



NEVADA LEGISLATURE
LEGISLATIVE COMMITTEE ON HEALTH CARE
(Nevada Revised Statutes [NRS] 439B.200)

SUMMARY MINUTES

The seventh and final meeting of the Legislative Committee on Health Care (LCHC) for the 2017-2018 Interim was held on Monday, September 24, 2018, at 9 a.m. in Room 4401, Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3137, Legislative Building, 401 South Carson Street, Carson City, Nevada.

The agenda, minutes, meeting materials, and audio or video recording of the meeting are available on the Committee's [meeting page](#). The audio or video recording may also be found at <https://www.leg.state.nv.us/Granicus/>. Copies of the audio or video record can be obtained through the Publications Office of the Legislative Counsel Bureau (LCB) (publications@lcb.state.nv.us or 775/684-6835).

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Patricia (Pat) Spearman, Chair
Senator Joseph (Joe) P. Hardy, M.D.
Assemblywoman Ellen B. Spiegel

COMMITTEE MEMBERS PRESENT IN CARSON CITY:

Assemblyman Michael C. Sprinkle, Vice Chair
Senator Julia Ratti

COMMITTEE MEMBER ABSENT:

Assemblyman James Oscarson (Excused)

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Marsheilah D. Lyons, Chief Principal Policy Analyst, Research Division
Megan Comlossy, Principal Policy Analyst, Research Division
Patrick B. Ashton, Senior Policy Analyst, Research Division
Eric Robbins, Principal Deputy Legislative Counsel, Legal Division
John Kucera, Program Analyst, Fiscal Analysis Division
Jennifer Ouellette, Program Analyst, Fiscal Analysis Division
Janet Coons, Manager of Research Policy Assistants, Research Division
Crystal Rowe, Research Policy Assistant, Research Division

Items taken out of sequence during the meeting have been placed in agenda order.

AGENDA ITEM I—OPENING REMARKS

Chair Spearman called the final meeting of the LCHC to order and reviewed meeting protocol.

AGENDA ITEM II—PUBLIC COMMENT

Tina Dortch, Program Manager, Office of Minority Health and Equity, Department of Health and Human Services (DHHS), announced that the Office, in conjunction with the Nevada Minority Health and Equity Coalition, an external nonprofit organization, will hold its first annual impact summit at Nevada State College on October 4, 2018. She reported that Matthew Y. C. Lin, M.D., Deputy Assistant Secretary for Minority Health, United States DHHS, will be the keynote speaker.

Dan Musgrove, Chair, Clark County Children's Mental Health Consortium, thanked the LCHC for devoting so much of its time to children's mental health and asked for its support of Recommendations 4 and 5 as stated in the Work Session Document (WSD) ([Agenda Item XI](#)).

Elisa Cafferatta, Owner, Cafferatta and Company, representing Nevada Advocates for Planned Parenthood Affiliates, presented a memorandum explaining the recommendation of \$12 million toward a family planning grant program in Nevada ([Agenda Item II](#)).

Ruben R. Murillo, Jr., President, Nevada State Education Association, shared his frustrating experience as a private citizen trying to navigate Nevada's health care system. He advocated for a central location to guide citizens through the health care system.

AGENDA ITEM III—APPROVAL OF THE MINUTES OF THE MEETING HELD ON AUGUST 27, 2018

MOTION: Assemblywoman Spiegel moved to approve the minutes of the meeting held on August 27, 2018. The motion was seconded by Vice Chair Sprinkle and passed. Senator Hardy was absent for the vote.

AGENDA ITEM IV—CONSIDERATION OF REGULATIONS PROPOSED OR ADOPTED BY CERTAIN LICENSING BOARDS PURSUANT TO *NEVADA REVISED STATUTES* 439B.225

A. LCB File R074-18 of the Board of Psychological Examiners

Eric Robbins, previously identified, stated a representative from the Board of Psychological Examiners was present to answer any questions regarding R074-18 ([Agenda Item IV A](#)).

The members had no questions regarding the regulation.

AGENDA ITEM V—PRESENTATION REGARDING RURAL HEALTH OUTREACH BY THE SOUTHERN NEVADA HEALTH DISTRICT

Joseph P. Iser, M.D., Dr.P.H., Ms.C., District Health Officer, Southern Nevada Health District, shared a presentation on the dental, immunization, and additional services provided by rural mobile health clinics ([Agenda Item V](#)).

