



## PATIENT PROTECTION COMMISSION – 2025 POLICY PRIORITIES

The purpose of this document is to summarize and contextualize commissioners' responses to the 2025 PPC survey to inform future policy priorities of the commission. The results of the survey will be used to focus the efforts of the Patient Protection Commission (PPC) over the next biennium. The Commission may decide to amend, remove, or add priority areas, or specific topical areas within each priority area.

### HEALTH CARE DELIVERY AND PAYMENT TRANSFORMATION

#### 1. Health Care Access and Quality

- a. **Improve Primary and Preventative Care:** increase access to routine preventative care; expand the primary care clinician workforce and increase the number of individuals with a primary care clinician.
- b. **Improve Women's Health and Reproductive Care:** increase access to timely and adequate prenatal and postpartum care, including enhancing screening and preventive services, improving health literacy, and ensuring network adequacy.
- c. **Improve Care Transitions:** improve systems to support care transitions; reduce reliance on higher levels of care; improvements in care coordination by increasing workforce and facility capacity; reduce unnecessary and burdensome regulatory requirements; develop payment systems to support care coordination; increase timely follow-up and medication management and reconciliation, and patient treatment involvement.
- d. **Improve Behavioral Health:** increase access to appropriate levels of care, decrease the over-reliance on higher levels of care than is medically necessary.
- e. **Increase Quality and Patient Safeguards:** establish targets for providers and insurers related to quality health outcomes; support review of regulatory requirements to promote safe patient environments; ensure training programs are effective and promote patient safety and culturally competent care.

#### 2. Health Payment Transformation

- a. **Alternative Payment Models:** increase utilization of alternative reimbursement models, such as value-based payments or accountable care population-based payment models to reduce overall costs and deliver high-quality, coordinated care.

#### 3. Health Care System Development

- a. **Develop a Strategic Vision for Healthcare in Nevada:** support the development of a strategic plan to improve the healthcare system, health outcomes, and health education across the state.
- b. **Health Care Development Hub:** support and leverage the development and utilization of economic incentives to attract health care businesses and development efforts across the state, like how the state has invested in other industries.

### HEALTH EQUITY AND DISPARITIES

#### 1. Access to Care:

- a. **Increase Access to Care for Uninsured Individuals:** support the development of policies to ensure equitable availability of essential medical services, promote health literacy, expanding community-based programs, and support initiatives to eliminate barriers to care.

## 2. Disparities in Health Outcomes

- a. **Decrease Disparities in Health Outcomes:** increase health literacy in underserved and marginalized communities; increase training for culturally competent and age-appropriate care; provide equitable access to routine preventative care and screening.
- b. **Physical Access:** transportation; availability; proximity; and scheduling.

## HEALTH CARE WORKFORCE CHALLENGES

### 1. Provider Shortage

- a. **Increase the Number of Providers:** support initiatives to increase the supply of providers to support the access and quality of care in the state.
- b. **Improve Training of Providers:** support initiatives to expand the number of training programs and graduate medical education slots in the state; monitor the quality and efficacy of the training programs funded by state investments.
- c. **Improve Recruitment and Retention of Providers:** promote the development of the health care workforce by providing incentives, such as housing incentives, loan forgiveness, and other programs that effectively incentivize the recruitment and retention of health care providers.

### 2. Barriers to Workforce Retention and Recruitment

- a. **Reimbursement Rates:** ensure reimbursement rates for Medicaid and Medicare are comparable to the surrounding states, increase the rates of provider participation in the Medicaid quadrennial rate review (QRR) process; improve the rate of providers participating in Medicaid by increasing reimbursement rates.
- b. **Reduce Administrative Burden:** identify unnecessary and burdensome barriers to licensure for providers; identify unnecessary regulatory barriers that increase administrative complexity leading to provider reluctance to practice in the state.

## HEALTH CARE COST CONTAINMENT AND AFFORDABILITY

### 1. Pharmaceutical Pricing

- a. **Pharmacy/Prescription Drug Costs:** evaluate the growing costs of pharmacy and prescription drug costs options to bend the cost curve; promote transparency, affordability, and value in prescription drug pricing by supporting policies that reduce costs for consumers, enhance competition and incentivize cost-effective prescribing practices.
- b. **Cost Transparency:** discuss increasing cost transparency by requiring pharmaceutical manufacturers, pharmacy benefit managers (PBMs), and insurers to disclose drug pricing structures, rebates, and out-of-pocket costs; utilize available data (i.e. the All-Payer Claims Database) concerning insurance claims for medical services to assist in the development of health care policies to improve patient access to quality and affordable care.