

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada
Department of Health and
Human Services

12-21-22 Meeting

Patient Protection Commission



Helping people. It's who we are and what we do.



Agenda

1. Informational Item
2. Possible Recommendation to Support Amendment to Assembly Bill 7
3. 2023 Legislative Bill Support to PPC Executive Director
4. January 1 PPC Report
5. Patient Health Records Plan
6. Nevada's Health Care Costs in Context Relative to Other States
7. Meeting Schedule and Activity Priorities in 2023





Informational Item

Update on Investigation Concerning an 11/18/22 News Story Showing a Valley Hospital Medical Center Patient Who was Allegedly Assisted by Security Out of the Emergency Department and Across the Street and then Left on the Sidewalk Adjacent to University Medical Center

Presented by: Mr. Paul Shubert, Bureau Chief, Department of Health and Human Services (DHHS), Division of Public and Behavioral Health (DPBH), Bureau of Health Care Quality and Compliance (HCQC)





Possible Recommendation to Support an Amendment to Assembly Bill 7 (AB 7)





Consider Appointing Not More Than 4 Individual Commissioners with Nevada Legislative Experience to Provide Individualized Support via Email to the PPC Executive Director Before and During the 2023 Legislative Session for the 3 PPC Bills

- Define goal, activities, and scope
- Possible decision to appoint individual Commissioners through 6/30/23





January 1 PPC Report to the Governor and Director of the Legislative Counsel Bureau

As required by NRS 439.918.2





January 1 PPC Report

NRS 439.918.2

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:
 - (1) In January of odd-numbered years, the next regular session of the Legislature.
 - (2) In all other cases, to the Joint Interim Standing Committee on Health and Human Services.





2022 Inaugural Patient Health Records Plan

As required by NRS 439.918.1(c)



Patient Health Records Plan

NRS 439.918.1(c)

In addition to conducting the review described in NRS 439.916, the Commission shall:

- (c) 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; and
- (d) 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.





Discussion of Nevada's Health Care Costs in Context Relative to Other States



Nevada Health Care Spending in Context – Adjustments for Income

- Understanding the relative standing of Nevada's health care spending requires taking into account Nevada's average household income, which ranked 30th for median household income in 2021, lower than the national average.
- Once adjusted for median income, the state's per capita health care spending moves from 3rd lowest to 10th lowest – still lower than most states.

Sources: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. National Health Expenditures by State of Residence (August 2022); U.S. Census Bureau.





Nevada Commercial Market Spending Growth

- Nevada has experienced significant spending growth in the commercial market over the past two decades, especially when compared to the average annual change in median household income.
- From 2001-2020, the state experienced average annual spending growth per enrollee of 4.4%.
- During that same time period, the average annual growth in median household income was 1.7%.

Nevada Affordability Trends (1 of 2)

- Health care affordability is a problem nationwide, and in recent years, Nevada has fared either below or in line with national trends.
- Worker contributions to premiums have grown significantly over the past decade.
 - For single coverage, the average annual growth from 2015-20 was 8.6%, compared to 4.1% nationally.
 - For family coverage, average annual growth from 2015-20 was 12.8%, compared to 4.9% nationally.
- Average growth in deductibles for Nevada workers has also outpaced the national average.
 - Average annual growth rate from 2015-2020 was 10.9%, compared to 4.8% nationally.

Growth in premium contributions and deductibles means health care is taking up more and more of workers' paychecks

Sources: 2022 Scorecard on State Health System Performance, The Commonwealth Fund (June 2022); State Trends in Employer Premiums and Deductibles, 2010-2020, The Commonwealth Fund (January 2022); Medical Expenditure Panel Survey—Insurance Component (MEPS-IC), 2021.





Nevada Affordability Trends (2 of 2)

- Medical debt is a serious problem in Nevada.
 - In 2020, 19% of residents with a credit bureau record had medical debt in collections, which ranked the state 39 out of 51 for the highest percentage of residents experiencing medical debt.

