Ryan High Executive Director



Silver State Health Insurance Exchange

2310 South Carson Street, Suite 2

Carson City, NV 89701

T: 775-687-9939

F: 775-687-9932

www.nevadahealthlink.com/sshix

	AGENDA ITEM	
		X For Possible Action
		Information Only
Date:	March 28, 2023	
Item Number:	V	
Title:	Potential Board Member Additions	
	s report is to provide information to the Board and mentation of a state based health insurance exchar	
<u>Contents</u>		
CONTENTS		1
CENTER AT CONTROL	Ima	1

GENERAL COMMENTS

In an effort to promote health equity in the State of Nevada and to ensure equitable Board representation for historically underserved populations, executive staff is recommending to the Exchange's Board of Directors to amend *Nevada Revised Statues* (NRS) 695I.300 to increase the size of the Board by two members. The proposed amendment will be to provide for a 1) Tribal Member and 2) a Minority Health Representative to be official members of the Board. These additions will increase the Board Membership from seven to nine members. *The potential addition of these members will be contingent upon passage through the legislative process of the State of Nevada to amend NRS*.

The Affordable Care Act (ACA) includes specific provisions that impact enrolled members of Federally recognized Tribes to encourage enrollment. This includes, but is not limited to, open continuous enrollment, ability of tribal sponsorship, zero to limited cost sharing, inclusion of the Indian Health Service (IHS) addendum for QHP participation, etc. During the previous Board meeting, the Exchange voted to allow for a

more efficient process for Tribal Sponsorship Program implementation and waiver for Tribal Exchange Representatives.

Tribal initiatives in the ACA, as well as the Exchange Board's initiatives to help lower the AI/AN uninsured rate in the State illustrates the need for a continued and targeted focus on tribal issues and concerns. Reducing the uninsured rate, especially in tribal communities is highlighted in the 2019 Guinn Center's study of Nevada's Uninsured Population. The chart below illustrates that as recently as 2017 Nevada had almost 6,100 uninsured Native Americans. Because of this uninsured population, and the previously mentioned specific and unique AI/AN provisions in the ACA, it is not only desired, but important that the Tribes have membership on the Exchange Board that can represent their specific needs. It is being recommended that this additional Board position be an appointee of the Governor.

Furthermore, in the spirit of further promoting health equity in addition to and outside of tribal communities, the Affordable Care Act also promotes health equity for other minority populations through provisions such as network adequacy, essential community providers, essential health benefits, preventative services, and non-discrimination protections. Exchange staff, therefore, recommend the addition of one more voting Board member focused on minority population health issues. This recommendation is for both policy and practical reasons.

Regarding policy, the Guinn Center chart below illustrates the uninsured rates by race and county. The estimated count of uninsured African Americans in Nevada is almost 32,000, uninsured Asian is 26,199, uninsured Native Hawaiian/Other Pacific Islander is 2,709, uninsured Other Race (non-White) is 76,426, and uninsured Two or More Races is 13,331. Combined, the non-White and non-AI/AN uninsured populations in Nevada was estimated at approximately 150,500. Uninsured minority populations such as these would do well to have a dedicated member on the Exchange Board in order to reduce and/or eliminate racial/ethnic disparities in health care and health insurance coverage.

Regarding practicality, if a single Tribal member was added to the Board, it would create an even number of Board members at eight, allowing for the possibility of a tie vote. In addition to the policy reasons for adding a minority populations Board member, it will create the desired odd number voting block so that a tie vote will be unlikely.



