



**MINUTES FOR THE REGULAR MEETING OF THE NORTHERN NYE COUNTY
HOSPITAL DISTRICT BOARD OF TRUSTEES**

101 Radar Road, Tonopah, NV 89049

February 4, 2021

5:00 PM

ITEM # SUBJECT

February 4, 2021

Speakers in Attendance

Chairman Emily Hendrickson

Biowerx Dr. Russel Pillers

Vice Chair Don Kaminski

Karmin Greber

Trustee Tim Gamble

Lobbyit Max Perkins

1. Pledge of Allegiance

-Pledge Recited-

2. GENERAL PUBLIC COMMENT (Three-minute time limit per person.) Action will not be taken on the matters considered during this period until specifically included on an agenda as an action item (first).

Dr. Russell Pillers: ‘So first off, the dental effort is moving forward nicely. I want to update everybody that we had a meeting at the clinic was that two Saturdays ago? Yep. With Dr. Cappuro, and one of her team members, and they took a tour of the dental space in we're extremely happy with what they saw. So the next step is we're starting to get a lease formatted with Tom to let them start work. And there, it appears that they're going to provide all their own equipment. And they emphasize that they are a not for profit group that they formed. So their focus is delivering service, not necessarily making profit, which is beautiful to hear. So that's that. If anybody has more questions, go ahead and reach out to me, and I'll update you on that. The next thing is on the examined financial forecast. I've got proposals coming from four different companies, of which we'll we'll choose one to move forward with to get that next box checked for USDA, and they've already been just in getting them started on their proposals. They've already been great all of the entities to help answer my questions. Real quick, now I'm running out of time, they they will all the proposals will be in two phases. There will be the first phase where they will look at just the ballpark numbers to decide red light, green light, does it look like the district can afford to take this step at all in any shape or fashion, if we get a green light there, they'll move through the rest of the forecast, which is a very detailed, large document. So the benefit to us is we will save a bunch of money. If it turns out for some reason. We can't move forward. None of them anticipate that. But just so you know, it'll be a two phase kind of thing. So I should have those proposals back by middle of next week.’

3. Approval of the Agenda for February 4, 2021.

Item 5 removed

Vice Chair Don Kaminski: "I make a motion that we approve the agenda as presented with the removal of Item number five."

Trustee Tim Gamble: "I'll Second that."

Motion stands approved 3-0

4. Announcements (first)

Chairman Hendrickson: "I recently accepted a new job opportunity kind of fell from the heavens, and it was a really great opportunity. And wasn't something I wasn't necessarily expecting when I accepted the chair position. But this new opportunity does require me to move to Idaho, therefore, I will no longer be eligible to serve on this board. And so, oh, but there are residency requirements, my friend. So this will be my last meeting, I will be moving this month, sort of starting to move this month and, and wrapping up things with my job here and in transitioning over there. So it was, you know, a tough decision to make. There's a lot of great work that we're doing here. But I'm confident in where the board sits and where we're going and the path that we're on and and grateful we have all the support that we do Karmen's still helping out with Melissa onboard. And of course, always Russell's help. And, you know, I've been clear that even though I may not physically be here, I still really want to be available to you guys. If you have questions, or need help or anything. And I'm, I'll work on, you know, handing things off as I can. But it's just truly been the honor to be able to serve with all of you guys and for the community here. And I just thank you. Thank you. Okay. Item number six trustees liaison comments, this item limited to topics or issues proposed for future workshops or agendas. I have one here as well. I just wanted to make a comment on the presentation we heard at the last meeting from premier Medical Group JML holdings. So you know, contrary to what we may have heard, out and about the buzz that that there's no progress on it. There has been progress on that. So we did ask at the last meeting our legal counsel Tom, to review that proposal and provide a legal opinion on that. And he did do that. And so the trustees have all received the NDA to sign in so they can begin receiving that information. And we can move forward in reviewing that and there wasn't too much for us to consider from the presentation. And so we'll be we're moving forward on that. And that will be on a future agenda."

"My full and complete intention is to recruit someone to fill my position on this board. I'm hoping it will be my successor at Round Mountain. I know she is watching online. And so for her to apply for appointment to the board, so I won't leave anyone hanging."