Dr. Iser offered to provide follow-up information regarding the differences in food insecurities noted during the months of April and June. He stated a future draft survey might help connect education with food insecurities.

AGENDA ITEM VI—PRESENTATION REGARDING THE ROLE OF PHARMACY BENEFIT MANAGERS IN THE PRESCRIPTION DRUG SUPPLY CHAIN, PRICING, AND COST TO THE STATE

Cindy Laubacher, Senior Director, State Affairs, Express Scripts Holding Company, speaking on behalf of the Pharmaceutical Care Management Association, presented information on finding the formula for drug savings and the role of pharmacy benefit managers (PBMs) in the health care system. She discussed: (1) the services and regulation of PBMs; (2) how PBMs help patients save money on high drug costs, which manufacturers set; and (3) manufacturer coupons, which are banned by Medicare and Medicaid ([Agenda Item VI A](#)).

Referring to a document titled “Reconsidering Drug Prices, Rebates, and PBMs” ([Agenda Item VI A-1](#)), Ms. Laubacher explained there is no correlation between drug rebates and price increases. She stressed if there is no competition there are no rebates. Ms. Laubacher said rebates are neither the problem nor the solution to drug prices.

Sunshine Moore, Regional Director, State Affairs, America’s Health Insurance Plans, shared a presentation regarding the impact of drug pricing patterns on premiums and out-of-pocket costs ([Agenda Item VI B](#)). She reported that prescription drugs are the largest segment and the fastest growing share of the premium dollar in the private health insurance market. Ms. Moore explained that health plans must cover medically necessary treatment regardless of whether a rebate is available. She said the Internal Revenue Service (IRS), not the health plan, sets the maximum out-of-pocket costs, after which point, costs for all in-network benefits and services are covered 100 percent by the health plan. Ms. Moore noted a person’s maximum out-of-pocket costs can be lower but not higher than the amount set by the IRS.

Ms. Moore discussed the steps Nevada has taken to insulate consumers from drug pricing at a point of care, which include:

- [Senate Bill 539](#) (2017) relating to diabetes medication;
- [Assembly Bill 381](#) (2017) relating to formularies; and
- [AB 245](#) (2017) relating to biosimilars.

She also discussed the types of drugs that do not receive rebates. Ms. Moore stressed that health plans are required to spend 80 to 85 percent of the premium dollar on direct medical care (i.e. doctors, hospitals, pharmacies); if this does not happen, the health plan issues a rebate to the purchaser at the end of the year.

Ms. Moore reported that drug prices can increase at any time by any amount during the year. She pointed out that copays and deductibles are a direct reflection of the underlying price of a drug. Ms. Moore explained that coupons mask the fact that drug prices go up at any time by any amount; taxpayers, large and small businesses, and individuals and families who pay premiums on their own absorb the cost of the increased price of medications. She said research shows that for every \$1 million in tax-deductible donations manufacturers make to charities and programs, they can reap up to \$21 million in sales of their products.

Committee members, Ms. Laubacher, and Ms. Moore discussed the following issues and concerns:

- Some PBMs own mail service pharmacies and the client decides the extent to which the mail service benefit is used;
- Drug prices can increase at any time during a year; copays and deductibles are a direct reflection of the underlying price of a drug;
- Medicare and Medicaid view coupons as a kickback, which is why they ban them;
- Health plans pay the full price of a drug upfront and strive to meet their volume target in order to receive manufacturer's rebates;
- Clients determine how they want to use rebates, which help decrease premiums in the commercial market and taxpayer costs in Medicare and Medicaid;
- Clients determine the rebates earned by PBMs;
- The ways in which PBMs can help health plans in addition to providing rebates;
- The differences between an administrative fee or a pass-through agreement for PBM services;
- The differences between a rebate, a price protection payment, and fee-for-services;
- How some states are considering outcome-based or performance-based pricing for drugs, which reward value and quality over volume, rather than just the list prices;
- The status of costly drugs and chronic conditions;
- Whether a company can drop a drug from its formulary due to higher prices and how such an action affects future negotiations;
- Setting and negotiating the tier structure of formularies;

- An Ohio lawsuit regarding the generic price of a certain drug; and
- Transparency between PBMs and their clients.

