

Semi-Annual Report of the Patient Protection Commission

January 2026



Nevada Health Authority – Director’s Office

Patient Protection Commission

(NRS 439.908)

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I. Patient Protection Commission

Commissioners

Dr. Ikram Khan, Chair

One member who is a provider of health care who operates a for-profit business to provide health care.

Dr. Adam Porath

One member who is a pharmacist at a pharmacy not affiliated with any chain of pharmacies or a person who has expertise and experience in advocating on behalf of patients.

Dr. Jonathan Chastain

One member who is an employee or a consultant of the Authority with expertise in health information technology and patient access to medical records.

Dr. Mark Glyman

One of two members who are persons with expertise and experience in advocating on behalf of patients.

Dr. Travis Walker

One member who is a physician or registered nurse who practices primarily at a federally qualified health center, as defined in 42 U.S.C. § 1396d(l)(2)(B).

Ex-Officio (Non-voting) Commissioners

Stacie Weeks, Director, Nevada Health Authority

Theresa Carsten, Executive Officer, Public Employees Benefits Program

Ned Gaines, Insurance Commissioner, Nevada Division of Insurance

Janel Davis, Executive Director, Silver State Health Insurance Exchange

Commission Staff

Dylan Malmlov, Executive Director

Vacant, Policy Analyst

Taylor-Rae Gonzalez, Executive Assistant

II. Introduction

Overview

The Nevada Patient Protection Commission (PPC; Commission) is a public body located within the Nevada Health Authority (NVHA; The Authority). The PPC is comprised of 12 voting members and 4 non-voting members appointed by the Director of the Nevada Health Authority subject to approval by the Governor. Member representation includes those from across the health care spectrum including advocates, providers, and industry professionals who are dedicated to improving health care in Nevada. Nevada Revised Statute ([NRS](#)) [439.902-918](#) provides the PPC with statutory authority to systematically review issues related to the health care needs of residents of Nevada and the quality, accessibility, and affordability of health care in the state. This report is being submitted in accordance with NRS 439.918.2.(a), which requires the PPC to submit a semi-annual report describing the meetings and activities of the Commission during the immediately preceding six months. The report must include, without limitation, a description of any issues identified as negatively impacting the quality, accessibility or affordability of health care in this state and any recommendations for legislation, regulations or other changes to policy or budgets to address those issues.

During the current reporting period, the Commission underwent a period of significant transition and organizational restructuring. Pursuant to [SB494 \(2025\)](#), the PPC was transferred from the Department of Health and Human Services to the newly established Nevada Health Authority (NVHA). This transition marks an important step toward greater alignment and coordination of statewide health policy, data, and system improvement efforts.

In addition to this structural transition, the PPC welcomed a new Executive Director, Policy Analyst, and Executive Assistant and initiated the process of appointing or reappointing more than half of its members under the revised appointment procedures established as a result of [SB494 \(2025\)](#). With these changes, the Commission is working toward achieving a full complement of staff and membership, enabling it to proceed with regular activities under the Nevada Health Authority.

The Commission met in December 2025 to receive updates on the transition to the Nevada Health Authority, introduce new members and staff, and act on key administrative items, including approval of updated bylaws and the semi-annual report. The meeting provided an opportunity to reestablish the Commission's operations following the structural transition. While the reconstitution process remains underway, staff and leadership have worked to establish the administrative and strategic foundation to support regular operations in 2026. A workplan and regular meeting cadence have been developed to guide the PPC's activities during the interim, with a particular focus on maternal and infant health as an immediate policy priority. This focus reflects the Commission's statutory charge to improve health care quality, accessibility, and affordability, and aligns with the NVHA's broader efforts to strengthen health outcomes for Nevada's most vulnerable populations.

III. Organizational Updates

Structural Transition

During the reporting period, the Patient Protection Commission (PPC) completed its transition to the newly established Nevada Health Authority (NVHA), as enacted by [SB494 \(2025\)](#). SB 494 consolidated multiple state health entities under a single authority to strengthen coordination and accountability in health care administration. The NVHA was created to leverage the state’s purchasing power, lower health care costs, expand provider capacity, improve quality, and streamline program delivery. This realignment reflects Nevada’s commitment to improving health outcomes through unified leadership, efficiency, and data-driven decision-making.

The Commission’s transfer from the Department of Health and Human Services (DHHS) to the Nevada Health Authority represents a significant statutory change intended to align policy development, program oversight, and system improvement efforts across agencies. Under this structure, the PPC retains its statutory authority under [NRS 439.902-918](#) to review statewide health care issues and make recommendations to improve accessibility, affordability, and quality. At the same time, the Commission now benefits from access to NVHA’s centralized data resources, analytical infrastructure, and cross-divisional collaboration mechanisms.

