



Steve Sisolak
Governor

John Packham, PhD
Chairman

Sara Chalhagian
Executive Director

Patient Protection Commission

Office of the Governor, State of Nevada

555 E. Washington Ave., Suite 5600
Las Vegas, NV 89103

SUMMARY MINUTES

June 22, 2020

Pursuant to Governor Steve Sisolak's Emergency Directive 006 as amended and extended by Emergency Directive 021, there will be no physical location for this meeting. The meeting can be listened to or viewed live over the internet. The agenda, minutes, meeting materials, and audio or video recording of the meeting are available on the Commission's meeting page or by request.

Agenda Item I - Call to Order

Chairman Packham called the regular meeting to order at 9:16 a.m. Those in attendance and constituting a quorum were:

Commission Members Present:

Dr. John Packham, Chair
Dr. Howard Baron
Theresa Bohannon
Bobbette Bond
Jessica Flood
Flo Kahn
Dr. Ikram Khan
Yarleny Roa Dugan
Shaun Schoener
Dr. Anthony Slonim
W. Mason Van Houweling

Nonvoting Commission Members Present:

Insurance Commissioner Barbara Richardson, Nevada Division of Insurance (Department of Business and Industry)
Jamie Sawyer, Silver State Health Insurance Exchange
Director Richard Whitley, Nevada Department of Health and Human Services

Commission Staff Present:

Sara Chalhagian, Executive Director
Gregory D. Ott, Chief Deputy Attorney General
Lezlie Mayville, Administrative Assistant/Policy Coordinator

Agenda Item II - Public Comment:

Brett Salmon, Nevada Health Care Association

Mr. Salmon spoke about inadequate supplies of Personal Protective Equipment (PPE) for long term care and nursing facilities and he would like the commission to help address this issue.

Dr. Lisa Durette, University of Nevada Las Vegas

Dr. Durette spoke about how COVID-19 has been a disaster for our country, and we are 51st in Mental Health Care. She has been a long-time practitioner of Telehealth and said this has been one of the positive results of COVID-19. Improved accessibility for patient visits has helped in providing clinical care to those who need it.



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Samantha Sturges, RHD

Concerns about dental hygienists' inability to use ultrasonic devices due to COVID-19. This could increase other diseases including but not limited to heart disease and diabetes. The Dental Board has had three members resign and without a full Dental Board nobody is able to vote to allow them to move into Phase II reopening. She requested we ask the Governor to appoint new Dental Board members as soon as possible or issue a directive to allow Phase II for dentistry.

Dan Musgrove, CCRBH Board

Spoke regarding Telehealth/parity in Telehealth in terms of payment and wanted the Commission to know they plan on using their bill draft request to further this issue, but also wanted the commission to ask Governor Sisolak if we can push this ahead now instead of waiting until the Legislative session in 2021.

Laura Hale

She would like the Governor to require mask wearing in public and social distancing

Jenna Gomez, RHD

Comments emailed and read into record by staff

Sandy DuPaix-Larson, RHD

Comments emailed and read into record by staff

Agenda Item III - Opening Remarks

Chair Packham

Looking forward to presentations on Telehealth

Agenda Item IV - Approval of the June 9, 2020 minutes

Chairman Packham presented the Commission with a draft of the summary minutes of the June 9, 2020 meeting.

MOTION was made to approve minutes of the June 9, 2020, meeting as presented by Commissioner Van Houweling. Commissioner Baron Seconded. Carried without dissent.

Agenda Item V - Update Concerning the Status of COVID-19 in Nevada

Caleb Cage, COVID-19 Response Director, State of Nevada

Nevada has increased testing to 40,000 in the last week. With increased testing there will be more positives and the state has seen an uptick. Data is being analyzed to determine new baseline numbers. Vulnerable populations should continue to stay home and wear face masks.

Measures are being taken to monitor and mitigate contact tracing in local and tribal communities.

Agenda Item VI - Presentation on Nevada's health care provider's experiences responding to COVID-19 in Nevada

Chris Lake, PhD, Executive Director of Hospital Preparedness, Nevada Hospital Association

The Nevada Hospitals response to COVID-19 began as early as late December and early January 2020. Hospitals rapidly changed the models for Health Care including but not limited to stopping elective surgeries, lessening visitors and making room in ICU's. Our hospitals responded well. Most PPE is manufactured in China, and because of COVID-19 these facilities were shut down. Plus, the increase in worldwide demand caused severe shortages.