Nevada Residents Report Not Accessing Care Due to Costs (1 of 3)

- Nevada residents are delaying or forgoing health care due to cost barriers.
 - In 2021, Nevada ranked 6th in the country for states with the highest percentage of adults who reported **not seeing a doctor** in the past year because of cost (10.8%).
 - Nevada ranked 10th for states with the highest percentage of children whose families had **trouble paying for a child's medical bills** over the past year (9%).

Source: Kaiser Family Foundation, State Health Facts, Access to Care (2021).



Nevada Residents Report Not Accessing Care Due to Costs (2 of 3)

- Respondents to the 2022 Nevada Consumer Healthcare Experience State Survey (CHESS) reported experiencing significant health care affordability burdens in the past year, *including burdens that directly contributed to poor access.*
 1. Over half (59%) of all survey respondents reported **delaying or going without health care** during the prior 12 months due to cost.
 - 34% - Delayed going to the doctor or having a procedure done
 - 30% - Cut pills in half, skipped doses of medicine or did not fill a prescription
 - 30% - Skipped a recommended medical test or treatment
 - 29% - Avoided going to the doctor or having a procedure done altogether
 - 23% - Had problems getting mental health care or addiction treatment

Nevada Residents Report Not Accessing Care Due to Costs (3 of 3)

- CHES Survey (continued)
 2. Nearly one-half (49%) of uninsured respondents cited **“too expensive” as the major reason for not having coverage**, far exceeding other reasons like “don’t need it” and “don’t know how to get it.”
 3. Two in five (40%) experienced one or more of these **struggles to pay their medical bills**:
 - 16% - Were contacted by a collection agency
 - 16% - Used up all or most of their savings
 - 13% - Were unable to pay for basic necessities like food, heat or housing
 - 12% - Racked up large amounts of credit card debt
 - 10% - Borrowed money, got a loan or another mortgage on their home
 - 7% - Were placed on a long-term payment plan
 4. Four in five (83%) reported being **worried about affording health care** in the future.



In Summary...

- Health care spending in Nevada is lower than in most other states.
- Health care spending in the state has been growing much faster than income, including through premiums and deductibles.
- One in five residents is currently in collections due to medical debt; many more are experiencing financial hardship due to health care spending.
- Access to care is currently impeded by health care costs.



Questions?





Meeting Schedule and Activity Priorities of the Commission in 2023



Meeting Cadence in 2023

- Consensus to meet in-person 1-2x/year, otherwise virtual
- Question re: January meeting:
 - Las Vegas in-person location with Zoom option?
- Will send save-the-dates for all 2023 meetings

9:00am – 3rd Wednesday or 3rd Thursday of the month?

Activity Priorities in 2023

Health Care Affordability



- *Peterson-Milbank Program for Sustainable Health Care Costs* and Nevada's Health Care Cost Growth Benchmark
 - NV support from Peterson-Milbank Program authorized for added 2 years (through 2024) – with reduced support available from Bailit Health in this next phase.

Health Care Accessibility



Ideas:

- **Survey** medical and nursing residents statewide to determine what motivates them to either stay in or leave Nevada after completion.
- DHHS, PPC staff to perform an **environmental scan** of work already done in the state including workforce strategy. Bring results and broad array of ideas to PPC in March 2023 for consideration.

Draft Snapshot: 2023 PPC Meeting Calendar

January

- Review Medicaid and PEBP Phase 2 Cost Driver Analyses, with a Focus on Hospital & Pharmacy Spending
- Cost Growth Mitigation Strategy: Pharmaceutical Costs and Affordability

February

- Cost Growth Mitigation Strategy: Provider Price Caps/Price Growth Caps

March

- Cost Growth Mitigation Strategy: Multi-Payer Value-Based Payments
- Results of Environmental Scan of Work Completed for Improvement of Health Care Accessibility in NV and Propose Broad Array of Ideas for Commission Consideration and Prioritization (TBD)

April

- Cost Growth Mitigation Strategy: Rate Review
- Review Nevada Baseline Benchmark Findings