# MEETING MINUTES
# NEVADA PATIENT PROTECTION COMMISSION (PPC)
# June 20, 2025

**The Nevada Patient Protection Commission (PPC) held a public meeting pursuant to NRS 241.020(3)(a) online and by phone on Friday, June 20, 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. Andria Peterson
   Dr. Adam Porath
   Dr. Mark Glyman
   Dr. Travis Walker
   Flo Kahn
   Jalyn Behunin
   Walter Davis

   **Commission Members Absent Excused**
   Dr. Bayo Curry-Winchell
   Bethany Sexton

   **Advisory Commission Members Present**
   Scott Kipper, Insurance Commissioner, Division of Insurance (DOI); Celestena Glover, Executive Officer, Public Employees Benefits Program (PEBP); Shannon Litz (on behalf of Richard Whitley), Deputy Director, Department of Health and Human Services; Janel Davis (on behalf of Russell Cook), Silver State Health Insurance Exchange

   **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; Malinda Southard, Deputy Administrator, DHCFP; Sandra Stone, Management Analyst IV, DCFS; Maria Tello Magana, Executive Assistant, DHHS; Devon Pickles, Health Program Specialist Trainee, DHHS; Lindsey Cook, Family Service Specialist, DHHS; Tiffany Davis, Executive Assistant, Silver State Health Insurance Exchange; Carrie Embree, Governor's Consumer Health Advisor, ADSD; Khadyja Carter, Chief, Office For Consumer Health Assistance; Allison Herzik; Amethyst Cozzolino; Amy Shogren; Ana Bonillas; Becky Bayley; Brooke Pellegrino; Casey Melvin; Chris Bosse; Esther Badiata; Esther Flores; Gabriele McGregor; Jason Drake; Jennifer Lanahan; John F Packham; Kenneth Kunke; Laurie Curfman; Linda Anderson; Nadine Kienhoefer; Patrick Kelly; Reagan Hart; Rebecca Preddie; Sabrina Schnur; Selina Verdin; Stephanie Woodard; Shelly Capurro; Tatiana Olivar; Tricia Schares; Zachary Laskey

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).*

No public comment was made during this agenda item.

3. **Informational: Introduction of New Commissioner, Dr. Travis Walker**
**By: Dr. Ikram Khan, Chairman**

Chairman Khan introduced the PPC's newly appointed Commissioner, Dr. Travis Walker. Commissioner Walker will serve as a physician practicing primarily at a federally qualified health center. He is a trained family physician who attended the University of Nevada, Reno. He is currently serving as the Chief Medical Officer for Community Health Alliance.

4. **For Possible Action: Review and Approve Meeting Minutes from March 14, 2025**
**By: Dr. Ikram Khan, Chairman**

Chairman Khan called for a motion to approve the meeting minutes from March 14th, 2025. Commissioner Glyman moved to approve the minutes as presented, and Commissioner Davis seconded the motion. The motion carried, and the meeting minutes were approved unanimously.

5. **For Possible Action: PPC 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: Dr. Ikram Khan, Chairman**

Mr. Filippi presented this actionable agenda item for the PPC to recognize the implementation of Assembly Bill 7 (AB7) and the related LCB File No. R173-24 regulations. The presentation is available on the PPC website or by clicking here. He reiterated that AB7, as passed during the 2023 legislative session, requires the Department of Health and Human Services (DHHS) to establish regulations mandating that healthcare providers implement interoperable electronic health record systems or participate in health information exchanges, allowing patients electronic access to their medical records. 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, the passage of AB7 and the associated regulations closely aligns with this statutory requirement. Mr. Filippi proposed that the Commission either recognize the implementation of AB7 and the regulations outlined in LCB File No. R173-24 as fulfilling the requirements of NRS 439.918(1)(c) or continue working on developing a separate plan and submitting annual updates to increase access to patient medical records.

