

**Joe Lombardo**  
*Governor*



**Richard Whitley**  
*Director*

# June 20, 2025 Meeting

Patient Protection Commission (PPC)

Joseph Filippi, Executive Director, PPC



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**Department of Health and Human Services**

*Helping people. It's who we are and what we do.*



# Agenda Item 5

**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)



# Patient Health Record Access Plan

## **Decision before the PPC:**

*Does the PPC wish to recognize the regulations (LCB File No. 173-24) developed by DHHS as meeting the requirements and legislative intent outlined in NRS 439.918(1)(c), thus no longer justifying the need for the PPC to develop 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?*

## **Or**

*Does the PPC wish to develop 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?*



# Agenda Item 6

**Informational: 83<sup>rd</sup> Legislative Session Update**



# PPC Legislation

Bill Number	Description	Status
SB 29	Requires Medicaid to develop a reimbursement system for services provided through accountable care organizations; requires a survey of healthcare providers participating in Medicaid; and increases Medicaid reimbursement rates for services provided by physicians and APRNs.	<b><i>Failed First House Committee Deadline (4/11)</i></b>
SB 34	Enacts interstate licensure compacts (Physician Assistant, Nursing, Occupational Therapy, Physical Therapy, Audiology & Speech-Language Pathology)	<b><i>Failed First House Committee Deadline (4/11)</i></b>
SB 40	Creates the Medicaid Health Care Workforce Account. The Account would leverage federal Medicaid funds to support health care workforce initiatives, such as Graduate Medical Education (GME) programs in the state.	<b><i>Failed First House Committee Deadline (4/11)</i></b>



# 2025 Workforce Legislation

- **Interstate Licensure Compacts (AB163, AB230, AB248):** simplifies the process for providers to practice across stateliness and expand the available provider network by reducing access barriers.
- **Physician Workforce (SB124):** increases the diversity and pool of qualified physicians by authorizing internationally trained physicians to practice healthcare in Nevada.
- **Graduate Medical Education (SB262):** The GME Grant Program and Advisory Council was moved under the NVHA to leverage its buying power to effectively fund residency programs and promote the expansion and sustainability of GME programs in the state.



# Nevada Health Authority (SB 494)

- **SB494** restructures DHHS into the **Department of Human Services (DHS)** and the **Nevada Health Authority (NVHA)**.
- The creation of the NVHA allows the state greater buying power to secure better deals and reduce costs for Nevada residents.
  - Medicaid
  - Exchange – Individual Commercial Market
  - PEBP
- Moves the PPC into the Consumer Health Division within the NVHA.
- PPC members and the Executive Director are now appointed by the NVHA Director, subject to approval from the Governor.



