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Governor

**NEVADA HEALTH
AUTHORITY**
PATIENT PROTECTION COMMISSION
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MEETING MINUTES
NEVADA PATIENT PROTECTION COMMISSION (PPC)
June 12, 2026

The Nevada Patient Protection Commission (PPC) held a public meeting pursuant to NRS 241.020(3)(a) online and by phone on June 12, 2026, beginning at 9:00 am. The agenda and meeting materials are available online at <https://ppc.nv.gov/Meetings/2026/2026/>

1. Call to order: Roll call
By: Bethany Sexton, Chair

The meeting was called to order at [time] by Bethany Sexton, Chair. Executive Director Dylan Malmlov proceeded with roll call, and it was determined that a quorum of the PPC was present.

Commission Members Present

Dr. Jonathan Chastain
Dr. Ikram Khan
Dr. Andria Peterson
Dr. Adam Porath
Dr. Travis Walker
Ms. Bethany Sexton
Ms. Marilyn Kirkpatrick

Commission Members Absent Excused:

Dr. Mark Glyman

Advisory Commission Members Present:

Ned Gaines, Insurance Commissioner, Division of Insurance (DOI); Alison Genco Herzik, Deputy Director on behalf of Stacie Weeks, Director, Nevada Health Authority (NVHA); Janel Davis, Exchange Executive Officer

Advisory Commission Members Absent Excused:

Theresa Carsten, Executive Officer, Public Employees Benefits Program (PEBP)

Staff Present:

Dylan Malmlov, Executive Director, PPC; Stephanie Purnell, Policy Analyst, PPC; Alexandra Lopez-Duarte, Administrative Assistant, PPC.

Guests Present:

Tonya Ledezma, Social Services Program Specialist 2; Gabriel Lithier, Senior Deputy Attorney General, HHS; Joseph Filippi, Management Analyst 3; Sarah Rogers, Health Program Manager II; Tami Conn, Deputy Bureau Chief; Kourtney Gresh, Management Analyst 2; Vickie S. Ives, Health Bureau Chief; Jeanne Gerow, Max Atchison; Sabrina Petrel; Eileen Colen; Emily Righler; De Yates; Elisa Cafferata; Dawn Evans; Liesel Kemmelmeier; Sam Anastassatos; William Horne; Zachary Laskey; Lea Cartwright; Esther Badiata; Linda Anderson; Lisa Sherych; Amy Shogren; Zoe Houghton; Chris Bosse; Kristine Absher; Brian Iriye; Tori Supple; Steve Messinger.

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 Commissioners**
By: Bethany Sexton, Chair

Agenda item 3 was dropped and may be included in future agendas as needed

4. **For Possible Action: Review and Approve Meeting Minutes from May 22, 2026**
By: Bethany Sexton, Chair

The chair asked whether any commissioners had questions or edits to the minutes. Hearing none, the chair opened the floor for a motion to approve the minutes as written.

Commissioner Dr. Peterson motioned to approve them and commissioner Dr. Walker second.

The chair conducted a vote, during which commissioners present responded “aye.”

No opposition was stated. The minutes were approved.

5. **For Possible Action: Review and Approve BDR Topics for Submission to the Nevada Legislature**
By: Bethany Sexton, Chair

Mr. Malmlov discussed its authority under NRS to submit up to three bill draft requests (BDR) each regular legislative session. The purpose of the discussion was to review, discuss, and approve three BDRs reflecting policy to be submitted to the Legislative Council Bureau for the 84th Legislative Session. After approval, staff would develop supporting materials for each approved BDR topic and submit them to the Legislative Council Bureau ahead of the September 1st submission deadline. Four BDR options were presented for discussion, with the intention of reviewing each and then take action on three. The Commission proceeded to discuss the first BDR, which proposed establishing a pregnancy medical home. The measure would require Nevada Medicaid to seek federal approvals to develop a pregnancy medical home model intended to improve maternal and infant health outcomes through enhanced care coordination, integrated health services, and stronger connections to community-based supports.

The model was described as addressing fragmented care, improving access to timely prenatal and postpartum services, reducing disparities and preventable complications, and promoting more efficient use of health care resources for Medicaid-covered mothers and infants. Commissioners were provided with the proposed BDR language in advance and were invited to review it independently. The document referenced may be found on the PPC’s website or by clicking [here](#). Discussion noted the importance of allowing flexibility for Medicaid and related partners to design an administratively workable approach, and members expressed general agreement that the language captured prior Commission discussions. It was noted that two BDR concepts might later be combined, particularly in relation to maternity incentive payments, and that this could be revisited when the fourth BDR was discussed. Dr. Walker wondered why Minnesota and Texas were used as model examples, and Mr. Malmlov explained that these states had similar legislation and that the pregnancy medical home model aligns with Integrated Health Partnership and Accountable Care Organization models previously discussed by the Commission.