5. For Possible Action – Emergency Items

6. Trustees'/Liaison Comments (This item limited topics/issues proposed for future workshops/agendas)

GENERAL BUSINESS

7. No Action – Presentation by LobbyIt of Washington D.C. of all recent activities performed on behalf of the District in accordance with the Contract for Federal Government Affairs Services as approved by the District on September 17, 2020.

Max Perkins: "I apologize for missing the January mediums. Yeah, it's been an eventful month in DC. we last spoke. I think we all know the events of January 6 left a real mark on this town and how its operating moving forward. But I think worse is behind us. And those are obviously where we have a new administration. We have a new president and vice president where the democratically controlled senate and the democratically controlled house and all parties are on Moving forward in attending to provide additional relief under the

pandemic. I want to break my report, since it's kind of lengthy into a couple of sections, I want to update you guys on. Obviously, the election outcomes, the switching power, and what are some of the early priorities that we can expect out of the administration? What is new, what's happening with the congressional delegation, and what were some key provisions included in the stimulus package at the end of the year. And then, of course, I'll update on the specific issues that we're working on, and talk a little bit about next steps. So to start things off, we'll talk about the new administration and what we might be able to expect on health care policy. The pandemic as if you're paying attention to national news, pandemic response is priority one, two, and three for this administration. It was a major campaign promise of Biden to really turn a 180 from the prior administration's response plan, really take the reins away from state local governments and create more of a national plan for addressing a pandemic. So things that we'll see, I think, in short order, and especially after this next release package comes into focus is a National Vaccine plan. We already saw an announcement yesterday, or the day before on Biden's new Federal Retail Pharmacy Partnership Program, which is essentially, the federal government will now direct ship vaccines to retail pharmacy partners, instead of shipping them to state government facilities for distribution. This is an attempt by the new administration to get vaccines in arms as quickly as possible. And there's some more information available on that. If anybody's interested, I can pass that along. We'll also see some national plans put in place for testing, sequencing tracing. And some of the other processes and procedures that we've come to know that are now government functions under the pandemic Biden will also attempt to address some of the National Stockpile issues. Again, I think it's likely that some more appropriations will be made by Congress, to the administration to spend on stockpiling and things like PP and ventilators and other equipment necessary to fight COVID expanding health care coverage will be a additional priority. Biden's already released several executive orders on the subject. One in particular, will reopen the ACA, the Obamacare exchanges, beginning in mid-February, through mid-March. There'll be a special enrollment period, there'll be some advertising around that as well. So if you start to see that trickle out of Washington. He also proposing to other ideas that will likely need to go through Congress, though there may be an avenue through executive function to to accomplish these two items. One would be to subsidize Cobra insurance for recently unemployed individuals. And the other is to expand the ACA premium subsidies for individuals. So if you're at the poverty line or a certain percentage over the Poverty line, you're currently eligible for somebody to buy health care on the voluntary exchanges, and is proposing to expand those subsidies to come in more folks that more folks from buy health insurance, especially during the special enrollment period, between February and March. The other large national investment Biden hopes to achieve is 100,000 additional public health workers into the workforce that is an extremely heavy lift and will definitely require some additional appropriations from Congress, but they feel like again, in order to support vaccine rollout and contact tracing, there needs to be a larger investment of public funds in those types of frontline public health workforce. Jobs separate and apart from, you know, setting priorities that he wants to achieve. He's already announced through his HHS that public health emergency declared currently will run through the calendar year so all the way through the end of this year. The administration will provide 60 days notice of termination on the public health emergency. And why that tea, why I'm bringing that up is there are several policies that are being waived by HHS and CMS currently, due to the declaration of the public health emergency. And during the previous administration, we were sort of living under 90 day extensions, and we didn't really have clarity on, you know, when, when they might make a termination notice. And these these waivers, cover healthcare operations, healthcare procedure, healthcare reimbursement, through Medicaid and Medicare. And so, you know, I think it's important to give the healthcare sector some certainty and some, some clear understanding of the rules of the road for the remainder of the pandemic. And so I think we've finally got that. And then, lastly, this administration, with regard to the pandemic, this administration has already announced, actually, just yesterday that FEMA will fully reimburse at 100% expenses, certain expenses from health care entities, and that includes things like additional temporary capacity or space, additional temporary space, and, other facility expenses, to respond to the pandemic. And, you know, I think that's extremely important. I know, I've had some side conversations with Dr. Pillars and, Karmin, before she stepped away about how important this could be, potentially for a new a new hospital facility. And I think, you know, later on, we'll be talking about next steps, this will certainly be one of those items that we will pursue to it and to determine whether or not any any kind of rehab or any kind of shoring up the current clinic, or construction of the new hospital facility could fall under this new FEMA allowance, which would allow the federal government to essentially pay for the construction. So that's, I think, a really interesting development. More broadly, President Biden has issued a number of other healthcare executive orders. One directs HHS to examine whether the Trump

