



**To advocate for, broaden, and strengthen the
health center network**

NVPCA BOARD RETREAT AGENDA
Wednesday, February 26, 2025, 9:00 am – 3:00 pm
Physical Location: Northern Nevada HOPES, HOPES 5th St. Clinic

Virtual Location via Microsoft Teams: [Join the meeting now](#)
 Meeting ID: 258 062 262 331; Passcode: P2BJ2eW9

2024-25 NVPCA Board Members:

President: Steve Flores, Hope Christian Health Center	CJ Hansen, Canyonlands Healthcare
Vice President: Walter Davis, Nevada Health Centers	Diego Martinez, First Person Care Clinics
Secretary/Treasurer: Teri Gilbert Eisenga, Washoe Tribal	John Packham, Office of Statewide Initiatives
Tina Alicea, Safe Harbor Medical	David Robeck, Bridge Counseling Associates
Sharon Chamberlain, Northern Nevada HOPES	Randy Smith, Southern Nevada Health District
Oscar Delgado, Community Health Alliance	Ex-officio: Nancy J. Bowen, NVPCA

9:00 am Coffee & Bagels - networking

9:30 am 1. Call to Order Steve Flores
 a) Approval of the Agenda *(vote)*

9:35 am 2. Consent Agenda *(vote)* Steve Flores
 a) Board Minutes from Board Meeting on January 7, 2025
 b) Chief Executive Officer’s Report & Organizational Dashboards

9:45 am 3. Board Governance Moment Nancy Bowen
 a) Board of Directors SharePoint Page
 b) Member Meeting Attendance Record

9:50 am 4. Administrative and Financial Reports Nancy Barklage/
 Nancy Bowen
 a) Budget to Actual YTD Financial Reports with Financial Dashboard
 and Balance Sheet *(vote)*
 b) Western Clinicians Network Conference Scholarships

10:10 am 5. Policy Nancy Bowen
 Steve Messinger
 a) Follow-Up on Community Health Provider Day
 b) Federal updates: Medicaid & Budget Resolution
 c) NACHC Fly-in March 11, 2025

10:30 am Break

10:45 am 6. Strategic Growth Update - Nancy Bowen
 Strategic growth Committee – Members 18-month growth plans



**To advocate for, broaden, and strengthen the
health center network**

11:00 am 7. Title X Prospectively

Nancy Bowen
Karen Manza

11:45 pm Lunch & CEO discussion time

12:30 pm 8. Executive Orders Review with Ted Waters from Feldesman Leifer LLP

Edward T. Waters,
Attorney
Feldesman Leifer, LLP

3:30 pm 9. Meeting Adjournment



NVPCA Board of Directors Board Meeting Minutes January 7, 2025

Nevada Primary Care Association
Board Retreat – February 26, 2025
Item 2a

Board Members Present	Walter Davis, Teri Gilbert Eisenga, Sharon Chamberlain, John Packham, Christopher (CJ) Hansen, Randy Smith, David Robeck (8:46), Diego Martinez, Oscar Delgado, Tina Alicea (9:18) and Nancy Bowen (Ex Officio)
Board Members Absent	Steve Flores
Also Present	NVPCA Staff: Nancy Barklage, Karen Ford Manza, Steve Messinger, Kim Lambrecht, and Lisa Scurry (Note Taker)

1. Call to Order

Secretary-Treasurer Teri Gilbert Eisenga called the meeting of the NVPCA Board of Directors to order at 8:32 am. Vice President Walter Davis took control of the meeting at 8:35. The meeting was conducted electronically via Zoom. A quorum of members was established.

a) Approval of the Agenda

The agenda was reviewed with no questions or suggested changes. It was moved by CJ Hansen, and seconded by Randy Smith, to approve the agenda as presented. The motion passed unanimously.

2. Consent Agenda

- a) Approval of Minutes from Board Meeting on November 5, 2024
- b) Chief Executive Officer’s Report and Organizational Dashboards

The consent agenda, consisting of the minutes of the November 5, 2024, Board of Directors Retreat, the CEO report, and the organizational dashboard, was presented for approval. There were no comments or questions.

Mr. Martinez asked that the November 5, 2024, minutes be corrected to indicate he was present.

It was moved by Diego Martinez, and seconded by CJ Hansen, to approve the consent agenda, with the revision to the meeting minutes. The motion passed unanimously.

3. Board Governance Moment

a) Board Governance Moment

Nancy Bowen stated that as part of the Strategic Plan, and in response to the Board self-assessment conducted a few months ago, each meeting will include a Board governance moment where assorted topics will be presented. She reviewed a list of typical roles and responsibilities of Board members. Those responsibilities include collaboration with NVPCA leadership to create and implement a strategic plan; and participate in fiscal and operational oversight, and policy development.

b) Member Meeting Attendance Record

As an ongoing informational item, attendance of members at regularly scheduled meetings for the past year was provided.

