Nevada Department of Native American Affairs

Tribal Health Authority Council Introductory Meeting Summary

August 26, 2026

Time	Location	Format
10:04am-11:22am	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 McDermitt Wellness Center Jon Pishion, Fallon Tribal Health Center Fabian Solis – Las Vegas Clinic Michael Jackson – Reno-Sparks Indian Colony	Stacey Montooth, Executive Director Kaitlynne Romero, DNAA Program Coordinator Dr. Art Martinez, DNAA Commissioner Savena Rogers, Program Officer	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 Stacy Weeks, NV Health Authority Amy Shogren, Division of Health Services Additional attendees joined or were referenced during introductions

Leadership Highlights

- Convened the meeting and it was discussed and emphasized the importance of establishing a functional Tribal Health Authority Council structure, including clear membership, quorum, appointment, and participation procedures.
- It was confirmed that the Council did not have a quorum and that the meeting would proceed as informational discussion without formal action or voting.
- It was also emphasized that Department of Native American Affairs has continued working to advance the Council's priorities, including submitting the FMAP reinvestment BDR concept to the Legislative Council Bureau (LCB) and responding to LCB's requests for additional information.
- It was clarified that the Council is currently housed within the Department of Native American Affairs (DNAA) under existing statutory language and that any future change to the Council's placement would require legislative change.
- Continued support and collaboration among Department of Native American Affairs, Nevada Health Authority (NHA), Department of Health and Human Services (DHHS), Tribal Health Directors, and other representatives to address outstanding organizational and legislative questions.
- It was encouraged that Tribal Health Directors to communicate directly with DNAA regarding their vision for the Council and emphasized Health Director participation and ownership in making the Council functional is instrumental.

Meeting Overview

The meeting focused on the continued development and organization of the Council. Quorum was not established, therefore, the meeting proceeded to be informational and for discussion purposes only.

The meeting included a welcome and land acknowledgement, discussion of quorum and Nevada Open Meeting Law considerations, an official roll call of Tribal health facilities, discussion of the FMAP reinvestment Bill Draft Request (BDR), review of outstanding questions from the Legislative Counsel Bureau, discussion of potential state models, updates from Nevada Health Authority, discussion of the Community Health Survey, strategic planning and bylaws, and discussion of future Council meetings.

The Council discussed the need to formally establish membership and participation procedures before regular voting business can begin. Participants also discussed the importance of obtaining legal guidance regarding quorum, appointment of members, opt-in and opt-out procedures, designees, and Open Meeting Law requirements.

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. Director Montooth read a list of eligible facilities and committed to placing the list in the minutes and chat.

Several participants raised practical governance questions. Director Pishion asked about quorum requirements. Director Laughridge recommended legal clarification on whether quorum should be based on all eligible entities or only those that formally opt in. Dr. Martinez suggested asking whether non-quorum meetings could still proceed for planning and development when no formal vote is taken.

Director Montooth 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

- Nahayvee Flores-Rosiles recommended formally appointing members so that the Council would have a clearly established membership list and quorum calculation. She also noted that an opt-in or participation process could potentially be incorporated into the Council bylaws.
- Participants emphasized that the Council needs to establish its organizational structure before beginning regular voting business. This includes:
    - Formal membership and appointment procedures;
    - Definition of voting and non-voting participants;
    - Quorum requirements;
    - Designee and proxy procedures;
    - Opt-in and opt-out procedures;
    - Council officers and leadership positions;
    - Bylaws; and
    - Meeting and Open Meeting Law procedures.

FMAP Implementation and Ramp Up

- NHA gave informational background regarding what a ramp-up period could involve. Nahayvee explained that implementation could include developing care coordination agreements between Tribal health clinics and other providers, educating community providers about those agreements, and making system updates necessary to identify or flag eligible claims for the reinvestment program.
- Carissa Pearce explained that Nevada Health Authority was continuing to determine the administrative staffing and implementation requirements. She noted that the effective date established in legislation and the actual program "go-live" date could be different. The timing of implementation would also depend on how quickly Tribal health clinics are able to establish the necessary care coordination agreements.
- Fergus recommended further reviewing Oregon's statutory framework and determining which portions could be adapted to Nevada's existing statutory structure.

Next Steps

- Participants discussed the need for monthly meetings while the Council is being formally organized. When the Council is established, it can move to quarterly meetings.
- The group discussed the importance of increasing participation from Tribal Health Directors. Director Pishion suggested that Department of Native American Affairs consider outreach directly to both Tribal Health Directors and Tribal Chairs and potentially organize an in-person meeting to discuss the Council's purpose, structure, and operation.
- Department of Native American Affairs will:
    - Consult with their DAG regarding quorum, membership, appointment procedures designees, opt-in/out procedures, and Nevada Open Meeting Law requirements;
    - Continue working with the NHA and LCB to address any BDR questions;
    - NHA will provide additional information and working materials regarding FMAP reinvestment and implementation considerations as well as other state models;
    - Will distribute the finalized supplemental BDR information to the Council members for review;
    - Continue outreach to Health Directors to establish formal Council membership and participation, including Tribal Chairs and in person meetings;
    - Will continue to work on the Community Health Survey, Strategic plan, and the bylaws at a future meeting date;
    - Future agenda items may include Council bylaws, formal appointments, officers, quorum, and open meeting law procedures.