This integration strengthens the connection between the PPC’s statutory mission and NVHA’s strategic goals, promoting efficiency, accountability, and value-based care. With this alignment, the Commission’s analyses and recommendations can more directly inform statewide initiatives, legislative proposals, and interagency partnerships aimed at improving the health of Nevadans.

Beyond administrative efficiencies, this transition creates a durable framework for coordinated health policy leadership. The PPC is now positioned to serve as both an advisory and integrative body within Nevada’s evolving health governance structure. Its placement within the NVHA enhances the state’s capacity to pursue cohesive, evidence-based strategies that support measurable improvements in access, outcomes, and system performance.

Membership and Governance

Senate Bill 494 (2025) amended the appointment structure of the Patient Protection Commission (PPC) to align with the establishment of the Nevada Health Authority (NVHA). Under the revised framework, the Director of the NVHA now appoints all twelve voting members of the Commission, subject to approval by the Governor. This replaces the previous appointment process through the Department of Health and Human Services and the Governor’s Office and establishes a consistent, centralized procedure under the Authority’s governance structure.

The statutory composition of the Commission remains grounded in NRS 439.908 and continues to reflect a broad cross-section of Nevada’s health care system. Membership categories include patient advocates, health care providers, representatives of nonprofit and for-profit health care organizations, public and private insurers, and experts in areas such as health information technology and special health care needs. The Director of the NVHA, the Commissioner of Insurance, the Executive Director of the Silver State Health

Insurance Exchange, and the Executive Officer of the Public Employees' Benefits Program (or their designees) serve as non-voting, ex officio members.

Members serve two-year terms without compensation, consistent with statutory provisions. The Director of the Authority may reappoint members or fill vacancies as they occur to ensure continuous representation across all designated categories. These changes improve administrative continuity, clarify accountability, and enhance alignment between the Commission's advisory work and the Authority's strategic goals.

During the reporting period, the Commission has been in the process of reconstituting its membership to comply with the updated statutory framework. The appointment process, jointly finalized by the NVHA and Governor's Office, was established following a period of administrative transition earlier in the year. This temporary pause in formal appointments contributed to the current number of vacancies, as the Commission awaited confirmation of the revised procedures. Under this framework, only those members whose terms have expired are required to complete the new appointment process, while current members will continue to serve until their terms expire.

Under the updated process, leadership at the NVHA and PPC staff identifies and reviews candidates for vacant positions including those nominated by legislative leadership and submits recommendations to the Director of the Authority for consideration. Once approved, the appointment package is forwarded to the Governor's Office for final approval. This two-tiered process ensures that appointments are made in accordance with statutory requirements and reflected balanced representation from across the health care spectrum.

As of this reporting period, the following voting member positions remain vacant and are in the process of recruitment or review:

- One member who represents a nonprofit public hospital that is located in the county of this State that spends the largest amount of money on hospital care for indigent persons pursuant to chapter 428 of NRS.
- One member who is a registered nurse who practices primarily at a nonprofit hospital.
- One member with expertise and experience in advocating on behalf of patients.
- One member who represents the private nonprofit health insurer with the highest percentage of insureds in this State who are adversely impacted by social determinants of health.
- One member who has expertise and experience in advocating for persons who are not covered by a policy of health insurance.
- One member who has expertise and experience in advocating for persons with special health care needs and has education and experience in health care.
- One member who is a representative of the general public.

Recruitment and appointments are actively underway, with the goal of achieving a full complement of members by early 2026. The completion of this reconstitution process will ensure balanced representation across Nevada's health care landscape and restore the Commission's full capacity to carry out its statutory mission.

Staffing and Operations

In parallel with the structural transition and membership reconstitution, the PPC has also welcomed a new Executive Director, Policy Analyst, and Executive Assistant, restoring the Commission's full core staffing. These positions were recruited and filled in accordance with NVHA's personnel framework to ensure alignment with the Authority's standards and operational procedures. Collectively, this team provides the administrative, analytical, and logistical support necessary for the Commission to carry out its statutory duties, manage meetings and reports, and coordinate effectively with NVHA leadership and external stakeholders.

IV. Strategic Planning and Workplan Development

Interim Workplan Overview

The Patient Protection Commission (PPC) developed an interim workplan to maintain momentum during the transition to the Nevada Health Authority (NVHA) and to ensure continuity in fulfilling its statutory responsibilities under NRS 439.902–918. The workplan provides a structured framework for the 2025–2026 interim, aligning the Commission's independent advisory role with NVHA's strategic priorities of improving outcomes, ensuring sustainability of coverage programs, and driving better value and coordination across Nevada's health system.

