



MEETING MINUTES
NEVADA PATIENT PROTECTION COMMISSION (PPC)
March 14, 2025

The Nevada Patient Protection Commission (PPC) held a public meeting pursuant to NRS 241.020(3)(a) online and by phone on Friday, March 14, 2025, beginning at 9:00 AM. The agenda and meeting materials are available online at <https://ppc.nv.gov/Meetings/2025/2025/>.

1. **Call to order: Roll call**
By: Dr. Ikram Khan, Chairman

The meeting was called to order at 9:00 am by Dr. Ikram Khan, Chair. Executive Director Joseph Filippi proceeded with roll call, and it was determined that a quorum of the PPC was present.

Commission Members Present

Dr. Ikram Khan, Chair
Marilyn Kirkpatrick, Vice Chair
Dr. Adam Porath
Dr. Bayo Curry-Winchell
Dr. Mark Glyman
Bethany Sexton
Jalyn Behunin
Walter Davis

Commission Members Absent Excused

Dr. Andria Peterson
Flo Kahn

Advisory Commission Members Present

Scott Kipper, Insurance Commissioner, Division of Insurance (DOI); Celestena Glover, Executive Officer, Public Employees Benefits Program (PEBP)

Advisory Commission Members Absent Excused

Russell Cook, Executive Director, Silver State Health Insurance Exchange
Richard Whitley, Director, Department of Health and Human Services

Staff Present

Joseph Filippi, Executive Director, PPC; Dylan Malmlov, Policy Analyst, PPC; Meybelin Rodriguez, Executive Assistant, PPC

Guests Present

Gabriel D. Lither, Senior Deputy Attorney General, Attorney General; Stacie Weeks, Administrator, DHCFP; Todd Rich, Agency Manager, DHCFP; Casey Angres, Social Services Chief III, DHCFP; Krisann Taylor, Social Services Program Specialist II, DHCFP; Maria Tello Magana, Executive Assistant, DHHS; Adam Plain, Insurance Regulation Liaison, DOI; Kareen Filippi, Management Analyst III, WIC; Adam Porath; Amanda Lattin; Brooke Pellegrino; Casey Melvin; Cherylyn Rahr-Wood; Deanna Yates; Dobnei Remington; Eric R. Schmacker; Esther Badiata; Ian Graf; Jason Drake; Jason Bleak; Jeny Zendejas; John F Packham; Keibi Mejia; Kelsey Avery; Kim Jelinek; Linda Anderson; Nancy J Bowen; Priya Baliga; Reagan Hart; Renee Ruiz; Stephanie Woodard; Steve Messinger; Tomas Hammond; Travis West; Vanessa Oster; Yoana Ontiveros; Zachary Laskey; Zoë Houghton

2. **Public Comment** *(No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item).*

Renee Ruiz, Government Relations Representative and Community Organizer for National Nurses United in Nevada, provided public comment regarding SB34. In an earlier PPC meeting, Ms. Ruiz spoke in opposition to the Nurse Licensure Compact and provided the same comment today. She emphasized that the solution to the nursing shortage should not be a licensure compact, stating that the root of the problem lies in poor working conditions, lack of safe staffing ratios, and lack of respect for nurses. Ms. Ruiz also provided information regarding the opposition to the Nurse Licensure Compact, which can be found on the PPC webpage or by clicking [here](#).

3. **Informational: Introduction of New Commissioner, Dr. Adam Porath**
By: Dr. Ikram Khan, Chairman

Newly appointed Commissioner Dr. Adam Porath is the current Vice President of Pharmacy at Renown and serves as the Treasurer for the Nevada State Board of Pharmacy. Commissioner Porath was born and raised in Reno, Nevada and attended pharmacy school at Idaho State University. He returned to Reno for his residency at Renown and has since been involved in various roles, including critical care and hospital administration, where he has worked for the past five years. For the last 15 years, Commissioner Porath has been actively involved in expanding the scope of practice for pharmacists within the state and is exploring ways to leverage their expertise.

