

List of PPC BDR Proposals for 2023 Session- Summary

Subject 1: Improve Health Care Access

PPC Goal: Researching possible changes to state or local policy in this State that may improve the quality, accessibility or affordability of health care in this State - Increasing access to health care for uninsured populations in this State, including, without limitation, retirees and children - NRS 439.916.1(i)(7).

- **Topic 1** (*Leanne McAllister, Yarleny Roa-Dugan, Tyler Winkler*):
 - Explore opportunities to provide basic health care coverage to infants, children and young adults up to age 26 who are ineligible for full Medicaid coverage under federal law due to their current residency or immigration status. This includes hiring an expert vendor to develop recommendations to the PPC on options to achieve this goal with non-federal, available revenue sources, including braiding local government, private grant, philanthropic, and/or state resources to support this effort. Among the options considered by the vendor shall include a limited, state-funded Medicaid benefit for this population, similar to California's recent effort to cover this population that leverages limited federal Medicaid funds available to this population for emergency services as part of this benefit. The vendor shall also be asked to conduct a return-on-investment study of at least two options selected by the PPC to inform future proposals and budget requests as they relate to addressing the growth in health care costs related to the health status of this population. The PPC must procure a vendor to complete the analysis at no greater than \$200,000.
- **Topic 2** (*Yarleny Roa-Dugan, Tyler Winkler*):
 - Permit access to the Silver State Health Insurance Exchange (Nevada's private insurance marketplace) regardless of immigration status.
- **Topic 3** (*Tyler Winkler, Lilnetra Grady*):
 - Expand coverage to residents regardless of immigration status: Submit a 1332 waiver request; Develop new state funding mechanisms permitting Medicaid coverage.

PPC Goal: Reviewing the effect of any changes to Medicaid, including, without limitation, the expansion of Medicaid pursuant to the Patient Protection and Affordable Care Act, Public Law 111-148, on the cost and availability of health care and health insurance in this State [NRS 439.916.1(g)].

- **Topic 4** (*Tyler Winkler*):
 - Address the housing crisis through Medicaid waivers, targeted legislation, infrastructure funding, and adoption of affordable housing policies. 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 Medicaid benefit package including case management, housing supports, employment supports, and peer support services. To address housing insecurity among beneficiaries in the Medicaid managed care program, the Division of Health Care Financing and Policy (DHCFP) shall seek the necessary federal approval to permit Medicaid managed care capitation funds to be used by managed care plans used to pay for housing-related services as in lieu of other services covered by the State plan as described in 42 CRF 438.3(e)(2).

PPC Goal: Researching possible changes to state or local policy in this State that may improve the quality, accessibility or affordability of health care in this State – Regulatory measures designed to increase the accessibility and the quality of health care, regardless of geographic location or ability to pay [NRS 439.916.1(i)(3)].

- **Topic 5** (*Beth Slamowitz*):
 - 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.
- **Topic 6** (*Mason Van Houweling, Leann McAllister*):
 - Insert clear, effective, and sustainable telemedicine language in the Nevada Revised Statutes (NRS): 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.
- **Topic 7** (*Mason Van Houweling*):
 - 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. Identify and address mental health-focused physician, nursing and other licensed mental and behavioral health professional shortages: 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.

Subject 2: Increase Transparency and Address Patient Affordability

PPC Goal: Examining the cost of health care and the primary factors impacting those costs [NRS 439.916.1(c)].

- **Topic 1** (*Sandra Ruybalid, Bobbette Bond, Lilnetra Grady*):
 - 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.
- **Topic 2** (*Flo Kahn*):
 - Eliminate the pharmacy deductible for patients who have a chronic condition.

PPC Goal: Researching possible changes to state or local policy in this State that may improve the quality, accessibility or affordability of health care in this State – Increasing transparency concerning the cost or provision of health care [NRS 439.916.1(i)(2)].

- **Topic 3** (*Bobbette Bond*):
 - 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.
- **Topic 4** (*Yarleny Roa-Dugan*):
 - 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 Lookup 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.

- **Topic 5** (*Flo Kahn*):
 - 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.
- **Topic 6** (*Tyler Winkler*):
 - Create a Prescription Drug Affordability Board. Expand on NRS 439B.630 and set “allowable rates” for certain high-cost drugs identified by the Board; Create a Health Plan Review Board, with similar function as above but for commercial health insurance plans.

PPC Goal: Researching possible changes to state or local policy in this State that may improve the quality, accessibility or affordability of health care in this State – The use of purchasing pools to decrease the cost of health care [NRS 439.916.1(i)(1)].

- **Topic 7** (*Lilnetra Grady*):
 - Review and/or study of changes to insurance benefit design and impacts to patients. Specifically, reviewing changes to cost sharing requirements.

Subject 3: Improve Health Care Quality

PPC Goal: Reviewing proposed and enacted legislation, regulations and other changes to state and local policy related to health care in this State [NRS 439.916.1(h)].

- **Topic 1** (*Mason Van Houweling, Bobbette Bond, Tyler Winkler*): ***Revised BDR language as of 7/18/22* Will be presented to PPC on 7/20/22.**
 - a. *Mandating that all providers of health care and custodians of healthcare records implement an interoperable electronic health care records system.*
 - i. NRS 629.051 states that healthcare records “may be retained, authenticated, and stored” in an electronic computer system. Mandating providers to maintain an electronic healthcare record to assist patients with access and sharing of their medical records.
 - ii. Support/consider mandating providers maintaining an electronic healthcare record or other tools to assist patients. Ensure categories of clinical information to be reported, including, claims data, diagnostic data, (demographics, clinical care documents, lab results, or radiology reports).
 - iii. Allow for a provision to permit a period of 5 years for compliance with mandate for rural providers or those lacking the resources.
 - b. *Expand immunity for provider compliance with providing and receiving electronic medical records:*
 - i. To encourage participation and alleviate concerns of risks, expand immunity under NRS 439.593 to health care providers for acts related to submitting, accessing, utilizing, disclosing, or relying upon information within the health information exchange.
 - c. *Revision of NRS 439.584 with relation to HIE and other areas identified:* Ensure this recommendation is compliant with current State and Federal law. Maintain language that supports exchange of patient medical records electronically.
 - d. *In addition, PPC supports exploring funding options:*
 - i. Provide funding for technical support and resources for providers to allow for integration of systems and ensure fully electronic record access and exchange of information.
 - ii. Provide funding for patient education with relation to access.
 - iii. PPC recommends maintaining current HIPAA rules expanded under the Emergency Waivers to allow for continued patient access to information.