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Bill Welch, President, Nevada Hospital Association

He wanted to acknowledge and thank the Governor and his team for their measured steps in handling of COVID-19. Referencing the Governor's letter of May 19, 2020, he is hoping the hospital community can partner with the PPC and be at the table when working through the topics. Also mentioned AB292 passed in 2015 opened up Telehealth in Nevada. Data collection was given to Governor, but not made public due to time factor it took to confirm data was consistent. It often took 4-6 weeks to gather data from all hospitals. Commissioner comments that were made included but were not limited to being vigilant in promoting flu shots in the fall, making sure health care work force stays safe, supplemented possibly by out of state nurses, and PPE is stockpiled for future flu season.

Ron Swanger, MD, President, Nevada State Medical Association

With the dramatic increase in Telehealth, doctors and patients have had difficulties keeping up with all the technological options. Other concerns mentioned were parity in billing for telehealth appointments and practices not being able to remain open. Most practitioners have 2-6 months before closing their doors and many could still close even with the Paycheck Protection Program (PPP) loan funds. Telehealth may be more convenient for many in fear of COVID-19, but it does not save the provider money and often costs practices more. Questions asked but were not limited to what can be done to get patients back to practices, should Telehealth rates be higher and is testing reliable when patients can go out on their own to be tested. Data collection on all these issues will be important going forward and will be an ongoing debate between payers and providers.

Joan Hall, RN, President Nevada Rural Hospital Partners

Testing for COVID-19 takes 3-4 or more often 5-7 days for results to come back in rural areas. Most have no Health Districts, so doctors, nurses and other health care providers must do the testing. Small hospitals have a hard time disseminating Centers for Disease Control and Prevention (CDC) information but have been doing an excellent job for their small communities where there are often no private practices. PPE has been a difficult issue since these areas are only allowed their previous allotments and they can still only get about 10% of that. PPE available from the stockpile are often outsized and don't fit properly, making them less safe. Community paramedicine has worked great for the rural communities.

Agenda Item VII - Presentation Regarding Telehealth Services

Telehealth Fact Sheet, Telehealth in Nevada

Megan Comlossy, Principal Policy Analyst, Research Division, Legislative Counsel Bureau (LCB)

Key Telehealth Legislation in Nevada; SB327 (2013) revised the definition of "practice of medicine" in Nevada, practice of telemedicine by osteopaths, and telepharmacy; AB292 (2015) implementation of the Affordable Care Act; and SB53 (2017) Nevada Broadband Telemedicine Initiative were presented along resources for more information.

Current Telehealth Policy Landscape, Nevada Medicaid

Suzanne Bierman, J.D., M.P.H., Administrator, Division of Health Care Financing and Policy (DHCFP), Department of Health and Human Services (DHHS)

Centers for Medicare and Medicaid Services (CMS) have given states flexibility in how they set up Telehealth and this presentation is focused on Telehealth as it pertains to Medicaid. Nevada was classified as progressive in 2018, before COVID-19 and currently has robust Telehealth technologies. Services must be delivered via Health Insurance Portability and Accountability Act (HIPAA) compliant audio-visual telecommunications systems. Services must be clinically appropriate and within the scope of practice of provider. Some resources will expire when the public health emergency ends which is currently set at July 25, 2020, were some but not all items presented. Medicaid covers approximately 22% of Nevada's population.



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Telemedicine and Other Virtual Care Services During COVID-19

Trudy Bearden, PA-C, MPAS, PCMH CCE, Senior Consultant, Comagine Health

Nevada is progressive when it comes to Telehealth because much was already in place when COVID-19 hit. There are some concerns about quality assurance, but feels her company has a great data team. Currently there is no Tele-dentistry.

Telehealth Member Platform

John Rhodes, MD, Southwest Medical Associates

They have been delivering Telehealth services through a HIPPA compliant platform for seven years in Rheumatology and Cardiology. When COVID-19 hit, they added more services. They found it was better to manage high risk patients and better for staff to continue to stay safe. Telehealth also helps to keep hospital beds available to those who really need it. It makes a lot of sense in a value-based health care system.

Access to Telehealth

Bill Welch, President, Nevada Hospital Association

Broadband internet capacity to allow Telehealth required substantial construction throughout the state and surrounding states. So far \$25 million has been spent on fiber connectivity. It is extensive and expensive, but Nevada has done a very good job in our legislation with Public Health Emergency (PHE) funding. He has asked for the commission to draft a letter to our Congressional delegation increasing funding for broadband on the Federal level for Telehealth.

