

EXPLANATION – Matter in *bolded italics* is new; matter between brackets [~~omitted material~~] is material to be omitted.

**Nevada Department of Health and Human Services**

**Patient Protection Commission Bylaws**

Approved and Adopted January 19, 2022

[NRS 439.902-918](#)

**Article I: Name and Mission**

The Nevada Patient Protection Commission (Commission) was created by [SB 544](#), a measure sponsored by the Governor and approved by the Nevada State Legislature in 2019.

This body is located within Department of Health and Human Services (Department) directly under the Director's Office and is dedicated to improving health care in Nevada through a) a systemic, comprehensive review of the state's health care system and challenges and initiatives surrounding the quality, accessibility and affordability of health care statewide, and b) making recommendations to the Governor, the Legislature, the Department of Health and Human Services, local health authorities and any other person or governmental entity to increase the quality, accessibility and affordability of health care in Nevada.

[SB 544](#) details the full scope of responsibility and topics for review assigned to the Commission.

[AB348](#) (2021) details changes to the Commission's members and additional responsibilities and topics for review assigned to

- Adopt bylaws that govern the operation of the Commission
- 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
- 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.
- The Commission is designated as the sole state agency responsible for administering and coordinating matters relating to the participation of this State in the Peterson-Milbank Program for Sustainable Health Care Costs. The Commission shall:

1. Collaborate with the Milbank Memorial Fund, the Peterson Center on Healthcare, Bailit Health and any other persons and entities as necessary to administer and coordinate matters relating to the participation of this State in the Program; and
  2. To the extent authorized by the terms of the Program, make decisions concerning the allocation of financial and technical assistance provided by the Program.
- *The members of the Commission shall comply with the requirements of NRS 281A.420 applicable to public officers generally.*

### **Mission, Vision and Values**

*“The Commission is designed to provide a forum for all stakeholders to come to the table and work together on the critical task of improving health care access and affordability in Nevada,”*

-Governor Sisolak

### **Article II: Powers and Duties**

The Commission shall systematically review issues related to the health care needs of residents of this State and the quality, accessibility and affordability of health care, including, without limitation, prescription drugs, in this State.

#### **Systemic Review of issues relating to health care ([NRS 439.916](#))**

The review must include, without limitation:

- Comprehensively examining the system for regulating health care in this State, including, without limitation, the licensing and regulation of health care facilities and providers of health care and the role of professional licensing boards, commissions and other bodies established to regulate or evaluate policies related to health care.
- Identifying gaps and duplication in the roles of such boards, commissions and other bodies.
- Examining the cost of health care and the primary factors impacting those costs.
- Examining disparities in the quality and cost of health care between different groups, including, without limitation, minority groups and other distinct populations in this State.
- Reviewing the adequacy and types of providers of health care who participate in networks established by health carriers in this State and the geographic distribution of the providers of health care who participate in each such network.
- Reviewing the availability of health benefit plans, as defined in [NRS 687B.470](#), in this State.
- 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.
- Reviewing proposed and enacted legislation, regulations and other changes to state and local policy related to health care in this State.

- 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, including, without limitation:
  - The use of purchasing pools to decrease the cost of health care;
  - Increasing transparency concerning the cost or provision of health care;
  - Regulatory measures designed to increase the accessibility and the quality of health care, regardless of geographic location or ability to pay;
  - Facilitating access to data concerning insurance claims for medical services to assist in the development of public policies;
  - Resolving problems relating to the billing of patients for medical services;
  - Leveraging the expenditure of money by the Medicaid program and reimbursement rates under Medicaid to increase the quality and accessibility of health care for low-income persons; and
  - Increasing access to health care for uninsured populations in this State, including, without limitation, retirees and children.
- Monitoring and evaluating proposed and enacted federal legislation and regulations and other proposed and actual changes to federal health care policy to determine the impact of such changes on the cost of health care in this State.
- Evaluating the degree to which the role, structure and duties of the Commission facilitate the oversight of the provision of health care in this State by the Commission and allow the Commission to perform activities necessary to promote the health care needs of residents of this State.
- Making recommendations to the Governor, the Legislature, the Department of Health and Human Services, local health authorities and any other person or governmental entity to increase the quality, accessibility and affordability of health care in this State, including, without limitation, recommendations concerning the items described in this subsection.

