Recommendations from Dr. John Packham

Bill Draft Requests for the 81st (2021) Session of the Nevada Legislature

1. Telehealth
   a. Mandate fully-insured private plans to cover and reimburse for telemedicine services equally to how they would for in-person care (service parity and payment parity)

2. Access and Affordability of Health Care: Transparency Measures
   a. Create an All Payer Claims Data Base in Nevada

Other Requests for Policy Recommendations and Other Initiatives

Commission Discussion and Possible Action on Next Steps
Recommendations from Dr. Howard Baron

Bill Draft Requests for the 81st (2021) Session of the Nevada Legislature

1. Telehealth
   a. Mandate fully-insured private plans to cover and reimburse for telemedicine services equally to how they would for in-person care (service parity and payment parity)

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Other Requests for Policy Recommendations and Other Initiatives

Commission Discussion and Possible Action on Next Steps
Bill Draft Requests for the 81st (2021) Session of the Nevada Legislature

1. Workforce
   - This needs a short and long term plan that can be informed by Dr. Packham and the Workforce report from 2019.
   - Environmental scan for challenges facing providers that may lead to policy changes
   - Engage the Boards of Medicine, Nursing and Pharmacy in a discussion about licensure reciprocity and streamlining their licensure processes
   - Identify the opportunities to incentivize recruitment/retention of health professionals into Nevada and its rural communities (e.g., Loan repayment/forgiveness, collaborative engagements for professional schools etc)
   - Enhance the opportunities for increasing class sizes for our public schools of health professions
   - Provide opportunities for graduate medical education that enhance specialty training for physicians

2. Health Information Exchange (HIE) and Interoperability
   - Care coordination has been identified through every patient story and requires the integrity of the medical record to have complete/accurate information available at the point of care
   - The Covid pandemic has demonstrated the failure of comprehensive data availability at the most basic level
   - Support policy change for patients to ‘opt-out’ if they don’t want their patient information to be available to their medical providers in an HIE. This policy change is expected to significantly increase those participating in the HIE since 95% of those asked opt-in but not every provider/facility in Nevada is collecting consents from their patients due to the administrative burden.
   - Support policy change requiring all providers, facilities and payers to participate in the HIE, on a platform that drives interoperability across the health care delivery system. This will improve the completeness of the medical information available to providers at the point of care.

3. ACCESS to mental health services
   - In a state that has struggled with mental health services, Covid 19 has worsened access and increased the number of people who need service not only for serious mental illness, but also with situational conditions related to the pandemic and economic challenges
   - Understand the availability and distribution of mental health providers in the State
   - Identify opportunities to augment mental health workforce by enhancing scope of
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practice for mid-level providers

4. Telehealth

- Ensure TeleHealth coverage AND payment parity exists for mental health which will enhance access to these important services for Nevadans.

- The COVID-19 pandemic has highlighted the ways Nevadan’s can access needed health and healthcare services, as was demonstrated by the significant adoption and utilization of TeleHealth during the initial surge in Nevada. Once the federal and/or state waivers related to payment parity and licensing reciprocity have ended, Nevada will still have among the lowest numbers of providers per capita (in most if not all provider categories) in the US.

- Even within Nevada, the distribution of providers by needed specialty does not match the geographic distribution of the population which requires tools like telehealth to be used to meet the health care needs when medically appropriate.

- Given ACCESS to health and health care services is a priority in Nevada:
  i. state policy needs to be modified to provide payment parity for services provided via telehealth.
  ii. work with healthcare licensing boards to modify state policy to establish licensing reciprocity.

Other Requests for Policy Recommendations and Other Initiatives

1. Transparency Measures aimed to address Access and Affordability of Health Care

   a. Recommendation for PPC to take an **inventory** and perform a **gap analysis** on the data sources and availability of transparency measures currently in place.

      i. This will help to identify the opportunities for what specific gaps exist, what data sources need to be added (eg. Pharma, healthcare facility, provider, payer data) and how it should be organized.
Recommendations from W. Mason Van Houweling

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1. Telehealth
   a. Promote increased patients’ access to high-quality care, while reducing costs and improving patient and provider safety, through the inclusion of clear, effective and sustainable telemedicine language in the Nevada Revised Statutes (NRS).
      i. Codify current COVID-19 related telemedicine provisions.
      ii. Ensure that there is sufficient access to technology and connectivity to support telemedicine in Rural Nevada.
      iii. Address parity for payment.
      iv. Address licensure and adequacy of network issues.