administration's Medicaid work requirement waivers undermine the program. And if it does, they likely do away with those work requirement waivers.

Additionally, issued to PO at strengthening Medicaid in general, which we'll look at things like reversing Trump's allowance of Medicaid block grants to states might reverse the public charge rule which would have limited access to Medicaid for those individuals deemed to great a public burden due to their use of other government programs. And several other waivers from CMS on demonstration projects or our innovative payment models that may have benefited. Health systems rather than individuals under Medicaid.

The other thing I would, I would say to expect under this administration is a real focus on health equity that actually have a health equity Task Force under the COVID Task Force now at the White House. And while you know, Chief among those issues is obviously you know, equity and a lot of vaccines and treatment. One of the other things that the equity task force will begin to look at too is a divide between rural and urban healthcare. And what does rural healthcare need in order to remain sustainable and remain on even footing with their urban counterparts? I think that provides, you know, just a national conversation. I'm not sure that there will be much by way of us participating directly in those conversations, but I think that provides the national political climate and would certainly push Congress to can continue to consider more, more policies to address the disparities between urban and rural health care. I'll talk now about what they what we can expect from our congressional delegation. So it's really interesting, the stars have really aligned for Nevada in general, but they've been district specific as well with the congressional delegation and their appointments to certain committees. So healthcare will be probably the main focus of all three of our congressional members. Senator Rosen, it was just announced was appointed to the Senate, Health Education, Labor and Pensions Committee, which deals with, obviously, health issues. Senator Cortez Masto, was recently appointed to the Senate Finance Committee, which has jurisdiction over Medicare and Medicaid. And Congressman Steve Horsford, will retain a seat on the House Ways and Means Committee. And also his seat on the health subcommittee to the Ways and Means Committee, which also has jurisdiction over Medicare and Medicaid and portions of HHS. So I think we sit at, you know, underneath a very, very powerful and very influential congressional delegation. And with our commitments to help the district move forward with their plans for the hospital, I think we're in really great position to really, you know, aggressively pursue some additional funding opportunities, and make some really great relationships during the Biden administration. Beyond that, I'll just cover a few quick things from the stimulus package that was passed at the end of the year that involves Rural Health, because I think these are important to note and may impact the way that a future hospital facility may operate. So the first thing is and applies to the clinic actually now, with an increase in the Medicare cap for independent rural health clinics. \$200 per visit provisionally independent health clinic rural health clinics reimbursement had been capped at approximately \$87 per visit, the cap is also set to increase annually now until the maximum rate of \$190 per visit is reached in 2020. After that point on Medicare reimbursement capital increase at a rate equal to the Medicare Economic Index. So this has been an issue that's long overdue for resolution. It was the top priority for the rural health clinics Association. It evens out the playing field between those rural health clinics that have a cap and those that don't. So I think this, you know, all parties agree that this places rural health clinics on a more sustainable footing going forward. Also, in the in the stimulus package, Medicare payments or rural emergency hospital services will be augmented in the future, once CMS can stand up the rules for this program, but there will be a new voluntary Medicare payment designation that allows either a critical access hospital or small rural hospital with fewer than 50 beds to convert to a new designation called a rural emergency hospital.

