



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

SUMMARY MINUTES AND ACTION REPORT

The fourth meeting of the Nevada Legislature's Legislative Committee on Health Care was held on Wednesday, April 20, 2016, at 9 a.m. in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 2135 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" ([Exhibit A](#)) and other substantive exhibits, is available on the Nevada Legislature's website at <http://www.leg.state.nv.us/interim/78th2015/committee/>. In addition, copies of the audio or video record are available through the Legislative Counsel Bureau's Publications Office (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835) and may be available online at <http://www.leg.state.nv.us/Granicus/>.

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Assemblyman James Oscarson, Chair
Senator Joseph (Joe) P. Hardy, M.D., Vice Chair
Senator Ben Kieckhefer
Senator Patricia (Pat) Spearman
Assemblyman David M. Gardner

COMMITTEE MEMBER PRESENT IN CARSON CITY:

Assemblywoman Teresa Benitez-Thompson

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Megan Comlossy, Senior Research Analyst, Research Division
Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division
Eric Robbins, Deputy Legislative Counsel, Legal Division
Gayle Nadeau, Senior Research Secretary, Research Division

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

AGENDA ITEM I—OPENING REMARKS

Chair Oscarson called the meeting of the Legislative Committee on Health Care (LCHC) to order and provided opening remarks.

AGENDA ITEM II—PUBLIC COMMENT

June Likourinou, resident, Las Vegas, Nevada, testified about her daughter's health conditions and expressed concerns in getting her properly diagnosed by the Las Vegas medical community. ([Exhibit B](#))

Deb Neubecker, resident, Las Vegas, spoke about her daughter's medical problems and the necessity to take her out of Nevada for treatment. ([Exhibit C](#)) ([Exhibit D](#))

Adrian Ruiz, D.D.S., Las Vegas, commented about his concerns with the Board of Dental Examiners of Nevada (BDEN) and its legal counsel. ([Exhibit E](#))

Christian A. Pham, D.D.S., Henderson, Nevada, requested an administrative and procedural review of the BDEN and associated Nevada statutes. ([Exhibit F](#))

William Knipper, resident, Las Vegas, spoke about his three children who have been diagnosed with Autism and related concerns.

Barry Gold, Director, Government Relations, American Association of Retired Persons Nevada, addressed the potential expansion of Medicaid in Nevada to cover the managed long-term care support services. He cautioned that care must be taken on moving forward with expansion because, he opined, it would be a fundamental change on how such services are delivered in Nevada. ([Exhibit G](#))

Charles Duarte, Board Member, National Alliance on Mental Illness Nevada, expressed concerns with the potential expansion of Medicaid managed care. ([Exhibit H](#))

Jon Sasser, Esq., representative, Washoe Legal Services and Legal Aid Center of Southern Nevada, and Chair, Nevada Commission on Services for People with Disabilities, Aging and Disability Services Division (ADSD), Department of Health and Human Services (DHHS), commented on Medicaid managed care expansion. ([Exhibit I](#))

Ed Guthrie, Chief Executive Officer (CEO) Emeritus, Opportunity Village (OV), Las Vegas, addressed OV's concerns about the implementation of Medicaid managed care for long-term support services for people with severe intellectual disabilities. ([Exhibit J](#))

Olivia Nicole Espinoza, President and CEO, Azulblue, an organization representing Hispanic families of children with Autism, expressed concern about the Autism Treatment Assistance Program (ATAP) transitioning children to new providers rather than maintaining their provider of choice and ensuring all families receive the same transition information. ([Exhibit K](#))

Andrea Smith, resident, Las Vegas, expressed concerns regarding NRS 622.400 (“Recovery of attorney’s fees and costs incurred by regulatory body in certain regulatory proceedings”) and NRS 622.410 (“Recovery of attorney’s fees and costs incurred by regulatory body in certain judicial actions”).

Brian M. Patchett, President and CEO, Easter Seals Nevada; Chair, Nevada Commission on Services for Persons with Disabilities, ADSD, DHHS; and Member, State of Nevada Association of Providers, said he is concerned about the proposed expansion of Medicaid managed care and the State’s approach to making the change. ([Exhibit L](#))

Jeanette K. Belz, M.B.A., representing Nevada Psychiatric Association (NPA), stated that May is Mental Health Awareness Month, and the NPA will post topics regarding mental health on its social media for every day in May.