General Arthur T. Dean, Chair and Chief Executive Officer, Community Anti-Drug Coalitions of America, presented information on behalf of Rx Abuse Leadership Institute (RALI) Nevada ([Agenda Item VI C](#)). He identified RALI's partners and shared its involvement in addressing the opioid crisis in Nevada. General Dean discussed the distribution of free drug disposal pouches and how they work.

Marta Jensen, Administrator, Division of Health Care Financing and Policy, DHHS, provided a summary of Medicaid pharmacy point of sale expenditures for the last five years ([Agenda Item VI D](#)). She noted the state receives approximately 50 percent in rebates, which equals almost \$333 million in both programs to date. Ms. Jensen mentioned the state Medicaid program pays an administrative flat fee for the year and receives a 100 percent pass-through of the rebates that go directly back to the state and managed care organizations (MCOs).

Assemblywoman Spiegel questioned why the number of claims has stayed relatively flat but the cost per claim has gone up and what can the state do to manage these rising costs.

Ms. Jensen explained the patient count is distinct or unduplicated, and a patient can have more than one pharmacy claim. She noted an increase in the cost of medications and rebates.

Chair Spearman asked for further clarification of the PBM process.

Ms. Jensen said the state has a good working relationship with its PBM, and it provides information when asked. She reported that she recently hired a pharmacist to evaluate the pharmacy program for cost savings.

Megan Comlossy, previously identified, provided an overview of other states' efforts regarding the rising costs of drugs, which focused on the following common issues:

- Access to prescription drugs;
- Insurance coverage requirements;
- Legislation related to PBMs;
- Strategies to contain prescription drug use and costs in Medicaid; and
- Transparency and disclosure around pricing and costs on the part of PBMs and manufacturers.

Ms. Comlossy presented examples of how Kentucky, Louisiana, Ohio, Virginia, and West Virginia handle Medicaid and PBMs.

Responding to Chair Spearman's request for a definition of "spread," Ms. Comlossy said it is the difference between what a PBM pays a pharmacy and how much the insurer reimburses the PBM.

Senator Hardy asked what happens to the 50 percent that Medicaid receives from rebates.

Ms. Jensen said Nevada uses the money from rebates for additional medical services. She stated rebates come through Optum, the state's PBM, and are distributed to MCOs and the fee-for-service programs; she stressed the rebates do not come back to the State General Fund. Ms. Jensen clarified that each MCO has its own PBM, and only the rebate runs through Optum.

AGENDA ITEM VII—PRESENTATION CONCERNING ADVERSE CHILDHOOD EXPERIENCES AND SUICIDE RISK AMONG LESBIAN, GAY, AND BISEXUAL HIGH SCHOOL STUDENTS IN NEVADA

Julia Peek, M.H.A., Deputy Administrator of Community Services, Division of Public and Behavioral Health (DPBH), DHHS, stated that data regarding adverse childhood experiences (ACEs) helps predict chronic diseases, early death, quality of life, substance use, and suicide.

Kristen Clements-Nolle, Ph.D., M.P.H., Associate Professor, School of Community Health Sciences, University of Nevada, Reno, defined ACEs as stressful or traumatic experiences, including abuse, neglect, and a range of household dysfunctions, such as divorce, incarceration, mental health problems, parental battery, and parental substance abuse. She reported that national data shows chronic exposure to ACEs changes the brain function of young children who experience chronic or toxic stress on a regular basis, leading to social and emotional cognitive impairment. Dr. Clements-Nolle presented ACE data for students in Nevada and discussed results from the [Nevada Youth Risk Behavior Survey](#). She also presented data on ACEs, behavioral health, and suicide risk among lesbian, gay, and bisexual high school students in Nevada. She noted that sexual orientation is not monitored for middle school students ([Agenda Item VII](#)).

Discussion ensued between Committee members, Dr. Clements-Nolle, and Ms. Peek regarding:

- School counselors and the intervention provided regarding sexual orientation issues;
- Ways to mitigate ACEs at a higher societal level;
- How to decrease continued exposure of students to chronic stress;
- The lack of information regarding the transgender population;
- Possible relationships between ACEs and the Las Vegas tragedy on October 1, 2017, and opioid abuse in areas of high unemployment; and
- How school mass shootings traumatize students.

