

**FOR DISCUSSION PURPOSES ONLY-PATIENT PROTECTION COMMISSION-MARCH 16, 2022**

Systematic review of issues relating to health care.																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Bobbette Bond			2,3,4					2		3			4			1		1	
Lilnetra Grady			3	2					1										
Flo Kahn				1	2			3											
Ikram Khan																			
Leann McAllister							3			2	1				3				
Yarleny Roa-Dugan				1			4												2,3
Sandie Ruybalid			1																
Beth Slamowitz																			
Tiffany Tyler-Garner																			
Mason Van Houweling	1		2		3		1			2	1	2			3		17		
Tyler Winkler	3,4,5		1,2,3,4,5		1,2,5,4	4	1		1										

**As outlined in [NRS 439.916](#), identified below are the 17 issue areas for review within the charge of the Patient Protection Commission:**

1. 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 [NRS 439.916.1(a)].
2. Identifying gaps and duplication in the roles of such boards, commissions and other bodies [NRS 439.916.1(b)].
3. Examining the cost of health care and the primary factors impacting those costs [NRS 439.916.1(c)].
4. 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 (NRS 439.916.1(d)].
5. 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 [NRS 439.916.1(e)].
6. Reviewing the availability of health benefit plans, as defined in NRS 687B.470, in this State [NRS 439.916.1(f)].

7. 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)].
8. 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)].
9. 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)].
10. 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)].
11. 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)].
12. 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 – Facilitating access to data concerning insurance claims for medical services to assist in the development of public policies [NRS 439.916.1(i)(4)].
13. 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 – Resolving problems relating to the billing of patients for medical services [NRS 439.916.1(i)(5)].
14. 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 – 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 [NRS 439.916.1(i)(6)].
15. 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)].
16. 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 [NRS 439.916.1(j)].
17. 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 [NRS 439.916.1(k)].

**As outlined in [NRS 439.918](#) (revised on March 22, 2021 via AB 348), identified below are 2 additional issue areas for which the PPC may make recommendations to the Legislature:**

18. 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 [NRS 439.918.3(d)(1)].
19. Ensuring that data concerning health care in this State is publicly available and transparent [NRS 439.918.3(d)(2)].

**TEMPLATE** – Please fill out and return **3/11/22**

Commissioner Full Name		Leann D. McAllister		
Proposed Bill Draft Requests for the 82 <sup>nd</sup> (2023) Session of the Nevada Legislature				
1	Issue Area (Select #1-19 from list below)	12	Bill Draft Request	Create an all-payer claims database (APCD) for the state of Nevada authorized to collect self-insured data. The APCD should be designed to easily compare data with other states.
2	Issue Area (Select #1-19 from list below)	11	Bill Draft Request	Telehealth visits should be paid at parity with in-person visits – All Payers.
3	Issue Area (Select #1-19 from list below)	7, 15	Bill Draft Request	Follow California’s lead in expanding Medicaid benefits to all children, adolescents, and young adults through age 26 no matter where they were born.
4	Issue Area (Select #1-19 from list below)		Bill Draft Request	
5	Issue Area (Select #1-19 from list below)		Bill Draft Request	

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Commissioner Full Name		Sandra Ruybalid		
Proposed Bill Draft Requests for the 82 <sup>nd</sup> (2023) Session of the Nevada Legislature				
1	Issue Area (Select #1-19 from list below)	3	Bill Draft Request	Codify the <a href="#">Executive Order 2021-29</a> The Nevada Health Care Cost Growth Benchmark and to include the addition of a Primary Care Benchmark
2	Issue Area (Select #1-19 from list below)		Bill Draft Request	

