Nevada Department of Native American Affairs

Tribal Health Authority Council Introductory Meeting Summary

June 18, 2026

Time	Location	Format
1:04 PM to 2:23 PM	Virtual meeting (Microsoft Teams recording/transcript)	Online introductory session

Attendance

Tribal Health / Voting-Member Participants	DNAA / Commission Participants	State, IHS, and Other Participants / Notes
Fergus Loughridge, Fort McDermott Paiute-Shoshone Tribe Wellness Center Sasha Jones, Owyhee Community Health Facility / Shoshone-Paiute Tribes, attending for the health director Jon Pishion, Fallon Tribal Health Center Teri Gilbert-Eisenga, Washoe Tribal Health Tricia Hunter, Indian Health Service / Southern Bands Health Center	Stacey Montooth, Executive Director Kaitlynne Romero, DNAA Program Coordinator Dr. Art Martinez, DNAA Commissioner	Monica Schiffer, Nevada Health Authority Nahayvee Flores-Rosiles, Nevada Health Authority Tiffany Davis, Consumer Health Services / Nevada Health Authority Jason Molino, Division of Public and Behavioral Health Edwin Centeno, Nevada Health Authority Vanessa Justice, Division of Social Services Connie Martinez, Nevada Medicaid Mitch De Vallier, DPBH agency manager Additional attendees joined or were referenced during introductions

Executive Director Stacey Montooth - Leadership Highlights

- Convened the first introductory session, explained that the initial sessions were informational, and clarified that formal action would require quorum once the Council begins regular business.
- Introduced Dr. Art Martinez and Kaitlynne Romero, emphasizing the expertise and staff capacity supporting the launch of the Council.
- Guided discussion of SB 312, the Council membership structure, voting and non-voting participation, and the need to verify quorum, designee, and opt-in questions with legal counsel.
- Encouraged broad participation from Nevada Health Authority, Department of Human Services, Indian Health Service, and tribal health partners so the Council can make informed policy recommendations.
- Confirmed follow-up items: written participation process, quorum clarification, IHS designee coordination, survey development, and Doodle polls for future meeting dates.

Meeting Overview

The first Tribal Health Authority Council introductory session opened as an informational meeting designed to orient tribal health directors, state liaisons, Indian Health Service representatives, and DNAA staff to the new Council created by SB 312. Executive Director Stacey Montooth explained that DNAA scheduled three sessions so voting-member health directors could receive the same foundational information even if they could not attend a single shared date.

The meeting included an invocation by Dr. Art Martinez, a land acknowledgement by Kaitlynne Romero, initial public comment, review of the Council authority, discussion of membership and quorum questions, participant introductions, survey planning, future meeting logistics, and final public comment. No formal action was taken.

Council Authority, Membership, and Quorum Discussion

Kaitlynne Romero reviewed the purpose of SB 312: creating a Tribal Health Authority Council to give federally recognized tribes a direct voice in state health care policy, strengthen tribal health systems, address health disparities, contribute at least two bill draft requests per legislative session, collaborate on reinvestment of certain Medicaid funds, and support tribal presumptive Medicaid eligibility.

The group discussed which health facilities would serve as voting-member entities and how the Council should treat health centers operated directly by tribal governments, facilities operated through 638 arrangements, and IHS-supported sites. Stacey read a list of eligible facilities and committed to placing the list in the minutes and chat.

Several participants raised practical governance questions. John Pishion asked about quorum requirements. Fergus Loughridge recommended legal clarification on whether quorum should be based on all eligible entities or only those that formally opt in. Sasha Jones asked whether tribal councils would need to appoint representatives by resolution. Dr. Martinez suggested asking whether non-quorum meetings could still proceed for planning and development when no formal vote is taken.

Stacey committed to consult DNAA legal counsel and the Deputy Attorney General on quorum, opt-in status, administrative code, the specific NRS citation, and how designees or proxies should be recognized.

Participant Contributions

Tribal Health Directors and Representatives

- Fergus Loughridge emphasized the need to avoid a quorum structure that would stall the Council and later urged the survey to look beyond individual clinic priorities toward statewide and regional health needs, including the possibility of a Native American health center or hospital in Northern Nevada.
- Jon Pishion supported broad participation by all state tribal liaisons, asked for the list of voting-member health facilities, and raised questions about the status of IHS-run or IHS-supported sites.
- Sasha Jones asked whether tribal leadership should formally designate health center representatives, drawing on experience with delegate structures in other intertribal health bodies.
- Teri Gilbert-Eisenga introduced Washoe Tribal Health and confirmed interest in supporting the Council.
- Tricia Hunter described IHS support for Southern Bands Health Center and asked how federal health centers should participate or be designated.

State and Policy Partners

- Monica Schiffer asked whether Nevada Health Authority and Department of Human Services should designate one non-voting liaison or include all relevant liaisons; the consensus from tribal health directors favored including all liaisons because each brings different expertise.
- Nahayvee Flores-Rosiles helped clarify the relationship between tribally operated facilities and IHS-supported operations, explained quorum practices from Nevada Medicaid advisory bodies, and briefed the group on FMAP reinvestment work.
- Dr. Art Martinez highlighted the value of comparing Nevada services with tribal health services in other states and suggested an environmental scan of service models, including traditional healing services.

Council Survey and Strategic Planning

Kaitlynne Romero described a forthcoming survey for health directors. The survey is expected to request each facility or community to identify priority areas, strengths, areas needing improvement, successful programs, and future goals. Responses would be summarized for a later Council meeting.

Stacey described the survey as a way to identify overlap among health centers, match communities with similar interests, and steer early Council work toward shared priorities. Fergus and Dr. Martinez encouraged the survey to also capture regional or statewide goals rather than only local clinic needs.

FMAP, Traditional Healing, and Legislative Timing

Nahayvee Flores-Rosiles reported that Nevada Health Authority had been drafting a tribal FMAP reinvestment proposal in consultation with health directors while the Council was being stood up. She said the plan was expected to be presented to the Joint Interim Standing Committee on Health and Human Services on June 30, 2026.

The group also noted Nevada Health Authority work toward a federal waiver related to traditional healing. Stacey connected that topic to prior DNAA Commission discussions and identified it as a likely area for continued collaboration.

Because the Legislature returns in February 2027 and the Council has authority to develop bill draft request ideas, Stacey proposed sending Doodle polls and aiming for at least two additional Council meetings before year end.

Next Steps

- DNAA will verify quorum, opt-in, designee, proxy, administrative code, and NRS questions with legal counsel.
- DNAA will coordinate with Indian Health Service on the appropriate regional representative or designee process.
- Kaitlynne Romero will draft and distribute a health director survey, with approximately two to three weeks for responses.
- DNAA will send Doodle polls for future Council meeting dates and consider aligning meetings with existing tribal health director meetings or consultations.
- Future agenda items may include bylaws or charter development, election or appointment of Council officers, survey results, BDR priorities, FMAP reinvestment, Medicaid administrative claiming, traditional healing, and regional service development.