L. Scott Brooksby, D.D.S., Las Vegas, commented on working as an expert witness for a number of attorneys representing dentists before the BDEN. He also expressed concerns about the BDEN relative to his dental practice.

Erika J. Smith, D.D.S., Pahrump, Nevada, testified about her concerns with the BDEN.

Karla Mayorga, resident, Las Vegas, commented on the insurance situation for her son who has Autism.

Nahid Mohammadi, D.D.S., Las Vegas, spoke about her two cases before the BDEN and asked that NRS 622.400 and NRS 622.410 be changed so that no administrative board may charge investigative fees. ([Exhibit M](#))

Tina W. Tsou, Secretary, Las Vegas Dental Association (LVDA), commented on her role with the LVDA and members’ concerns regarding legal fees for representation before the BDEN.

Luis Trujillo, resident, Las Vegas, said he was advocating for his Autistic younger brother and his concern that his brother is having to transition from his current provider to one that will accept the amount Medicaid will pay. ([Exhibit N](#))

Eric Kessler, Behavioral Analyst, Las Vegas, expressed concern with the level of Medicaid reimbursement rates in Nevada for Autism treatment providers.

Nicholas E. Anderson, resident, Las Vegas, testified about his son's Autism and the possibility that a new provider will be required because of the changes to ATAP and Medicaid's provider reimbursement rate. ([Exhibit O](#))

Chair Oscarson stated the LCHC would have Autism on the agenda for its next meeting—scheduled for Wednesday, May 18, 2016.

Rather than speak in person, nine members of the public provided written comments. ([Exhibit P](#))

AGENDA ITEM III—APPROVAL OF MINUTES OF THE MEETING HELD ON MARCH 23, 2016, IN LAS VEGAS, NEVADA

MOTION: Senator Hardy moved to approve the “Summary Minutes and Action Report” of the March 23, 2016, meeting held in Las Vegas, Nevada. The motion was seconded by Senator Spearman and passed. Assemblywoman Benitez-Thompson was absent for the vote.

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

A. Legislative Counsel Bureau (LCB) File No. R103-15 (Adopted Regulation of the Board of Medical Examiners)

Eric Robbins, previously identified, reviewed the above regulation. ([Exhibit Q](#))

Todd C. Rich, Deputy Executive Director, Board of Medical Examiners, replied to a question from Senator Kieckhefer regarding the topics for which physicians and physician assistants receive double credit for continuing medical education. Mr. Rich indicated that double credit is currently offered for courses in geriatrics and gerontology; this regulation adds double credit for courses related to dementia and Alzheimer's disease.

AGENDA ITEM V—UPDATE ON THE FEDERAL COOPERATIVE AGREEMENT FOR EXPANSION AND SUSTAINABILITY OF THE COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES (SYSTEM OF CARE GRANT)

Kelly Wooldridge, Administrator, Division of Child and Family Services, DHHS, provided an update on the System of Care Grant and focused her testimony on the three required evaluation levels: (1) evaluation of how the Grant is being implemented; (2) the client-level evaluation through the National Outcomes Measurement System (NOMS); and (3) the provider-level evaluation. ([Exhibit R](#)) ([Exhibit S](#))

Discussion ensued regarding: (1) expected accomplishments because of the Grant; and (2) who will administer the NOMS assessments.

AGENDA ITEM VI—PROGRESS REPORT ON THE EXPANSION OF COMMUNITY PARAMEDICINE IN NEVADA (ASSEMBLY BILL 305, CHAPTER 154, *STATUTES OF NEVADA 2015*)

A. Update on Recent Community Paramedicine Activities in Nevada

Louis Mendiola, B.S., Administrative Director and Director of Health System Development, Humboldt General Hospital (HGH), Emergency Medical Services Rescue, began his testimony noting Nevada's geographic diversity creates challenges to providing health care to rural and frontier communities, but HGH has a 150-year history of serving the greater Humboldt County area. Mr. Mendiola drew attention to the passage of A.B. 305 as legislation benefiting the rural frontier as well as urban areas in the State. ([Exhibit T](#))

Sarah J. McCrea, E.M.T.-P., R.N., Emergency Medical Services (EMS) Quality Improvement Coordinator, Las Vegas Fire and Rescue (LVFR), said the LVFR's recent community paramedicine activities include:

- Bringing EMS to the forefront of solving some of the complicated health care problems;
- Continuing to have EMS as a point of access for community members who have no other means of receiving health care;
- Allowing EMS agencies to operate beyond the 911 scenario and to sustain these activities because of the support of regulatory bodies and the reimbursement potential;
- Finalizing local regulations for licensing endorsement; and
- Expanding LVFR's practicum placement program for social work students to nursing students and potentially to pharmacy students in the future.

