

April 17, 2026 Meeting

Patient Protection Commission (PPC)

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Agenda Item 2

Public Comment



Agenda Item 3

Informational: Introduction of New Commissioners



Agenda Item 4

For Possible Action: Review and Approve Meeting Minutes from February 27, 2026 and March 13, 2026



Agenda Item 5

Informational: Presentation on Perinatal Health Policy Considerations from a Hospital Perspective



Agenda Item 6

Informational: Perinatal Health Payment Reform: Overview and Opportunities



Agenda Item 7

Informational: Policy Recommendations to be Reviewed by the PPC



How We Got Here

Building the Evidence Base

Over the past several meetings we have:

- Built a shared understanding of challenges, systems, programs, and opportunities
- Reviewed data and expert input

Gathering Policy Recommendations

- Collected and organized policy ideas from stakeholders, public input, and PPC discussions



Source: 7 Steps to Effective Decision Making
https://www.umassd.edu/media/umassdartmouth/fycm/decision_making_process.pdf



BDR Development Process

April 17th Meeting

- Review Policy Proposals
- Begin BDR Discussions

Commissioner Survey

- BDR Concepts
- Rank BDR Concepts

June 12th Meeting

- BDR Discussion
- Vote on Top 3 BDR Topics

April

May

June

July/August

May 22nd Meeting

- Review BDR Concepts/Ranking
- BDR Discussion
- Possible Vote on Top 3 BDR Topics

Submit to LCB

- Submit up to 3 BDRs to LCB prior to September 1



What We've Received

Across public input and presentations, we have identified **58 policy proposals** grouped across seven “problem areas”:

Coverage & Benefits (12)

- Coverage expansions, unbundling services, and enhanced perinatal supports

Health Literacy (10)

- Improving access to information, education, and system navigation

Payment Reform (8)

- Updating payment structures to align with care complexity and quality goals

Population Health (14)

- Strengthening statewide quality infrastructure and standardizing evidence-based practices

Behavioral Health (14)

- Focus on screening, referral pathways, integrated care, and SUD supports

Rural Health (11)

- Expanding access, readiness, and coordination in rural and frontier communities

Workforce Capacity (6)

- Building pipelines, training capacity, and workforce retention tools

* Counts include policy proposals that appear across multiple domains



Framework for Sorting Ideas

Legislative

Legislative

Non-Legislative

Parked

Closed

BDR for Consideration

- BDR Recommendation
- Based on evidence and national best practices
- Aligned with PPC focus

Possible Decision Criteria

- Requires statutory change
- Evidence supports action
- Feasible

Actions

- Up to 3 Policy BDRs
- Submitted by Sept. 1

Formal Recommendation

- Aligned with PPC focus
- Based on evidence and national best practices
- Included as a recommendation in semi-annual report

Possible Decision Criteria

- Evidence supports action, but did not make it as a BDR topic

Actions

- Formal Recommendation
- Potential BDR another entity can carry

Programmatic Recommendation

- Aligned with PPC focus
- Non-legislative, through existing programs
- Included as a recommendation in semi-annual report

Possible Decision Criteria

- Achievable without legislation
- Clear alignment (RHT, SHARP, VBP, Medicaid)
- Limited barriers

Actions

- Recommendation
- RHTP, SHARP, GME, VBP, NVHA/Medicaid, etc.

Possible Future Recommendation

- Aligned with PPC focus
- Requires more time to review; or
- Not yet feasible

Possible Decision Criteria

- Merits further analysis
- Stakeholder readiness
- Dependent on prior legislative, regulatory, or programmatic action

Actions

- Future consideration
- Workgroup/Study

Do Not Advance

- Insufficient evidence
- Out of Scope
- Preempted

Possible Decision Criteria

- Outside PPC authority
- Preempted by federal/state law
- Duplicative
- Limited evidence

Actions

- No longer consider



Agenda Item 8

For Possible Action: Review and Discussion of Possible Bill Draft Requests (BDRs)

