MEMORANDUM
FOR DISCUSSION PURPOSES ONLY

July 20, 2020

To: Chair Packham and Members of the Patient Protection Commission

From: Sara Cholhagian, Executive Director, Patient Protection Commission

Subject: Updated Work Plan

Background

Senate Bill 544, approved during the 2019 legislative session created the Patient Protection Commission (PPC) to systematically review issues related to the health care needs of residents of Nevada and the quality, accessibility and affordability of health care.

Commission Priorities

On June 9, the Commission held its first virtual meeting and agreed to refocus the Commission’s priorities to the narrowed scope outlined in Governor Sisolak’s May 19 letter. The letter asked for this Commission to immediately focus areas related to the COVID-19 pandemic that were already within our assignments. The Commission agreed the tasks for the next several meetings will be related to this narrowed scope. Such focus outlined in his letter included the following:

Access and affordability of health care,
Ensuring access and affordability of health care for the vulnerable populations most impacted by COVID-19 and strengthening the state’s safety net systems.

Innovative approaches to providing health care, improving access and protecting workers,
Sustaining available health care options that have provided access and care for patients in the COVID-19 pandemic, including but not limited to focusing on prevention by investing in primary care, telehealth, home and community based services, including allowing care in alternative sites and settings, insurance coverage and expanding federal support for states for Medicaid and related programs.
Improving local, regional and state public health and coordination. Strengthening the efficiency of Nevada's statutory public health and primary care structure, including through the local and regional framework, encouraging innovations through public/private partnerships, and investing in advances needed to ensure statewide coordination of health activities and resources.

Improved data collection and analysis for evidence-based policy making and planning. Enhancing Nevada's ability to assess the health needs of its population, including viewing it through a lens of health disparities and health equity, based on statewide data collection, including addressing challenges with real time death and demographic reporting and the need to improve access to data to establish common priorities and strategies.

Health workforce development. Bolstering Nevada's health workforce capacity and assurance of appropriate organized statewide efforts to develop and maintain essential personnel, educational and environmental health services in urban and rural areas to provide access to necessary services.

**Timeline of Meetings and Work Plan**
During the meeting on June 9 there was a suggestion made to formalize a work plan to organize the desired focus areas. Following the Open Meeting Law guidelines from our attorney, I reached out to each of you and began the process to receive your individual contributions to the chart contained in this memo.

On June 22 and on July 6, no action was taken on this work plan. The Commission met with the intent to start identifying any issues as negatively impacting the quality, accessibility, or affordability of health care under the Commission’s new focus.

I have continued to seek and receive your individual feedback and contributions. The chart below contains an updated list of general topics, policy recommendations, and potential bill draft requests I have received to date. As you continue to generate ideas please send them to me and I will update this chart accordingly.
## PPC Work Plan

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**Telehealth**
Support policy and legislative measures for the telehealth reform and continued expansion of telehealth services that may include the following:

1. payment flexibility and reimbursement parity
2. fewer restrictions to telehealth delivery and access
3. fewer administrative barriers for providers

Note: Since federal telehealth waivers have been instituted, the demand for telehealth has surged dramatically and with the increased adoption of telehealth by beneficiaries since the pandemic makes clear that telehealth is likely here to stay. Any legislative efforts to not continue supporting these initiatives will restrict access to essential health care. Given the role of federal waivers that have been extended and may continue to do so, **the PPC should not utilize a bill draft request and instead support policy efforts** as referenced above.

**COVID-19 Management and Containment**
Support policy and legislative measures to enhance efforts surrounding the disease outbreak management and containment to prevent the spread of COVID-19 and mitigate any outbreak of COVID-19 that may include the following:

1. PPE Surge Capacity
2. Laboratory Testing
3. Workplace health and safety measures including workplace consolidation and market transparency
4. Utilize federal public health emergency funds to further protect workers from the spread of COVID-19 in the workplace
5. Case Investigation, Contact Tracing, and Mass Vaccination Operations
6. Expand the use of WEB IZ in Nevada
7. Expand transparency reporting for COVID pricing in prescription drugs, testing and treatment