Chair Spearman stressed the importance of cross tabulating health outcomes with other data sets to provide a comprehensive review of a multitude of issues.

AGENDA ITEM VIII—PRESENTATION REGARDING OPPORTUNITIES FOR ESTABLISHING A PROGRAM SIMILAR TO MEDICAID MANAGED CARE AS A PUBLIC HEALTH INSURANCE OPTION

Michael C. Sprinkle, Assembly District 30, presented a memorandum ([Agenda Item VIII](#)) summarizing the activities of a working group he established to discuss the development of a program, generally referred to as the “Nevada Care Plan,” which is similar to the Medicaid managed care program and would be available for purchase in Nevada by low-income persons who are not currently eligible for Medicaid. He mentioned the report fulfills an obligation from [SB 394](#) (2017). Assemblyman Sprinkle said two fundamental directions evolved from the working group: (1) the concept of reinsurance for the populations that have higher needs of services; and (2) the notion that a state-based insurance product can be purchased at a premium. He acknowledged that he cannot answer today who will be eligible to purchase this product and what the cost will be, but he stated there is concern about the rural populations and their access to adequate networks and insurance products. Assemblyman Sprinkle expressed with confidence his intent to bring legislation forward during the 2019 Session to create some type of Nevada Care Plan product.

Referring to the lack of network adequacy in the rural communities, Chair Spearman wondered whether there is a correlation between the lack of coverage for behavioral health and substance abuse.

Assemblyman Sprinkle stated that causality did not come up during any meetings, but he suggested this could be worked on in the future.

Chair Spearman commented that it would be prudent to look at studies regarding state-expanded Medicaid coverage and the financial health of underserved populations and how Medicaid expansion may impact a person’s credit rating.

AGENDA ITEM IX—PRESENTATION REGARDING THE STUDY REQUIRED BY ASSEMBLY BILL 343 (CHAPTER 417, *STATUTES OF NEVADA 2017*) CONCERNING RATES PAID TO GROUP HOMES CONTRACTED WITH SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES

Patrick B. Ashton, John Kucera, and Jennifer Ouellette, all previously identified, jointly presented a high-level overview of congregate care living arrangements for individuals with mental illness in Nevada as required by [AB 343](#) (2017) ([Agenda Item IX A](#)).

Mr. Kucera explained the original charge of AB 343 mandated a review by the LCHC of rates paid to homes contracted with Southern Nevada Adult Mental Health Services, and in accordance with the provisions of the bill, the LCHC expanded the scope of the study ([Agenda Item IX A-1](#)) to also include a comparison of other congregate care models. He described aging group homes, community-based living arrangements (CBLAs), mental health group homes, and supportive living arrangements (SLAs), and he compared the regulatory authority and compensation of group homes and CBLAs.

Ms. Ouellette stated that while the housing models serve different populations and have different funding mechanisms, the fundamental services provided are the same—a bed in a home for individuals with similar disabilities within a residential neighborhood. She reviewed the following for group homes and CBLAs: (1) services provided; (2) regulatory authority; and (3) rate structure. Ms. Ouellette emphasized there are inconsistencies in the level of services provided and the amount of regulation and compensation among the various housing models. She stated federal funding is driven by primary diagnosis and is not available for individuals with a serious mental illness, which leads to a higher reliance on state general funds and creates a disparity in treatment. Ms. Ouellette discussed challenges with the continuum of care, the level of care, and functional differences in 24-hour models ([Agenda Item IX A](#)).

Mr. Ashton's portion of the presentation focused on evidence-based practices regarding housing and supportive services. He identified three core services of supportive housing: (1) pretenancy services; (2) tenancy sustaining services; and (3) assistant services to connect clients with physical and mental health care providers.

Mr. Ashton also identified five examples of supportive services: (1) assertive community treatment; (2) case management; (3) crisis resolution and home treatment teams; (4) peer support; and (5) psychiatric rehabilitation services. He provided examples of supportive housing and services models from California, Pennsylvania, and South Dakota ([Agenda Item IX A](#)).

Mr. Ashton presented three public policy options for legislative consideration:

1. Align statutory and administrative regulations for congregate care housing models;
2. Differentiate between habilitative and rehabilitative services; and
3. Support mental health supportive housing through federal funding.