4. **For Possible Action: Review and Approve Meeting Minutes from December 13, 2024, and January 17, 2025**
By: Dr. Ikram Khan, Chairman

Chairman Khan called for a motion to approve the meeting minutes from December 13, 2024, and January 17, 2025. Commissioner Glyman moved to approve the minutes as presented, and Commissioner Sexton seconded the motion. The motion carried, and the meeting minutes were approved unanimously.

5. **Informational: Update Regarding Nevada Health Insurance Claim Denial Data and Mental Health Parity and Addiction Equity Act (MHPAEA) Compliance**
By: Scott Kipper, Insurance Commissioner, Nevada Division of Insurance

Scott Kipper, Insurance Commissioner for Nevada's Division of Insurance (DOI), provided an informational update on Nevada Health Insurance Claim Denial Data and compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA). Commissioner Kipper first addressed claim denials, clarifying that the DOI does

not collect specific Nevada data. Instead, the information presented comes from the National Association of Insurance Commissioners. He stated that the ratio of claim denials to total claims received is approximately 15.7%, excluding pharmacy claims. This percentage includes denials for reasons such as patients being out of network or benefits not being covered. Additionally, 96% of in-network claims are paid within 30 days and 75% for pharmacy claims. Commissioner Kipper noted that the number of adverse determination grievances is one per 1,000 member-months. He then discussed the external review organization (ERO), which handles appeals when an insurance company denies a claim. He stated that the number of requested appeals per 1,000 member-months is 0.029, with 59% of determinations upheld for those who pursue an ERO review. Finally, Commissioner Kipper emphasized that the DOI has a fully staffed Consumer Affairs section. If a consumer believes they have been treated unfairly by an insurance company, they can appeal and file a complaint directly with the division.

Commissioner Glyman thanked Commissioner Kipper for the update and asked how many states do not currently compile information and data on claim denials. Commissioner Kipper stated that according to the Market Conduct Annual Statement program, every state should be reporting this data. Commissioner Glyman then asked whether Nevada's denial rate is similar to the rest of the country. Commissioner Kipper confirmed, stating that all 50 states have a similar regulatory structure. While there may be slight variations in the numbers, he does not believe Nevada's denial rate differs significantly from other states.

Commissioner Porath asked whether there is any data on the ratio of claim denials to total claims received, specifically regarding the percentage of claims that went through successful appeals and the overall paid claim rate. Commissioner Kipper stated that, given the total 15.7% claim denial rate, he believes the rate for claims that are successfully appealed would likely be approximately 0.5% of total claims, which would reduce that total denial rate to approximately 14.5% overall.

Chair Khan noted that claim denials may now be processed through an algorithmic system designed by insurance companies, allowing claims to be denied before reaching an insurance claims representative, according to a recent New York Time's article. He expressed concern that when a claim is denied, the appeals process can take several days or even weeks, creating financial hardships for patients who must pay out-of-pocket. Chair Khan asked if there are any prompt guidelines in place to reduce turnaround times for denied claims. Commissioner Kipper responded that the division has been given the opportunity to propose a Bill Draft Request (BDR) for the 2025 Legislative Session, focusing on prior authorization issues and processing timeframes as the current regulations date back 30–40 years. Commissioner Kipper also mentioned that the Governor addressed this concern in the State of the State in January and that the Governor's Office is also reviewing the issue.

Commissioner Curry-Winchell agreed with Chair Khan, emphasizing that, as a practicing physician, patients often worsen while waiting for prior authorization approvals. During this waiting period, physicians have no means to intervene. She argued that even if regulations are changed to reduce the turnaround time for prior authorizations and claim appeals, it does not address the issue of patients' health worsening during the delay. She stressed that healthcare providers should not rely on a non-individualized algorithm, as it does not improve patient care but rather delays the timely treatment that providers are trying to deliver.

Commissioner Glyman also agreed with Chair Khan, stating that as a practicing surgeon, he has witnessed firsthand the overflow of patients in emergency rooms and the shortage of available beds. This has resulted in patients being lined up against the walls while waiting for a room. He also noted that in some wards, single-patient rooms are now being doubled up due to the lack of space. He emphasized that long wait times for prior authorizations or appeals of denied claims directly contribute to this issue and urged for a shorter turnaround time.

