

Health Insurance Coverage

1	Follow California's lead in expanding Medicaid benefits to all children, adolescents, and young adults through age 26, no matter where they were born. (3 proposals)
2	Permit access to the Silver State Health Insurance Exchange (Nevada's private insurance marketplace) regardless of immigration status. (2 proposals)
3	Expand coverage to residents regardless of immigration status. <ul style="list-style-type: none">• Submit a 1332 waiver¹ request.• Develop new state funding mechanisms permitting Medicaid coverage.

Affordability and Cost Containment

4	Codify the Nevada Health Care Cost Growth Benchmark Program as set forth in Executive Order 2021-29, and include a requirement to measure and report on primary care spending. (2 proposals)
5	A. Create a Prescription Drug Affordability Board. Expand on NRS 439B.630. and set "allowable rates" for certain high-cost drugs identified by the Board ² B. Create a Health Plan Review Board, with similar function as above but for commercial health insurance plans.
6	Address the rising costs created by health care market consolidation by prohibiting hospitals and possibly some other facilities, such as freestanding ERs, from hiring physicians. Revise the exemptions now in law to ensure only community hospitals and academic institutions are exempted.

Transparency of Health Care Cost Data

7	<ul style="list-style-type: none">• Require DHHS, or the appropriate government body, to create a freely accessible database of cost to patients for a comprehensive list of medical procedures/treatments in situations where patients are paying out-of-pocket as well as when using the different medical insurances available in the state at various medical facilities in Nevada. The database should facilitate patients price shopping and making "apples-to-apples" comparisons, similar to the Procedure Price Lookup³ tool required by Congress in the 21st Century Cures Act.• Mandate medical facilities in Nevada to notify DHHS or the government body creating the procedures/treatment cost database of the pricing for procedures/treatment at their facilities.
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Patient Billing and Cost-Sharing

8	Prohibit providers from billing patients for fees that are not related to actual care, such as facility charges at a physician office and trauma activation fees for patients not admitted to the hospital.
9	Review and/or study of changes to insurance benefit design and impacts to patients. Specifically, reviewing changes to cost sharing requirements.

¹ Section 1332 of the Affordable Care Act (ACA) permits a state to apply for a State Innovation Waiver (also referred to as section 1332 waiver) to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.

² https://www.nashp.org/wp-content/uploads/2017/07/Prescription-Drugs-Rate-Setting_Model-Legislation.pdf

³ <https://www.medicare.gov/procedure-price-lookup/>

10	Require pharmacy benefit managers and health plan insurers to pass along the rebates and discounts provided by drug manufacturers to patients at the pharmacy counter.
11	Eliminate the pharmacy deductible for patients who have a chronic condition.

Substance Use Treatment

12	Classify Naloxone as an over-the-counter (OTC) drug to increase access through harm reduction programs. This would allow community-based programs to obtain Naloxone from any board-licensed wholesaler, which, in turn, would increase Naloxone access in vulnerable and underserved communities and help to combat the opioid and overdose crisis in Nevada.
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Access to and Interoperability of Electronic Medical Records

13	<p>Development of Plan Required by AB 348</p> <ol style="list-style-type: none"> A. Ensure patients have access to and control of their medical records and information, such as test results, diagnostic tests, and health conditions, through a patient portal. (3 proposals) B. Direct the Nevada Office of Health Information Technology to create programs that allow interoperability of medical records directly among providers as required by CMS interoperability rules. (3 proposals) C. Provide a mechanism to exchange patient information and lessen the burden on providers utilizing the national and EMR specific direct exchange protocol. D. Provide assistance to patients to improve their use and understanding of methods for sharing their medical records with providers and provide assistance to payers and medical providers. E. Require all providers, facilities, and payers to participate in the national protocol that drives interoperability across the health care delivery system; direct exchange method. This participation will improve the completeness of the medical information available to providers at the point of care overall improving the continuum of care. Ultimately, this will improve patient outcomes along with improve efficiencies and decrease costs associated with care. F. Ensure HIT solutions regarding interoperability include the patient as a record recipient and involve patients' decisions regarding where records are disclosed.
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Social Drivers of Health (SDOH)

14	<p>Address the housing crisis through Medicaid waivers, targeted legislation, infrastructure funding, and adoption of affordable housing policies.</p> <ul style="list-style-type: none"> • Establish rent controls. Recommend State pass legislation granting authorization to municipalities to address unaffordable, unsustainable rent increases. • Develop permanent supportive housing plans. • Pursue Medicaid state plan and waiver authorities (e.g., 1905(a), 1915(i), 1915(c), or Section 1115) to add certain non-clinical services to the
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	Medicaid benefit package including case management, housing supports, employment supports, and peer support services. ⁴
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Telehealth

15	<p>Insert clear, effective, and sustainable telemedicine language in the Nevada Revised Statutes (NRS):</p> <ul style="list-style-type: none"> • Codify current COVID-19 related telemedicine provisions; i.e., interstate licensure exceptions. • Ensure that there is sufficient access to technology and connectivity to support telemedicine in Nevada. • Address parity of payment. • Address licensure and adequacy of network issues.
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Mental and Behavioral Health Provider Workforce Development

16	<p>Require that health carriers in the state of Nevada have sufficient availability of and access to mental and behavioral health professionals in urban and rural areas throughout Nevada.</p> <ul style="list-style-type: none"> • Identify and address mental health-focused physician, nursing and other licensed mental and behavioral health professional shortages: <ul style="list-style-type: none"> - support professional development - facilitate improvements to the licensure attainment processes • Identify and address 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. • Expand the types of health carriers for whom these requirements will apply.
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⁴ <https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf>