SUMMARY MINUTES
July 20, 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 and Opening Remarks
Chairman Packham called the regular meeting to order at 9:00 a.m.

Those in attendance and constituting a quorum were:

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

Advisory Commission Members Present:
Executive Director Heather Korblic, Silver State Health Insurance Exchange
Insurance Commissioner Barbara Richardson, Nevada Division of Insurance (Department of Business and Industry)
Director Richard Whitley, Nevada Department of Health and Human Services (DHHS)

Commission Staff Present:
Sara Cholhagian, Executive Director
David Gardner, Deputy Attorney General
Lezlie Mayville, Administrative Assistant/Policy Coordinator

Agenda Item II - Public Comment:
No Public Comments
Agenda Item III - Presentation from Patient’s about their experiences with COVID-19 in Nevada

Ashley Sylvester shared the experiences of her complicated health issues and access to quality care in Nevada. With a team of five medical specialists she has found it to be very difficult to navigate the health care system in Nevada. Some things she mentioned were communication between providers is non-existent (it’s up to her to make sure her health information is accurately given to all providers) and lack of specialists in Nevada resulting in wait times of several months to see providers of certain specialties which could negatively affect health outcomes. She also mentioned that Telehealth was a big help, especially during the COVID-19 pandemic. Her job as a recruiter of medical related undergrads to the Medical School at UNLV helped her navigate the complex system.

Michael Perretta, Cook at HMS Host/McCarran Airport
Comments emailed and read into the record by staff

Veronica Sanders Lee
Comments emailed and read into the record by staff

Agenda Item IV - Approval of the July 6, 2020 minutes

Chairman Packham presented the Commission with a draft of the summary minutes of the July 6, 2020 meeting.

MOTION was made to approve minutes of the July 6, 2020, meeting as presented by Commissioner Slonim. Commissioner Baron Seconded. Carried without dissent.

Agenda Item V - Presentation on Drivers of Healthcare Costs and Efforts to Improve Transparency in Healthcare Pricing

Jaime S. King, J.D., PhD., John and Marylyn Mayo Chair in Health Law and Professor of Law, University of Auckland, Faculty of Law, Senior Affiliated Scholar, UCSF/UC Hastings Consortium on Law, Science and Health Policy

American prices for health care are higher than any other country. Reasons for this include but are not limited to the failure to protect essential elements of a free market system, failure to rigorously enforce antitrust laws, failure to regulate to control prices when competition no longer exists. Due to COVID-19 Primary Care providers have been hit hard because patients are nervous to seek medical care, this makes the providers vulnerable to being merged into or bought out by larger health organizations. Creation of an All Payer Claims Database would help all concerned with not only “shoppable” health care services, health plans and providers for consumers; and policy and enforcement for the states to provide accurate information on functioning of health care markets, inform merger analysis, identify drivers of cost, track utilization, identify low value services, inform policy goals and facilitate analysis of price variation were some of the issues mentioned.

Discussion/Comments/Questions by Commissioners included but were not limited to; when people don’t use primary care physicians it drives up costs, during COVID-19 private institutions have had to step up and help public health because they were not prepared to handle the pandemic, we need to recruit more doctors to the state, “Bare counties” need to get insurance coverage because physician shortage is extreme. Dr. King suggests many medical students have graduated but not completed their residency. Maybe Nevada can allow these students to work under the oversight of a doctor to assist in primary care to alleviate temporary shortages, such as project ECHO. Prescription drugs is second highest cost. Transparency has been difficult to obtain due to industry saying trade
secrets could be revealed with complete transparency. Per contracts, this information is not allowed to be publicly released and if it is can result in higher costs to consumer. DHHS has the support of Centers for Medicare and Medicaid Services (CMS) to purchase the All Payer Claims Database with the primary purpose to help the consumer. The federal split for this is 90%-10%, so most costs would be covered. Legislation can make it mandatory to participate.

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

Chair Packham has reminded Commissioners this is the opportunity to have a narrower focus and thoughtful deliberation on where this commission would like to go. Starting with Access and Affordability of Health Care. Some items discussed were Medicaid patients already vulnerable with post-COVID-19 times. Medicaid Administrator Suzanne Bierman informed the Commissioners Medicaid has a provider relief fund available the help through the CARES Act. A Commissioner asked why was HIE (Health Information Exchange) opted out and maybe a good way to use a BDR. One Commissioner felt that WebIZ would be better because it is managed by the state, but all want to know who would “own” the data for either. Some Commissioners were confused with what the PPC charge is now and were told to use all resources and focus on the state’s long-term recovery from COVID-19, but not ignore original charge. Licensure should be added to Access and Affordability, add reciprocity to all our problem areas, a suggestion was made to remove item #3 or seek further clarification under Access and Affordability as it should be more patient centric and not hospital, if something benefits and/or protects patients we should move it forward.

**MOTION** was made to move forward with further discussion at next meeting on potential bill draft relating to access and affordability of health care that will enhance patient’s healthcare experience and state outcomes by implementing transparency measures that help understand data trends. Commissioner Bond made the motion and was seconded by Commissioner Roa Dugan. Vote was unanimous in favor.

**Agenda Item VII - Discussion of Future Agenda Items and Meeting Dates**

Commissioners mentioned several potential items which included but were not limited to, completing the discussion about HIE, asking DHHS to give info on the national picture and one request was made to hear from Jerry Reeves. Most notable, members discussed the need to prioritize the workplan and mentioned this should be first and foremost, then move to schedule presentations as needs arise to get more complete information. No action taken.

**Agenda Item VIII - Public Comment**

Katie Robbins representing Planned Parenthood mentioned family planning grants are being cut across the board and access to family planning is so important. She wanted to thank the Governor for restoring those funds during this difficult time with budget shortfalls.

**Agenda Item IX - Adjournment**

Meeting was adjourned at 12:53 p.m.
Respectfully submitted,

Lezlie Mayville
Office of the Patient Protection Commission

APPROVED BY

Dr. Ikram Khan, Chair

Date: 8/5/2020
### Meeting Materials

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