4. Administrative and Financial Reports

a) Budget to Actual YTD Financial Reports with Financial Dashboard

Nancy Barklage reviewed the Year-to-Date financial report through December 2024, including actual revenues and expenses. All expenses are on target and within the budgeted range. She noted the adjusted income which shows income already received and of which budgeted expenses are beginning to be recognized.

It was moved by CJ Hansen, and seconded by Teri Gilbert Eisenga, to accept the Budget-to-Actual Financial Report for Fiscal Year 2025, through December 2024. The motion passed unanimously.

b) CareSource Grant Funding and Application

Karen Ford Manza reminded the Board about the Call for Applications for 2025 CareSource Rural Nevada Investment. Applications were accepted through January 10, 2025, for the up to \$175,000 being administered through NVPCA.

Mr. Davis asked if more than one application could be submitted. Ms. Manza responded that there was no limit on the number of applications a health center could submit.

5. Strategic Discussion

a) Strategic Growth Ad Hoc Committee Requests

A review of the discussion at the Strategic Growth Ad Hoc Committee from the December 2024 meeting was presented. During that meeting, the Committee asked that each member health center provide information about their future plans for growth. After discussion, it was decided that each FQHC would submit their independent growth strategies for the next 18 months. The collected results would be shared with all at the next meeting.

There was discussion about the frequency of meetings. Rather than meeting quarterly, the group decided to meet with more frequency and the next meeting would be combined with the Board Retreat on February 26.

Mr. Davis asked if any of the members had questions or concerns with providing the information. Mr. Smith supported the idea and suggested adding a list of what services may be available at a site (new or existing). It was agreed that a list of services would be added to the survey.

Ms. Bowen added that the survey will be used for information gathering and then NVPCA will update the report done in 2021 by Capital Link regarding need across the state. The goal will be to make a full report at the September Board Retreat.

b) Medicaid – Federal Level Concerns

Ms. Bowen described some of the concerns expressed nationally over potential changes to Medicaid under the new federal administration. A nationwide PCA-led initiative has developed a workplan to take steps to help protect Medicaid. Those steps include a public awareness campaign, providing data and impact statements on a national and state level, and grassroots mobilization.

As part of the discussion, Steve Messinger explained that Congress decides the rules for the Centers for Medicare & Medicaid Services (CMS) and funding changes can happen as part of reconciliation, with only a simple majority needed. He added that it would likely be the wealthier states impacted if the 40% funding floor is eliminated or changed.

6. Policy Committee Update

a) Federal Updates

Steve Messinger, Policy Director, presented an update on health center funding, protecting the right of health centers to contract pharmacies (340B), expanding PCP training opportunities in FQHCs, and 2025 legislative priorities. He and Ms. Bowen will be in Washington D.C. on February 5 for the Day on the Hill.

The funding cliff is March 31. He recommended holding off on funding advocacy efforts until after the new administration takes office and closer to mid-March.

He explained that there probably will not be complicated policy fixes to concerns like 340B in the first year. NVPCA will continue to advocate in the Nevada Legislature.

b) 2025 Legislative Priorities

Mr. Messinger asked if the Board would like to have a presentation and discussion on 340B at the February Board Retreat, led by a federal expert. After discussion, the Board decided against it, and it was added that the PCA and health centers have lobbyists already providing that information. Mr. Davis suggested that there was no added value to having the consultant come to the Board meeting.

There was further discussion about inviting a Nevada consultant to the meeting to discuss what drugs may be impacted, what is the cost of complying with the various rules, etc.

7. Data Spotlight

a) Hypertension

Steve Messinger and Kimberly Lambrecht shared 2024 year-to-date UDS data on hypertension. NVPCA shared the data to assist health centers in making informed decisions on where to focus funding resources, on patterns related to patient success in controlling hypertension, etc.

8. Meeting Adjournment

There being no further business, Vice President Davis adjourned the meeting at 9:45 am.

NOTES

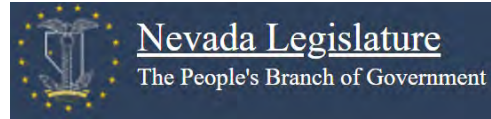
Next Meeting	The Board will conduct an in-person Board Retreat on Wednesday, February 26, 2025. The time and location are to be determined.
Approved By	

ROLL CALL

President: Steve Flores, Hope Christian Health Center	Absent - Excused
Vice President: Walter Davis, Nevada Health Centers	Present
Secretary/Treasurer: Teri Gilbert Eisenga, Washoe Tribal Health Center	Present
Tina Alicea, Safe Harbor Medical	Present
Sharon Chamberlain, Northern Nevada HOPES	Present
Oscar Delgado, Community Health Alliance	Present
C.J. Hansen, Canyonlands Healthcare	Present
Diego Martinez, First Person Care Clinic	Present
John Packham, Office of Statewide Initiatives	Present
David Robeck, Bridge Counseling Associates	Present