B. Status of Community Paramedicine Regulations

Erin Lynch, M.P.H., Health Program Manager, Public Health Preparedness Program and EMS Program, Division of Public and Behavioral Health, DHHS, discussed the development of the State's draft community paramedicine regulations as required in A.B. 305. She outlined the next steps toward finalizing the regulations and noted they should be complete in September/October of 2016. ([Exhibit U](#)) ([Exhibit V](#))

Ms. McCrea noted community paramedicine regulations for southern Nevada were completed in November of 2015. Final changes are still being made to the required community paramedicine curriculum, after which courses are expected to begin.

C. Future Medicaid Reimbursement for Community Paramedicine

Marta Jensen, Acting Administrator, Division of Health Care Financing and Policy (DHCFP), DHHS, provided an update on future Medicaid rate reimbursements for community paramedicine. She said a public workshop to finalize related changes to the State Plan will be held on June 7, 2016, with reimbursement for community paramedicine beginning July 1, 2016.

Discussion ensued regarding: (1) how community paramedicine reimbursement might affect the anticipated 2017 Fiscal Year (FY) DHCFP budget; (2) the impact of community paramedicine on emergency room (ER) visits and costs; and (3) the Regional Emergency Medical Services Authority community paramedicine pilot program.

AGENDA ITEM VII—PRESENTATION CONCERNING MEDICAID PROVIDER NETWORKS, REIMBURSEMENT RATES, AND POTENTIAL EXPANSION OF MEDICAID MANAGED CARE

Marta Jensen, previously identified, provided a presentation on the potential expansion of Medicaid managed care in Nevada, Medicaid reimbursement rates, and provider network adequacy. She stressed that DHCFP has two simultaneous projects underway: (1) evaluating the expansion of managed care services in Nevada; and (2) drafting a request for proposals (RFP) for managed care organizations (MCOs), as the current MCOs' contracts—Amerigroup and Health Plan of Nevada—expire on June 30, 2017. ([Exhibit W](#))

An exchange ensued between Senator Kieckhefer and Ms. Jensen regarding the RFP language for MCOs' contracts, how many years those contracts would apply, and including flexibility in contract language should the State choose to modify the existing managed care arrangement.

Discussion ensued regarding the need to send patients out of state when services are not available in Nevada and whether coverage is available in such situations.

Further discussion ensued between Senator Kieckhefer and Ms. Jensen regarding the RFP and the potential Medicaid managed care expansion. She said potential expansion options include increasing the number of managed care plans; expanding managed care to additional areas in the State, including additional services; and expanding the populations served by managed care.

In response to Senator Hardy's question regarding copays for ER visits, Ms. Jensen said Medicaid recipients do not have any financial responsibility for ER visits.

In response to a question about the history of the base Medicaid reimbursement rates for hospitals or providers, Ms. Jensen asked a member of her staff attending the meeting in Carson City to respond to Senator Hardy's query.

Tiffany Lewis, Manager, Reimbursement, Analysis, and Payment Unit, DHCFP, DHHS, stated during the 2015 Session, hospitals received a 5 percent increase for inpatient acute services. Medicaid rates for physicians, nurse practitioners, and physician assistants also increased, and were rebased, or reset, to the 2014 Medicare conversion factor and the applicable values Medicare assigns to those codes, based on different categories of services. Ms. Lewis said reimbursement rates are reviewed every five years, but increases are subject to availability of funds; services such as long-term support services and dental services have not been rebased since 2002.