Assemblywoman Spiegel requested the associated costs and outcomes of the programs mentioned in California, Pennsylvania, and South Dakota.

Discussion ensued regarding the following:

- Whether a reduction in the number of group homes for the seriously mentally ill has contributed to the increasing number of homeless people in the state;
- Reimbursement rates for mental health group homes and CBLAs;
- Oversight of CBLAs pursuant to [AB 46](#) (2017);
- Aligning the regulatory environment; and
- A provider shift to leave the mental health model and move toward the CBLA model.

Julie Kotchevar, Ph.D., Administrator, DPBH, DHHS, explained that the number of support hours contribute to the total cost differential. She said mental health requires more support hours than what was “baked into” the flat rate of residential facilities for groups. Dr. Kotchevar stated CBLAs have more support hours and the total cost resembles the higher intensity support hours associated with aging group homes than it does the original residential facilities for groups. She said when DPBH created CBLAs, it borrowed models of rent and service hours for aging group homes, but not those of quality assurance, which is what prompted the legislative audit. Dr. Kotchevar said DPBH is working on regulatory changes so that CBLAs look more like residential facilities for groups.

Committee members and Dr. Kotchevar discussed the following topics:

- The value in having separate regulatory structures and NRS across the different congregate housing options;
- A proposed bill draft request (BDR) by the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs to move CBLAs into [Chapter 449](#) (“Medical Facilities and Other Related Entities”) of NRS and whether the BDR will address adequate compensation, equal regulations, fire sprinklers, and inspections;
- Whether any states have developed a predictive model regarding the cost of improving group homes for people who are intellectually challenged compared to the costs of incarceration and homelessness; and
- Combining data sets to evaluate the frequency of hospital visits and criminal justice involvement.

AGENDA ITEM X—PRESENTATION CONCERNING HOW NEVADA HEALTH INSURERS DETERMINE WHETHER THEIR NETWORKS ARE ADEQUATE AND DIVERSE

Sunshine Moore, previously identified, presented information on the access, affordability, and quality of health plan networks ([Agenda Item X](#)). She discussed the following topics:

- Regulatory structure;
- Building a network;
- Network design impact costs of health maintenance organizations, preferred provider organizations, and exclusive provider organizations;
- Mutual benefits of contracting;
- Provider credentialing;
- Nationally recognized accreditation bodies and standards for network management;

- Innovations to expand choice and access for patients; and
- Health plan initiatives to improve care and lower costs.

Ms. Moore answered questions from Committee members regarding the following topics:

- The difficulty with using secret shoppers and other methodologies to determine an acceptable standard for wait times;
- Role of care coordinators, case managers, and consumer concierges;
- Underutilization of care coordinators and the need for better health literacy;
- Neighborhood emergency rooms and the billing process; and
- Problems with surprise, out-of-network billing.

AGENDA ITEM XI—WORK SESSION—DISCUSSION AND POSSIBLE ACTION ON RECOMMENDATIONS RELATING TO:

Marsheilah D. Lyons, previously identified, introduced the WSD ([Agenda Item XI](#)).

A. Public Health and Federally Qualified Health Centers

Ms. Lyons reviewed [Recommendation 1](#).

Assemblywoman Spiegel questioned whether the revenue from the newly created Public Health Improvement Fund could be swept to the State General Fund if the state found itself in a financial emergency.

Vice Chair Sprinkle reminded the Committee that if the state was in a fiscal crisis during a legislative session, legislative action would be needed to sweep money from any account. While he agreed with the idea, he suggested it might not be necessary.

MOTION: Assemblywoman Spiegel moved to approve Recommendation 1 (a) and (b) with the inclusion that the state would be able to access the Public Health Improvement Fund in times of severe economic duress and hardship.

Mr. Robbins asked whether a future Legislature or the Interim Finance Committee (IFC) would be able to access the Fund during an emergency.

Assemblywoman Spiegel said she would lean towards the IFC so there would not have to be a special session.

MOTION REVISED: Assemblywoman Spiegel moved to approve Recommendation 1 (a) and (b) with the inclusion that the IFC would be able to access the Public Health Improvement Fund in times of severe economic duress and hardship. The motion was seconded by Senator Ratti.