Vice Chair Kirkpatrick asked for clarification on the agenda item, noting that the two options seemed somewhat contradictory. She questioned whether it would be beneficial to have a state plan in place, especially considering

that things are constantly changing at both the federal and state levels. She expressed concern that without a formal plan, new legislators may attempt to create their own, which makes her uneasy. Mr. Filippi responded that one of the challenges in creating the plan back in 2022 was the rapidly evolving nature of federal regulations. He explained that the intent of these state regulations is to ensure that healthcare providers remain in compliance with current federal and HIPAA requirements related to health information interoperability. Commissioner Porath agreed, stating that he believes the regulation was thoughtfully crafted to provide an on-ramp for different provider types to comply. He noted that it was written in a way that offers flexibility to accommodate both current laws and potential future changes.

Deputy Attorney General Gabriel Lither addressed Vice Chair Kirkpatrick's concern and asked whether there would be an opportunity for the Commission to reexamine this matter in the future. He noted that while the law originally called for an annual update, if the Commission were to vote in favor of recognizing these regulations, he wanted to confirm whether it would still be possible to revisit the issue if changes occur and the Commission wishes to reassess. Mr. Filippi confirmed that this is well within the Commission's scope of work, and if any concerns arise in the future, the Commission would have the ability to review the issue and provide recommendations as needed.

Commissioner Glyman asked how this differs from Senate Bill 378, which was vetoed by the Governor during the recent legislative session. He noted that the bill included extensive regulations to ensure patients could access their medical records from offices and providers. Commissioner Glyman inquired how the current approach diverges from that bill. Mr. Filippi responded that, had SB378 passed, it would have narrowed the scope of the regulations, requiring compliance from only certain types of healthcare providers rather than all. As a result, the current state regulations would have needed to be revised to align with the bill's changes. Malinda Southard, Deputy Administrator for the Division of Health Care Financing and Policy (DHCFP) added that SB378 would have also required the removal of the option for providers to utilize the health information exchange as a means of compliance. However, since the bill was vetoed, that option remains in place. She agreed with Mr. Filippi, emphasizing that the current regulations apply to a broad population of healthcare providers and medical facilities, including Emergency Medical Services (EMS).

Chair Khan stated that the LCB-filed regulations are very comprehensive and have been heavily discussed and debated. He expressed concern that without a foundational starting point like these well-crafted regulations, issues may arise due to ongoing changes in Medicaid at the federal level. He believes these regulations provide a strong starting point, and if necessary, the Commission can reevaluate them as changes arise that warrant their attention.

Chair Khan called for a motion to approve recognizing the regulations as meeting the as meeting the legislative intent found in the requirements of NRS 439.918(1)(c) and to reevaluate them in the future should any relevant changes come to the Commission's attention. Commissioner Glyman motioned for approval, and Commissioner Davis seconded the motion. The motion carried, and the recognition of Assembly Bill 7 and LCB File No. R173-24 was approved unanimously.

6. **Informational: 83rd Legislative Session Update**
   **By: Joseph Filippi, Executive Director**

Mr. Filippi provided an update to the Commission. The presentation is available of the PPC website or by clicking here. He noted that, unfortunately, the three bills proposed by the PPC, Senate Bills 29, 34, and 40 did not pass and failed to meet the first house committee deadline on April 11th. However, several other pieces of legislation were enacted and signed by the Governor that align with the legislative intent of the PPC's recommendations. Specifically, this legislation aims to simplify the licensure process for healthcare professionals, reduce

administrative burdens for providers, and invest in the healthcare workforce and Graduate Medical Education (GME). Assembly Bills 163, 230, and 248 streamline the process for providers to practice across state lines and expand the available provider network by reducing access barriers. Senate Bill 124 increases the diversity and pool of qualified physicians by authorizing internationally trained physicians to practice in Nevada. Senate Bill 262 transfers the existing GME grant program and Advisory Council from the Office of Science, Innovation, and Technology to the newly created Nevada Health Authority (NVHA) and includes a $9 million appropriation for GME grants. It also provides the department with greater oversight to assess and support the needs of existing GME programs. Additionally, Senate Bill 494 restructures the Department of Health and Human Services (DHHS) into two entities: the Department of Human Services (DHS) and the Nevada Health Authority (NVHA). The NVHA is designed to serve as the state's primary payer, purchaser, and policymaker for healthcare delivery, with the goal of ensuring that covered Nevadans have timely access to affordable health insurance and quality care. Nevada Medicaid, the Silver State Health Insurance Exchange, and the Public Employee Benefits Program will transition under NVHA, which is expected to provide healthcare coverage to one in every three Nevadans, approximately one million recipients statewide, and help the state better maximize public dollars and lower the overall cost of healthcare by consolidating resources. The PPC will also transition from DHHS to NVHA, moving into the Consumer Health Division. Stacie Weeks, the current Administrator of Nevada Medicaid and the incoming Director for NVHA will provide a formal update regarding the implementation during the next PPC meeting in August.