Policy -

- The 2025 Nevada Legislative Session began on February 3, 2025. The Policy Director will be monitoring activity particularly related to 340B and Medicaid. As of February 20, 2025, NVPCA's bill draft request (BDR 54-511) has not been introduced as a bill.
- The biennial Community Health Provider Day is Tuesday, February 25th. There are over 35 individuals from member organizations registered to attend and support the Protect 340B Contract Pharmacy bill and the proposed Primary Care Provider Training bill.
- CEO met with Congressman Horsford and Walter Davis to tour Nevada Health Center's Las Vegas location and discuss the how devastating proposed Medicaid cuts would be to health center patients.
- NVPCA CEO and Policy Director attended the NACHC Policy & Issues Forum in Washington D.C. on February 3-7. The week-long event included a PCA/HCCN General Session, PCA CEO meeting to discuss Executive Orders, PCA Medicaid Initiative Meeting, CEO met with Dr. Rhee NACHC CEO, CEO participated in the NACHC Board of Directors Meeting, and CEO & Policy Director participated in NACHC Committee meetings, and attended education sessions.
 - Policy Director participated in Hill Day, meeting with Members of Congress Health Staffer to discuss the importance of Medicaid to health center patients on Thursday, February 6.
- On January 23, NVPCA hosted the Managed Care Roundtables with participants from Division of Health Care Finance and Policy (Medicaid), health center staff, Managed Care Organizations, and NVPCA staff. Stacie Weeks, Medicaid Administrator, presented a Medicaid update, and updates on the two work groups on Diabetes and Patient Contact Information were given. The 2-hour event was fully virtual and more than 50 registered.
 - On January 16, NVPCA hosted the Performance Measure Workgroup on Diabetes. The workgroup is comprised of a subset of the above Roundtable participants. A second workgroup focused on patient contact information has been organized and will begin meeting in March.



Organizational Excellence –

- NVPCA has awarded over \$200K to three community health centers from funds provided by CareSource to improve behavioral healthcare and primary care in rural Nevada. Selected applications included support of new rural clinic locations, upgrades to a new mobile unit, establishment of Medical Outreach Clinics in Amargosa Valley and Pahrump Valley, and support of tele-behavioral health services for rural Nevadans.
- A Board Resources SharePoint page has been established for easy access to calendared events, archived documents, and more. Instructions for access has been provided to each Board member.

To advocate for, broaden, and strengthen the health center network.



For assistance, please contact the CEO.

- Staff has completed the recommendations of Medcurity from the 2024 (IT) Security Risk Assessment. The assessment identified sixty actionable recommendations to enhance our security measures, and an IT Procedures Manual has been developed which includes sections on cybersecurity, accepted practices, data and document retention and security, and IT contingency planning. The 2025 Assessment will be conducted in April-May.
- NVPCA was awarded an additional \$144,500 in supplemental maternal health funding on the BPHC Primary Care Association cooperative agreement. NVPCA will choose two maternal health activities to add to the BPHC workplan to be completed by 6/30/2025.
- NVPCA was awarded an additional \$385,000 in Title X funding for the current budget period ending 3/31/2025. NVPCA applies for the supplemental funding in October 2024. The additional funding will pay for approximately 860 additional family planning patients care. NVPCA plans to expend all additional funding.

Community Engagement – National and State

1/29 - CEO met with representatives of the Nevada Cancer Coalition. Discussion included the Coalition's priorities around a Lung Cancer Screening Project, HPV Coaching Project, and the August 27 Nevada Cancer Control Summit in Las Vegas.



Membership

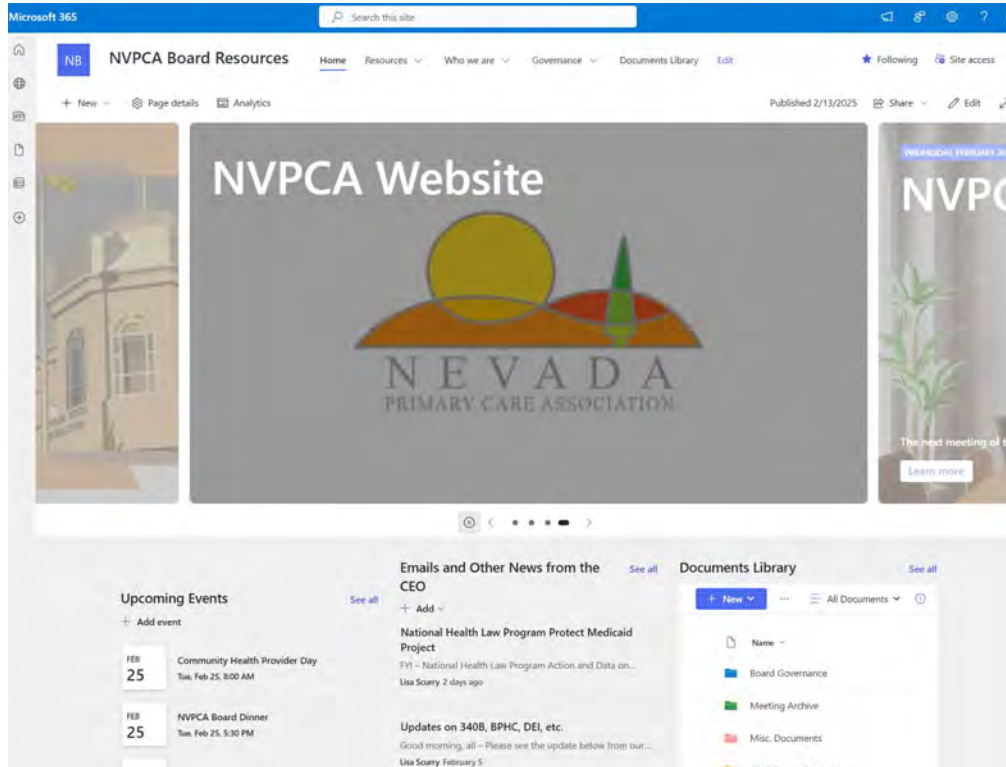
- CEO has shared several executive order announcements with members as the White House Administration has published them. Information on how the executive orders will affect health centers and members is shared as soon as it is available. NVPCA is staying on top of all changes, and potential changes the executive orders may create at the health centers. FQHC CEO bi-weekly meetings have been scheduled for every other Thursday at 4 pm PST.
- CEO has begun scheduling regular visits with CEOs of member organizations. Visits to Northern Nevada locations will occur in March with Las Vegas visits tentatively scheduled for either late March or early April.

