## Patient Protection Commission Bylaws

#### Approved and Adopted: (DATE)

NRS 439.902-918

#### Article 1: Name

**1.1** The name of this public body shall be the Nevada Patient Protection Commission (PPC), hereinafter referred to as the Commission.

## Article 2: Authority and Mission

- 2.1 The Commission is authorized by NRS 439.908.
- **2.2** The Commission is responsible for improving health care in Nevada through:

a) a systemic, comprehensive review of the state's health care system and challenges and initiatives surrounding the quality, accessibility and affordability of health care statewide, and

b) making recommendations to the Governor, the Legislature, the Department of Health and Human Services, local health authorities and any other person or governmental entity to increase the quality, accessibility and affordability of health care in Nevada.

<u>NRS 439.916 - NRS 439.918</u> details the full scope of systematic review and other duties assigned to the Commission.

# Article 3: Powers and Duties

## 3.1 Systematic Review of Issues Relating to Health Care (NRS 439.916)

The Commission is responsible to systematically review issues related to the health care needs of residents of this State and the quality, accessibility and affordability of health care, including, without limitation, prescription drugs, in this State. NRS 439.916 details the full scope of systematic review assigned to the Commission.

# 3.2 Duty to facilitate collaboration; improve access to medical records and other data (<u>NRS 439.918</u>)

In addition to conducting a systemic review as described above, pursuant to NRS 439.918, the Commission shall attempt to:

- a) Identify and facilitate collaboration between existing state governmental entities that study or address issues relating to the quality, accessibility and affordability of health care in this State, including, without limitation, the regional behavioral health policy boards; and
- b) Coordinate with such entities to reduce any duplication of efforts among and between those entities and the Commission.

NRS 439.918 also requires the Commission to:

- a) Establish, submit to the Director and annually update a plan to increase access by patients to their medical records and provide for the interoperability of medical records between providers of health care in accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and any other applicable federal law or regulations
- b) Make recommendations to the Director and the Legislature concerning:

(1) The analysis and use of data to improve access to and the quality of health care in this State, including, without limitation, using data to establish priorities for addressing health care needs; and

(2) Ensuring that data concerning health care in this State is publicly available and transparent.

## Article 4: Reports

- **4.1** Pursuant to <u>NRS 439.918</u>, on or before January 1 and July 1 of each year, the Commission shall:
  - a) Compile a report describing the meetings of the Commission and the activities of the Commission during the immediately preceding 6 months.
    - The report must include, without limitation, a description of any issues identified as negatively impacting the quality, accessibility or affordability of health care in this State and any recommendations for legislation, regulations or other changes to policy or budgets to address those issues.
  - b) Submit the report to the Governor and the Director of the Legislative Counsel Bureau for transmittal to:
    - In January of odd-numbered years, the next regular session of the Legislature.
    - In all other cases, to the Joint Interim Standing Committee on Health and Human Services.
  - c) The Commission may prepare and publish additional reports on specific topics at the direction of the Chair.

# <u>Article 5: Membership</u>

## 5.1 Membership Composition

The following 12 voting members are appointed by the Governor:

a) Two members who are persons with expertise and experience in advocating on behalf of patients.

- b) One member who is a provider of health care who operates a for-profit business to provide health care.
- c) One member who is a registered nurse who practices primarily at a nonprofit hospital.
- d) One member who is a physician or registered nurse who practices primarily at a federallyqualified health center, as defined in 42 U.S.C. § 1396d(l)(2)(B).
- e) One member who is a pharmacist at a pharmacy not affiliated with any chain of pharmacies or a person who has expertise and experience in advocating on behalf of patients.
- f) One member who represents a nonprofit public hospital that is located in the county of this State that spends the largest amount of money on hospital care for indigent persons pursuant to chapter 428 of NRS.
- g) One member who represents the private nonprofit health insurer with the highest percentage of insureds in this State who are adversely impacted by social determinants of health.
- h) One member who has expertise and experience in advocating for persons who are not covered by a policy of health insurance.
- i) One member who has expertise and experience in advocating for persons with special health care needs and has education and experience in health care.
- j) One member who is an employee or a consultant of the Department with expertise in health information technology and patient access to medical records.
- k) One member who is a representative of the general public.

The Director of the Department of Health and Human Services, the Commissioner of Insurance, the Executive Director of the Silver State Health Insurance Exchange and the Executive Officer of the Public Employees' Benefits Program or his or her designee serve as ex officio, nonvoting members.

## 5.2 Terms

Members of the Commission serve:

a) At the pleasure of the Governor; and

b) without compensation or per diem but are entitled to receive reimbursement for travel expenses in the same amount provided for state officers and employees generally.

The term of each voting member is 2 years. The Governor may remove a voting member at any time and for any reason. A member may be reappointed.

If a vacancy occurs during the term of a voting member, the Governor shall appoint a person similarly qualified to replace that member for the remainder of the unexpired term.

Ex-officio members do not have a term limitation.

## 5.3 Ethics

In accordance with Nevada Ethics laws (NRS 281A.420), a member shall not approve, disapprove, vote, abstain from voting or otherwise act upon a matter without proper public disclosure of any conflicts of interest. A member shall not vote upon or advocate the passage or failure of, but may otherwise participate in the consideration of, a matter with respect to which the independence of judgment of a reasonable person in the public officer's situation would be materially affected. The Chairperson, or a majority of the Commission members, may also declare a conflict of interest exists for a member, and ask that the member be removed from the voting process. Accordingly, each voting member shall sign a conflict-of-interest form provided by the Department of Health and Human Services and update as needed.