Commissioner Davis inquired about how health care facilities will be notified of the available providers resulting from Senate Bill 124. Additionally, he noted that there may be a limit to how many individuals one provider can supervise, which could create a cost associated with incentivizing providers to take on these additional supervisory roles. He wanted to ensure these considerations are taken into account as the state examines these limitations. Mr. Filippi stated that he would follow up on these questions offline and get back to Commissioner Davis but believes the bill includes language requiring these limited license providers to submit a letter from an in-state employer as part of the licensure process, essentially demonstrating that they have already applied for a position with a healthcare facility and are pending employment. Chairman Khan added that these supervision limitations are already established by the relevant medical boards and existing supervision guidelines. He noted that there are currently defined supervision requirements in place, such as Physician Assistants, where the supervision structure was established for international medical graduates on J-1 visas, and he expects similar limitations to be set by the respective boards for these providers. Commissioner Davis also commented that, to his understanding, the current supervision limit is typically up to three individuals, and that providers must submit a formal request to the board if they wish to supervise more than that.

Vice Chair Kirkpatrick stated that the separation of DHHS and NVHA is a positive change that will be very helpful and presents an opportunity in the early part of Fiscal Year 2026 to secure additional funding for GME. She emphasized that the primary goal has always been to allocate as much funding as possible toward building long-term sustainability for GME. She also noted that with upcoming federal changes, Nevada will have an opportunity to follow up and address some of those developments.

**For Possible Action: Discuss PPC Focus Areas and Development of Subcommittees**

**By: Joseph Filippi, Executive Director**

Mr. Filippi discussed the PPC's focus areas and the development of subcommittees. The presentation is available on the PPC website or by clicking here. According to the Governor's Health Care Policy Priorities, a top priority is addressing health care workforce and access-to-care challenges within the state. This includes improving access to primary care services, expanding Medicaid payment quality and outcome incentives, and supporting the buildout of Nevada's health care infrastructure. Based on survey results from PPC members, the top focus areas

identified were primary care, behavioral health, women's health, and health care workforce development. While behavioral health was recognized as a high priority, Mr. Filippi noted that many other entities and boards are already addressing behavioral health needs in the state and suggested that instead of creating a standalone subcommittee, the PPC could have a greater impact by integrating behavioral health interventions into other policy areas such as primary care. He reiterated that per NRS 439.912.2(a), the Commission may establish subcommittees and working groups composed of Commission members or other individuals, which expire after six months unless they are extended by Commission approval. Each subcommittee would be tasked with reviewing specific priority areas identified by the PPC. The PPC may then adopt recommendations made by the subcommittees and use them to help inform final Commission decisions and bill draft requests. Mr. Filippi then introduced two potential subcommittees for consideration, Primary Care and Women's Health, as they were among the top focus areas. Regarding the Primary Care Subcommittee, he emphasized the urgency for action, noting that Nevada has the highest average annual health care expenditure growth at 8.9% but ranks the lowest nationally in health care quality. He stated that primary care has the capacity to improve life expectancy, health outcomes, and reduce costs. Mr. Filippi noted that 22 states are currently reporting on primary care spending, with some defining and measuring spending targets. Other options to improve primary care include , reducing administrative burdens, and increasing coordinated care through alternative payment models (APMs). If approved, the subcommittee's potential focus areas could include establishing a state definition of primary care, evaluating current spending levels, identifying state policies to reform and invest in primary care, assessing the adequacy of the delivery system, and expanding Graduate Medical Education (GME) training in community-based primary care settings. The proposed primary care subcommittee would consist of approximately 15 voting members, with at least 20% from the PPC, and include a mix of provider types with experience in primary care, advocacy groups, commercial and private payers, and representatives from rural health and GME.