Program Management and New Projects

- NVPCA staff has begun developing an FQHC Manual. Once completed and adopted, the manual will serve as a source of information to current members as well as a recruitment tool for perspective members to the Association.

Board Resource SharePoint Page

February 25, 2025



- 1) Below find instructions to access the new NVPCA Board Resources Page via SharePoint. Within the site, are NACHC updates and other correspondence, a calendar of upcoming events, an archive of documents such as past meeting agendas and packets, governance resources, and the Strategic Plan. We look forward to your thoughts and suggestions to make this a tool for successful governance.
- 2) To gain access to the site,
 - a) You will receive an email from NVPCA Executive Assistant, Lisa Scurry. By clicking on the link, she will be notified that you are requesting permission for access to the site.
 - b) To be granted access within the NVPCA SharePoint, complete the multi-factor authentication using the Microsoft Authenticator app on your phone. If you do not have the app, please go to the app store and download it. SharePoint will request a code; click within the Authenticator app to receive the requested code. Type it into SharePoint and you will receive access.



To advocate for, broaden, and strengthen the health center network.

- c) Please “follow” this page so it is easily accessible in the future.



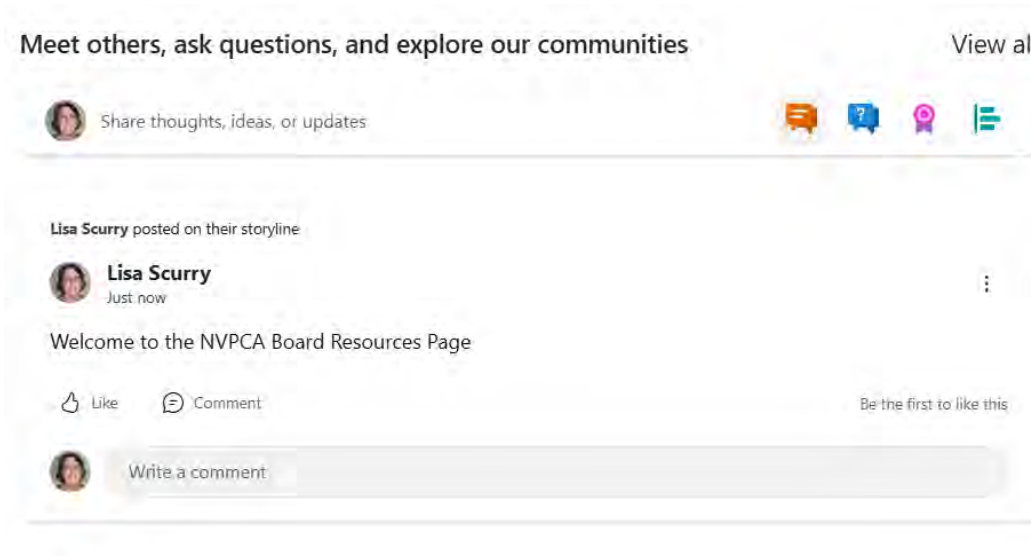
- d) If you have any problems gaining access, feel free to contact Lisa for assistance (lscurry@nvpc.org). I encourage you to contact me with any questions or suggestions.

3) Page Sections

- Header – across the top of the site are quick access buttons to information about the NVPCA leadership, strategic planning, and more.
- Banner – quick access to information about the upcoming Board meeting, the NVPCA website, and other important material will be a click away within the banner.
- Upcoming Events – an ongoing calendar of events including Board meetings, trainings and other notable events
- Emails and Other News from the CEO – Association-wide emails and other news will be posted here
- Documents Library – The library will be a holding location for past board meeting minutes and packets; and other documents necessary for governance

4) Meet others, ask questions, ...