The Commission next discussed the proposed BDR concerning the establishment of a statewide perinatal quality collaborative. The intent of this measure is to improve maternal and infant health outcomes, reduce preventable complications, and address variation in perinatal care quality across Nevada. The proposal emphasizes the need for strengthened statewide collaboration and the implementation of evidence-based practices. The collaborative would

bring together hospitals, providers, public health agencies, Medicaid, and community partners to identify improvement opportunities, implement data-driven quality initiatives, share best practices, and enhance the quality, safety, and outcomes of perinatal care.

During discussion, concerns were raised regarding the absence of a specified implementation timeline and the need to ensure that membership is balanced and includes representation from government entities responsible for execution. Additional feedback highlighted the importance of including rural health clinics, federally qualified health centers, tribal representation, and behavioral health representation to ensure statewide needs are reflected. Commissioners discussed the appropriate size of the steering committee and referenced that other states' collaboratives typically include 12 to 18 members, with at minimum participation from perinatal clinical providers, including obstetricians, neonatologists, pediatricians, and perinatologists. It was suggested that the collaborative be granted authority to form subcommittees to support broader participation without expanding the steering committee excessively. Members also recommend requiring the collaborative to meet at least quarterly and to report annually to the interim health committee to ensure ongoing accountability and progress.

Discussion also included the importance of establishing and maintaining a perinatal data set, with attention to how confidential clinical data may be accessed and reviewed, including the potential need for closed sessions consistent with Nevada open meeting laws. Mr. Lithier, Senior Deputy Attorney General, clarified that confidential information may be reviewed in closed sessions when necessary for the collaborative's functions and that statutory authority for such sessions may already exist; this would be reviewed before finalizing language. Mr. Malmlov summarized the suggested amendments, including establishing an implementation timeline, quarterly meeting requirements, ensuring balanced membership with rural, tribal, and FQHC representation, authority to form subcommittees, annual reporting requirements, maintenance of a perinatal data set, and potential provisions for closed sessions. Commissioners confirmed the list captured the proposed modifications before proceeding to the next agenda item.

The Commission then discussed the third proposed BDR concerning perinatal service modernization. The intent of the measure is to establish and support group prenatal care models within Nevada Medicaid to improve access to prenatal care, patient education, peer support, and care coordination, with the goal of improving maternal and infant health outcomes and reducing disparities. The proposal would also establish Medicaid coverage for dyadic care models to coordinate services for mothers and infants as a connected care unit, expand access to lactation consultation services, support prenatal and parenting education group programs, and establish coverage for remote patient monitoring for high-risk pregnant and postpartum individuals within Medicaid.

During discussion, commissioners revisited earlier comments regarding the possibility of combining elements of this proposal with the perinatal payment and incentive proposal, specifically the enhanced rural reimbursement and related incentives. It was noted that this combined approach was one option, though commissioners also recognized the need for additional deliberation. Concerns were also raised regarding whether the proposal might be too specific or include too many components, potentially making it difficult to advance legislatively or introduce opportunities for unwanted amendments. Commissioners discussed whether certain components, such as remote patient monitoring, might be better incorporated into other proposals depending on legislative strategy. It was noted that the measure includes language limiting implementation to the extent funding is available, giving Medicaid flexibility to pursue components as resources allow. Some commissioners expressed support for keeping all elements included so as not to limit future implementation opportunities, even if only some components are likely to be operationalized in the near term.

Additional discussion centered on whether the BDR should be significantly simplified, with suggestions to instead grant broad authority for Nevada Health Authority (NVHA) to amend the Medicaid state plan related to perinatal services, rather than specifying detailed program components. It was suggested that such an approach may prevent the proposal from becoming overly restrictive and may enable the agency to respond more flexibly to emerging needs. Commissioners discussed whether legislators would support such authority and whether administrative clarity would be preserved. Mrs. Genco Herzik indicated that NVHA would not have any immediate concerns with

receiving broad authority as described. Commissioners agreed to review the fourth BDR option before returning to refine how best to structure the perinatal service modernization proposal.

The Commission then reviewed the fourth proposed BDR, which requested an increase to Medicaid reimbursement for perinatal services in rural and frontier areas to strengthen provider participation, support the sustainability of rural providers, improve access to essential health care services, and improve health outcomes for rural Nevadans. The proposal also aimed to increase utilization of evidence-based preventive services throughout pregnancy and the postpartum period by establishing incentives to encourage timely prenatal and postpartum care, behavioral health screening and brief intervention, and routine screening for social determinants of health. The stated goal was to support early identification of health and social needs, strengthen connections to services, improve care coordination, and reduce disparities for mothers and infants.