Senator Kieckhefer clarified that in 2015, the Legislature tried to bring physician reimbursement to 90 percent of the 2014 Medicare rate schedule. Ms. Lewis confirmed for primary physician services, reimbursement increased to 90 percent of Medicaid, and as of July 2016, it will increase to 95 percent of Medicare rates. Later in the meeting, she replied to another question from Senator Kieckhefer, indicating that 88 percent of physician reimbursement codes for the physician fee schedule pay at least 90 percent of the Medicare rate.

Discussion ensued regarding: (1) clarification that a “multiple encounter” for federally qualified health centers (FQHCs) involves different types of services, such as medical, dental, and behavioral services; (2) health care provider enrollment in Medicaid and the fact that enrolled providers may limit the number of Medicaid patients they accept; (3) Medicaid’s network of mental health providers and the impact of higher reimbursement rates; (4) the increase in inpatient psychiatric rates and services; (5) critical access hospitals, which are paid on a cost-basis; and (6) the federal disproportionate share supplemental payments to hospitals serving higher populations of indigent patients.

Chair Oscarson asked about DHCFP’s “secret shopper” survey of Medicaid providers, which aimed to review network adequacy. Subsequent to the meeting, Elizabeth (Betsy) Aiello, Deputy Administrator, DHCFP, DHHS, provided the link to the [State Fiscal Year 2014-2015 Provider Network Access Analysis](http://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Members/BLU/2014-2015%20Network%20Adequacy%20Report.pdf) (<http://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Members/BLU/2014-2015%20Network%20Adequacy%20Report.pdf>).

Following Agenda Item VII, Chair Oscarson recessed the meeting so the LCHC and interested members of the public could tour mobile medical clinic vans from UnitedHealthcare and Anthem, Inc., which were temporarily located in the Grant Sawyer State Office Building parking lot.

AGENDA ITEM VIII—UPDATE ON EFFORTS BY MEDICAID MANAGED CARE ORGANIZATIONS TO IMPROVE ACCESS TO HEALTH CARE FOR MEDICAID MANAGED CARE BENEFICIARIES

June Young, R.N., B.A., C.C.M., Director, Nevada Medical and Clinical Operations, UnitedHealthcare—a division of UnitedHealth Group, testified about the expansion of its provider network to meet the evolving needs of Medicaid members in northern and southern

Nevada. Ms. Young discussed the following programs offered by UnitedHealthcare: (1) the Clinical Access Center and Telephone Advice Nurse; (2) Care For Me, which provides high-touch case management services and care coordination with a single point of contact for hospital discharges and outpatient members in all clinics; (3) Willing Hands, which supports homeless members' post-discharge care; and (4) the use of community health workers. ([Exhibit X](#))

Toni Corbin, Vice President of Operations, Southwest Medical Associates, talked about the expanding Medicaid population, and in partnership with UnitedHealth Care, Southwest Medical's quick response to meeting this expansion by adding five new medical facilities, two convenient cares, the Medicine on the Move mobile medical center, and hiring 70 new providers. ([Exhibit Y](#))

Michelle M. Guerra, M.S., L.C.P.C., Medicaid Program Manager, UnitedHealth Group, discussed the Crisis Stabilization Unit, which serves as an alternative to ER access with an emphasis on stabilizing and increasing psychiatric treatment compliance for mental health members. ([Exhibit X](#))

Allyson Hoover, M.S.N., R.N., Director, Provider Solutions, Amerigroup Nevada—an Anthem, Inc., company, addressed Amerigroup Nevada's experiences since 2014 and the new challenges for the company as it expanded its Medicaid membership. Ms. Hoover discussed the ongoing needs of the homeless and presented a brief video regarding Amerigroup Nevada's Innovative Healthcare Delivery program—a transition care program for the homeless. ([Exhibit Z](#))

AGENDA ITEM IX—UNITEDHEALTH GROUP DEMONSTRATION OF A DATA ANALYTICS TOOL TO IDENTIFY GEOGRAPHIC AREAS OF HEALTH CARE NEED

Pat Keran, Senior Director, Innovation, Research and Development, UnitedHealth Group, demonstrated HealthState and Health Plan Manager—tools that gather a vast amount of health data to evaluate and distill it to help identify health care needs at the state, county, neighborhood, and zip code levels. ([Exhibit AA](#))

AGENDA ITEM X—OVERVIEW OF THE GOVERNOR'S OFFICE FOR CONSUMER HEALTH ASSISTANCE

Janise Wiggins, L.S.W., M.P.A., Governor's Consumer Health Advocate, Office of Minority Health, Office for Consumer Health Assistance (OCHA), DHHS, testified regarding OCHA's history, services provided, staffing, referral process, 2015 case volume and savings to tax payers, and the Patient Protection and Affordable Care Act (PPACA) (42 U.S.C. § 18001 et seq. [2010]). ([Exhibit BB](#)) ([Exhibit CC](#))

Senator Hardy asked Ms. Wiggins how many cases OCHA receives regarding balanced billing for out-of-network charges.