Commissioner Full Name		Tyler James Winkler		
Proposed Bill Draft Requests for the 82 <sup>nd</sup> (2023) Session of the Nevada Legislature				
1	Issue Area (Select #1-19 from list below)	3, 5, 7, 9	Bill Draft Request	<p><b>Address SDOH through Medicaid waivers, targeted legislation, infrastructure funding</b></p> <ul style="list-style-type: none"> <li>• <b>Establish Rent Controls, State pass legislation granting authorization to municipalities</b></li> <li>• Target Unhoused, insure coverage, develop permanent supportive housing plans</li> <li>• 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.<sup>1</sup></li> <li>• Ease certain Medicaid requirements and expand access to vital services <ul style="list-style-type: none"> <li>-Dental for adults</li> <li>-waiver of prior authorizations</li> </ul> </li> <li>• Severe Transportation issues throughout the state, rural and urban.</li> </ul>
2	Issue Area (Select #1-19 from list below)	3, 5	Bill Draft Request	<p><b>Addressing Uninsured, and Unwinding Medicaid's Continuous Coverage Requirement</b></p> <ul style="list-style-type: none"> <li>• maintain enrolled from PHE <ul style="list-style-type: none"> <li>-expand Presumptive eligibility</li> <li>-outreach and enrollment assistance</li> </ul> </li> </ul>

<sup>1</sup> <https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf>

				<ul style="list-style-type: none"> <li>- Suspend or delay renewals, periodic data checks</li> <li>• <b>Coverage expansions to residents regardless of immigration status.</b></li> <li>-1332 waiver request</li> <li>-privately insured cover dependents regardless of immigration</li> <li>-new funding mechanisms permitting Medicaid coverage</li> <li>-</li> </ul>
3	Issue Area (Select #1-19 from list below)	1,3, 5	Bill Draft Request	<p><b>Medical Resource Shortage-workforce, professionals</b></p> <ul style="list-style-type: none"> <li>• Increase the Number of Residencies, funding for rural communities</li> <li>• Greater licensure reciprocity: join/develop state compacts, physician, nursing, etc.</li> <li>• Review Medicaid reimbursement and other options to support Medicaid enrolled patients and providers</li> </ul>
4	Issue Area (Select #1-19 from list below)	1,3,	Bill Draft Request	<p><b>Transparency, Affordability, Accountability</b></p> <ul style="list-style-type: none"> <li>• <b>Affordability review boards</b></li> <li>-<b>Drug pricing affordability review board. Expand on NRS 439B.630. set “allowable rates” for certain high-cost drugs identified by the board</b> <sup>2</sup></li> </ul>

<sup>2</sup> [https://www.nashp.org/wp-content/uploads/2017/07/Prescription-Drugs-Rate-Setting\\_Model-Legislation.pdf](https://www.nashp.org/wp-content/uploads/2017/07/Prescription-Drugs-Rate-Setting_Model-Legislation.pdf)

				<p><b>-Health Plan review board, similar function as above.</b></p> <ul style="list-style-type: none"> <li>• <b>Transparency In Pricing Measure:</b> <ul style="list-style-type: none"> <li>-Transparency in Coverage Final Rule (CMS-9915-F) State efforts to support.</li> <li>-Leveraging APCD data to provide consumer facing comparison tools</li> </ul> </li> </ul>
5	Issue Area (Select #1-19 from list below)	1,3	Bill Draft Request	<p><b>Behavioral Health, access, quality</b></p> <ul style="list-style-type: none"> <li>• Develop Secure sustainable, multipayer financing</li> <li>• Development and expansion of crisis/stabilization response. Coordinate with implementation of “988” number. <i>Review Arizona as model for behavioral health crisis response system</i></li> <li>• availability of comprehensive crisis support, especially for those efforts that reduce over-reliance on emergency rooms, hospitals, and the criminal justice system Deflection and Prevention programs moving away from law enforcement</li> <li>• Review New Mexico’s Senate Bill 317, which placed a moratorium on out-of-pocket costs for mental health services for state-regulated plans and created a Health Care Affordability Fund to lower health care costs for New Mexicans.</li> </ul>