2. Network Adequacy
   a. Support the development of **acute-care and mental health physician and nursing workforce** and require that more health carriers in the state of Nevada have sufficient availability of and access to such professionals in urban and rural areas throughout Nevada.
      i. Identify and address acute care-based physician and nursing shortages and support professional development and facilitate improvements to licensure attainment processes.
      ii. Identify and address mental health focused physician, nursing and other licensed mental and behavioral health care professional shortages and support professional development and facilitate improvements to licensure attainment processes.
      iii. Identify and address acute-care-based physician and nursing shortages within health carrier networks, to improve access for patients in need.
      iv. Identify and address mental and behavioral health-focused physician, nursing and other licensed mental and behavioral health professional shortages within health carrier networks, to improve access for patients in need.
      v. Expand the types of health carriers for whom these requirements will apply.
      vi. Identify ways to maximize the Health Information Exchange (HIE) to support improved efficiency and quality of patient care.

3. Medicaid
   a. Provide greater **access to healthcare insurance coverage** for the increased number of Nevadans who have lost their coverage as a result of the COVID-19 pandemic’s impact on the Nevada economy. Support Nevada Medicaid’s effort to secure additional federal funding for Nevada.
      i. Identify and quantify the increased need for health insurance coverage by
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Nevada residents as a result of the COVID-19 pandemic.

ii. Define options and criteria for extending coverage to those who have lost health insurance coverage as a result of the Covid-19 pandemic.

iii. Support Nevada Medicaid’s efforts to secure and deploy federal funding to meet the greats needs of Nevada residents.


Other Requests for Policy Recommendations and Other Initiatives

1. Transparency Measures aimed to address Access and Affordability of Health Care

   a. That additional information be provided on the nature of the proposed bill relating to transparency.

   b. That the commission discuss how NRS could support the expansion of the experience of mental and behavioral health patients and their families, through transparency relating to the care for and coverage of patients throughout the continuum of care.

2. COVID-19 Management and Containment

   a. Support policy and legislative measures that are submitted outside of the PPC that support expansion and timeliness of COVID-19 testing throughout Nevada. The goal would be to increase testing to enhance the timeliness of COVID-19 testing and patient care, and to help prevent the spread of COVID-19 in Nevada. Such initiatives can include the following:

      i. Support expansion of public laboratory instrumentation, testing materials and trained staff in Nevada.

      ii. Support development of statewide infrastructure to streamline and expedite specimen collection, processing and results reporting to support both urban, rural and tribal areas.

      iii. Promote greater access to testing for Nevada residents.

      iv. Promote employer-based testing to protect Nevada’s workforce and support the economic recovery of Nevada.

      v. Promote testing access for Nevada visitors, to provide care to those in need and support the health and safety for Nevada visitors and residents alike.
Recommendations from Flo Kahn

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1. Access and Affordability of Health Care: Transparency Measures
   a. Establish an all-payer claims database measure similar to laws that have been enacted in 19 other states including New Hampshire and Maine.
      i. Consider establishing a board that looks at the total cost of health care in Nevada. The board would include representatives from each sector, collect cost data, and make policy recommendations. Oregon has established a benchmarking board and Maine is currently considering similar legislation to what passed in Oregon.
   b. Transparency measures must include all aspects of the healthcare ecosystem, including but not limited to providers, insurers, hospitals, PBMs, pharmaceuticals, labor unions and the state.
   c. Confidential information, such as proprietary data, trade secrets, and/or or other information contained within that are specified in contractual agreements must be recognized as such and all types of the above information should not be subject to public disclosure.
   d. Collection of data should have a clear patient focus, meaning the data is needed to result in a meaningful and tangible patient benefit.

Other Requests for Policy Recommendations and Other Initiatives

1. COVID-19 Management and Containment
   a. Support policy and legislative measures that are submitted outside of the PPC that 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:
      i. Testing (coverage and cost sharing) - breakdown of the patient population being tested, i.e. public or private insurance; cost-sharing requirements within both systems; access
      ii. COVID-19 Treatment (coverage and cost-sharing) - Same as for testing.
      iii. Contact tracing (public health department role, IT needs, patient privacy protections, and public education)
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1. Mental Health Services
   a. The PPC has the ability to request up to 3 BDRs, any effort to utilize these should include measures that support mental health services in Nevada that aim to increase access, quality and affordability of health care in Nevada.

Other Requests for Policy Recommendations and Other Initiatives
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1. Telehealth
   a. Support policy and legislative measures for telehealth reform and continued expansion of telehealth services that may include:
      i. Payment flexibility and reimbursement parity
      ii. Fewer restrictions to telehealth delivery and access
      iii. Fewer administration iterative barriers for providers. E.g. health professional licensing compacts.