During discussion, concerns were raised regarding the potential financial impact on counties, which are required by statute to contribute to Medicaid match funding. It was noted that many rural counties face significant budget constraints and may oppose increased reimbursement rates without prior consultation. Commissioners emphasized the importance of engaging county representatives to understand fiscal implications and gauge support. Additional discussion addressed the need to clearly define “rural” and “frontier” for the purposes of the proposal, with suggestions to consider definitions beyond county boundaries to account for rural areas within larger counties such as Clark and Washoe. Commissioners noted that clarifying this definition could influence both support and implementation. Acknowledging the value of further discussions with rural stakeholders and county officials and affirmed the importance of understanding past efforts and potential impacts.

The Commission returned to discussion of the first and second BDR proposals. Regarding the pregnancy medical home, members confirmed their earlier consensus that the proposal should remain a standalone BDR due to the distinct components required for implementation. A motion was made by Dr. Peterson and Commissioner Kirkpatrick seconded to move the pregnancy medical home forward as one of the Commission’s three BDRs. The Commission then reviewed the perinatal quality collaborative proposal, including the edits identified earlier in the meeting. Mr. Malmlov restated the proposed amendments, which included adding an implementation date, requiring quarterly meetings, specifying minimum steering committee membership requirements, requiring an annual report to the interim health committee, maintaining a perinatal data set, including closed-door session language as necessary, and adding authority to create subcommittees. A motion was made by Dr. Peterson and seconded by Commissioner Kirkpatrick to move the perinatal quality collaborative forward with the stated edits. Both motions passed with no opposition noted. The Commission then addressed the third and fourth BDR proposals and confirmed agreement with the approach of bringing both items back for future review. These items were tabled to a subsequent meeting at the direction of the chair, with the expectation that additional information would be provided before further action.

6. For Possible Action: Review, Discuss, and Approve Formal Recommendations

By: Bethany Sexton, Chair

The Commission proceeded to discuss formal recommendations for inclusion in the semi-annual report. Mr. Malmlov explained that this agenda item provided an opportunity for commissioners to propose recommendations for the July 1st semi-annual report, noting that additional opportunities would be available throughout the remainder of 2026 as non-BDR recommendations are further developed. Mr. Malmlov presented unbundling as a potential recommendation, reflecting commissioners’ ongoing interest in updating reimbursement for antenatal, labor and delivery, and postpartum services consistent with AMA CPT coding changes. The chair opened discussion on including unbundling as a formal recommendation and commissioners sought clarification on how the semi-annual report is used and whether it is shared with legislators. Mr. Malmlov stated that the report is submitted on July 1st and January 1st to the Legislature, the Governor, the Nevada Health Authority, and the Division of Human Services, and includes discussion items and recommendations related to identified healthcare issues. Commissioners emphasized the importance of providing adequate context in the report to ensure clarity around unbundling. Mr.

Malmlov confirmed that unbundling would be a programmatic recommendation directed to the Health Authority and does not require legislative action. A motion was made by Dr. Peterson and seconded Dr. Porath to include unbundling as a formal recommendation in the semi-annual report, the motion was approved with no opposition noted.

The Commission then discussed whether additional recommendations should be considered at this time. One area raised was level so of NICU care, which commissioners noted had been discussed previously. Mr. Malmlov advised that further commission discussions would be needed to determine specific recommendations and suggested exploring as a future meeting topic. As well as noting that work is underway to develop a work plan for future PPC meetings and invited commissioners to propose additional topics for consideration. A request was made to include a future discussion on anticipated Medicaid program changes at the federal, state, and county levels to ensure commissioners are informed and prepared. Mr. Malmlov indicated that relevant information, including a recent interim HHS hearing on HR 1 impacts, would be shared with commissioners. Commissioners also discussed opportunities to coordinate with the Rural Transformation Fund and suggested inviting representatives to present to the Commission to support aligned planning and reduce duplication. With no further recommendations raised, the chair noted that no further approvals were required beyond the earlier motion regarding unbundling.

7. For Possible Action: Review and Approve July 1, 2026, Semi-Annual Update

By: Bethany Sexton, Chair

The chair noted that the report had been discussed extensively throughout the meeting and that the formal recommendation concerning unbundling would be included and edited into the document. Commissioners were asked whether there were any final comments, edits, or additional items to raise related to the report.

Hearing none, the chair opened the floor for a motion to approve the semi-annual report as amended.

Commissioner Dr. Walker motioned to approve them and commissioner Dr. Peterson second.

The chair conducted a vote, during which commissioners present responded “aye.”

No opposition was stated. The semi-annual update was approved.

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: Bethany Sexton, Chair

Chair Bethany Sexton thanked the PPC and those who attended the meeting and adjourned the meeting.

Meeting adjourned at 10:22 am