

NORTHERN NEVADA
Public Health

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**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, March 27, 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

Vice Chair, Clara Andriola, called the meeting to order at 1:05 p.m.

Members present: Clara Andriola, Vice Chair

Michael Brown

Dr. Eloy Ituarte

Steve Driscoll

Paul Anderson (virtual – 1:10-1:18 p.m., 1:22-3:11 p.m.)

Ms. Lawson verified a quorum was present.

2. Pledge of Allegiance.

Dr. Ituarte led the pledge to the flag.

3. Approval of Agenda. (FOR POSSIBLE ACTION)

Michael Brown motioned to approve the agenda. Steve Driscoll seconded the motion, and it was approved unanimously.

4. Recognitions.

New Hires

- i. Leia Lagman – Public Health Investigator II - EPHP – 2/24/25

Dr. Nancy Diao introduced Leia Lagman as a new Public Health Investigator for EPHP.

Years of Service

- i. Brenda Rambosek – Environmental Health Specialist – EHS – 25 years 3/27/2000

- ii. Alejandra Rosales-Garcia – Clinic Assistant – CCHS – 5 years 3/16/2020

Erin Dixon congratulated these employees on their years of service and continued dedication to the community.

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Health Heroes

- i. Jim English – EHS
- ii. Lisa Lottritz – CCHS
- iii. Candace Brown, Brandon Koyama, Niko Mastick, Matthew McCarthy, Brendan Schneider, Jeff Jeppson, Genine Rosa, Josh Restori, Craig Petersen & Francisco Vega - AQM

Lisa Sheretz recognized the adaptability, collaboration, compassion, inclusivity and trustworthiness of the Health Heroes.

Noted for the record Paul Anderson was in virtual attendance at the meeting from 1:10-1:18 p.m.

5. Proclamations.

Recognize the week of April 7-13, 2025, as National Public Health Week.

Erin Dixon read the Proclamation to recognize the week of April 7-13, 2025, as National Public Health Week.

Meeting paused due to a lack of quorum at 1:17 p.m. and called back to order at 1:21 p.m.

Paul Anderson in attendance via virtual attendance again at 1:22 p.m.

6. Public Comment.

There were no requests for Public Comment in person or online, so the public comment period was closed.

7. Consent Items. (FOR POSSIBLE ACTION)

- A. Possible approval of February 27, 2025, and March 6, 2025, Draft Minutes. (FOR POSSIBLE ACTION)
- B1. Accept cash donation in the amount of \$7097.11 from the Burning Man Project to purchase birth control methods to help decrease unintended pregnancy rates; approve amendments totaling an increase of \$7097.11 in both revenue and expense to the FY25 Buring Man Donation budget, IO#20471. (FOR POSSIBLE ACTION)
- B2. Approve Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection, Bureau of Corrective Actions and Northern Nevada Public Health upon approval of the Board of Examiners for the period of July 1, 2025 through June 30, 2029 in the total amount of \$600,000 (\$150,000 per fiscal year) in support of the Environmental Health Services (EHS) Underground Storage Tank (UST) program, and if approved authorize the District Health Officer to execute the agreement and any further amendments. (FOR POSSIBLE ACTION)

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- C1. Recommendation for the Board to uphold an uncontested citation issued to Rilite Aggregate Co., Case No. 1541, Notice of Violation No. AQMV25-0001 with a \$500.00 penalty for failing to control fugitive dust from an aggregate facility. (FOR POSSIBLE ACTION)
- C2. Recommendation for the Board to uphold an uncontested citation issued to EAN Holdings, LLC, Case No. 1544, Notice of Violation No. AQMV25-0002 with a \$500.00 penalty for failing to comply with permit requirements associated with Permit to Operate No. AAIR16-02025. (FOR POSSIBLE ACTION)
- D. Acknowledge receipt of the Health Fund Financial Review for February, Fiscal Year 2025. (FOR POSSIBLE ACTION)
- E. Acceptance of the 2024 Annual Report to the Truckee Meadows Regional Planning Agency by Northern Nevada Public Health as the Air Quality Management Authority. (FOR POSSIBLE ACTION)
- F. Acceptance of the 2024 Annual Report to the Truckee Meadows Regional Planning Agency by Northern Nevada Public Health as the Solid Waste Management Authority. (FOR POSSIBLE ACTION)

Mr. Brown moved to accept the consent items and Mr. Driscoll seconded the motion, which was approved unanimously.