# Agenda Item 7

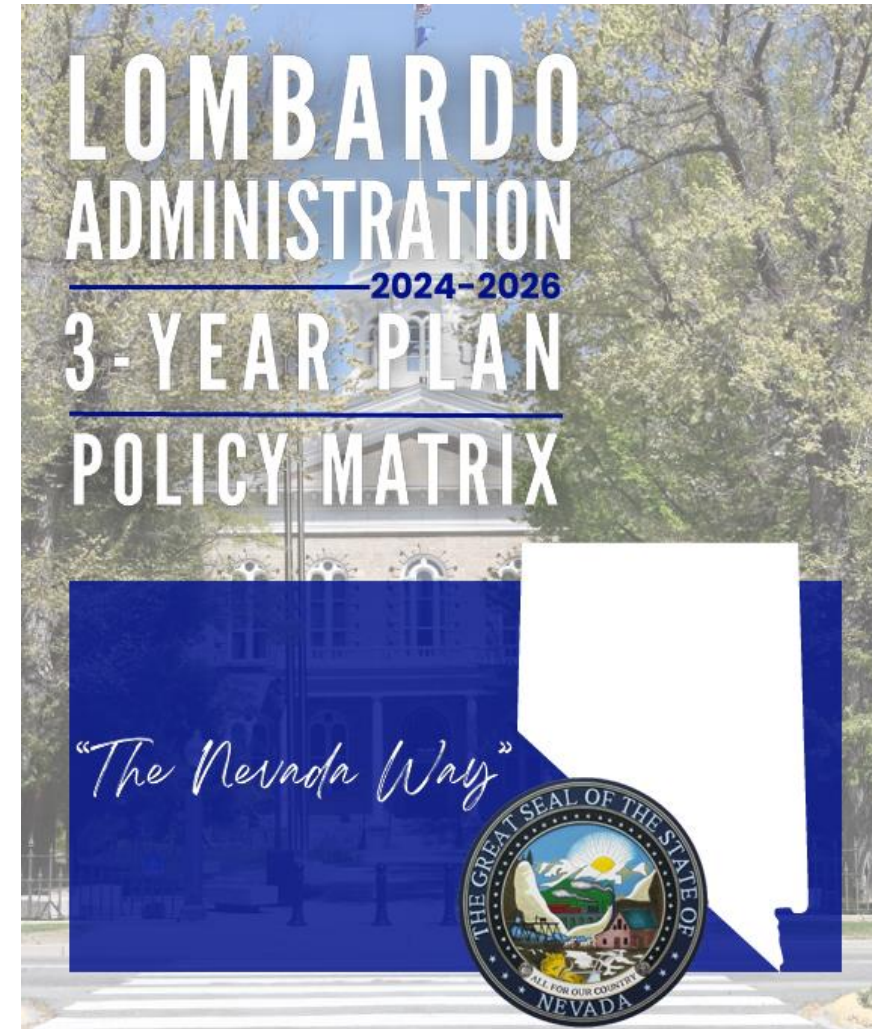
**For Possible Action:** Review and Approval of PPC  
Priority Areas and Subcommittee(s) for 2025-2026  
Interim





# Governor's Health Care Policy Priorities

- Addressing the health care workforce and access to care challenges within the State is a top priority for Nevada.
- [Governor Joe Lombardo's 2024-2026 Policy Matrix.](#)
- [Executive Order 2024-002](#)





# PPC Priority Focus Areas

**Nevada is 41<sup>st</sup> of 51 States in Health Care System Performance<sup>1</sup>**

**Key Performance Indicators:**

- **51<sup>st</sup>** in Prevention and Treatment<sup>1</sup>
- **48<sup>th</sup>** in Women’s Health and Reproductive Care<sup>2</sup>
- **51<sup>st</sup>** in Youth Mental Health<sup>3</sup>
- **48<sup>th</sup>** for Primary Care Providers<sup>4</sup>

**Top Focus Areas Identified in the 2025 PPC Survey:**

**Primary Care**

- Improving Access to Primary and Preventative Care
- Improving Care Transitions

**Behavioral Health**

- Improving Access to Behavioral Health

**Women’s Health**

- Improving Women’s Health and Reproductive Care

**Health Care Workforce Development**

<sup>1</sup> [U.S. Healthcare Rankings by State 2023 | Commonwealth Fund](#)

<sup>2</sup> [Women’s Health and Reproductive Care | Commonwealth Fund](#)

<sup>3</sup> [Youth data 2024 | Mental Health America](#)

<sup>4</sup> [Explore Primary Care Providers in Nevada | AHR](#)



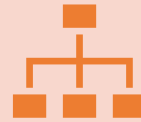
# PPC Subcommittees

## **NRS 439.912.2(a):**

*The Commission may:*

*Establish subcommittees and working groups 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.*



Each subcommittee responsible for reviewing certain priority areas as requested by the PPC.



Members of subcommittees serve as subject matter experts and advisors to the larger Commission.



The PPC may decide to adopt Subcommittee recommendations when developing final recommendations and bill draft requests.