Commissioner Full Name		Yarleny Roa-Dugan		
Proposed Bill Draft Requests for the 82 <sup>nd</sup> (2023) Session of the Nevada Legislature				
1	Issue Area (Select #1-19 from list below)	4	Bill Draft Request	I suggest drafting a bill that would allow undocumented immigrants or persons with immigration statuses other than legal residents or citizens of the United States to buy private medical/dental insurance in the marketplace.
2	Issue Area (Select #1-19 from list below)	19	Bill Draft Request	I suggest a bill that would require the DHHS or appropriate government body to create a database with a list of medical procedures/treatments with the cost to patients when paying out-of-pocket and when using the different medical insurances available in the state at the various medical facilities in Nevada. The patients should be able to access the information for free, it should be user-friendly, and the patient should be able to compare and price shop apples to apples. It would be similar to The Procedure Price Lookup tool required by Congress in the 21st Century Cures Act.
3	Issue Area (Select #1-19 from list below)	19	Bill Draft Request	The medical facilities in the state should be mandated to notify DHHS or the government body creating the procedures/treatment cost database of the pricing for procedures/treatment at their facilities.
4	Issue Area (Select #1-19 from list below)	7	Bill Draft Request	I propose the Nevada version of the Medi-Cal expansion to cover undocumented immigrants 21 years old and younger



Commissioner Full Name		Bobbette Bond		
Proposed Bill Draft Requests for the 82 <sup>nd</sup> (2023) Session of the Nevada Legislature				
1	Issue Area (Select #1-19 from list below)	16,18	Bill Draft Request	Ensure patients have access to and control of their medical records and information, such as test results, diagnostic tests, health conditions, through a patient portal and directing the state HIT office to create programs that allow interoperability of medical records directly among providers as required by CMS interoperability rules.
2	Issue Area (Select #1-19 from list below)	3,8	Bill Draft Request	Address the access and cost of consolidation by clarifying that the NV corporate practice of medicine law prohibits hospitals from purchasing or owning physician practices (except in the case of public county hospitals and academic institutions).
3	Issue Area (Select #1-19 from list below)	3,10	Bill Draft Request	Codify the PPC benchmarking program in state statute.
4	Issue Area (Select #1-19 from list below)	3,13	Bill Draft Request	Protect patients from provider billings 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.

Commissioner Full Name		Mason Van Houweling		
Proposed Bill Draft Requests for the 82 <sup>nd</sup> (2023) Session of the Nevada Legislature				
1	#1, 8, 11		Telemedicine	<ul style="list-style-type: none"> <li>• 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). <ul style="list-style-type: none"> <li>○ Codify current COVID-19 related telemedicine provisions; ie, interstate licensure exceptions.</li> <li>○ Ensure that there is sufficient access to technology and connectivity to support telemedicine in Nevada.</li> <li>○ Address parity of payment.</li> <li>○ Address licensure and adequacy of network issues.</li> </ul> </li> </ul>
2	#3,10, 12		Healthcare Interoperability	<ul style="list-style-type: none"> <li>• Care coordination has been identified as a top patient priority and requires the integrity of the medical record to have complete/accurate information available at the point of care; as well as ensuring patients are able to access their medical record and share that information with the medical provider of their choice. <ul style="list-style-type: none"> <li>○ Support policy and structural change to promote patient participation in the exchange of their information among medical providers.</li> <li>○ Promote a policy change to provide a mechanism to exchange patient information and lessen the burden on providers utilizing the national and EMR specific direct exchange protocol.</li> </ul> </li> </ul>

				<ul style="list-style-type: none"> <li>○ Address assistance to patients to improve their use and understanding of methods for sharing their medical records with providers and providing support for assistance to payers and medical providers.</li> <li>○ Support policy change requiring 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.</li> <li>○ Ensure HIT solutions regarding interoperability include the patient as a record recipient and involve patients' decisions regarding where records are disclosed.</li> </ul>
3	#5,15,17		Network Adequacy	<ul style="list-style-type: none"> <li>● Support the development of <b>mental health physician and nursing workforce</b> 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. <ul style="list-style-type: none"> <li>○ Identify and address mental health-focused physician, nursing and other licensed mental and behavioral health professional shortages and support professional development and facilitate improvements to the licensure attainment processes.</li> </ul> </li> </ul>

				<ul style="list-style-type: none"><li>○ 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.</li><li>○ Expand the types of health carriers for whom these requirements will apply.</li><li>○ Identify ways to maximize Healthcare Interoperability to support improved efficiency and quality of patient care which includes the patient.</li></ul>
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