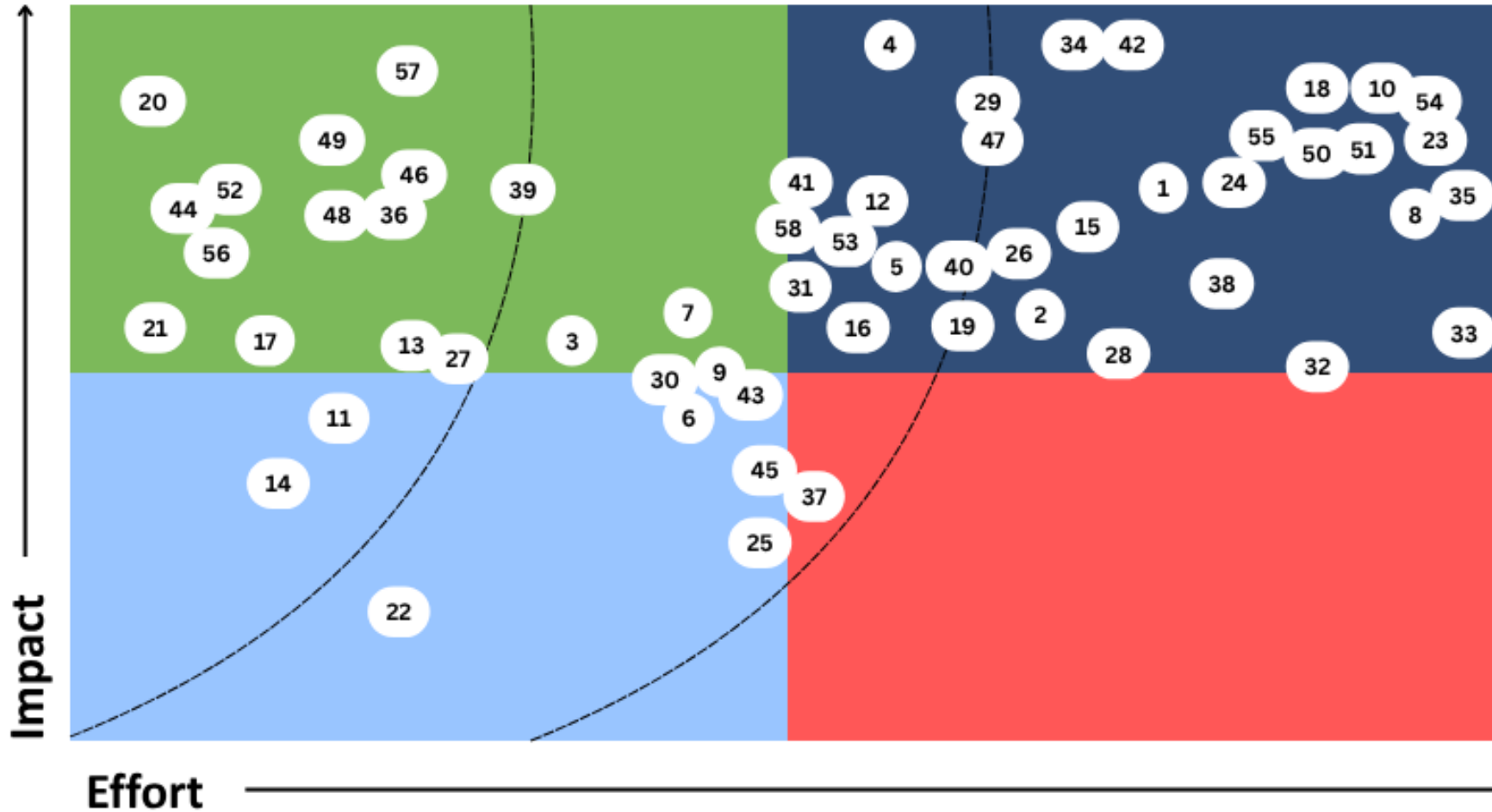


Discussion Questions

1. Looking across the options, what themes or problem areas stood out most?
2. Which of those feel like they will require legislation, something that can't or won't be done administratively?
3. Where do you see the greatest unmet need in Nevada, and do our ideas address that?



Action Priority Matrix



Discussion Questions

4. What concepts feel like the strongest candidates, and why?

5. Are there any ideas that are compelling, but not ready, either missing evidence, stakeholder buy-in, or a clear implementation path?

Note: These impact and effort ratings are preliminary and subject to change as additional research is conducted and are intended to help support commissioners in decision making, not as a definitive assessment or final prioritization. Estimates are based on staff analysis and consultation with subject matter experts at NVHA and Nevada Medicaid. ID numbers from [Policy Proposals Table.pdf](#).



Discussion Questions

6. Are there options that overlap or intersect that could be combined into a single BDR?
7. Is there anything in the options reviewed that you feel hasn't gotten enough attention?



Agenda Item 9

Public Comment



Agenda Item 10

Adjournment