He also asked about the balance between making sure the public is educated but not causing hysteria, and what the communication process is as things move along.

Ms. Lord responded that it would depend on what kind of results are coming in. A monthly report is received from NDEP with water quality data that will show a trigger if it's even half of the threshold. She also shared that communication is part of their grant deliverables, and they are setting up a website to include educational materials for private well owners that will also be helpful for public water systems. There may also be other grants available that will be shared as data becomes available.

Chair Reese noted that since information about PFAS is still limited and evolving, it is important to ensure accurate, science-based information is shared rather than misinformation. He expressed concern about public health entities becoming involved in new responsibilities without corresponding funding, particularly when PFAS concerns are raised in response to proposed developments. He observed that community reactions can sometimes lead to broad opposition based on unverified or incomplete information, creating challenges for decision-makers who want to protect public health while relying on established science. He suggested the presentation could be shared with TMWA or regional planning bodies to improve understanding of the role of NNPH in this area. He asked for clarification on what role NNPH envisions itself in PFAS-related discussions beyond the scope of the identified grant.

Ms. Lord explained that routine compliance activities for public water systems are conducted under a grant that has been in place for many years, which primarily supports staff time. She provided background on the agency's regulatory role, noting that it previously regulated certain surface water systems, including the main Truckee Meadows Water Authority and the

Incline Village GID systems. Regulatory responsibility for those systems was later transferred to NDEP, which oversees multiple surface water systems in Clark County, while this agency retained responsibility for chemical compliance.

Dr. Kingsley stated that public education efforts have occurred in the past, such as during the Swan Lake flooding, but noted that attention diminished over time, even as regulatory work has continued. He explained that activities tied to permitting are generally sustainable because costs can be recovered through fees, whereas education and private well issues often require outside funding. The agency regularly evaluates workloads and fees to maintain sustainability. The speaker also expressed concern about uncertainty at the federal level, including discussions beginning in May 2025 about rescinding certain PFAS regulations, which could limit oversight despite public interest in healthier water and food. He noted fluctuations in federal policy but emphasized that, at the local and state level, there is a strong commitment to monitoring water quality, protecting public health, and working with boards and the community to address these issues regardless of federal changes.

Dr. Ituarte shared that PFAS chemicals are present in multiple sites, not just water. They can also be found in food, clothing, and other household items, so this is more than just a drinking water problem. The health effects are still being defined, but there could be significant effects related to ingestion and chronic exposure.

## **9. Presentation on Reproductive and Sexual Health Services.**

Christina Sheppard provided an overview of sexual health services offered through the Family Planning Sexual Health Clinic, highlighting stable STI rates in Washoe County over recent years, with continued concern regarding congenital syphilis and primary and secondary syphilis. She described the clinic's mission to provide accessible, client-centered care regardless of ability to pay, noting that many patients are uninsured, have low incomes, and face barriers to accessing care elsewhere. Services include comprehensive sexual and reproductive health care, same-day STI testing and treatment, HIV prevention and treatment initiatives, vaccinations, partner services, and community-based testing efforts. She also discussed expanded prevention programs, ongoing public outreach, and collaboration with community partners. Challenges include funding instability, staffing vacancies, limited access points in the community, and anticipated increases in uninsured patients due to changes in federal health coverage policies.

Chair Reese shared that he hopes to have an expanded conversation on sexual health during the strategic planning meeting. He asked about rapid HIV testing availability in the community.

Ms. Sheppard noted that rapid HIV testing is routinely available through the clinic and is the primary method used, allowing clients to receive results the same day, with lab-based testing used only rarely. Rapid HIV testing is also provided at community testing sites, including the county jail and Eddie House. In addition, some other local providers, such as Planned

Parenthood, HOPES, and CHW, offer rapid HIV testing. The presenter noted that most primary care providers do not typically offer rapid HIV testing, and it is generally not available in emergency room settings.