End of Consent Items.

8. Public Hearing. (FOR POSSIBLE ACTION)

- A. Public Hearing to review, discuss, and possibly adopt the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Chapter 040 (Prohibited Emissions), Part 040.110 (Asbestos Control Standards), and Part 040.115 (Acknowledgment of Asbestos Assessment), with an implementation date of March 27, 2025. (FOR POSSIBLE ACTION)

Craig Petersen noted that this hearing is for the adoption of the proposed asbestos regulation revisions which have been removed from Chapter 030 and relocated to prohibited emissions in Chapter 040. The sections pertaining to asbestos have not been reviewed or revised in many years and do not reflect the current asbestos acknowledgment process or the intended purpose of the Federal regulation. Major changes include separating the rules into two parts, asbestos control standards and acknowledgment of asbestos assessment, with definitions added to increase clarity. In addition, specific record-keeping requirements, a clear list of exemptions and exceptions, and more organization are included. Part 110 provides additional clarity to the Federal requirements, establishing standard work practices, clarifying requirements for alternative work plans, and includes survey notification and disposal requirements. Part 115 identifies when an acknowledgment is required and defines

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the quantity of disturbance limits and documents required for a complete application. Community and stakeholder consultations, a public workshop, two press releases completed, and proposed revisions have been posted on the Air Quality website and sent to the asbestos stakeholder email list. All comments received were responded to and incorporated into the new regulations. Today's public hearing was noticed in the Reno Gazette-Journal with three legal ads, per NRS requirements. Proposed revisions do not include anything more stringent than current federal, state, or local standards.

Mr. Brown moved to adopt the proposed revisions and Dr. Ituarte seconded the motion, which was approved unanimously.

End of Public Hearing.

9. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation (SWS) Hearing Board to approve Variance Case #H25-0001VARI of the Northern Nevada Public Health Regulations Governing Sewage, Wastewater, and Sanitation, allowing a variance for multiple sections of regulation including a reduced setback to groundwater and impervious soils, mitigated through the use of an advanced treatment system, for Taylor Benedictt, owner of 17590 E. Aspen Circle, Washoe County, Nevada, Assessor's Parcel Number 087-044-17. (FOR POSSIBLE ACTION)

David Kelly shared that this variance request is primarily caused by challenging site conditions, such as fractured rock, slow soils, and high groundwater. These conditions, plus the limited treatment options allowed and the scarcity of resources necessary, make safe placement of a septic system difficult, so customers are looking for alternatives. The septic industry has created some systems that allow for NSF certification, specifically for residential nitrogen reduction, which is a primary concern for public health and groundwater contamination. Though these systems produce cleaner effluent, the regulations only allow them with a variance. Future regulation updates will include these alternatives, reducing the number of variances for this type of request. The current systems are passive, whereas the alternative processes require active maintenance from licensed staff. Staff and the SWS Board made specific recommendations for this request that should help mitigate concerns and are supportive of this variance.

Mr. Driscoll motioned to uphold the decision of the SWS Hearing Board to approve the variance request with no additional conditions. Mr. Brown seconded the motion, which was approved unanimously.

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10. Discussion and possible acceptance of the ERG Organizational Audit of the Air Quality Management Division and possible direction from the Board of Health. (FOR POSSIBLE ACTION)

Francisco Vega noted that without the support and direction of this Board, this assessment would not have taken place and thanked the Board for their leadership. Participation from external stakeholders, staff, and ERG made this a valuable assessment of the state of the Air Quality Management Division.