Ms. Wiggins responded that OCHA assists consumers with in-network and out-of-network billing issues. She estimated that thus far in FY 2016, OCHA received approximately 150 billing-related cases, with 20 percent related to out-of-network issues.

AGENDA ITEM XI—OVERVIEW AND DISCUSSION OF POLICIES TO ADDRESS THE ADEQUACY OF HEALTH INSURANCE PROVIDER NETWORKS AND SURPRISE MEDICAL BILLS ACROSS THE NATION AND IN NEVADA

Chair Oscarson provided introductory remarks regarding this agenda item noting that, due to technological incompatibility, Justin Giovannelli, J.D., M.P.P., Associate Research Professor and Project Director, Center on Health Insurance Reforms, Health Policy Institute, Georgetown University, was unable to provide the scheduled overview of state strategies to address the adequacy of health plan provider networks, including consumer education and surprise medical bills. Chair Oscarson introduced a document provided by Professor Giovannelli. ([Exhibit DD](#))

Alexia Emmermann, Esq., Insurance Counsel, Legal Section, Division of Insurance (DOI), Department of Business and Industry, explained she is part of a team within the DOI implementing provisions of the PPACA related to the health insurance products that fall within the jurisdiction of the DOI. ([Exhibit EE](#))

Ms. Emmermann discussed how [LCB File No. R049-14](#) (Adopted Regulation of the Commissioner of Insurance), which relates to the adequacy of a network plan issued by a health insurance carrier, was developed. She said, generally, network adequacy is the measure of whether a network plan has sufficient providers to meet members' needs, and carriers in the individual and small employer group markets are now required to meet network adequacy criteria in order to sell their plans. Ms. Emmermann said associated issues include provider directories and surprise billing.

Other areas Ms. Emmermann discussed include:

- The yearly "Letter to Issuers" published by the Centers for Medicare and Medicaid Services (CMS) that sets forth federal network adequacy standards, which apply to qualified health plans;
- CMS's proposal to address surprise billing after the states have provided feedback to the National Association of Insurance Commissioners' Network Adequacy Model Act, released in November 2015;

- Timeline of DOI events:
 - In 2011, the Division became involved in network adequacy for qualified health plans through its role in helping the Silver State Health Insurance Exchange;
 - In 2013, A.B. 425 (Chapter 541, *Statutes of Nevada*) transferred the responsibility of network adequacy for HMOs from the Board of Health to the DOI and then expanded network adequacy requirements to apply to PPOs; and
 - By November 2015, despite several iterations of LCB File No. R049-14, there was a lack of consensus among stakeholders, so in December 2015, Chair Oscarson convened a meeting of the interested parties to work thorough existing conflicts—resulting in the promulgation of R049-14 and satisfying concerns raised by many of the participants attending the December 2015 meeting.
- Key Concepts of R049-14:
 - The regulation applies to individual and small employer group markets;
 - It established the Network Adequacy Advisory Council (NAAC) to make recommendations to Nevada’s Commissioner of Insurance concerning additional standards for determining the adequacy of a network plan issued by a carrier;
 - The importance that the NAAC is representative of various interests of network adequacy to ensure that no single interest dominates a conversation and that all affected parties engage in discussions regarding network adequacy to assist the Commissioner in understanding the various perspectives on the issues prior to the Commissioner setting plan requirements by October 15 of each year.

Chair Oscarson noted that the decision to create the NAAC was that of Nevada’s then Acting Commissioner of Insurance and emphasized the importance of the Council being composed of stakeholders that represent various aspects of network adequacy.