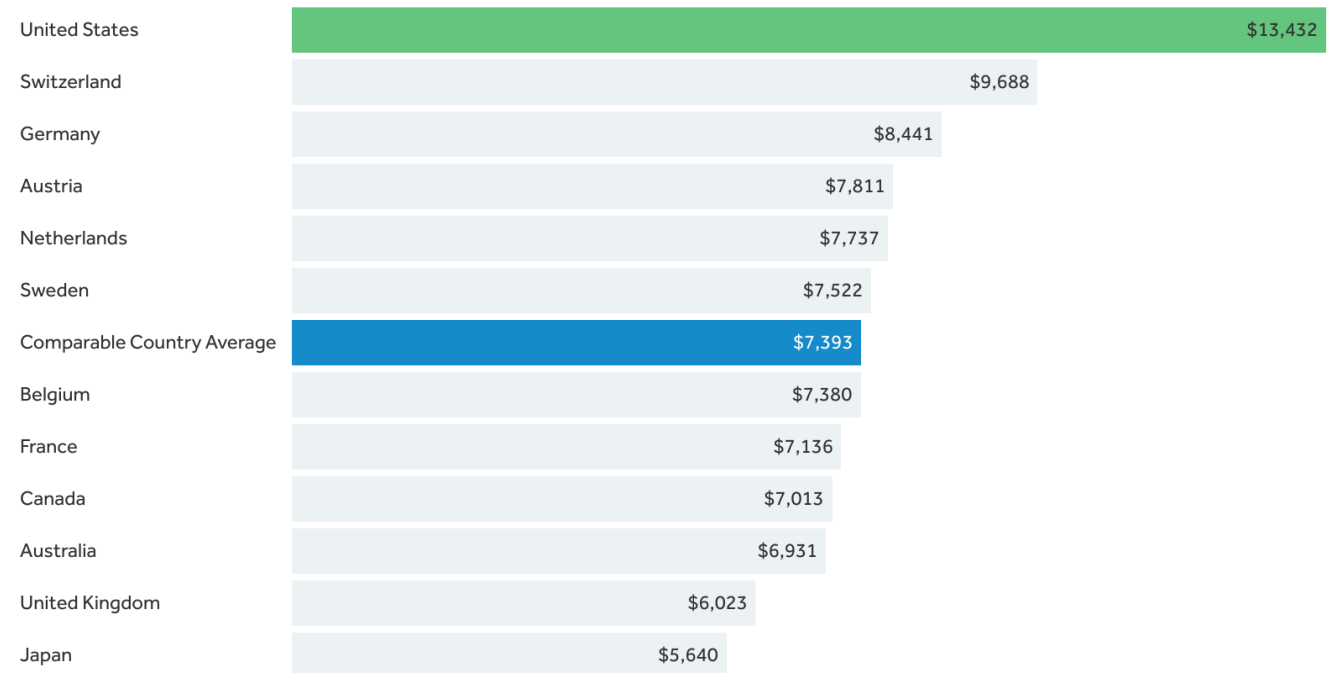
# Primary Care Subcommittee



# Health Care Spending

- The U.S. spends **nearly 2x more** on healthcare than comparable countries do and yet has worse health outcomes.
- **Nevada has the highest average annual Health Care Expenditure Growth (8.9%)<sup>1</sup>**

Health expenditures per capita, U.S. dollars, 2023 (current prices and PPP adjusted)



Notes: Data from Australia, Belgium, Japan, the Netherlands, Switzerland, and United States are estimated. Data from Austria, Canada, France, Germany, Sweden and the United Kingdom are provisional.

Source: KFF analysis of OECD data

Peterson-KFF  
**Health System Tracker**

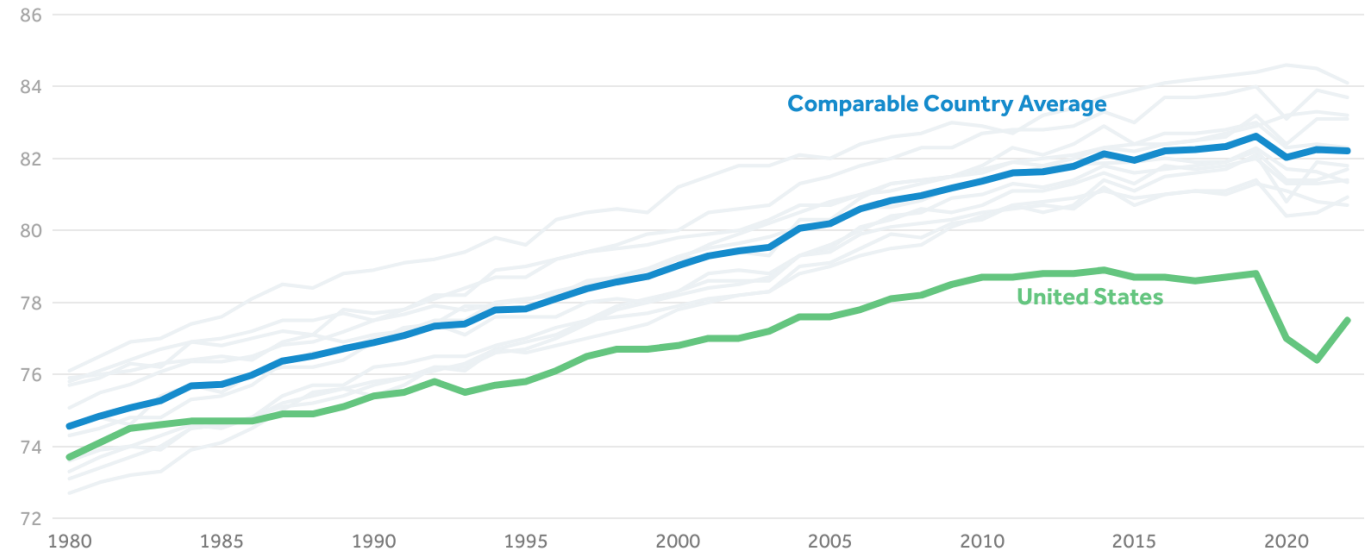
<sup>1</sup> [Average Annual Percent Growth in Health Care Expenditures by State of Provider | KFF](#)