That rural emergency hospitals will be reimbursed based on Medicare Prospective Payment System rates, plus an additional monthly facility payment and an add on payment for hospital outpatient services. So there'll be a little extra money on top. And I think, you know, based on what I know, thus far of the plans for the future hospital facility and some of the early news around this program, it does seem like this, this would be a program that the hospital for surgery could take advantage of to increase its reimbursement. And that may need to be factored in to you know, your some of your calculations moving forward for the sustainability, financial stability and sustainability of the hospital itself. The stimulus package also included a mandate on Medicaid programs to cover non emergency medical transportation. So as you're thinking about like dental services, and things like that, state Medicaid programs are going to have to cover transportation to and from appointments such as dental services. And then lastly, the the relief package also included another round of \$3 billion for the health care provider Relief Fund. And I'm not sure if our the clinic's operating partner has received some funding from that provider Relief Fund. But there will be another tranche of funds that are released shortly. And we also expect there to be some additional dollars out of this next COVID really

package that's currently up for debate this weekend next week. Okay, so now the transition we'll talk about our specific issues. First for the SEC grant program, the grant petition that we submitted for the connected care pilot program, which was allowed for some some coverage of our expenses to upgrade, broadband and Wi Fi technology to and from campus. Initial selection of awardees was actually announced on January 15. Only 26 and a half million dollars in funding was announced in those 50 or so awardees, the program is authorized to spend up to \$100 million. So there's still quite a bit of money left out on the table, for which, you know, hopefully it will be announced. Typically, what happens with these types of grant announcements is that the funding agency will reach out to the congressional delegation to tell them that they are funding a program in their district or state before it becomes publicly available. And so we've obviously opened up those channels with the congressional delegation, I would expect to be tipped off by them if we were successful in the coming week, so we'll look out for that information from from those folks. You know, it was interesting, looking at the details of the awarding think the largest award was \$5.8 million, and the smallest award was \$15,000. So, you know, it's it's kind of interesting that there are a couple of programs already at the FCC, that kind of deal with some of these healthcare connection issues. And this is just a some additional money that they're throwing on top. And yeah, again, we will stay on top of that and make sure that we are doing everything we can to best position ourselves for an award under that application.”

Dr. Russell Pillers: “I just want to say that I just got an email from that. The FCC, whoever's managing that program, right before the meeting started, that they're looking for some more information from us. I haven't had a chance to dig in to find out what that is. So that appears we're still in the mix.”

Max Perkins: “That's great. Okay, that's a positive sign. And, you know, please let me know, if you need any help putting together some information or if you need to, you know, to get it obviously, to the congressional offices so they can continue to support our application. We can make sure that, you know that that happens appropriately. But again, Yeah, I agree, that's a good time that they're seriously considering our applications. That's great news. I've spoken to staff from both senators offices in January, again, to discuss the FDA federal funding summit. This is the economic development agency that will come in again and bring some additional federal agencies and with them, and talk a little bit about what they can do for the region to help the region economically, including what they might be able to do for health care services. It was the advice of staff based on the fact that the latest relief package was just passed. And these programs have gotten some of these programs that some of these agencies just got some additional dollars and some additional direction from Congress. And the fact that there are some new leaders in place now those agencies to hold off in the month of January, I'm actually requesting that federal funding summit. But now that we are in the month of February, I will move to restart those conversations with EPA regional staff out in Seattle, and formally submit our letter requesting the summit, so hopefully we can get back on track with that project. And then again, lastly, out of the FCC, there was another \$249.9 million dollars allocated by the relief package for telehealth projects. I expect that the the rules for that allotment of funding will be out soon from the FCC. The Commission is operating under a temporary chairmanship, an individual who's been actually on the board for quite a long time and is the democratic appointee, but that is a presidentially appointed position. And so if the woman who is in the temporary chair at the moment is to be the full time chair, she will have to go through Senate confirmation. So we the FCC could be without a permanent chair for at least a few more months while the senate organizes themselves and, and deals with the confirmation process as it comes. They'll be somewhat limited in what they can do without a permanent chair. But I do expect that they'd be able to turn around rules and regs for this program relatively soon, since it was a program that was actually originally authorized some of the cares act all the way back in March of last year, so I wouldn't expect there to be too much new information in there. So that is, that's another potential funding source for our broadband and Wi-Fi means should our connected care application fail. So we'll be looking out for that application period as well. And then lastly, in terms of next steps, you know, there are still a few outstanding items that were kind of thrown up in the air because of the switchover on power, engaging with DOD engaging with HHS, you know, those are two agencies that are highly dependent on political appointees and a political leadership, as well as their role in the pandemic has continued to expand. So we were a little bit stunted, in January from having those conversations. But again, as we move further and further away from the transition of power, you know, I expect those conversations to be much easier. So we'll follow up on those channels as well. And we will continue to keep you apprised of any federal funding opportunities, particularly scheduling the federal

funding summit with the VA and additional opportunities to the FCC. So I know that was a lot available for questions, and I'll hang out for a little bit longer.”