Note: The COVID-19 Outbreak Management Strategy and Concept of Operations (attached) was developed to outline an operations surge strategy and sustainment capability to prevent the spread of COVID-19 and mitigate any outbreak of COVID-19. Given the role of Nevada's COVID-19 Response Director who works across multiple state, local and federal entities to respond to COVID-19, **the PPC should not utilize a bill draft request and instead continue to collaborate** with the Response Director and support measures that help further the efforts referenced above and continue to develop strategies to transition state response to shared public and private partnership utilizing Nevada's public and private health care systems.
COVID-19 Management and Containment

1. Develop an Early Warning System (EWS) that would inform local health authorities, the private sector, and Nevada residents about the current risk of community transmission of coronavirus based on current data trends in a region. (This is an example for a risk assessment: https://covid19risk.biosci.gatech.edu/)

2. Enhance communications with the public to provide up-to-date information about COVID-19 (e.g., how to reduce spread, testing locations, mental health resources, etc.).

3. Increase and improve data sharing to ensure data is transparent and in real-time.

4. Conduct needs assessments with state and local health authorities to identify gaps in IT and other resources.

5. Assess and allocate resources to ensure effective testing and contact tracing of regional COVID-19 outbreaks.

6. Increase training and workforce development among state and local authorities to control the spread of COVID-19 and other communicable diseases. This should include standardizing training and processes for contact tracing among all entities in the state involved in containing outbreaks.

7. Increase collaboration between state health authorities and gaming to contact trace in casinos and other tourist locations in Nevada. State authorities need to improve contact tracing among visitors in casinos and other tourism sectors. This could include providing information to the tourism sector about national and international outbreaks.

8. Develop and administer patient and healthcare surveys to gather quantitative and qualitative information to inform best practice and improve outcomes.

9. Provide technical assistance to all health care facilities and providers to develop pandemic preparedness response plans.

10. Increase Nevada’s capacity to procure and produce Personal Protective Equipment (PPE).

Note: These recommendations are a set of suggestions for this Commission to consider that aim to increase communication, coordination, and collaboration between state and local health authorities and the private sector to effectively address COVID-19 outbreaks in Nevada. This will require further deliberation and input from stakeholders including local health authorities.
### Mental Health Services
Support policy and legislative measures for the funding for mental health services in Nevada, that may include the following:

1. The Crisis Now model of care
2. Crisis stabilization
3. Behavioral health and vulnerable populations
4. Seriously mentally ill population and continuation of care

Note: The Nevada Department of Health and Human Services (DHHS) and partner agencies across the state are responding to the pandemic and in response have activated the Nevada Crisis Standards of Care Plan. The plan outlines considerations for behavioral health. Given the role of DHHS and Governor Sisolak’s Medical Advisory Team for the COVID-19 Response, the PPC should not utilize a bill draft request to solely address these recommendations and instead support collaborating with others. However, the PPC should continue to consider adding in bill language that reflects the policy recommendations above if allowable and as advised by legislative and legal counsel.
### Access and Affordability of Health Care
Enhance patient's healthcare experience and state outcomes by implementing transparency measures that help understand data trends.

1. Require reporting of data to state (PPC, DHHS, AG) to allow for monitoring of health care industry including: pricing for health care components, all payer claims, drug costs, hospital prices, health care entity ownership and mergers, consolidation, closures and governance for health care entities
2. Ensure that the data are easily accessible, without barriers, free of charge, without password protection and digitally searchable
3. Hospital data must display payer-specific negotiated charges, de-identified minimum and maximum negotiated charges, and discounted cash prices

### Expanded Authority of Patient Protection Commission
Expand authority of PPC to monitor and further the efforts of enhancing patient's healthcare experience and state outcomes

1. Authority to monitor compliance of the above implementation of transparency measures
2. Authority to monitor patient access, health care cost, and systemic price drivers
3. Authority to address hospital trends by region, with focus on cost increases driven by delivery system consolidation

Note: The PPC has the ability to request up to 3 BDRs, the above priorities reflect the request of accomplishing a set of recommendations to increase access, quality and affordability of health care in Nevada that focuses on enhancing patient’s healthcare experience and state outcomes. The process to determine the amount of the allotted BDRs the PPC has should be determined through legal and legislative counsel of this Commission.
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