- We have included space for your questions and comments to each other.



Board Member Attendance

Nevada Primary Care Association
 Board Retreat – February 26, 2025
 Item 3b

Member Name	2025-01-07	2024-11-05	2024-09-24	2024-07-17	2024-05-15	2024-03-20	1/17/2024, No Quorum	2023-11-16
Alicea, Tina	Present	Present	n/a	n/a	n/a	n/a	n/a	n/a
Chamberlain, Sharon	Present	Present	Present	Absent - Excused	Present	Present	Absent - Unexcused	Present
Davis, Walter	Present	Present	Present	Present	Present	Present	Absent - Excused	Present
Delgado, Oscar	Present	Present	Absent - Excused	Present	Absent - Unexcused	Present	Absent - Excused	Present
Flores, Steve	Absent - Excused	Absent - Excused	Present	Present	Present	Present	Present	Present
Gilbert Eisenga, Teri	Present	Present	Present	Present	Present	Present	Present	Absent - Excused
Hansen, CJ	Present	Present	Present	Present	Present	Absent - Excused	Present	Present
Martinez, Diego	Present	Present	n/a	n/a	n/a	n/a	n/a	n/a
Packham, John	Present	Present	Absent - Excused	Absent - Excused	Present	Present	Present	Present
Robeck, David	Present	Present	Present	Present	Present	Absent - Excused	Present	Present
Smith, Randy	Present	Present	Present	Present	Present	Present	n/a	n/a
Leguen, Fermin								Absent - Excused
Quinn, Angela			Absent - Unexcused	Absent - Unexcused	Absent - Unexcused	Absent - Unexcused	Absent - Unexcused	Absent - Unexcused
Valeton, Roxana					Absent - Excused	Absent - Excused	Absent - Excused	Present

Excused = notification was provided to CEO that the member would be absent

Unexcused = no notification was provided to the CEO that the member would be absent in advance of the specific meeting



NVPCA Financial Statement

YTD Target 58.3%

* Notes provided for variances + / - 25% of YTD target

33%

83%

NB= Not Budgeted

REVENUE

Federal Grants

BPHC Cooperative Agreement 821,802 456,902 56%
 Reacchh Title X 2,052,050 1,335,024 65%

Contracts

State- TPP PREP 92,758 54,602 59%
 State- MACH 342,836 73,854 22%
 HCCN 71,905 36,950 51%
 Huntsman NB 5,000

Other

Training & Events 24,750 30,795 124%
 Sponsorship/Contributions 95,000 77,500 82%
 Membership Dues 50,925 45,825 90%
 NVCC 20,000 17,585 88%
 GPO/Misc NB 771
 Interest 7,500 10,396 139%

Total Revenue 3,579,526 2,145,204 60%

EXPENSES

Personnel/Salary & Fringe Benefits

1,394,774 771,667 55%

Travel

Airfare 18,230 11,756 64%
 Hotel 20,778 10,324 50%
 Ground transport/Car Rental 8,267 3,527 43%
 Conference Registration 10,073 5,329 53%
 Per diem 8,844 3,338 38%
 Mileage/Gas 3,176 389 12%