Trustee Tim Gamble: “I just wanted to back up just for a second to that. The FEMA, the new FEMA funds that were made available for to the health care facilities. Is that since it's through FEMA, is that going to be done? Like other? I guess you called national emergency awards, where they go down through the State Department of Emergency Management, or is that going to be handled through FEMA itself?”

Max Perkins: “Yes, so there will be a bit of state coordination with the with that reimbursement. And actually the thing that I should have mentioned? I don't know. I don't know. I can't recall thinking you've got a CDBG grant to do some of the rehab of the clinic. Right. So it wasn't FEMA money. But I will say the the announcement was twofold. One, they're actually covering at 100%, all eligible expenses for health care facilities, all the way back to the start of the pandemic, which is I think they're calling like the end of February from last year. Some folks that have already received their 7525 cost share split from FEMA, for expenses last year can reapply to get that 25% covered by FEMA, and then anything moving forward will just be reimbursed at 100% and that so FEMA runs There are two main programs FEMA for disaster assistance, one called the Public Assistance Program, the other is called individual assistance program. individual assistance is like for homeowners in a flood or hurricane situation where you can get temporary housing, you can get your rent paid if you have to move into an apartment building or something like that. The Public Assistance Program is what typically helps municipalities and state governments recover after a natural disaster. So, you know, if a bridge falls during the hurricane, or a tornado rips apart a municipal courthouse, the Public Assistance Program comes in at a 7525 car share, and rebuilds those back to essentially the way that they they were before. During the pandemic, a new part of the Public Assistance Program has been to help health care facilities with things like temporary additional space and capacity, and some other purchases around PPV and medical equipment. And there's some other guidelines as well, what's eligible for health care staff as well. So that's the portion that's now going to be recovered. And I do believe, traditionally working under the Public Assistance Program, you would have to liaise with likely the State Emergency Management Agency as well as the regional FEMA operations, folks. So it is kind of a multi level layered program. But you know, I don't know, to what extent state emergency management agencies have been involved in these very specific healthcare projects, because it's not really what they're traditionally used to in terms of natural disasters and things like that. But you know, it may vary from state to state, all that to say long winded answer, I apologize, you likely would have to be able to stay on some level going, attempting to get some of those monies.”

Trustee Tim Gamble 37:10

All right, thank you.

Chairman Hendrickson: “As we move forward, you know, with the new administration, some of the new members of the Congressional delegation, in just as the meeting that Carmen and I had attended with Senator Rosen, I think that things like that are really impactful. And when we can, you know, when they can hear from us directly, any opportunity to do that, I think I will be speaking on behalf of the Board after I leave. But, you know, I'm certain that they would be willing to continue those conversations as well.”

Max Perkins: “Absolutely, we'll continue to look out for those opportunities, make sure that there's that open direct dialogue, because I agree, I think that that that conversation, did a lot of good and really kind of opened the door and helped her office understand just exactly the issues that you guys are facing on the ground.”

8. **For Possible action** – Discussion and deliberation to reimburse E. Marie Peterson of Tonopah Primary Care for fees incurred for one of her staff to take a phlebotomy training course, in an amount not to exceed \$4,880.00

Vice Chair Don Kaminski: “This was brought up by in June of this year, and I got tabled. And we asked Marie to

go and see if she hit the COVID-19 funding and so forth. She went forth. She tried that she didn't get it. But it appears that we need to get this worked out a little more than the way she's got it set up here because she only paid \$2,000 for the training. And she's asking for assistance to pay the individual to do the blood draws on Thursday so that she can see more patients. So we're gonna have to break that down. I'll go talk to her on this and then have her reintroduce it to us. But I wanted to leave it on here. And I was asking them, Melissa to put it on there. And the county was saying, well, it has to have this and it has to have that. But it wasn't there was on the board on the agenda in June never. That was never brought up. So I'll make sure we get what We need from her and have her reintroduce it. And we'll move forward on that. That's all because I know, you know, we're not only funding CNRC we're funding any health care provider that's helping Northern Nye County. And like, was it that we just lost him. “