# Health Outcomes

- **Life expectancy** in the U.S. is **lower than in most developed nations** that spend much less on health care, and rates of uncontrolled chronic disease are rising.

Life expectancy at birth, in years, 1980-2022



Notes: Comparable countries include Australia, Austria, Belgium, Canada, France, Germany, Japan, the Netherlands, Sweden, Switzerland, and the U.K. See Methods section of "How does U.S. life expectancy compare to other countries?"

Source: KFF analysis of CDC, OECD, Statistics Canada, and U.K. Office for National Statistics data

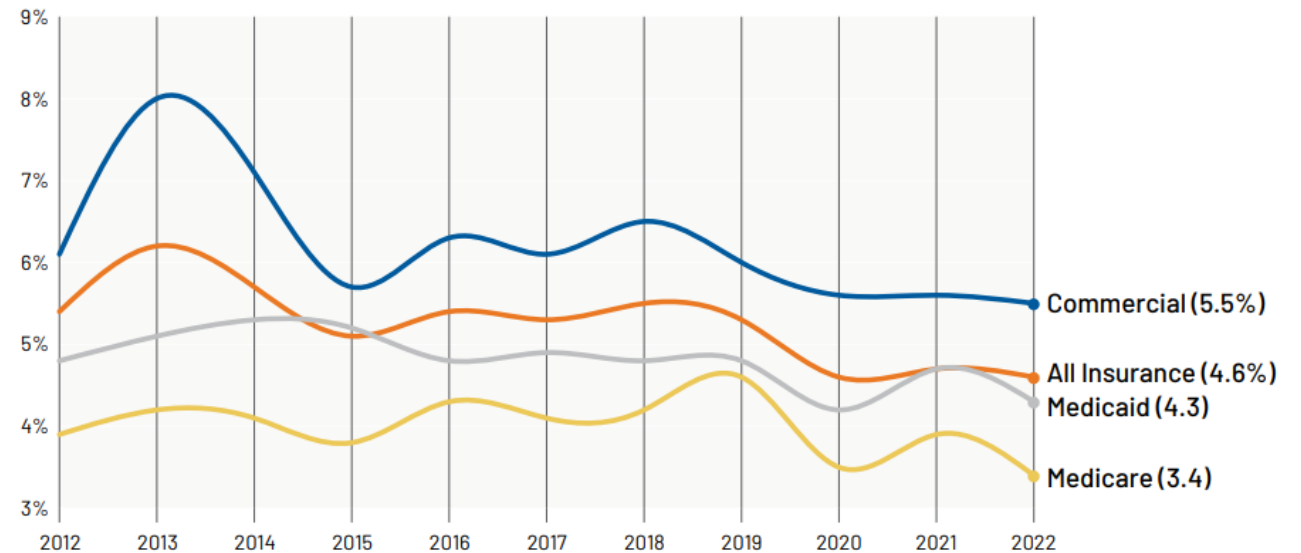
Peterson-KFF  
**Health System Tracker**



# Primary Care Spending

- **Primary care**, when achieving its full potential, has the capacity to **enhance life expectancy, improve health outcomes, and lower health care costs.**<sup>1</sup>
- U.S. spending on primary care was **under 5% in 2022** across all payers.<sup>1</sup>
- Insufficient funding is diminishing the primary care workforce and access to care.