Chair Khan commented on the size of the potential subcommittee, suggesting that the Commission take the next couple of weeks to consider their interest in participating. He advised Mr. Filippi to look into the other organizations mentioned for potential representatives to serve on the subcommittee. Chair Khan also noted that these subcommittees would likely become more time-consuming and suggested appointing someone else to serve as chair and vice chair. Mr. Filippi agreed, stating that the application process is already in place and will be sent out via email. He confirmed that he plans to coordinate with the other organizations to secure appropriate representation for the subcommittee. Regarding time commitment, Mr. Filippi noted that he would prefer the subcommittees to begin by meeting on a monthly basis.

Vice Chair Kirkpatrick stated that important representation is missing from the proposed 15 voting members, specifically, a representative which oversees self-funded trust health programs. She emphasized that in Clark County, many individuals are using emergency rooms for their primary care needs rather than visiting primary care providers. She suggested that the Division of Insurance explore marketing efforts to clarify the difference between primary and emergency care, as many self-funded Nevadans are unaware of the distinction. She also noted that in Clark County alone, over 175,000 individuals are covered under self-funded trust programs, which differ significantly from private and commercial insurance. Mr. Filippi agreed and stated he is happy to include representation from a self-funded health plan to ensure patient population is appropriately represented.

Commissioner Porath also suggested adding another committee member, noting that at Renown, pharmacists are utilized for patient co-management and primary care. He explained that significant efforts have been made through the legislative process to create mechanisms for expanding collaborative practice models that address not only patient care needs but also physician burnout and support for chronic care teams. Commissioner Porath recommended considering this approach as part of the future care model and expressed willingness to serve as the subcommittee's representative, or to recommend another pharmacist for the role.

Vice Chair Kirkpatrick then suggested the possibility of splitting the subcommittee into two separate groups. She

expressed concern that members might become too focused on one particular topic during discussions, potentially losing sight of other important aspects of primary care. By reducing the number of voting members to eight or nine per group, each subcommittee could concentrate on specific components of primary care, such as the pharmacy aspect. Mr. Filippi acknowledged her comment and stated that this will be a priority of his, emphasizing that the purpose of these subcommittees is to bring together diverse representatives to ensure input and feedback.

Commissioner Davis asked whether, among the 15 voting members, the one provider member, specifically a social worker, would be classified as a behavioral health provider or if that would be considered a separate category. Mr. Filippi responded that while a social worker could potentially have experience in behavioral health , he envisioned the social worker to serve in the healthcare coordinator role. Commissioner Davis recommended that the commission include a dedicated behavioral health representative as part of the collaborative coordination efforts. He then inquired about the application process and where to find more information. Mr. Filippi stated that he has already prepared an online application process, which will be sent electronically and posted on the PPC website. He also noted that he would email the application to all Commissioners.

Chair Khan called for a motion for the Commission to approve the creation of a Primary Care Subcommittee. Commissioner Flo Kahn motioned to approve, and Commissioner Peterson seconded the motion. The motion passed, and the creation of the Primary Care Subcommittee was approved unanimously.

The second subcommittee under consideration relates to Women's Health and Reproductive Care. In 2024, Nevada was ranked 48th in this area, with rankings of 51st in health care quality and prevention, 49th in coverage, access, and affordability, and 39th in health and reproductive care outcomes. In response to these concerning figures, Mr. Filippi noted that there is a statewide commitment to improvement through recent legislative and policy actions. Specifically, Medicaid is currently developing a value-based payment program focused on maternal and infant health. Mr. Filippi emphasized the importance of this subcommittee, as it would provide the Commission an opportunity to explore the creation of a state-supported Perinatal Quality Collaborative (PQC). The Commission is uniquely positioned to drive change by turning data-driven recommendations into actionable policy. If approved, the subcommittee's key areas of focus would include reviewing available data and evaluating current issues affecting women's health, identifying state policies to enhance women's health and reproductive care, increasing access to adequate prenatal and postpartum care, developing strategies for a state PQC, and collaborating with Nevada Medicaid to provide feedback and recommendations on the maternal and infant health value-based payment program. The subcommittee would consist of 14 voting members, including at least two voting members from the PPC.

Commissioner Peterson stated that there is a strong emphasis on behavioral health in the outcomes from Nevada's Maternal Mortality Review Committee, which identified overdose as the number one cause of pregnancy-associated deaths. She believes this issue aligns closely with the Commission's interests in addressing behavioral health and primary care.