Marty Wolf, ERG project manager, began by sharing that the purpose of this audit, completed and shared with AQM in February, is to understand the strengths, weaknesses, and challenges for AQMD related to permitting, compliance, and transparency of operations, how well they respond to the community, operational efficiencies in business practices, to identify areas for improvement and develop recommendations to help with inward and outward delivery of services. There were at least monthly meetings with a steering committee, where documents, best practices, and permits were reviewed, interviews conducted, and a compliance review of 12 sites. Consideration was determined by asking: Is AQMD meeting and delivering on the community needs? Is AQMD utilizing best business and operating practices? Is AQMD identifying and addressing areas for operational improvement? Are there changes to processes and procedures that could improve important outcomes of AQMD's work? They found good external and internal communication and efficiency with the resources available. There have been challenges related to staffing turnover, which resulted in a loss of institutional and individual knowledge, challenges related to accountability, and a lack of technical advances in software. Operational restrictions include AQM being housed within NNPH. Recommended areas of improvement include strengthening resource capacity, increasing transparency in outreach support, and consistency in regulatory efforts. Opportunities in environmental justice include increasing public awareness and outreach and more technical assistance. Best practices include identifying and clarifying environmental justice concerns, incorporating those principles into decision making and engaging concerns early in the planning process.

Matt Haber focused on permitting and noted that during stakeholder interviews about permitting and enforcement, they found AQMD had already begun an internal improvement process. Strengths included good consistency throughout the permitting process, federal requirements referenced clearly and accurately, and helpful templates. Some challenges included missed opportunities for emission controls and some permits being inconsistent in content from one to another. Areas for improvement include source specificity, templates to improve and streamline the permitting process, and updates to permitting language. Consistent and professional inspections were a strength. Challenges include unclear enforcement criteria in standard operating procedures, links back to permits, penalties not always well-defined and possibly quite low, and compliance assistance resources not collected in an easily accessible manner. Areas for improvement include clarifying

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enforcement criteria, improving feedback to inspectors as sources go through the enforcement process, use inspections to verify the basis of air permits, a more robust civil penalty policy, enhance the visibility of compliance assistance resources, and increase compliance data transparency.

Mr. Wolf noted AQMD has made positive strides given the capacity and resources, but there are opportunities for further progress in these areas. Recommendations for general operations are clarifying staff roles and expectations, automating the processes and tools being used, enhancing outreach and technical assistance, and developing and implementing tailored EJ best practices.

Mr. Haber noted the recommendations for the permitting program were very technical, suggesting a certain degree of rigor to the permitting process and making sure the regulations in public health are fully protected. AQMD should enhance inspector health and safety training, clarify criteria in procedures and training, implement a more robust civil penalty policy, enhance the visibility of compliance assistance resources, and increase compliance data transparency.

Mr. Driscoll asked if the comparison metrics were national metrics or regionally adjusted for our environment.

Mr. Haber noted a number of surveys were done to make an attempt to compare AQMD's programs to other agencies with similar sizes in terms of type and size of industry.

Mr. Anderson asked for clarification that they were looking at similar sized communities.

Mr. Haber noted that population was reviewed for the number and types of sources that were permitted by the different agencies, such as Clark County Health District.

Mr. Vega added that air quality agencies vary by jurisdiction because of the needs of the community.

Vice Chair Andriola asked if there were any specific industries that may have been more commonly addressed that might be related to the specific industry.

Mr. Haber noted that the issues flagged by permitting were not specific to industry type.

Dan Roper with ERG compliance, noted that when he went out with the staff, he saw nothing from a particular industry, but noted more the size and complexity of a facility.

Vice Chair Andriola found it impressive to learn that this robust report was requested by the Board. This shows accountability in defining roles and responsibilities. Now that this information has been provided, how will AQM be held accountable for the changes?

Dr. Kingsley noted that implementation will begin with project management, along with reviews of where we can be effective within the budget, providing a work environment for the community and organization. He offered kudos to Mr. Vega for taking the initial steps for improvement and leadership reviews will show how implementation is supported and driven

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as part of the strategic plan.