Total Travel 69,368 34,663 50%

Notes

MAs to start training program in March 25

AC24 registrations

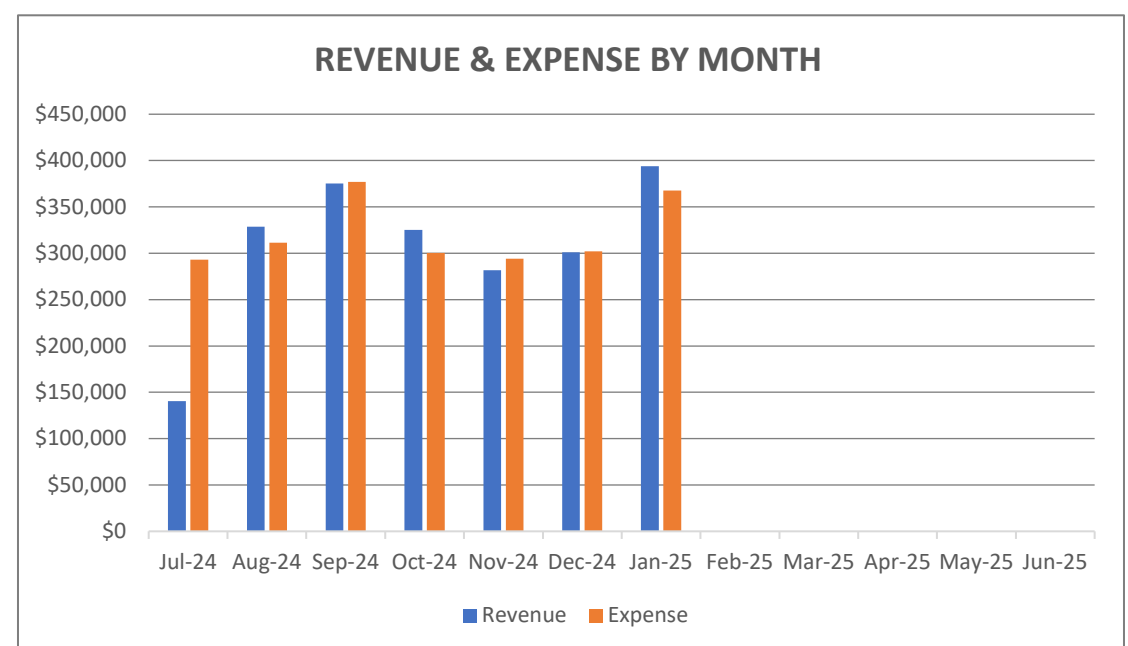
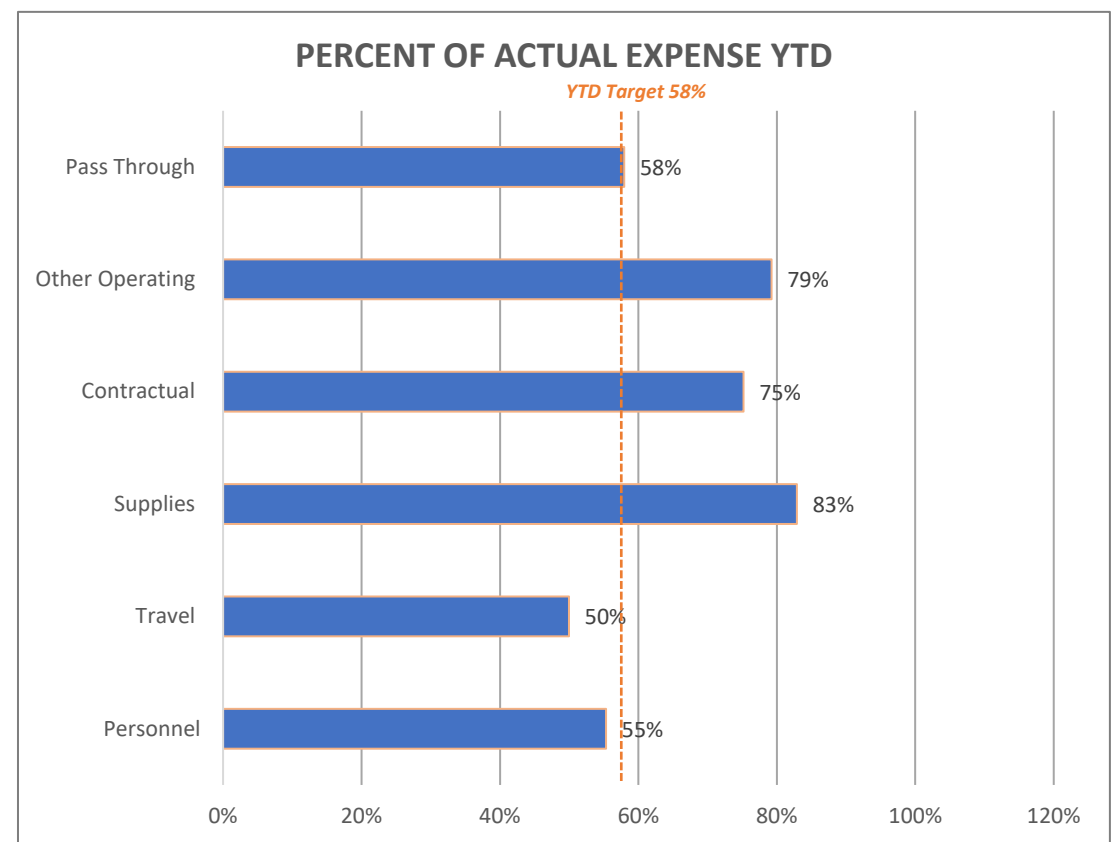