Catherine O’Mara, Executive Director, Nevada State Medical Association (NSMA), said she represents Nevada physicians and advocates for quality health care for all their patients. She discussed surprise billing and the importance of ongoing consumer education by insurance companies, providers, and employers purchasing health insurance plans so that patients can plan for their deductibles and in-network and out-of-network costs.

Ms. O’Mara discussed network adequacy from the physician’s perspective and opined that regulations should encourage robust networks to ensure broad access to care. She also suggested that both federal and state network adequacy standards include emergency services since physicians in emergency departments are required to provide care regardless of a patient’s insurance coverage status. Additionally, Ms. O’Mara pointed out that NSMA

members' primary concern is not balanced billing issues but rather the issue of high deductibles.

Discussion occurred between Senator Kieckhefer and Ms. O'Mara regarding emergency services not being included in federal- or state-level network adequacy standards.

Chair Oscarson stated it is incumbent upon and important for employers and individuals holding insurance plans to understand what their plans cover and their deductibles.

James L. Wadhams, Esq., lobbyist representing Nevada Hospital Association (NHA), affirmed that with the ongoing implementation of the PPACA, education is the critical element for insurance companies, providers, and patients.

Mr. Wadhams addressed NHA's transparency of hospital pricing ([Exhibit FF](#)), and he also commended the DOI for establishing the NAAC, stressing the importance of its role to not only provide information to the Commissioner of Insurance but also for the Commissioner to inform the stakeholders of the DOI and the federal government's role in implementing CMS regulations.

Discussion ensued between Senator Kieckhefer and Mr. Wadhams regarding the exclusion of emergency services from network adequacy standards at the federal and state level.

Chair Oscarson opined that with the participation of stakeholders at the December 2015 network adequacy meeting and through outreach and education, significant changes will be made on such issues of concern as balanced billing, surprise billing, telehealth, network adequacy, and the sales of high-deductible insurance plans.

AGENDA ITEM XII—PUBLIC COMMENT

Chair Oscarson called for public comment; however, no testimony was presented.

Subsequent to the meeting, the Nevada Association of Health Plans submitted a written statement on network adequacy and surprise billing. ([Exhibit GG](#))

Subsequent to the meeting, public comments were submitted from Leslie Cecilio, resident, Las Vegas. ([Exhibit HH](#))

Subsequent to the meeting, public comments were submitted from Cindy Huebner, resident, Las Vegas. ([Exhibit II](#))

Subsequent to the meeting, public comments were submitted from Dana and Carissa Cassadore, residents, Elko, Nevada. ([Exhibit JJ](#))

AGENDA ITEM XIII—ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 3:20 p.m.

Respectfully submitted,

Gayle Nadeau
Senior Research Secretary

Megan Comlossy
Senior Research Analyst

APPROVED BY:

Assemblyman James Oscarson, Chair

Date: _____

EXHIBITS

EXHIBIT	WITNESS/ENTITY	DESCRIPTION
Exhibit A	Megan Comlossy, Senior Research Analyst, Research Division, Legislative Counsel Bureau (LCB)	Agenda
Exhibit B	June Likourinou, resident, Las Vegas, Nevada	Prepared testimony
Exhibit C	Deb Neubecker, resident, Las Vegas	Prepared testimony and supporting material
Exhibit D	Deb Neubecker, resident, Las Vegas	Brochure regarding Dysautonomia Youth Network of America, Inc.
Exhibit E	Adrian Ruiz, D.D.S., Las Vegas	Prepared testimony and supporting material
Exhibit F	Christian A. Pham, D.D.S., Henderson, Nevada	Prepared testimony
Exhibit G	Barry Gold, Director, Government Relations, American Association of Retired Persons Nevada	Prepared testimony
Exhibit H	Charles Duarte, Board Member, National Alliance on Mental Illness Nevada	Prepared testimony
Exhibit I	Jon Sasser, Esq., representative, Washoe Legal Services and Legal Aid Center of Southern Nevada, and Chair, Nevada Commission on Services for People with Disabilities, Aging and Disability Services Division (ADSD), Department of Health and Human Services (DHHS)	Prepared testimony
Exhibit J	Ed Guthrie, Chief Executive Officer (CEO) Emeritus, Opportunity Village, Las Vegas	Prepared testimony
Exhibit K	Olivia Nicole Espinoza, President and CEO, Azulblue	Prepared testimony
Exhibit L	Brian M. Patchett, President and CEO, Easter Seals Nevada; Chair, Nevada Commission on Services for Persons with Disabilities, ADSD, DHHS; and Member, State of Nevada Association of Providers	Prepared testimony
Exhibit M	Nahid Mohammadi, D.D.S., Las Vegas	Prepared testimony