Figure 1. Primary Care Spending (on Physicians) Continues to Decline for All Payers (2012–2022)



Data Sources: Analyses of Medical Expenditure Panel Survey data, 2012–2022.

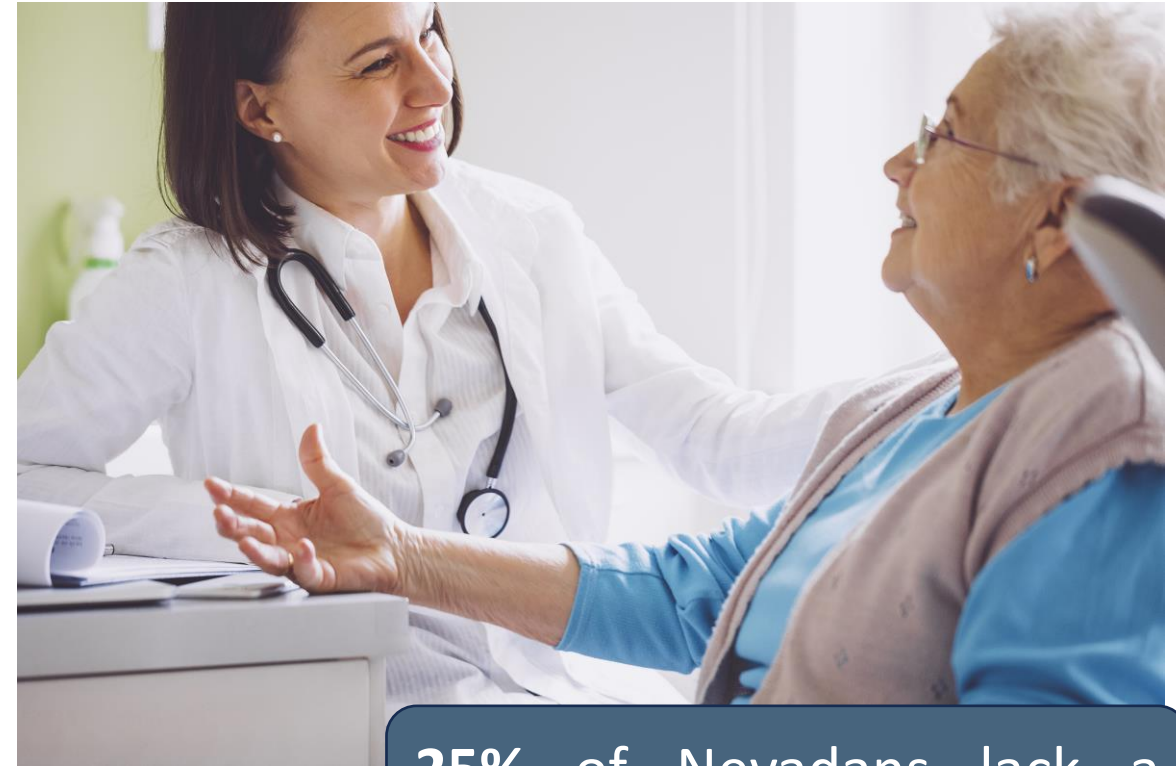
Notes: The primary care narrow definition is restricted to primary care physicians only. Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy.

<sup>1</sup> [The Health of US Primary Care: 2025 Scorecard Report — The Cost of Neglect | Milbank Memorial Fund](#)



# State Policies for Enhancing Primary Care

- Increase investment in Primary Care<sup>1</sup>
- Define and measure primary care spending as a % of total health spending<sup>2,4</sup>
- Develop a primary care spending target<sup>2</sup>
- Produce more primary care clinicians (physicians, PAs, APRNs)<sup>1</sup>
- Increase utilization of coordinated care through alternative payment models (APM)<sup>1</sup>
- Reduce administrative burden<sup>1</sup>