**Duty to facilitate collaboration [\(NRS 439.918\)](#)**

In addition to conducting a systemic review as described above the Commission has a duty to facilitate collaboration and coordination between state governmental entities.

Pursuant to NRS 439.918, the Commission shall attempt to:

- Identify and facilitate collaboration between existing state governmental entities that study or address issues relating to the quality, accessibility and affordability of health care in this State, including, without limitation, the regional behavioral health policy boards; and
- Coordinate with such entities to reduce any duplication of efforts among and between those entities and the Commission.

**Article III: Membership**

The following 12 voting members are appointed by the Governor:

- Two members who are persons with expertise and experience in advocating on behalf of patients.
- One member who is a provider of health care who operates a for-profit business to provide health care.
- One member who is a registered nurse who practices primarily at a nonprofit hospital.
- One member who is a physician or registered nurse who practices primarily at a federally qualified health center, as defined in 42 U.S.C. § 1396d(l)(2)(B).

- One member who is a pharmacist at a pharmacy not affiliated with any chain of pharmacies or a person who has expertise and experience in advocating on behalf of patients.
- One member who represents a nonprofit public hospital that is located in the county of this State that spends the largest amount of money on hospital care for indigent persons pursuant to chapter 428 of NRS.
- One member who represents the private nonprofit health insurer with the highest percentage of insureds in this State who are adversely impacted by social determinants of health.
- One member who has expertise and experience in advocating for persons who are not covered by a policy of health insurance.
- One member who has expertise and experience in advocating for persons with special health care needs and has education and experience in health care.
- One member who is an employee or a consultant of the Department with expertise in health information technology and patient access to medical records.
- One member who is a representative of the general public.
- The Director of the Department, the Commissioner of Insurance, the Executive Director of the Silver State Health Insurance Exchange and the Executive Officer of the Public Employees' Benefits Program or his or her designee as ex officio, nonvoting members.

Other than the state officials serving on the Commission, membership terms shall be two (2) years. Upon expiration of their terms, the Governor may appoint members for additional two (2) year terms.

*In accordance with Nevada Ethics laws a member shall not approve, disapprove, vote, abstain from voting or otherwise act upon a matter without proper public disclosure of any conflicts of interest. A member shall not vote upon or advocate the passage or failure of, but may otherwise participate in the consideration of, a matter with respect to which the independence of judgment of a reasonable person in the public officer's situation would be materially affected. The Chairperson, or a majority of the Commission members, may also declare a conflict of interest exists for a member, and ask that the member be removed from the voting process. Accordingly, each voting member shall sign a conflict of interest form provided by the Department of Health and Human Services and updated as needed.*

A member of the Commission may be removed from membership for cause, such as failure to attend three or more meetings during the year or unethical behavior, as determined by Department or by a two-thirds vote of the Commission whenever, in their judgement, the best interests of the Department and the Commission would be served by removal.

In the event of a vacancy on the Commission, the Governor will appoint a qualified person to fill the vacancy whose expertise is in a similar area as the member whose departure resulted in the vacancy

#### **Article IV: Officers**

The Governor shall annually designate a voting member to serve as Chair of the Commission. The Chair of the Commission will make a recommendation for Vice Chairperson and the Commission will vote with majority determining.

The Chair shall preside at all meetings and shall perform all other duties necessary or incidental to the position. The Vice Chairperson shall assume the role of the Chair in the event of the Chair's absence.

## **Article V: Meetings (NRS 439.912)**

The Commission will meet at times and places, including virtually, as proposed by the Chairperson. A majority of members constitute a quorum for the transaction of Commission business. Meetings will be conducted in a manner deemed appropriate by the Chairperson to foster collaborative decision-making and consensus building. The most recently published version of Robert's Rules of Order will be applied in the sole discretion of the Chairperson.

Commission meetings are open to the public and will be conducted under the provisions of Nevada Open Meetings Law (Chapter 241 of NRS). Members of the public and legislators always make public comment in accordance with the restrictions placed on Commission agendas and may testify before the Commission upon the invitation of the Chairperson.