2. Access and Affordability of Health Care: Transparency Measures
   a. Enhance patients' health care experience and state outcomes by implementing transparency measures that help understand data trends

   Mandate reporting of data to State of Nevada (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.

   Specific components include the following:
      i. Enhance antitrust enforcement.
      ii. Pass legislation to support competition and address market deficiencies
      iii. Create an All Payer Claims Data Base in Nevada

3. Expanded Authority of Patient Protection Commission
   a. Expand authority of PPC to monitor and further the efforts of enhancing patient’s healthcare experience and state outcomes.

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

Other Requests for Policy Recommendations and Other Initiatives
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1. Public Option in Health Care Reform
   a. Enact legislation to support a public option as a way of reducing health care costs and extending health care coverage in Nevada.

2. COVID-19 Management and Containment
   a. 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/](https://covid19risk.biosci.gatech.edu/))
   b. 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.).
   c. Increase and improve data sharing to ensure data is transparent and in real-time.
   d. Conduct needs assessments with state and local health authorities to identify gaps in IT and other resources.
   e. Assess and allocate resources to ensure effective testing and contact tracing of regional COVID-19 outbreaks.
   f. 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.
   g. 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.
   h. Develop and administer patient and healthcare surveys to gather quantitative and qualitative information to inform best practice and improve outcomes.
   i. Provide technical assistance to all health care facilities and providers to develop pandemic preparedness response plans.
   j. 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.
Other Requests for Policy Recommendations and Other Initiatives

1. Public Health Emergency
   a. Request to make a recommendation to Governor Sisolak to declare racism a public health emergency.

2. Access and Affordability of Health Care: Transparency Measures
   a. Request to include a discussion on electronic medical records
Bill Draft Requests for the 81st (2021) Session of the Nevada Legislature

1. Access and Affordability of Health Care
   a. Enhance patient’s healthcare experience and state outcomes by implementing transparency measures that help understand data trends.

   Mandate reporting of data to State of Nevada (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.

   Specific components include the following:
   i. Require health care entity mergers to be publicly available and reviewed by the AG.
   ii. Require that the data be easily accessible, without barriers, free of charge, without password protection and digitally searchable
   iii. Create an All Payer Claims Data Base in Nevada

2. Expanded Authority of Patient Protection Commission
   a. Expand authority of PPC to monitor and further the efforts of enhancing patient’s healthcare experience and state outcomes.

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

3. 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.

   a. The process to determine the amount of the allotted BDRs the PPC has should be determined through legal and legislative counsel of this Commission
Discussion of Commission Work Plan and Potential Bill Draft Requests

Other Requests for Policy Recommendations and Other Initiatives

1. Telehealth
   a. Support policy and legislative measures that are submitted outside of PPC that relate to the enhancement and expansion of telehealth services for patients.

2. COVID-19 Management and Containment
   a. Support policy and legislative measures that are submitted outside of the PPC that 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:
      i. Workplace health and safety measures including workplace consolidation and market transparency
      ii. Utilization of federal public health emergency funds to further protect workers from the spread of COVID-19 in the workplace
      iii. Enhanced operations for case investigation, contact tracing and mass vaccination operations
         - Expand the use of WEB IZ in Nevada (immunization program) to include provider reporting and patient access to covid-related factors and the ability to create a ‘passport’ for patients to document immunity when a vaccine is created.
      iv. Expand transparency reporting for COVID pricing in prescription drugs, testing and treatment

3. Health Information Technology
   a. Support policy and legislative measures that are submitted outside of the PPC that enhance the landscape of health information technology infrastructure across priority target areas and analyzing infrastructure gaps including the following:
      i. Specifically review how Nevada can provide interoperability, privacy and security tools to support patient access to all medical records in Nevada per federal regulations.

4. Immunization
   a. Review Nevada immunization rates and opportunities for improvement.

5. Medical Boards in Nevada
   a. Review the structure of medical boards in Nevada compared to other states and consider recommendations for board reform.

6. Public Health
   a. Review and consider how the PPC can support more state/public capacity to address public health priorities.

7. Mental Health
Discussion of Commission Work Plan and Potential Bill Draft Requests

a. Review and consider how the PPC can support the prioritization of Mental Health access for teens in Nevada and research best methods for meeting this goal.

8. Health Status

a. Review and consider how the PPC can identify key goals to measure and improve health status of Nevada residents.