At the direction of the Authority, and consistent with priorities identified by the Commission, the PPC will focus its interim work on Maternal and Infant Health (MIH), a statewide priority area where Nevada continues to face significant challenges. Nevada ranks among the lowest nationally on key indicators of maternal and infant outcomes, including prenatal care access, maternal morbidity, and infant mortality.¹ These persistent disparities highlight the urgent need for coordinated, data-driven policy solutions that ensure Nevada's mothers and infants have the healthiest possible start to life.

This focus reflects both the PPC's statutory charge to evaluate and recommend improvements in health care accessibility, affordability, and quality, and NVHA's mission to strengthen the health and well-being of Nevada's residents through unified leadership and accountability. By concentrating its efforts on MIH, the Commission will help identify barriers to care, assess system performance, and inform policy strategies that improve outcomes for families across the state.

While maternal and infant health will serve as the Commission's primary policy focus for the interim, the PPC will also maintain the capacity to address emerging issues that affect access, quality, or affordability of care. This flexible approach allows the Commission to respond to evolving health system needs while ensuring that its core analytic and policy work advances NVHA's broader objectives.

The interim workplan establishes the foundation for the Commission's transition from organizational setup to active policy development, setting the stage for a sustained effort to improve maternal and infant health outcomes and strengthen the health system for all Nevadans.

¹ Commonwealth Fund. (2024). *2024 State Scorecard on Women's Health and Reproductive Care*. Retrieved from <https://interactives.commonwealthfund.org/2024/Womens+health+scorecard/Nevada.pdf>

Priority Focus: Maternal and Infant Health (MIH)

Context and Rationale

Maternal and infant health is foundational to Nevada’s overall well-being and stability. Ensuring that mothers and infants receive high-quality, coordinated care improves long-term health outcomes, reduces preventable complications, and helps control costs by promoting healthier starts to life. Despite progress in recent years, Nevada continues to face persistent challenges and ranks among the lowest states nationally on key measures of perinatal health outcomes and access.²

These outcomes reflect broader gaps in care continuity, coordination, and access across the perinatal system. Many families encounter barriers to early and adequate prenatal care, limited postpartum follow-up, and fragmented engagement between payers, providers, and community supports. Addressing these challenges requires a unified, data-driven approach that connects clinical practices, payment systems, and policy.

Improving maternal health is one of the NVHA’s strategic priorities. Momentum is already building across the system, Nevada Medicaid is developing value-based payment models to strengthen accountability and coordination to improve outcomes, and the state recently expanded postpartum coverage ensuring greater continuity of care for new mothers. Legislative and public attention to this issue has also grown, creating a timely opportunity for coordinated, system-level improvement.

Within this environment, the PPC is uniquely positioned to help connect these efforts and translate them into actionable policy. The Commission’s statutory charge, to review issues affecting the accessibility, affordability, and quality of health care aligns directly with the NVHA’s mission to improve health outcomes through efficiency, accountability, and innovation. By focusing on maternal and infant health during the 2025-2026 interim, the PPC will help synthesize data, identify system barriers, and recommend strategies that strengthen Nevada’s maternal health infrastructure and advance shared statewide goals.

Analytic and Policy Research Approach

To advance this priority area, the PPC will follow a structured, data-informed approach throughout the interim. The work will begin with developing a shared understanding of the maternal and infant health landscape in Nevada and progress toward evidence-based policy recommendations.

The first phase will focus on problem scoping and data integration. The PPC will review existing information available through the Office of Analytics (OOA), Nevada Medicaid, and other partners to assess current maternal and infant health outcomes, programs, and service delivery structures. This effort will include identifying information gaps and coordinating with research and data partners to fill them, ensuring that the Commission’s analysis is comprehensive and current.

The second phase will center on defining and prioritizing key issues within the perinatal care continuum. Through presentations from state and community partners, managed care organizations, and subject matter experts who can share experiences and best practices. The PPC will identify the most pressing barriers and

² March of Dimes. (2024). *2024 March of Dimes Report Card for Nevada*. Retrieved from <https://www.marchofdimes.org/peristats/reports/nevada/report-card>

potential policy solutions. This process will be grounded in pragmatic analysis and designed to support actionable, scalable strategies that improve care coordination and outcomes.

This phased approach ensures that the PPC’s work progresses systematically, from understanding the problem, to identifying viable solutions, to producing actionable policy recommendations. By combining data analysis, expert input, and stakeholder engagement, the Commission aims to produce meaningful, evidence-based informed recommendations that improve outcomes for Nevada’s mothers and infants while strengthening system performance statewide.

