

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
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Chief Medical Officer

MEMORANDUM

DATE: February 10, 2022

TO: Assemblywoman Sarah Peters, Chair
Joint Interim Standing Committee on Health and Human Services

THROUGH: Richard Whitley, MS, Director, Nevada Department of Health and Human Services
Lisa Sherych, Administrator, Division of Public and Behavioral Health, Nevada Department of Health and Human Services

FROM: Julia Peek, Deputy Administrator, Community Health Services, Division of Public and Behavioral Health, Nevada Department of Health and Human Services

RE: Follow-up Responses for January 20, 2022, Joint Interim Standing Committee on Health and Human Services Meeting

1. Asm. Titus asked about providers needing permission from the state to prescribe therapeutics.

The Division of Public and Behavioral Health (DPBH) does not establish rules or policy on who can prescribe therapeutics. We verified with the Nevada State Board of Pharmacy that any practitioners who are properly licensed can prescribe any COVID-19 therapeutic. No special registration, training or permission is needed. Due to the very limited supply of these medications, they cannot be allocated to every location that would be able to use them. They are available in some quantity to:

- Every pharmacy servicing skilled nursing facilities or long-term care facilities;
- Every licensed health system; and
- More than 70 retail pharmacies, including pharmacies located in rural counties.

In addition to the process for offering therapeutics in the private sector, Asm. Titus also asked for status updates related to the American Rescue Plan Act of 2021 (ARPA) funding approved for therapeutic services in Nevada. Starting Feb. 7, 2022, there will be a physical site in Las Vegas that initially will provide Sotrovimab and Evusheld, along with at-home Sotrovimab infusion; and in the future will provide Remdesivir. More sites are being assessed in Clark County based on need and supply. In Northern Nevada, county and public health staff are assessing the best model (fixed and/or home health) sites and vendors; and plan to launch a program there within the month of February.

2. Asm. Hafen asked about vaccination of Nevada Department of Corrections inmates.

Section 317 of the Public Health Service Act authorizes the federal purchase of adult vaccines for use among uninsured adults. Management of the Sec. 317 vaccine program enrollment and order fulfillment occurs within the Nevada State Immunization Program (NSIP). Historically, the NSIP has partnered with the Nevada Department of Corrections (NDOC) to provide Sec. 317-funded vaccines to inmates. NDOC orders include requests for Hepatitis A vaccine, Hepatitis B vaccine, Tetanus, Diphtheria and Pertussis (Tdap) vaccine, Twinrix (a Hep A and Hep B combination vaccine), two types of Pneumococcal vaccine (Pneumovax 13 and Pneumovax), as well as Shingrix, a vaccine to protect against shingles. On average NSIP supplies NDOC with roughly 340 doses of Sec. 317 vaccines per year to serve the inmates. Vaccine orders are shipped to the NDOC pharmacy which has the appropriate storage units to maintain temperatures required to ensure vaccine viability. Vaccines are then redistributed to the various sites in quantities that can be administered upon receipt without having to store the vaccines long term. NDOC's medical directive #207 establishes policies and procedures for immunization of inmates housed within the department. The NDOC Medical Division determines the immunization status of inmates according to the most recent recommendations of the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). Inmates will be provided specific vaccinations as determined by the practitioner based on the current ACIP recommendations. The practitioner will order warranted vaccines after a physical examination, review of medical history and evaluation of immunization status. The correctional nurse will administer the vaccine after informing the inmate of the risks and benefits to receiving the vaccine and will obtain signed consent from the inmate. The inmate may refuse the vaccine by signing a DOC 2523, Release of Liability Form. All administered vaccines are documented in NV WebIZ. Additionally, most NDOC facility locations have been enrolled to receive direct ship COVID-19 vaccines to administer to staff and inmates, however not all locations currently have storage units that can continuously maintain appropriate refrigerator or freezer temperatures to ensure viability while storing the COVID-19 vaccines.

3. Senator Doñate asked about plans for free N-95 masks.

The masks will go directly to pharmacies and retailers across Nevada for easy access for residents. The Nevada Division of Public and Behavioral Health (DPBH) and Nevada Division of Emergency Management (DEM) does not have a direct role in the delivery or implementation of the project.

4. Asm. Titus asked about the COVID-19 call center staffing.

The Division of Public and Behavioral Health (DPBH) is working with the Governor's Office to put forward a work program to allow the use of ARPA funds for this effort. DPBH is working to develop call center support in the future to support this effort. The scope of work for the call center includes:

- Provide a toll-free number to support Nevada's testing call center.
- Ensure the call center is in operation seven days per week, at least eight hours a day (some holidays may have shorter hours).
- Provide 75 staff for both direct calls, supervision, training and Q&A for the call center operations.
- Provide weekly reports on overall call volume and outcome of the calls.
- Call center staff will be able to:
 - o Support the client in ordering the at-home test kits through the federal program.
 - o Support the client in picking up state-purchased at-home kits in their community by identifying the closest location to them.
 - o Support the client in navigating the easiest option for COVID-19 testing in their community and assist the client with booking the appointment if requested. This includes both private COVID-19 testing at pharmacies or community-based testing supported by local, state or federal staff.
 - o Assist the client with understanding their test result, if they have already tested. This may include understanding an at-home test result or another form of testing and how to best interpret those results. This may also include recommending additional testing in certain

situations (ex: the client tested too soon after last exposure to a positive COVID-19 case so the results are invalid, or the client is symptomatic, but the antigen test showed a negative result and a PCR/molecular test should be recommended).

- o Assist the client with calculating their isolation period based on the latest CDC guidelines if their test was positive.
- o Assist the client with determining close contacts based on the latest CDC guidelines.
- o Assist the client with notification of close contacts using [TellYourContacts.org](https://www.tellyourcontacts.org).
- o Assist close contacts with determining their quarantine period.
- o Ensure the client understands how to access vaccination services or therapeutic services if they are interested or in need. Provide a soft hand-off to vaccine line if they want to book a vaccine appointment.