Commissioner Sexton clarified that the Centers for Medicare and Medicaid Services (CMS) currently has set turnaround times, requiring many insurers to adhere to a 72-hour turnaround time and 24 hours for biomarker testing. She then asked Commissioner Kipper to confirm that he was referring specifically to denied claims rather than prior authorizations. Commissioner Kipper confirmed this.

Commissioner Kipper commented on the use of technology in processing claims and authorizations, stating that the National Association of Insurance Commissioners drafted a model bulletin to guide states in addressing the use of artificial intelligence. He explained that this model places the onus on insurance companies, requiring them to comply with state laws and regulations that may classify the use of algorithms or artificial intelligence as an unfair trade practice.

Commissioner Curry-Winchell asked Commissioner Kipper what mediums are being used to ensure Nevadans are aware of their ability to appeal and file a complaint directly with the division, as noted earlier. She stated that her office was unaware this was an option and inquired about the forms of media the DOI is using to spread the word. Commissioner Kipper responded that they are finalizing their social media platforms, such as Facebook and LinkedIn, but acknowledged there is still significant room for improvement. He added that they are exploring better alternatives for disseminating information, including working closely with this Commission to expand outreach efforts.

Adam Plain, Insurance Regulation Liaison with the Division of Insurance, stated that [Assembly Bill 74](#) addresses prior authorizations, which was mentioned earlier. However, when discussing prior authorizations and adverse determination reporting, those topics are outlined in [Assembly Bill 290](#) and [Assembly Bill 295](#). Mr. Plain noted that Assembly Bill 295 focuses more specifically on the use of artificial intelligence in adverse determinations.

Commissioner Kipper then provided a brief update on compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA), stating that [NRS 687B.404](#) requires insurers and other health coverage providers to comply with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Act of 2008. Additionally, the statute mandates that the Division of Insurance and the Commissioner report data by July 1st and submit an annual compliance summary by December 31st. Commissioner Kipper noted that last year, the Division conducted an initial data call; however, the data was largely unusable and of poor quality, prompting a second data call. The results from these revealed significant challenges among carriers in complying with MHPAEA. Due to these findings, the Division will begin conducting desk audits and examinations of all carriers in the state marketplace regarding mental health parity, with efforts continuing into 2026. Commissioner Kipper stated that a preliminary report will be available later this year and will be shared with the Commission.

6. **For Possible Action: Commission to recognize the implementation of AB7 (2023) and regulations LCB File No. R173-24 as meeting the requirements of [NRS 439.918\(1\)\(c\)](#)**
By: Joseph Filippi, Executive Director

Mr. Filippi presented an actionable item for the Commission to recognize the implementation of AB7 and its regulations as meeting the required standards. The presentation is available on the PPC webpage or by clicking [here](#). Per NRS 439.918(1)(c), the Commission is required to submit an annual plan to the Director of the Department of Health and Human Services to enhance access to patient medical records. However, Assembly Bill 7, which passed in the 2023 legislative session, closely aligns with this requirement. Mr. Filippi recommended that the Commission recognize the implementation of AB7, and regulations outlined in LCB File No. R173-24 as fulfilling the requirements of NRS 439.918(1)(c).

Deputy Attorney General Gabriel Lither clarified that the Commission has the option not to recognize this as meeting the requirements. Should the Commission choose to recognize and implement it but has additional concerns or questions, it can be tabled for discussion at a future PPC meeting.

Vice Chair Kirkpatrick agreed with the Commission recognizing this today, as she believes other regulations already cover these requirements. However, she noted that she is open to tabling it for a future meeting if needed. Commissioner Davis commented that he would prefer to table the discussion to allow more time for review.

Deputy Attorney General Lither asked if there is a set deadline for the Commission to take action on this, as he is unsure when the statute was assigned since it has not been formally recognized yet. Mr. Filippi stated that there is no specific deadline, as the statute only states that the Commission "shall adopt" these requirements. He added that he will ensure a representative from the Division of Healthcare Financing and Policy is present at the next meeting to speak on behalf of these regulations.