Chair Khan commented on the discussion, stating that Women's Health is frequently talked about, rightfully so, but often lacks meaningful research and actionable progress within the state. He noted that although the topic has been discussed in various committees across Nevada, there has been little to no advancement. He urged the Commission that, if they proceed with approving the creation of this subcommittee, they must commit the necessary time, effort, and energy to assembling the right people and developing thoughtful recommendations for potential legislation. Commissioner Glyman agreed, stating that the numbers have been abysmal over the past few years, regardless of how much funding has been allocated to address these issues. As a craniofacial surgeon who has worked in the community for the past 20 to 30 years, he emphasized that reimbursement for these types of procedures has steadily declined. He cautioned that while committees can propose grand ideas,

the fundamental issue is how to retain providers who can actually implement them. He added that there are currently almost no pediatric surgeons remaining, largely due to low reimbursement rates, and pointed out that Medicaid and Medicare reimbursements in Nevada are among the lowest in the country. For comparison, states like California and New York may offer reimbursement rates up to five times higher for the same procedure performed in Nevada.

Vice Chair Kirkpatrick agreed, adding that during the past legislative session, she frequently heard concerns from legislators who felt left out of PPC discussions. She suggested that the Commission make a conscious effort to involve them by, at a minimum, notifying the chairs of relevant health boards and ensuring that upcoming meetings, particularly those of the Women's Health Subcommittee, are on legislators' radars and that they receive copies of the agendas. Mr. Filippi agreed and stated that he is happy to add them to the PPC listserv to help spread awareness of upcoming meetings.

Commissioner Kahn suggested adding a representative focused on research and development in the Women's Health space to the proposed subcommittee. She stated that this would be helpful in identifying what innovations are in the pipeline, what is currently being researched, and what may be developed in the future. Such insights could not only inform the subcommittee's work but also potentially lead to improved outcomes and cost savings over time.

Commissioner Behunin stated that she fully supports the creation of these subcommittees, but noted that when reviewing the key focus areas, the scope of issues could feel overwhelming. She asked whether the intent of the subcommittees would be to narrow down their efforts to one or two specific objectives in order to meaningfully move the needle and focus on areas where real impact could be made. Chair Khan agreed that this is an important point, suggesting that when the subcommittees begin their work, the first meeting should be dedicated to identifying and prioritizing which objectives to focus on.

Mr. Filippi called for a motion for the Commission to approve the creation of a Women's Health and Reproductive Care Subcommittee. Commissioner Glyman motioned to approve, and Commissioner Peterson seconded the motion. The motion passed, and the creation of the Women's Health and Reproductive Care Subcommittee was approved unanimously.

Deputy Attorney General Gabriel Lither reminded the Commission that while these two subcommittees have been approved, the Commission retains the authority to establish additional subcommittees in the future, should they choose to do so.

7. **For Possible Action: Review and Approve Semi-Annual PPC Report required per NRS 439.918**
**By: Joseph Filippi, Executive Director**

Mr. Filippi then presented an actionable item which is to review and approve the Semi-annual PPC report per NRS 439.918. The PPC report is available on the PPC website or by clicking here. He reiterated that the PPC must submit a report every six months related to the meetings and activities of the Commission during the timeframe and must include, without limitation, a description of any issues identified as negatively impacting the quality, accessibility, and affordability of healthcare in the state. The report should also include recommendations for legislation, regulations or other changes to policy or budgets to address those issues.

Chair Khan opened the floor for a motion to approve the Semi-Annual PPC Report as presented. Commissioner Behunin moved to approve the motion, and Commissioner Davis seconded it. The motion carried, and the PPC Semi-Annual Report was unanimously approved.

Mr. Filippi briefly updated the Commission, stating that the next meeting will be held on August 15th. He noted that subcommittee members will likely be appointed around September, with the goal of beginning monthly

meetings thereafter. He reiterated that following this meeting, PPC staff will work on finalizing the subcommittee application and expressed hope that more information will be available by the August meeting.

8. **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).*

No public comment was made during this agenda item.

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

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

Meeting adjourned at 10:22 AM.