Mr. Vega shared that this valuable process has allowed them to challenge themselves to provide the best service to the community. He feels the assessment reinforced what they were already aware of. When he began in AQM, about 5 years ago, there was a lot of transition and turnover, with over 40% of staff having less than 5 years, bringing new perspectives into play. Their first step was regulation changes, along with providing the tools to be more successful elsewhere – permits, compliance, and objective enforcement. They anticipate reviewing every single source at least once every 5 years.

Vice Chair Andriola requested that any recommendations made without a budget, or other barriers, go back to the Board to ensure resources are available to provide strategies, implementation, and execution for accountability. This goes for all divisions.

Dr. Kingsley noted that as assessments are completed, they will be brought to the next strategic meeting to show how they were incorporated, if recommendations are being met, and if the assessment has been used correctly.

Mr. Driscoll asked if ERG provides a priority list of the order of things to be worked on.

Mr. Vega shared that the first step is regulation, which supports everything done in AQM. The next step will involve the permits. They are modernizing the program in a 5–6-year period.

Mr. Wolf noted that they do not do any ranking but allow the locals to prioritize based on importance.

Mr. Driscoll made a motion to accept the ERG Organization Audit of the Air Quality Management Division, with Mr. Brown seconding the motion, which was approved unanimously.

11. Presentation and possible acceptance of the 2024 Community Health Improvement Plan Annual Report. (FOR POSSIBLE ACTION)

Rayona LaVoie discussed the progress of the Community Health Improvement Plan (CHIP). The CHIP is a strategic framework developed in collaboration with healthcare providers, community organizations, and local stakeholders to address and improve the health needs of Washoe County through four prioritized health issues identified by the community and was created using Community Health Assessment (CHA) data. NNPH tracks and evaluates the progress of activities to ensure initiatives are effective, efficient, and making meaningful changes in community health, then prepares an annual report that contributes to the overall transparency and accountability of health improvement efforts. The CHIP allows informed decisions about how to best allocate resources and implement programs that have the greatest impact on improving health challenges. Collaboration with partners helps ensure efforts across the health sector have shared ownership. The CHA data is used to inform the CHIP and help with implementation strategies to improve the health of the communities. The CHA

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begins with the completion of a comprehensive review of over 100 metrics. Then, over 200 partners met in a forum to prioritize those issues and meet regularly. The annual report highlights the activities accomplished by partners, including the four focus areas of Social Determinants of Health, Access to Health Care, Preventative Health Behaviors, and Mental Health.

Ms. LaVoie continued that Mental Health is a top priority area and is being addressed through targeted and systems-level interventions. Most significantly, the Crisis Care Center is now open to the community. Carrying that work forward is the Sequential Intercept Model, where partners are making progress developing recommendations to promote a more effective and efficient justice system with the purpose of diverting people with mental and substance use disorders away from the system. The Aca Entre Nos project is a direct response to the community's need for tailored services to help reduce stigma surrounding mental health in the Spanish-speaking community.

Preventative Health Behaviors includes Prescription Pantry, where patients with food insecurity are connected with food to help manage diagnoses. 5210 Healthy Washoe aims to create an environment so families can make the healthy choice the easy choice. Work is being done with the School District to revamp and structure the setup of lunchrooms to support student health and provide students with more opportunities to engage in physical activity. The Healthy Corner Store Project is also designed to help put healthy food into neighborhoods.

The next priority is Social Determinants of Health where the Financial Plan to Open Doors Project is set to improve financial stability in the Spanish-speaking community. Language Access is a critical piece in achieving access to services and improving the quality of life for those experiencing health disparities.

The fourth priority is Access to Health Care, which provides services in the community.

Mr. Driscoll asked when the health assessment process will begin.

Ms. LaVoie noted that the process will start at the end of the year, and conversations are occurring with Renown, one of the core entities helping conduct the CHA. A project plan should be in place within a couple of months and the CHA will be done by January so another CHIP will be in place.