**25% of Nevadans lack a usual source of care.<sup>3</sup>**

<sup>1</sup> [The Health of US Primary Care: 2025 Scorecard Report — The Cost of Neglect | Milbank Memorial Fund](#)

<sup>2</sup> [Five States Leading Efforts to Increase Primary Care Spending | Milbank Memorial Fund](#)

<sup>3</sup> [U.S. Healthcare Rankings by State 2023 | Commonwealth Fund](#)

<sup>4</sup> [Advisory Committee on Primary Care | Washington State Health Care Authority](#)





# Primary Care Subcommittee

## Key Focus Areas:

- Establish a state definition of primary care; to include claims-based and non-claims-based definitions.
- Review available data and conduct an evaluation of the current amount spent on primary care in Nevada.
- Identify state policies for primary care payment reform and investment
- Determine the adequacy of the primary care delivery system in Nevada and effects on primary care providers in the state.
- Expand GME training opportunities in community-based primary care practice settings.



# Committee Membership

The committee will consist of **15 voting members**, at least 20% must be voting members of the PPC.

- Two members who are **physicians** with experience in primary care setting
  - One member who is a **mid-level provider** with experience in primary care setting
  - One member who is a **nurse** with experience in primary care setting
  - One member who is a provider (i.e. social worker) with experience in **health care coordination**.
  - One member representing a **patient advocacy group**
  - One member representing the **Nevada Primary Care Association**
  - One member representing **rural health care**
  - One member representing an accredited **program of Graduate Medical Education**
  - One member representing a **Medicaid Managed Care Entity**
  - One member representing **Commercial Insurance**
  - **Public Employees Benefits Program** Executive Officer or Designee
  - The Director of the **Nevada Health Authority** or Designee
  - The **State Insurance Commissioner** or Designee
  - One member who is an **Administrator of a medical group** that provides primary care services.
- (Nonvoting optional):**
- Nevada Health Authority Actuary
  - State Biostatistician or Designee



# Subcommittee Motion #1

*Does the PPC wish to form a subcommittee consisting of members of the Commission and other persons as authorized by NRS 439.912.2(a) to review issues related to primary care access and assist the Commission in its duties?*