Chairman Khan called for a motion to table this item until the next PPC meeting. Vice Chair Kirkpatrick made the motion, and Commissioner Davis seconded it. The motion carried, and agenda item 6 will be tabled for the next PPC meeting.

7. **Informational: 83rd Legislative Session Update Regarding PPC Bills ([SB29](#), [SB34](#), and [SB40](#))**
By: Joseph Filippi, Executive Director

Mr. Filippi provided an informational update on Senate Bills 29, 34, and 40. More details on the 83rd legislative session PPC Bills can be found on the PPC webpage or by clicking [here](#). Senate Bill 29, which requires reimbursement through accountable care organizations, Medicaid provider surveys, and increased reimbursement rates for physicians and advanced practice registered nurses, and Senate Bill 40, which establishes the Medicaid Health Care Workforce Account, have been referred to the Senate Health and Human Services Committee. Senate Bill 34, which enacts interstate licensure compacts for nurses, physical therapists, audiologists, speech-language pathologists, occupational therapists, and physician assistants, has been referred to the Senate Commerce and Labor Committee. Currently, none of the bills have been scheduled for a hearing. Mr. Filippi stated that he has contacted the Senate Committee Chairs to possibly schedule hearings. Chair Khan has also submitted a letter to each Committee requesting their consideration. Mr. Filippi noted that April 11th is the first-house committee deadline, meaning that if these bills are not heard before then, they will die in committee.

Vice Chair Kirkpatrick emphasized the importance of the Commission independently asking the committee whether these bills will be heard. Mr. Filippi agreed, stating that as a state employee, he can only meet with legislators for informational purposes. However, Commissioners are free to speak on their own behalf, not on behalf of the Commission, and are encouraged to do so. Vice Chair Kirkpatrick noted that this is a common issue, stating that significant effort goes into drafting bills, but no one takes the extra step to push for hearings and passage. She urged the Commission to make that extra call to advocate for the bills.

8. **For Possible Action: Review and Discuss PPC Policy Focus Areas for 2025**
By: Joseph Filippi, Executive Director

Mr. Filippi discussed possible PPC Policy Focus Areas for 2025. The document is available on the PPC webpage or by clicking [here](#). He stated that since the last PPC meeting in January, a survey was sent out to the Commissioners, requesting them to review certain information related to the state's ranking in different areas of healthcare and provide recommendations on future areas of focus for the Commission. The survey revealed that the four main priority areas for the Commission related to Health Care Delivery and Payment Transformation, Health Equity and Disparities, Health Care Workforce Challenges, and Health Care Cost Containment. For Health Care Delivery and Payment Transformation, the possible focus areas identified are access and quality, payment transformation, and health care system development. For Health Equity and Disparities, priorities include access to care, such as increasing access for uninsured individuals, and addressing disparities in health outcomes, such

as improving physical access to care. For Health Care Workforce Challenges, the possible focus areas are addressing provider shortages, with a focus on increasing the number of providers and improving provider training, and barriers to workforce retention and recruitment, such as increasing reimbursement rates. Finally, in the Health Care Cost Containment category, the survey identified pharmaceutical pricing, with a focus on pharmacy/prescription drug costs and cost transparency, as PPC priorities for 2025. Mr. Filippi noted that this is just the start of the conversation for future meetings regarding some of the areas the Commission would like to focus on. He stated that he will keep this as a running list for future areas of focus and discussion.

Chairman Khan thanked Mr. Filippi for this and asked if the focus areas could be narrowed down from now until the next PPC meeting so the Commissioners can better determine where to prioritize their efforts.

Commissioner Sexton agreed, suggesting a forced ranking exercise to identify the top priorities. Commissioner Sexton also thanked Mr. Filippi for compiling all of this information, noting that the extensive content helped the Commission narrow down the areas they could focus on to make an impact. She also agreed with Vice Chair Kirkpatrick's earlier comment, stating that unless they concentrate on areas that can drive real change, they will continue to spin their wheels. Mr. Filippi acknowledged this, stating that he will work on an additional survey to rank and refine the highest priority focus areas for the Commission.