Race

The Uninsured Population in Nevada, by Race and County, 2017																
	White		African American		American Indian/ Alaska Native		Asian		Native Hawaiian/ Other Pacific Islander		Other Race		Two or More Races		,	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Carson City	4,372	72.0%	65	1.1%	190	3.1%	52	0.9%	29	0.5%	1,122	18.5%	244	4.0%	6,074	100.0%
Churchill	2,548	79.1%	145	4.5%	276	8.6%	15	0.5%	34	1.1%	127	3.9%	75	2.3%	3,220	100.0%
Clark	173,049	56.3%	29,759	9.7%	2,324	0.8%	23,422	7.6%	2,192	0.7%	66,262	21.6%	10,426	3.4%	307,434	100.0%
Douglas	3,936	77.1%	97	1.9%	347	6.8%	67	1.3%	38	0.7%	516	10.1%	104	2.0%	5,105	100.0%
Elko	4,243	77.8%	37	0.7%	694	12.7%	62	1.1%	15	0.3%	308	5.6%	93	1.7%	5,452	100.0%
Esmeralda	139	62.6%	0	0.0%	20	9.0%	0	0.0%	0	0.0%	63	28.4%	0	0.0%	222	100.0%
Eureka	235	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	235	100.0%
Humboldt	2,264	83.9%	0	0.0%	192	7.1%	0	0.0%	0	0.0%	240	8.9%	1	0.0%	2,697	100.0%
Lander	427	76.7%	3	0.5%	98	17.6%	0	0.0%	29	5.2%	0	0.0%	0	0.0%	557	100.0%
Lincoln	270	55.1%	0	0.0%	166	33.9%	0	0.0%	0	0.0%	54	11.0%	0	0.0%	490	100.0%
Lyon	5,066	84.0%	40	0.7%	237	3.9%	66	1.1%	0	0.0%	437	7.2%	188	3.1%	6,034	100.0%
Mineral	241	35.7%	0	0.0%	365	54.1%	0	0.0%	0	0.0%	27	4.0%	42	6.2%	675	100.0%
Nye	3,584	65.7%	398	7.3%	104	1.9%	67	1.2%	5	0.1%	1,180	21.6%	120	2.2%	5,458	100.0%
Pershing	679	87.3%	0	0.0%	42	5.4%	6	0.8%	0	0.0%	51	6.6%	0	0.0%	778	100.0%
Storey	334	98.2%	6	1.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	340	100.0%
Washoe	39,168	74.9%	1,318	2.5%	937	1.8%	2,442	4.7%	367	0.7%	6,009	11.5%	2,026	3.9%	52,267	100.0%
White Pine	815	87.1%	0	0.0%	79	8.4%	0	0.0%	0	0.0%	30	3.2%	12	1.3%	936	100.0%
Nevada Total	241,370	60.6%	31,868	8.0%	6,071	1.5%	26,199	6.6%	2,709	0.7%	76,426	19.2%	13,331	3.3%	397,974	100.0%
Note: Percentages may not sum to 100 due to rounding.																

PROPOSED DRAFT LANGUAGE

NRS 6951.300 Membership of Board.

- 1. The governing authority of the Exchange is the Board, consisting of seven nine voting members and three ex officio nonvoting members.
 - 2. Subject to the provisions of subsections 3 to 6, inclusive:
 - (a) The Governor shall appoint five seven voting members of the Board;
 - (b) The Senate Majority Leader shall appoint one voting member of the Board; and
 - (c) The Speaker of the Assembly shall appoint one voting member of the Board.
 - 3. Each voting member of the Board must have:
 - (a) Expertise in the sale or marketing of individual or small employer health insurance;
- (b) Expertise in health care administration, health care financing, health information technology or health insurance:
 - (c) Expertise in the administration of health care delivery systems;
 - (d) Experience as a consumer who would benefit from services provided by the Exchange; or
- (e) Experience as a consumer advocate, including, without limitation, experience in consumer outreach and education for those who would benefit from services provided by the Exchange,
- 4, In an effort to promote health equity in the State and to ensure equitable Board representation for historically underserved populations, the Governor shall appoint:
- (a) One member of a Nevada Indian Tribe with expertise in health care administration amongst a Nevada Indian Tribe.
- (b) One member of a minority population with expertise in health care administration, health care financing, health information technology or health insurance.