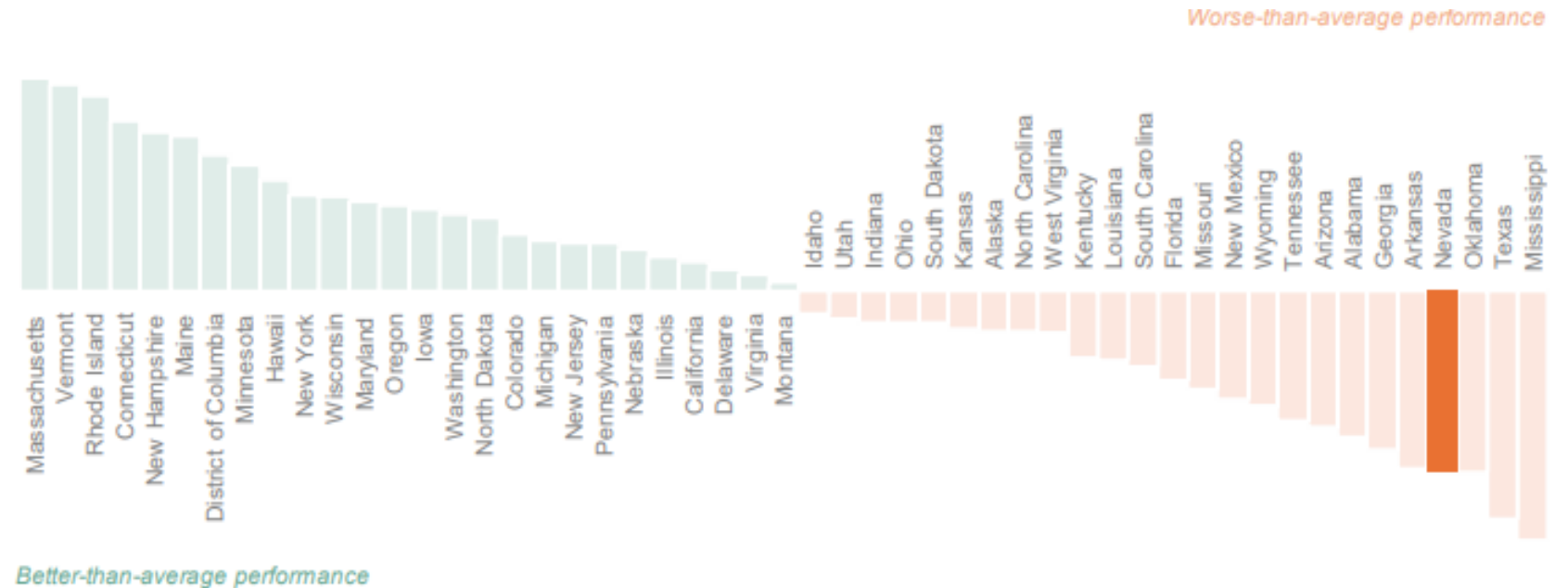
# Women's Health Subcommittee



# Women's Health: Current Landscape

Nevada was ranked **48<sup>th</sup>** in Women's Health and Reproductive Care in 2024

- **51<sup>st</sup>** on Health Care Quality and Prevention
- **49<sup>th</sup>** on Coverage, Access, and Affordability
- **39<sup>th</sup>** on Health and Reproductive Care Outcomes





# Women's Health: Recent Actions

## State Legislative Actions

- **SB 232 (2023)**  
Medicaid Extended Postpartum Coverage (12 Mo)
- **AB 283 (2023)**  
Increasing Access to Doulas and Birthing Support
- **SB 330 (2023)**  
Expanded Coverage for Breast Cancer Screening
- **AB 235 (2025)**  
Protecting Reproductive Health Providers
- **2024 Ballot Measure (Question 6)**  
First passage of a constitutional amendment to protect abortion rights (must pass again in 2026).

## Policy/Regulatory Actions

- **Reimbursement for SBIRT (2020)**  
Screening, Brief Intervention, and Referral to Treatment
- **Doula Coverage (2022)**  
Medicaid Began Reimbursement for Doula Services
- **Medicaid SPA NV-25-006 (2025)**  
Increases Eligibility for Pregnant Women to 200% FPL
- **Bonus Incentive Payments (2025)**  
MCOs are conducting population health improvement programs in maternal and infant health
- **Value-Based Payment (2027)**  
Medicaid VBP Program for Maternal and Infant Health



# Women's Health Subcommittee: Opportunities

## Why Now?

- Nevada ranks poorly and lacks a state-supported **perinatal quality collaborative (PQC)**
- Rising **legislative and public momentum** around reproductive health, equity, and access
- Recent regulations, legislation, and initiatives require **coordination and direction**

## Why the PPC?

- The PPC is uniquely positioned to **drive change through recommendations and beyond**
- With three BDRs, the PPC **can advance legislation, but its impact can extend further**
- Trusted convener with **cross-sector representation**

## What they Could Do:

- **Convene stakeholders** across the health care landscape
- Turn **data and recommendations into policy change**



# Women's Health Subcommittee

## Key Focus Areas:

- Review available data and conduct an evaluation of the current issues impacting women's health.
- Identify State Policies for enhancing women's health and reproductive care.
- Increase access to timely and adequate prenatal and postpartum care.
- Identify strategies to develop a state perinatal quality collaborative.
- Collaborate with Nevada Medicaid to provide feedback and recommendations on the maternal and infant health value-based payment program.





# Committee Membership

The committee will consist of **14 voting members**, at least 2 must be voting members of the PPC.

- One member who is an **OB-GYN**
- One member who is a Cancer Specialist (**Oncologist**)
- One member who is a Maternal-Fetal Medicine Specialist (**Perinatologist**)
- One member who is a **Certified Nurse Midwife or a Licensed Midwife**
- One member who is a **Primary Care Physician** with a focus in women's health or family medicine
- One member who is a **Behavioral Health Professional** with experience in women's health
- One member who is a **Pharmacist** with experience in Women's Health
- One member who is a **Doula or Community Health Worker** with experience in women's health.
- One member representing **Nevada Medicaid**
- One member representing the **Maternal and Child Health programs** within **Division of Public and Behavioral Health**
- One member who is a **Tribal Health** representative
- One member who is a **Consumer** representative with lived experience
- One member representing a **Community-Based Organization** that provides supportive services to women.
- One member who serves as an **Administrator of a clinic** that provides OB services.