Joan Hall, RN, President Nevada Rural Hospital Partners

Pre-COVID-19, Telehealth had to be delivered through a hospital or clinic. Due to lack of providers Nevada went outside the state to Utah due to the abundant number of medical providers graduated. Licensing to practice here took a year and providers also had to be accepted by insurance carriers operating in Nevada. Rurals had difficulty accessing all the different telemedicine platforms, but it has been a lifesaver in small communities. Patients without enough bandwidth or WIFI is still the biggest problem but seeing patients safely in their own homes with Telehealth is excellent for these smaller areas of the population.

Agenda Item VIII - Update on Collaboration and Coordination between the Commission and Other State Entities

Director Chalhagian

Has been in communication with health care policy committees and highlights included but were not limited to informing the Commissioners the Clark County Regional Behavioral Health (CCRBH) policy board voted to use their bill draft request for legislation to extend insurance coverage for Telehealth psychology sessions, also mentioned was access to care all payer claims data bases. They meet again in July and August. Chair Packham's presentation on Improving Access to Care Through Health Care Workforce Data Collection was heard by the Legislative Committee on Health Care also last week.

Agenda Item IX - Discussion of Commission Work Plan and Potential Bill Draft Requests

Suggestions included but were not limited to prioritizing the policy issues in the work plan, data collection should be added to workforce policy, and should PPC pen a letter to Congressional Delegation to request extension of waivers keeping HIPPA related relaxation for Telehealth.



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MOTION was made to authorize Chairman Packham to draft a letter on behalf of the PPC as requested by Bill Welch, to the Congressional Delegation to urge increasing funds for broadband on the Federal level for Telehealth as presented by Dr. Khan, Dr. Baron Seconded. Carried without dissent.

Agenda Item X - Discussion of Future Agenda Items and Meeting Dates

Chair Packham reminded Commissioners meetings will be every other Monday, with the next meeting July 6, 2020. Suggestions included but were not limited to having two subcommittees one for bill draft recommendations, one for Governor's priorities, responses included there is little time for more meetings, more efficient to have longer meetings, not add more. Two future meetings will possibly be based on Legislative Committee on Health, hear more of patient perspectives regarding COVID-19, certain workplace populations being at higher risk for exposure and need occupational guidance, were some that were mentioned. No action taken.

Agenda Item XI - Public Comment

Vivian Leal

Immunosuppressed community is relying on Telehealth to continue to go forward. This population is fearing for fall flu season.

Brandi Montonini, RDH

Comments emailed and read into record by staff

Steve Messinger, Nevada Primary Care Association

Comments emailed and read into record by staff

Agenda Item XII - Adjournment

Meeting adjourned at 2:32 p.m.

Respectfully submitted,

A handwritten signature in blue ink that reads "Leslie Mayville".

Leslie Mayville

Office of the Patient Protection Commission

APPROVED BY:

A handwritten signature in blue ink that reads "John Packham".

Dr. John Packham, Chair

Date: 7/15/20



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Meeting Materials

AGENDA ITEM	PRESENTER	DESCRIPTION
II.	Jenna Gomez, RHD	Public Comment-email read into record
II.	Sandy DuPaix-Larson, BSDH, RHD	Public Comment-email read into record
VI.	Chris Lake, PhD, Exec. Director of Hospital Preparedness and Bill Welch, President, Nevada Hospital Association	Power Point Presentation on Nevada's Health Care Provider's Experiences responding to COVID-19
VI.	Joan Hall, RN, President Nevada Rural Health Partners	Map and Power Point Regarding Critical Care Hospitals
VII.	Megan Comlossy, Principal Policy Analyst, Research Division, LCB	Telehealth Fact Sheet Presentation
VII.	Suzanne Bierman, J.D., M.P.H, Administrator, DHCFP, DHHS	Current Telehealth Policy, Nevada Medicaid
VII.	Trudy Bearden, PA-C, MPAS, PCMH CCE, Senior Consultant, Comagine Health	Telemedicine and Other Virtual Care Services During COVID-19 presentation
VII.	Bill Welch, President, Nevada Hospital Association	Nevada Broadband Presentation
XI.	Brandi Montonini, RHD	Public Comment-email read into record
XI.	Steve Messinger	Public Comment-email read into record