Chair Reese explained that his interest in rapid HIV testing was prompted by a constituent, Ray Lutsky, who organized a community event in partnership with NNPH. He was encouraged by the event but noted that the constituent had hoped to include rapid HIV testing on site. He wondered about the limitations that prevented it from being offered directly at the event.

Jennifer Howell confirmed awareness of the referenced community event and explained that funding for community testing is limited, as staffing and HIV test kits are supported through a CDC HIV prevention grant with uncertain future funding beyond May 31. As a result, rather than offering on-site testing, the plan is to direct individuals to the clinic and other NNPH locations for testing. She also noted that STD Awareness Week is in April and may present an additional opportunity for outreach and education.

**In the interest of time and preserving quorum, Chair Reese noted that items 13A, 13B, 13C, and 13D will not be heard today and will be accepted as written presentations only. If any Board members have questions, they will be taken offline.**

**10. Presentation on Mosquito Abatement Funding and Request for Approval to Present Data and Future Funding Options to the Board of County Commissioners (BCC).**

Dr. Kingsley provided an overview of mosquito surveillance and abatement activities for the 2025 season and reviewed historical data over the past three years. He noted that aerial larvicide applications have effectively reduced mosquito populations in prior years, though 2025 saw an increase late in the season due to favorable conditions. He emphasized that recent cases of dengue and other mosquito-borne diseases in the community were travel-associated, with no local transmission.

He summarized the statutory authority under NRS 439 and 318, which empowers the district health officer and the Board of Health to conduct mosquito abatement, but noted there is no dedicated funding source, and cost recovery options are limited. He reviewed historical funding, including temporary sales tax allocations and general fund transfers, noting that most abatement costs have been absorbed by EHS.

He explained that large-area mosquito treatment was suspended in FY26 to save approximately \$300,000, highlighting that the mosquito program is primarily a discretionary activity, rather than a federally or statutorily mandated. Current costs to run a season are approximately \$830,000, including staffing, interns, helicopters, warehouse operations, vehicles, and supplies.

Dr. Kingsley stressed that NNPH prioritizes high-risk mandated activities and explores alternative funding for discretionary programs like mosquito abatement. His purpose in this

presentation was to provide the Board with data and budget context to guide discussion with county commissioners on potential future funding or continuation of large-area mosquito abatement.

Vice Chair Andriola acknowledged she received feedback regarding the Board's decision to pause the helicopter portion of mosquito abatement. She thanked Dr. Kingsley for clarifying the program, noting that there had been confusion in the community, with some believing the entire program was ending rather than just the helicopter portion. She emphasized that mosquito control crosses jurisdictional boundaries, so the helicopter's operations affect multiple areas. She noted the historical funding via the 1/8 cent tax and expressed interest in further researching the program's impact and potential discussions regarding funding and policy. She also noted that since mosquito abatement is discretionary, it allows room for future discussion and exploration.

**Chair Reese moved to approve the presentation and approved the presentation of data and future funding to the Board of County Commissioners. Vice Chair Andriola made a second on the motion, and it was passed unanimously.**

**11. Review, discussion, and possible adoption of the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation, with a finding that the revised regulations do not impose a direct and significant economic burden on businesses or citizens; nor do the revised regulations directly restrict the formation, operation, or expansion of a business; and set a public hearing for the possible adoption of the proposed revisions to the Regulations for January 22, 2026, at 1:00 p.m.**

Dave Kelly presented a business impact statement for proposed updates to regulations governing sewage, wastewater, and sanitation, specifically focusing on residential septic systems, as per NRS. He highlighted that staff began receiving feedback on these regulations about ten years ago, initiated formal drafting and engagement approximately two and a half years ago, and noted that the recent closure of Donovan Pitt, the community's only source for engineered and advanced treatment septic systems, added urgency to these updates. He concluded that the proposed regulations are designed to meet industry needs and are not more restrictive or costly.