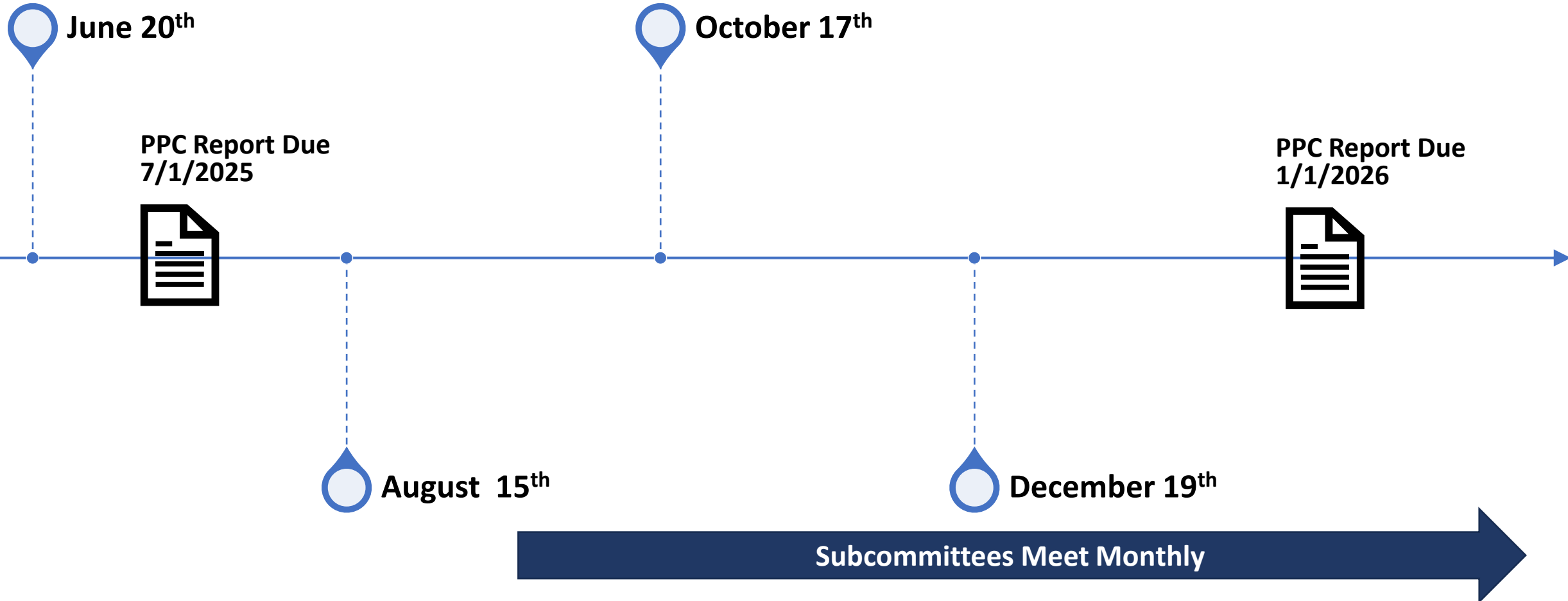


## Subcommittee Motion #2

*Does the PPC wish to form a subcommittee consisting of members of the Commission and other persons as authorized by NRS 439.912.2(a) to review issues related to **women's health and reproductive care** and assist the Commission in its duties?*



# 2025 Meeting Schedule





# Agenda Item 8

**For Possible Action:** Review and Approve PPC Semi-Annual Report (NRS 439.918)



# Questions?



# Contact Information

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Patient Protection Commission

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# Acronyms

- Advanced Practice Registered Nurse (APRN)
- Alternative Payment Model (APM)
- Assembly Bill (AB)
- Department of Health and Human Services (DHHS)
- Department of Human Services (DHS)
- Graduate Medical Education (GME)
- Managed Care Organizations (MCO)
- Nevada Health Authority (NVHA)
- Nevada Revised Statutes (NRS)
- Patient Protection Commission (PPC)
- Perinatal Quality Collaborative (PQC)
- Physician Assistant (PA)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Senate Bill (SB)
- State Plan Amendment (SPA)
- Value-Based Payment (VBP)