Dr. Ituarte mentioned that an important focus would be to get people with mental health disorders out of the jails, where they are not provided the health services necessary. A disproportionate number of people with metabolic and mental health issues are getting their primary identification of a problem by going to jail or breaking the law, thus being incarcerated at a high cost to them and the community. This makes it important to review the stakeholder list and include law enforcement, as the first intervention, before they hit the legal system.

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Mr. Anderson said it was good to see these outcomes.

Dr. Kingsley shared that he is learning about and seeing the CHA/CHIP process. The awareness is that when these services are available in the community, we don't need to be the service provider but recognize we can help strengthen those things that already exist. There are challenges, with the budget being affected, and it is recognized that there is the potential for cutbacks. We acknowledge the great work being done to make an impact on the community.

Vice Chair Andriola also commended all in the commitment and thanks the Board investment, specifically in the area of the sequential intercept model and the crisis response in terms of Washoe County's involvement and the nine other partners in mental health. She also noted that April 25 is a Sequential Intercept Model Summit. It is free and she encourages the Board and anyone else interested to attend. She also thanked NNPH for supporting these initiatives, as she becomes more involved in the intercept model especially in standing up the Washoe Behavioral Center. She is doing what she can because this work is very important, in addition to the cost to the community when things such as incarceration are not necessary. In a short amount of time, impact has been made on nearly everyone in the community.

Mr. Brown moved to accept the 2024 Community Health Improvement Plan Annual Report. Mr. Driscoll seconded the motion, and it was approved unanimously.

12. Discussion and direction to staff regarding legislative issues proposed by legislators, by Northern Nevada Public Health, or by other entities permitted by the Nevada State Legislature to submit bill draft requests, or such legislative issues as may be deemed by the Chair or the Board to be of critical significance to NNPH. Pending legislative bills can be located here <https://www.leg.state.nv.us/App/NELIS/REL/83rd2025>. Current bills NNPH is tracking that may be reported on or discussed can be found here <https://www.nnph.org/about-us/legislative-affairs.php>. Due to the rapid pace of the legislative session, additional bills that may be reported on or discussed at the District Board of Health will be posted as soon as known. (FOR POSSIBLE ACTION)

Joelle Gutman Dodson began by noting budget item 3234, which has \$15M reserved for public health as recommended by the governor's executive budget, is closing on April 4. She gave a brief recap on some of the bills she is watching for NNPH, including AB102, which recently passed a work session, SB295 and AB352, regarding cottage foods, that we remain opposed to with many others. There are three tobacco bills that impact our tobacco prevention efforts being heard on Tuesday, where we will either be submitting testimony or will be verbally testifying. There are currently 540 Assembly bills and 450 Senate bills, and she is monitoring about 200 of them. April 11 is the first house committee passage deadline, where many bills will die. After that, the work will be more focused on the pieces legislation intended to get out of this session.

Ms. Gutman Dodson also noted that she will be participating in Public Health Day with a

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table at UNR on April 8.

Vice Chair Andriola asked about an item she understood was funded by ARPA and if there was any legislation dealing with that.

Ms. Gutman Dodson was unaware of any bill relating to this but shared that they could clarify with an offline discussion. She did note there is another bill through the treasurer's office that deals with unclaimed funds that have gone toward tuition reimbursement for various healthcare professions. Public health was added this session as an option, which aligns with our CHIP. This provides about 100 scholarships, with about 800 applicants.

13. Staff Reports and Program Updates

- A. Air Quality Management – Administration Plans to Reduce EPA Budget by 65 Percent, December 2024 EPA Small Business Newsletters, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Compliance.

Mr. Vega shared a few highlights from this report. The burn code season concluded at the end of February and showed another year of zero red burn code days, going back to 2017. There have also been no exceedances since 2013. Based on audit recommendations, they began more community outreach with a well-attended permitting workshop held in March. It was recorded and will be put on the website for access. An April workshop pertaining to the dust control program is being offered and will also be recorded. AQM has also created an option on its website allowing people to schedule an appointment to speak with a staff member. They are also working on a way to administer these appointments after regular hours.