## 5.4 Meeting Attendance

Each member is expected to participate in the majority of Commission meetings held in a single calendar year. No delegates will be permitted. The Executive Director may recommend to the Governor that a voting member be removed from the Commission due to an excessive number of absences in a single calendar year.

## Article 6: Officers

#### 6.1 Commission Chair and Vice Chair

The Governor shall annually designate a voting member to serve as Chair of the Commission. The Chair of the Commission will make a recommendation for Vice Chairperson who will be determined by a majority vote.

The Chair shall preside at all meetings and shall perform all other duties necessary or incidental to the position.

The Vice Chairperson shall assume the role of the Chair in the event of the Chair's absence.

In accordance with the Nevada Open Meeting Law, all nominations and votes shall be provided orally.

Only members present during the meeting may nominate and vote for officers.

## Article 7: Meetings (NRS 439.912)

- 7.1 The Commission, and its subcommittees, will conduct its meetings pursuant to the Open Meeting Law set forth in NRS Chapter 241.
- 7.2 The Commission will meet at times and places, including virtually, as proposed by the Chairperson. A majority of members constitute a quorum for the transaction of Commission business. Meetings will be conducted in a manner deemed appropriate by the Chairperson to

foster collaborative decision-making and consensus building.

- 7.3 Meetings will generally follow parliamentary procedure as contained in Robert's Rules of Order insofar as they do not conflict with the Nevada Revised Statute and these Bylaws.
- 7.4 A majority of the voting members of the Commission in attendance, whether virtually or inperson, constitutes a quorum for the transaction of business and the affirmative vote of such quorum is required to take action.

# Article 8: Subcommittees (NRS 439.912)

The Commission may establish subcommittees consisting of members of the Commission or other persons to assist the Commission in the performance of its duties. Each subcommittee expires 6 months after it is created but may be continued with approval of the Commission. Not more than six subcommittees may exist at any time.

Standing subcommittees are authorized to make decisions concerning the affairs of the Commission in the interim between regularly called meetings. Actions taken by these subcommittees must be reported to all members of the Commission at the next regularly called meeting.

## Article 9: Requests for drafting legislative measures (NRS 218D.213)

The Commission may request the drafting of not more than 3 legislative measures which relate to matters within the scope of the Commission.

- a) Any such request must be submitted to the Legislative Counsel Bureau on or before September 1 preceding a regular session.
- b) A request made pursuant to this section must be on a form prescribed by the Legislative Counsel.
- c) A legislative measure requested must be prefiled on or before the third Wednesday in November preceding a regular session. A legislative measure that is not prefiled on or before that day shall be deemed withdrawn.

## Article 10: Rules of Order

- a) In compliance with Nevada's Open Meeting Law, Chapter 241, a staff person designated by the Executive Director of the Patient Protection Commission shall be responsible for posting the agendas for the Commission meetings three days prior to each scheduled meeting.
- b) New Commissioners shall review the new member orientation information prior to their first formal meeting. The Executive Director and the Executive Assistant will serve as the point of contact for new member orientation questions.

# Article 11: Role of the Executive Director and Department

- a) The Executive Director and the Department shall inform the Commission about all changes that impact its mission, including Federal and State policy.
- b) The Executive Director and the Department will provide guidance, direct administrative support,

technical assistance and necessary staffing to the Commission.

- c) The Executive Director and the Department will ensure on-going communication between the Commission, agency staff and leadership.
- d) The Executive Director and Department staff assigned to the Commission will attend all meetings and develop a strategic approach for the Commission's systematic review of health care in Nevada.

## Article 12: Amendments

These Bylaws may be amended at any time by a vote of the majority of the whole Commission if the following condition is met:

• Any proposed amendment shall be presented to the Executive Director and the Chairperson at least 14 calendar days prior to the meeting.

#### CONFLICT OF INTEREST FORM-SEPARATE DOCUMENT DEPARTMENT OF HEALTH AND HUMAN SERVICES PATIENT PROTECTION COMMISSION

#### DISCLOSURE STATEMENT

The Patient Protection Commission Bylaws include the following statements regarding Conflicts of interest:

The Patient Protection Commission will survey its members annually to collect information regarding their affiliations outside of the PPC. If a member's personal or employment circumstances change before twelve (12) months have elapsed, it is the member's responsibility to update the Disclosure Statement and submit it to the Executive Director.

Conflicts of Interest must be declared by members prior to discussion of any matter that would provide direct financial benefit for that member, or otherwise have the appearance of a conflict of interest. In addition to disclosure, a member must abstain from voting on or advocating the passage or failure of a matter with respect to which the independence of judgment of a reasonable person in the member's situation would be materially affected.

The Chairperson, or a majority of the PPC, may also declare a conflict of interest exists for a member, and ask that the member be removed from the voting process.

Please list any of the following affiliations in the lines below: 1) Employers; 2) Boards or Commissions; 3) Any allegiance or financial interest you or any member of your immediate family has that might affect or appear to compete with your duties on the PPC.

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Name (Please print)

Signature

Date

Please complete and return this form via email to jfilippi@dhhs.nv.gov