Exhibit N	Luis Trujillo, resident, Las Vegas	Prepared testimony
Exhibit O	Nicholas E. Anderson, resident, Las Vegas	Prepared testimony
Exhibit P	Nine members of the public contributing prepared public comments	Packet of public comments
Exhibit Q	Eric Robbins, Deputy Legislative Counsel, Legal Division, LCB	Regulation LCB File No. R103-15
Exhibit R	Kelly Wooldridge, Administrator, Division of Child and Family Services (DCFS), DHHS	Presentation regarding the Nevada System of Care Implementation Grant
Exhibit S	Kelly Wooldridge, Administrator, DCFS, DHHS	Document regarding NOMS client-level measures for discretionary programs providing direct services
Exhibit T	Louis Mendiola, B.S., Administrative Director and Director of Health System Development, Humboldt General Hospital (HGH), Emergency Medical Services (EMS) Rescue	HGH EMS Rescue presentation on community paramedicine
Exhibit U	Erin Lynch, M.P.H., Health Program Manager (HPM), Public Health Preparedness Program and EMS Program (PHPP / EMSP), Division of Public and Behavioral Health (DPBH), DHHS	Prepared talking points
Exhibit V	Erin Lynch, M.P.H., HPM, PHPP / EMSP, DPBH, DHHS	EMS proposed regulation changes
Exhibit W	Marta Jensen, Acting Administrator, Division of Health Care Financing and Policy, DHHS	Nevada Medicaid presentation
Exhibit X	June Young, R.N., B.A., C.C.M., Director, Nevada Medical and Clinical Operations, UnitedHealthcare, and Michelle M. Guerra, M.S., L.C.P.C., Medicaid Program Manager, UnitedHealth Group	Presentation regarding improving access to care for Medicaid beneficiaries
Exhibit Y	Toni Corbin, Vice President of Operations, Southwest Medical Associates	Medicine on the Move Mobile Medical Center flier and Machuca Family Medicine Mobile Clinic flier
Exhibit Z	Allyson Hoover, M.S.N., R.N., Director, Provider Solutions, Amerigroup Nevada	Presentation regarding innovative solutions for Nevada's most vulnerable citizens

<u>Exhibit AA</u>	Pat Keran, Senior Director, Innovation, Research and Development, UnitedHealth Group	Brochure regarding UnitedHealthcare's big data for government data collection program
<u>Exhibit BB</u>	Janise Wiggins, L.S.W., M.P.A., Governor's Consumer Health Advocate (GCHA), Office of Minority Health, Office for Consumer Health Assistance (OCHA), DHHS	Office for Consumer Health Assistance presentation
<u>Exhibit CC</u>	Janise Wiggins, L.S.W., M.P.A., GCHA, OCHA, DHHS	Information pamphlet regarding the Governor's Consumer Health Advocate
<u>Exhibit DD</u>	Justin Giovannelli, J.D., M.P.P., Associate Research Professor and Project Director, Center on Health Insurance Reforms, Health Policy Institute, Georgetown University	Document titled "Regulation of Marketplace Health Plan Provider Networks: State Action Regarding Quantitative Network Adequacy Standards"
<u>Exhibit EE</u>	Alexia Emmermann, Esq., Insurance Counsel, Legal Section, Division of Insurance (DOI), Department of Business and Industry	DOI presentation regarding network adequacy and four accompanying exhibits
<u>Exhibit FF</u>	James L. Wadhams, Esq., lobbyist representing Nevada Hospital Association	Informational sheet regarding surprise billing
<u>Exhibit GG</u>	Nevada Association of Health Plans	A statement on network adequacy and surprise billing
<u>Exhibit HH</u>	Leslie Cecilio, resident, Las Vegas	Written remarks
<u>Exhibit II</u>	Cindy Huebner, resident, Las Vegas	Written remarks
<u>Exhibit JJ</u>	Dana and Carissa Cassadore, residents, Elko, Nevada	Written remarks

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