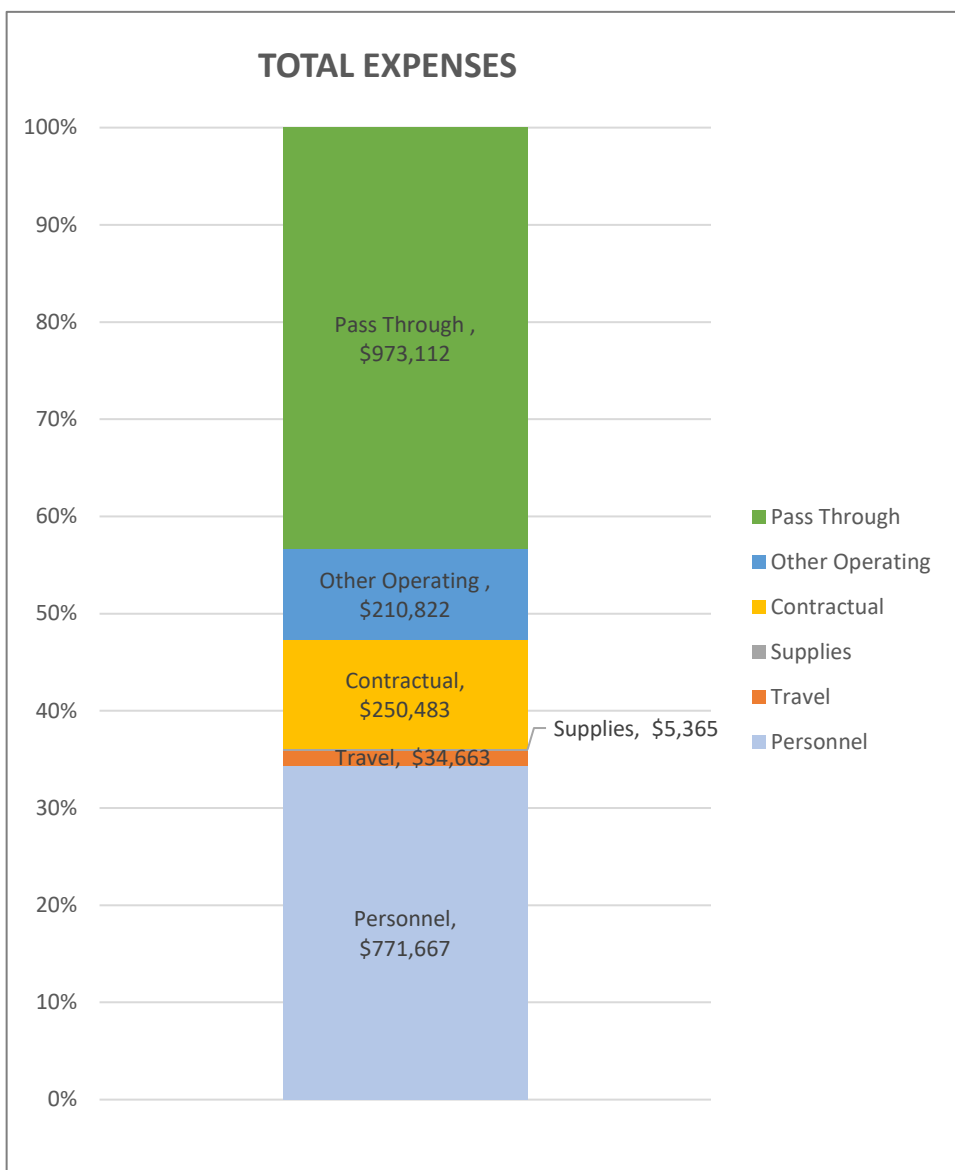
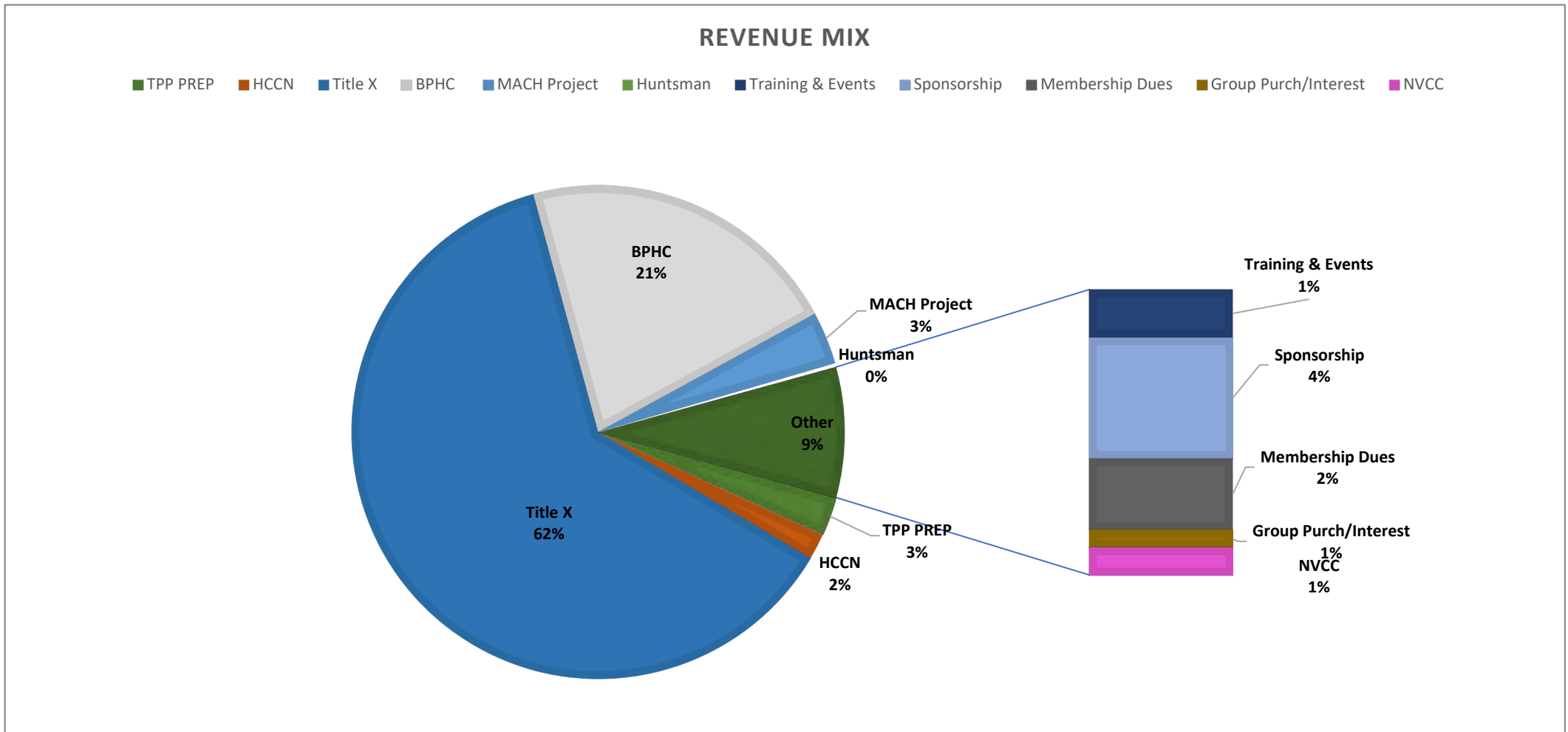
AC24 sponsorships \$28,500; starting AC25 fundraising, \$49,000 to date