Ms. Andriola noted that there should be consideration for early morning appointments as well.

- B. Community and Clinical Health Services – 2025 World TB Day; Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Injury Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and Community Health Workers.

Lisa Lottritz began by sharing that Monday, April 24 was World TB Day, and the NNPH TB Team was in attendance with her. Ms. Lottritz noted the number of people staff is evaluating continues to increase, along with the number of latent TB cases being treated. She introduced Jennifer Mendez-Lemuz, RN Case Manager, who shared the story of a two-year-old patient who contracted TB from a family member shortly after birth.

Dr. Kingsley noted that since TB cases include daily observed treatment for 6-9 months, prevention is better for our community.

Mr. Anderson shared his thanks for the story. Having lived his whole life in the area, he never realized how prevalent TB was.

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Vice Chair Andriola mentioned that no one hears about it because this team is doing such a great job. She would like continued updates on the progress of the child.

- 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).

Robert Fyda began by sharing the first food inspection boot camp was held last month and attended by over 55 people representing more than twenty-seven local establishments. The goal is to allow establishment owners to learn the types of risk factors inspectors look for during an inspection. Staff also identified an unlicensed invasive body shop, and they are working with the operator to complete the permitting process. Staff have been working to update forms and guidance documents for permitting through ACA, while working with local contractors to test the form. The feedback has been positive and they feel they are moving in the direction of making things easier for clients.

Mr. Driscoll commended the partnership developed with the RGJ about including restaurant inspection reports. He has received positive feedback, and people have begun to realize the things identified during inspections and why they pose a problem. He looks forward to a field trip one day, to see inspections in person.

Vice Chair Andriola asked for clarification about the more than 50 attendees at the boot camp, and if it was one industry over another.

Mr. Fyda noted it was a variety of higher-risk local restaurant owners.

Vice Chair Andriola hopes everyone left having learned something.

- D. Epidemiology and Public Health Preparedness – Epidemiology, Public Health Preparedness, Emergency Medical Services, Vital Statistics.

Dr. Diao shared that February saw another increase in outbreaks, of which 75% were respiratory, with the majority in schools and children. March saw the numbers drop, possibly due to spring break. Generally, ILI activities have been decreasing, though higher compared to previous seasons. Flu A remains the dominant lineage. Respiratory syndrome virus has been decreasing, correlating to early February COVID cases and hospitalizations remaining low. As of March 21, 2025, 378 confirmed cases of measles have been reported in 17 states, with a majority in the younger population. 95% of the cases are unvaccinated or of unknown vaccine status, with 17% requiring hospitalization. An Epi News will be shared with the listserv tomorrow, with the CDC health alert and information about the expanding measles outbreak, including travel guidance.

Vice Chair Andriola thanked the team for doing a great job in trying to get ahead of the

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outbreaks at the schools, and the messaging being very appreciated.

- 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.

Dr. Kingsley began by sharing that notice has been received of various cuts to epidemiology and immunization grants. These were specifically tied to COVID funding, and based on conservative budgeting, there is no expectation of layoffs. To offset this loss, other items will be adjusted, such as advertising for clinics and the loss of contracted staff, which will increase the scope of the epidemiologists. He is working closely with partners on the impact on Nevada and our national standing. Additional cuts to FDA, CDC, NIH, and CMS staff were announced today and the Administration for a Healthy America was introduced, combining several other offices with a main focus on primary care.

Vice Chair Andriola thanked Dr. Kingsley for staying on top of this and for the forward-thinking considerations.

14. Public Comment.

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

15. Board Comment.

Mr. Driscoll noted for the record that he will not be in attendance at the April meeting.

With no additional comments by the Board, this comment period was closed.

Adjournment.

The meeting adjourned at 3:11 p.m.