Commissioner Glyman stated that while he agrees they should narrow down the priorities, he also believes the Commission can address more than one issue at a time. He suggested that the document could be sent out to the Commissioners again to refine it further in the future but also emphasized the need to identify additional ways to protect patients beyond creating bills every biennium. He noted that they could explore working with certain boards and agencies to drive change in that manner as well. Mr. Filippi agreed, stating that the Commission also submits a semi-annual report to the Legislature and the Governor for consideration but noted that these reports could also be shared with other boards and agencies for their input. Vice Chair Kirkpatrick pointed out that the Joint Interim Health Committee is another venue where these priorities could be discussed once refined, allowing them to be divided among different groups.

Mr. Filippi called for a motion to accept the PPC Policy Priorities as presented, with the exception that they be narrowed down and ranked. Commissioner Sexton motioned to approve, and Commissioner Glyman seconded it. The motion carried, and the PPC Policy Priorities were approved unanimously.

9. **For Possible Action: Review and Approval of Future Meeting Dates**
By: Joseph Filippi, Executive Director

Mr. Filippi then discussed future PPC meeting dates for the Commission to consider and approve. He outlined the proposed meeting dates: June 20th, August 15th (which is still set to be in person in Las Vegas), October 17th, and December 19th. Mr. Filippi noted that Commissioners traveling to attend the in-person August meeting are eligible for reimbursement. He stated that he sent out an email earlier in the week with instructions on how to receive reimbursement. Those unable to attend in person will have a virtual option as well.

Chairman Khan called for a motion to approve the proposed PPC meeting dates as presented. Commissioner Davis made the motion, and Commissioner Glyman seconded it. The motion carried, and the proposed PPC meeting dates were approved unanimously.

10. **Public Comment** *(No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item).*

Travis West, a regulatory policy specialist with the National Nurses Organizing Committee and National Nurses United, representing nearly 225,000 nurses across all 50 states, provided public comment. He stated that their

union has deep concerns about shifting Medicaid patients to Accountable Care Organizations (ACOs) as outlined in SB29, arguing that it is likely to incentivize providers to reduce patient care. Mr. West stated that while SB29 is vague about payment systems, most ACOs receive a flat per-person amount for a group of enrollees and include at least one doctor group within a hospital system. If the ACO provides care for less than the per-person amount, they are eligible to keep the remainder as profit and divide it among participating organizations. However, if they provide care that costs more than this amount, they incur a loss. Mr. West argued that this system essentially shifts risk from the payer or insurer to doctors and hospitals, incentivizing less care by moving treatment to less costly settings and less skilled caregivers, thereby posing a significant risk to patients. He emphasized that decisions about care should be made by a patient and their doctor based on medical need and preferences and not on saving money for an ACO, since quality metrics alone cannot fix a misaligned system. Mr. West also stated that metrics-based incentive payments increase administrative complexity, which in turn wastes healthcare providers' time and rewards healthcare corporations. Mr. West urged the Commission to reconsider the reimbursement system outlined in SB29.

Dr. John Packham, Associate Dean with the Office of Statewide Initiatives at the University of Nevada, Reno School of Medicine and Co-Director of the Nevada Health Workforce Research Center, provided public comment. Dr. Packham informed the Commission that after the legislative session ends, the Commission is welcome to reach out to his office for information on health provider trends, workforce shortages, etc., as he is happy to speak on those topics. He noted that he likes to remain agnostic when it comes to the nature and scope of the current provider shortage and what proposed legislation might bring to solutions, stating that there are proposals that will move the needle on provider shortages and proposals that will hinder efforts to alleviate them. Dr. Packham also mentioned that he shared a report with Mr. Filippi regarding the nursing workforce supply in the state and is willing to speak on any of those issues at a future meeting if needed.

11. **Adjournment**
By: Dr. Ikram Khan, Chairman

Chair Khan thanked the PPC and those who attended the meeting and adjourned the meeting.

Meeting adjourned at 10:30 AM.