Senator Ratti agreed with the concept, but expressed concern that the IFC has one of the lowest levels of authority to change decisions that have been made by the full body of the Legislature. She agreed with Vice Chair Sprinkle that during session, the Legislature can make those types of decisions, and she does not want to set up one fund to be specifically drawn from during a crisis.

Vice Chair Sprinkle agreed with Senator Ratti. He said he cannot support the current motion as it would be out of the realm of the IFC's authority.

MOTION REVISED: Assemblywoman Spiegel rescinded her previous motion and moved to approve Recommendation 1 (a) and (b) including that the Nevada Legislature would be able to access the Public Health Improvement Fund in times of severe economic duress and hardship. The motion was seconded by Senator Ratti and passed unanimously. Senator Hardy was absent for the vote.

B. Behavioral Health

Ms. Lyons reviewed [Recommendation 2](#).

MOTION: Vice Chair Sprinkle moved to approve Recommendation 2 (a through h) as stated in the WSD. The motion was seconded by Assemblywoman Spiegel and passed unanimously. Senator Hardy was absent for the vote.

Ms. Lyons reviewed [Recommendation 3](#).

Chair Spearman pointed out the importance of paying attention to not just mental health challenges the state faces now but also the aftermath of the mass shooting on October 1, 2017.

MOTION: Vice Chair Sprinkle moved to approve Recommendation 3 (a) and (b) as stated in the WSD. The motion was seconded by Assemblywoman Spiegel and passed unanimously. Senator Hardy was absent for the vote.

Ms. Lyons reviewed [Recommendation 4](#).

MOTION: Assemblywoman Spiegel moved to approve Recommendation 4 as stated in the WSD. The motion was seconded by Assemblyman Sprinkle and passed unanimously. Senator Hardy was absent for the vote.

Ms. Lyons reviewed [Recommendation 5](#).

MOTION: Vice Chair Sprinkle moved to approve Recommendation 5 as stated in the WSD. The motion was seconded by Senator Ratti and passed unanimously. Senator Hardy was absent for the vote.

C. Medicaid and Health Insurance

Ms. Lyons reviewed [Recommendation 6](#).

MOTION: Vice Chair Sprinkle moved to approve Recommendation 6 (a through d) as stated in the WSD. The motion was seconded by Assemblywoman Spiegel and passed unanimously. Senator Hardy was absent for the vote.

Ms. Lyons reviewed [Recommendation 7](#).

Referring to Recommendation 7 (f), which states, “Allow flexibility under Nevada law if federal law is amended to allow larger tobacco- or age-rating factors,” Assemblywoman Spiegel questioned whether this means premiums can be adjusted based on the factors listed.

Barbara Richardson, Commissioner of Insurance, Division of Insurance (DOI), Department of Business and Industry, confirmed that is what it means. Due to some harsh numbers from the federal government, she said the state wants to be able to make its own recommendations based on state consumer policies, population, and products.

MOTION: Vice Chair Sprinkle moved to approve Recommendation 7 (a through f) as stated in the WSD. The motion was seconded by Assemblywoman Spiegel and passed unanimously. Senator Hardy was absent for the vote.

Ms. Lyons reviewed [Recommendation 8](#).

MOTION: Senator Ratti moved to approve Recommendation 8 as stated in the WSD. The motion was seconded by Assemblywoman Spiegel and passed unanimously. Senator Hardy was absent for the vote.

Ms. Lyons reviewed [Recommendation 9](#).

MOTION: Senator Ratti moved to approve Recommendation 9 (a) and (b) as stated in the WSD.

Senator Ratti reported the DOI, several insurance companies, and various stakeholders expressed concerns during a meeting regarding the implementation of the database, which is a work in progress. She noted there will more than likely be adjustments during session, and she also noted there was broad support for getting providers the information from insurance companies about why they were not empaneled or credentialed.

The previous motion by Senator Ratti was seconded by Vice Chair Sprinkle and passed unanimously. Senator Hardy was absent for the vote.

Ms. Lyons reviewed [Recommendation 10](#).

MOTION: Assemblywoman Spiegel moved to approve Recommendation 10 (a through c) as stated in the WSD. The motion was seconded by Vice Chair Sprinkle and passed unanimously. Senator Hardy was absent for the vote.

D. Residential Facilities for Groups, Community-Based Living Arrangements, and Certain Unregulated Residential Facilities

Ms. Lyons reviewed [Recommendation 11](#).