Commission records, including formal documents, discussion drafts, meeting summaries and exhibits, are public records. Communications of Commission members related to Commission business may be public records under Chapter 239 of NRS. "Communications" refers to all statements and votes made during the Commission meetings, memoranda, work products, records, documents, or materials developed to fulfill the charge, including electronic mail correspondence. The personal, private notes of individual Committee members may be considered to be public.

Nothing in this section shall be construed to waive any confidentiality or privileged status no matter how conferred; including but not limited to: the Attorney Client Privilege, the Deliberative Process Privilege, the personal privacy privilege, the investigatory privilege.

A consensus decision-making model will be used to facilitate the Commission's deliberations and to ensure the Commission receives the collective benefit of the individual views, experience, background, training, and expertise of its members. Consensus is a participatory process whereby, on matters of substance, the representatives strive for agreements that they can accept, support, live with, or agree not to oppose.

Members agree that consensus has a high value and that the Commission should strive to achieve it. As such, decisions on Commission recommendations will be made by consensus of all present members unless voting is requested by a Commission member. ~~[Final action on recommendations requires an affirmative vote of the majority of the Commission members.]~~

If no consensus is reached on an issue for proposed Commission recommendation, minority positions will be documented. Those with minority opinions are responsible for proposing alternative solutions or approaches to resolve differences.

Members will honor consensus decisions made and avoid re-opening issues once resolved.

All meetings of the Commission shall be recorded, and minutes prepared in accordance with Nevada Revised Statutes ("NRS") section 241.035. The audio records or minutes shall be made available in accordance with Chapter 241 of the Nevada Revised Statutes. The Commission will make every effort to post meeting agendas, summaries and supporting materials to the Commission web page.

Interested parties may receive notice of Commission meetings by making a request in accordance with NRS 241.020(4)(c) or at [Notice.nv.gov](http://Notice.nv.gov) and access supporting materials on the Commission website.

**Article VI: Subcommittees** [\(NRS 439.912\)](#)

The Commission may establish subcommittees consisting of members of the Commission or other persons to assist the Commission in the performance of its duties. Each subcommittee expires 6 months after it is created but may be continued with approval of the Commission. Not more than six subcommittees may exist at any time.

**Article VII: Reports** [\(NRS 439.918\)](#)

On or before January 1 and July 1 of each year, the Commission shall:

- 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.
- Submit the report to the Governor and the Director of the Legislative Counsel Bureau for transmittal to:
  - In January of odd-numbered years, the next regular session of the Legislature.
  - In all other cases, to the Legislative Committee on Health Care.
- The Commission may prepare and publish additional reports on specific topics at the direction of the Chair.

**Article VIII: Requests for drafting legislative measures** [\(NRS 218D.213\)](#)

The Commission may request the drafting of not more than 3 legislative measures which relate to matters within the scope of the Commission.

- Any such request must be submitted to the Legislative Counsel on or before September 1 preceding a regular session.
- A request made pursuant to this section must be on a form prescribed by the Legislative Counsel.
- A legislative measure requested must be prefiled on or before the third Wednesday in November preceding a regular session. A legislative measure that is not prefiled on or before that day shall be deemed withdrawn.

**Article IX: Rules of Order**

- In compliance with Nevada’s Open Meeting Law, Chapter 241, a staff person designated by the Executive Director of the Patient Protection Commission shall be responsible for posting the agendas for the Commission meetings three days prior to each scheduled meeting.
- New Commissioners shall review the new member orientation information prior to their first formal meeting. The Executive Director and the Executive Assistant will serve as the point of contact for new member orientation questions.

**Article X: Role of the Department**

- The Department shall inform the Commission about all changes that impact its mission, including Federal and State policy.

- The Department shall provide all information, guidance and support to the Commission.
- The Department shall support the work of the Commission by providing administrative support, technical assistance, and support as resources allow.
- The Department will ensure on-going communication between the Commission, the Department's Advisory Subcommittees, and agency staff and leadership.
- Department staff assigned to the Commission will attend all meetings and inform the Commission of developments.

#### **Article XI: Amendments**

These Bylaws may be amended at any time by a vote of the majority of the whole Commission at any meeting of the Commission if the following condition is met:

- Any proposed amendment shall be presented to the Executive Director and the Chairperson at least 14 calendar days prior to the meeting.