Mr. Kelly confirmed that the key finding of the business impact statement is that the proposed septic system regulations do not create negative impacts for industry. He provided examples of improvements, including streamlining the variance process for crossing watercourses or drainage, opening the use of alternative technologies such as sand filters, and allowing licensed professionals beyond engineers to conduct percolation tests. These changes aim to increase access to services and potentially reduce costs. He emphasized that changes were made based on public feedback and consultation with the State Board of Health and legal review, and that the draft posted is final.

Chair Reese thanked Mr. Kelly for the education and guidance provided on the proposed regulations and noted appreciation for the careful, multi-year review process, which had not been updated since 2013, along with the comprehensive public engagement, including workshops attended by property owners, engineers, installers, and Realtors.

Mr. Driscoll asked for clarification that, while the document includes figures labeled as “final,” those figures are subject to updates and refinements, and the business impact statement under consideration is separate from those figures, with the minor changes to the schematics not altering the regulatory language or requirements. Therefore, approval of the business impact statement does not constitute approval of the ancillary figures, which may still evolve.

Mr. Kelly confirmed this is the case, as he posted a draft indicating “to be updated” as well as a final draft, which arrived just as he was posting the documentation.

**Chair Reese motioned to adopt the Business Impact Statement and set the Public Hearing for January 22, 2026, at 1:00 p.m. Board Member Driscoll seconded the adoption, and it passed unanimously.**

**12. Discussion and Possible Appointment of Cassandra Deen, Hospital Continuous Quality Improvement Representative to the Regional Emergency Medical Services Advisory Board for a three-year term effective December 18, 2025.**

Andrea Esp shared that Ms. Deen currently works as the Director of Clinical Excellence for Renown and is highly recommended by the resigning EMSAB Board member. She is well qualified for the position. The term is for a 3-year appointment, with eligibility for 2 additional 3-year terms.

**Board Member Brown motioned to approve the appointment. With a second by Vice Chair Andriola, the item was approved.**

**13. Staff Reports and Program Updates**

- A. Air Quality Management – EPA Asks D.C. Circuit to Vacate 2024 PM2.5 NAAQS, September 2025 EPA Small Business Newsletter, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Compliance.
- B. Community and Clinical Health Services – Overview of Reproductive and Sexual Health Services; Data & Metrics; Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Maternal Child and Adolescent Health, Women Infants and Children, and Community Health Workers.
- C. Environmental Health Services Program – Consumer Protection (Food Safety Plan Review & Operations, Commercial Plan Review, Foodborne Illness, Special Events, Permitted Facilities); Environmental Protection (Land Development, Safe Drinking Water, Vector-borne Disease Surveillance, Waste Management / Underground Storage Tanks).



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- D. Epidemiology and Public Health Preparedness – Epidemiology, Statistics and Informatics, Public Health Preparedness, Emergency Medical Services, Vital Statistics, Sexual Health Investigations and Outreach, Chronic Disease and Injury Prevention.
- E. Office of the District Health Officer Report – Northern Nevada Public Health Communications Update, Accreditation, Quality Improvement, Workforce Development, Community Health Improvement Program, Equity Projects / Collaborations, Community Events, and Public Communications Outreach.

**Chair Reese noted that items 13A-13D were to be accepted as written reports and asked if there was any additional information Dr. Kingsley wished to share with the Board regarding item 13E. With nothing additional to add at this time, the Chair closed item 13, with reports as written.**

**14. Public Comment.**

Having no requests for public comment, the public comment period was closed.

**15. Board Comment.**

Vice Chair Andriola wished everyone a Merry Christmas and a wonderful time with family and friends. She appreciates the opportunity to serve on this Board and getting to know everyone and their experience and professionalism.

Chair Reese noted that this meeting was especially long due to the great presentations and appreciates everyone sticking around. He wishes everyone happy holidays and a happy New Year.

There were no other requests for Board Comment, so the item was closed.

**Adjournment.**

**The meeting adjourned at 3:36 p.m.**