Senator Ratti questioned whether Recommendation 11 (a) should be to write a letter to the director of DHHS requesting the Department to continue the review that is currently under way rather than to request legislation.

Ms. Lyons clarified that she spoke to Julie Kotchevar, Ph.D., previously identified, and DHHS asked for legislative direction to provide regulations, if necessary, specific to unlicensed facilities.

MOTION: Senator Ratti moved to approve Recommendation 11 (a) and (b) as stated in the WSD. The motion was seconded by Vice Chair Sprinkle and passed unanimously. Senator Hardy was absent for the vote.

Ms. Lyons reviewed [Recommendation 12](#).

MOTION: Vice Chair Sprinkle moved to approve Recommendation 12 (a) and (b) as stated in the WSD. The motion was seconded by Assemblywoman Spiegel and passed unanimously. Senator Hardy was absent for the vote.

AGENDA ITEM XII—PUBLIC COMMENT

Chair Spearman called for public comment.

Following the meeting, Sunshine Moore, previously identified, submitted follow-up information regarding;

- Copay coupons;
- Federal and state activity to insulate consumers against drug price increases;
- Freestanding or “neighborhood” emergency rooms;
- Health plan medical loss ratio;
- Network adequacy, timely access, and cultural and linguistic standards among accreditation organizations; and
- PBM transparency requirements ([Agenda Item XII](#)).

AGENDA ITEM XIII—ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 4:13 p.m..

Respectfully submitted,

Janet Coons
Manager of Research Policy Assistants

Marsheilah D. Lyons
Chief Principal Policy Analyst

APPROVED BY:

Senator Patricia (Pat) Spearman, Chair

Date: _____

MEETING MATERIALS

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
<u>Agenda Item II</u>	Elisa Cafferatta, Owner, Cafferata and Company, representing Nevada Advocates for Planned Parenthood Affiliates	Memorandum
<u>Agenda Item IV A</u>	Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau (LCB)	Proposed regulation of the Board of Psychological Examiners, LCB File R074-18
<u>Agenda Item V</u>	Joseph P. Iser, M.D., Dr.P.H., Ms.C., District Health Officer, Southern Nevada Health District	Microsoft PowerPoint presentation
<u>Agenda Item VI A</u>	Cindy Laubacher, Senior Director, State Affairs, Express Scripts Holding Company	Microsoft PowerPoint presentation
<u>Agenda Item VI A-1</u>	Cindy Laubacher, Senior Director, State Affairs, Express Scripts Holding Company	Microsoft PowerPoint presentation
<u>Agenda Item VI B</u>	Sunshine Moore, Regional Director, State Affairs, America's Health Insurance Plans (AHIP)	Microsoft PowerPoint presentation
<u>Agenda Item VI C</u>	General Arthur T. Dean, Chair and Chief Executive Officer, Community Anti-Drug Coalitions of America	Information on Rx Abuse Leadership Institute Nevada
<u>Agenda Item VI D</u>	Marta Jensen, Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services	Pharmacy point of sale expenditures summary
<u>Agenda Item VII</u>	Kristen Clements-Nolle, Ph.D., M.P.H., Associate Professor, School of Community Health Sciences, University of Nevada, Reno	Microsoft PowerPoint presentation

Agenda Item VIII	Michael C. Sprinkle, Assembly District 30	Memorandum
Agenda Item IX A	Patrick B. Ashton, Senior Policy Analyst, Research Division, LCB; John Kucera, Program Analyst, Fiscal Analysis Division, LCB; Jennifer Ouellette, Program Analyst, Fiscal Analysis Division, LCB	Microsoft PowerPoint presentation
Agenda Item IX A-1	Patrick B. Ashton, Senior Policy Analyst, Research Division, LCB; John Kucera, Program Analyst, Fiscal Analysis Division, LCB; Jennifer Ouellette, Program Analyst, Fiscal Analysis Division, LCB	Report
Agenda Item X	Sunshine Moore, Regional Director, State Affairs, AHIP	Microsoft PowerPoint presentation
Agenda Item XI	Marsheilah D. Lyons, Chief Principal Policy Analyst, Research Division, LCB	Work session document
Agenda Item XII	Sunshine Moore, Regional Director, State Affairs, AHIP	Email follow-up information

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