Chairman Hendrickson: “I appreciate you following up on that. We did receive one public comment regarding this item that I would just like to read into the record that she's requested to be read into the record. So this comes from Beth Ennis, so former public health nurse up here. She says please enter this request into the record of the February 4, 2021 meeting. She was unable to attend in person she says I asked for your support of the request by E. Marie Peterson APRN. Doing business as Tonopah Primary Care she is requesting reimbursement not to exceed \$4,880 for the cost of a phlebotomy certification course for an employee thought about primary care is an integral part of the healthcare system in the Tonopah area APRN Peterson is a sole provider at the practice and used to do the phlebotomy herself when there was no other certified person at the practice. Excuse me, having a phlebotomist means she can see more patients instead of being the phlebotomist. It is a more efficient, appropriate use of personnel and a good business decision. I think it is appropriate for the hospital district to support all providers in the district when they have reasonable requests that expands services to patients in a way that maximizes provider availability. I thank you in advance. Again, that was the statement from the public and yeah, I don't think there was, you know, any, we just need to flesh it out. I think a little bit more is the only thing care so yeah. Okay, so we are going to table that one for a future meeting.

9. No Action – Update on the current status of District-sponsored Community Health Improvement Plan (CHIP) and review of any associated action items.

Chairman Hendrickson: “So this is one that I will, of course need to be passing off, I'm actually going to see if I can just work through it with Melissa a little bit with our previous administrative Secretary that was owned by her. And so we'll work together on that. I'm also again hoping eventually my, my successor could help with that as well. And then I also want to add that there are several action items where I am the lead partner on me personally. And I took those action items on in the capacity of at the time, my role with Kinross and therefore my successor with Kinross will be taking on those items as well. And I'll be passing those off to her too. But yeah, basically, we'll do a handoff with Melissa as well on that, and then hopefully it can just kind of keep on moving. You know, it's, again, primarily just a big effort to to contact everyone. And that was identified as a lead partner identifying lead partners that didn't have one, some people have left or changed or we have new folks in the community. So the beauty of it is it's a really flexible document. And you know, meant to grow with us as we do.”

10. For Possible Action – Discussion and deliberation of the minutes from the [January 20, 2021](#) special meeting and the [January 23, 2021](#) regular meeting.

Trustee Tim Gamble: “I'll make a motion to approve the minutes as presented.”

Vice Chair Don Kaminski: “I'll second the motion.”

Motion passes 3-0

11. For Possible Action – Approval of invoices for payment.

Chairman Tim Gamble: “I'll motion that we approve invoices for payment as presented.”

Vice Chair Don Kaminski: "I'll second that motion."

Motion passes 3-0

12. No Action – Open Meeting Law review.

-No Open Meeting Law Review-

13. GENERAL PUBLIC COMMENT (second)

Karmin Greber: "I wanted to reference an issue that I think we have touched on or the board has touched on in the past, but never really I don't know, applied any time to. And that is proper signage for the clinic. Currently, we have a street sign which is configured in suitable and it's fine. However, now we are, as of the 16th contemplating leasing for a multi-use facility. We are currently categorized as a rural health clinic. That's what CNRC is. So we, I would recommend the board begin to consider what type signage, what you would like to call the clinic, and to make a way to incorporate multiple entities to is about all that's going to fit a dentist and a clinic. So it's something that Kirk and I have continued to work on personalizing the clinic, you know, being part of the part of the initiative to just keep things rolling, and he keeps in close contact with bertino. If there's questions about the infrastructure, the contractor, so at any rate, that is a decision the board's going to want to address soon, because hopefully, in the next 90 days, or 20 days, we're going to have someone who wants to begin setting up shop there. So that's my comment that I recommend with the board. Give that some consideration. Thank you."

Vice Chair Don Kaminski: "I have done research and I've gotten quotes already for upgrading that sign, because I did that sign the town sign and VFW all same time. So I have a couple of quotes from different companies. So I'll bring that up next week or next meeting."

14. ANNOUNCEMENTS (second)

Vice Chair Don Kaminski: "I should have said something earlier but we need to do the research and make sure that the completed contract for REMSA actually has been voted on and signed. I thought we brought it up but we didn't have the final draft is what it was. So we'll have to do some research on that because we need to get that done."

15. ADJOURN

-Meeting Adjourned-

Approved this 15th day of April 2021


Chair