V. Meetings and Stakeholder Engagement

Commission Meetings

NVHA and PPC staff have established a structured meeting cadence over the 2025-2026 interim to guide its work from problem scoping to policy development. Meetings will allow for sufficient time for analysis, stakeholder engagement, and preparation between sessions.

Each meeting is designed to build sequentially toward the development of actionable recommendations for inclusion in the Commission’s report and future policy proposals. The schedule and high-level topics for the interim period are as follows:

- **December X, 2025:** Organization updates, overview of NVHA structure, and clarification of the PPC’s role within the Authority
- **February 2026:** Maternal and Infant Health: Overview of the current state data landscape, outcomes, and initial problem scoping.
- **March 2026:** Maternal and Infant Health: Deep dive into identified challenges and preliminary exploration of solutions.
- **May 2026:** Discussion of potential bill draft request (BDR) topics and presentation from subject matter experts (SMEs).
- **June 2026:** Finalize BDR topics and approve the July 1 semi-annual report.
- **August 2026:** Review BDR drafts for the September 1 submission deadline. Discuss legislative and non-legislative recommendations.
- **October 2026:** Review LCB draft language and conduct in-depth discussion of recommendations.
- **December 2026:** Approve January 1, 2027 semi-annual report, and discuss strategy for the 2027 legislative session.

This cadence ensures that the PPC’s work progresses in a deliberate and transparent manner, consistent with its statutory requirements under NRS 439.918, while maintaining flexibility to address emerging health care issues as they arise.

Engagement and Collaboration

The PPC will, as statutorily required under NRS 439.918(1), work with stakeholders across Nevada’s health system to identify and facilitate collaboration among state entities addressing the quality, accessibility, and affordability of care. In doing so, the Commission will coordinate with these partners to reduce duplication of effort and ensure that its work complements ongoing initiatives aimed at improving health outcomes statewide.

The PPC’s position within the NVHA strengthens its ability to fulfill this coordinating role. The Authority’s integrated structure brings together similar programs to create a foundation for greater alignment across agencies and programs that influence health outcomes. This structure allows the PPC to more efficiently connect policy discussions, data and operational efforts across divisions.

Through this framework, the Commission will engage state partners and subject matter experts to inform its analyses and policy development. This engagement will help ensure that the Commission’s recommendations reflect both data-driven insights and the perspectives of those most directly involved in delivering and receiving care.

By combining its statutory responsibility to convene stakeholders the PPC will help align Nevada’s health policy efforts around shared goals, promoting collaboration, efficiency and better outcomes for mothers, infants and families.

VI. Next Steps and Near-Term Goals

With the foundational transition complete, the PPC is positioned to move from organizational development to active implementation during the first half of 2026. The following priorities will guide the Commission’s near-term work as it completes its administrative restructuring and begins advancing its maternal and infant health (MIH) initiative.

Administrative

The Commission will continue to work with NVHA leadership and the Governor’s Office to finalize outstanding appointments and ensure a fully constituted membership by early 2026.

Strategic and Programmatic

The PPC’s immediate programmatic focus is to launch the maternal and infant health (MIH) initiative outlined in its interim workplan. Early meetings will concentrate on consolidating available data, identifying information gaps, and defining priority problem areas. In collaboration with the Office of Analytics (OOA), Nevada Medicaid, and other partners, the Commission will develop an evidence base to inform recommendations and identify opportunities for coordination across programs and payers. In parallel, the PPC will maintain capacity to address emerging health care issues that impact access, quality, or affordability.

Communication

Building on NVHA’s emphasis on transparency and accountability, the PPC will enhance public communication and stakeholder engagement. Planned efforts include updating the Commission’s web presence, publishing meeting materials and reports, and developing a consistent process for stakeholder updates. These activities will ensure that the Commission’s work remains visible, accessible, and informed by public input.

VII. Conclusion

The current reporting period represents a pivotal stage in the evolution of the Patient Protection Commission (PPC). Over the past six months, the Commission has completed the foundational work necessary to support its transition to the Nevada Health Authority (NVHA), including structural realignment, staffing, and the reconstitution of its membership under the updated statutory framework established by [SB494 \(2025\)](#).

These efforts have positioned the PPC to fully resume its statutory role as a convening and advisory body dedicated to improving the quality, accessibility, and affordability of health care in Nevada. As it moves into the next reporting period, the Commission will shift its focus from organizational development to implementation, advancing its maternal and infant health initiative, engaging stakeholders across the health system, and developing actionable policy recommendations that support the Authority’s strategic goals.

Through this alignment, the PPC will help strengthen Nevada’s capacity for coordinated, data-driven health policy. The Commission’s work in the months ahead will reflect a continued commitment to transparency, collaboration, and measurable improvement in outcomes for mothers, infants, and all Nevadans.