87% of members have been invoiced for annual dues this FY

Program phasing out and officially ends 6/30/2025

Supplies				
Program Supplies- Direct Cost	1,752	1,526	87%	
Computer/equipment	4,720	3,839	81%	
Total Supplies	6,472	5,365	83%	
Contractual				
Computer & Web Support	5,180	1,750	34%	
Consulting	56,589	46,719	83%	
Reports and Projects	271,377	202,014	74%	
Total Contractual	333,146	250,483	75%	
Other Operating Expenses				
Dues & Memberships	13,000	5,860	45%	
Credit Card Processing Fees	1,100	1,947	177%	AC24 cc processing fees
Legal	1,000	732	73%	
Trainings/Events (6500)	128,156	115,847	90%	AC24
Meeting Staff/Board (6608)	2,900	207	7%	
Printing/Outreach	500	216	43%	
Staff/Board Development (6615)	2,760	1,411	51%	
Recruitment Expenses	500	964	193%	Recruitment for bookkeeper position; filled and employee started Oct 22
Taxes, Licenses & Fees	75	78	104%	
NVCC Operating Expenses	8,000	9,630	120%	
Shared Costs				
Audit	19,000	18,700	98%	FY24 audit completed
Auto Lease	7,453	4,135	55%	
Alarm	678	395	58%	
Bank Charges	144	74	51%	
General office supplies	3,000	1,138	38%	
IT Services	NB	5,462		Outsourcing IT services; using staff salary & janitorial funds
Janitorial	3,000	0	0%	No longer using a service; funds will be used towards outsourced IT
Insurances	11,000	7,929	72%	
Occupancy Costs	32,256	18,716	58%	
Software Subscriptions	23,000	13,139	57%	
Telephone & Internet	8,543	4,242	50%	
Total Other Operating & Shared	266,065	210,822	79%	
Pass Through				
Pass through Contracts- Title X	1,455,166	910,464	63%	
Pass through Contracts- TPP PREP	64,404	36,048	56%	
Pass through Contracts- CGM	19,600	19,600	100%	
Pass through Contracts- MACH	140,000	7,000	5%	
Total Pass Through	1,679,170	973,112	58%	
Total Expenses	3,748,995	2,246,113	60%	
INCOME OR LOSS	(169,469)	(100,909)	60%	
Net assets released from purpose restrictions (Population Health Project, Intermountain Project, Molina, and SilverSummit Community Investment Project)	200,256	142,262	71%	
Adjusted Income or Loss	30,787	41,353	134%	Member dues, interest, Huntsman revenue recognized, but expenses not incurred yet

Financial Dashboard Report July 1, 2024 – January 31, 2025



	8-24	9-24	11-24	1-25	3-25	5-25	Avg
Days cash on hand* Goal = 60	63	59	60	59			60
Current ratio*	2.1	1.9	2.2	2.3			2.1

*Days cash on hand & current ratio are calculated without Pop Health, Molina Project, SSHP Project and CGM Project restricted funds.

Nevada Primary Care Association

Nevada Primary Care Association
Board Retreat – February 26, 2025
Item 4a

Statement of Financial Position

As of January 31, 2025

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
1020 BofA Checking- 5407	46,509.46
1025 BofA Checking- 5689	1,000.00
1030 Live Oak Savings	388,306.03
Total Bank Accounts	\$435,815.49
Accounts Receivable	
1200 Accounts Receivable	309,582.73
Total Accounts Receivable	\$309,582.73
Other Current Assets	
1300 Undeposited Funds	0.00
1320 Prepaid Expense	0.00
1323 Insurance	0.00
13231 Disability Insurance	1,219.13
13232 Dental Insurance	770.27
13233 Medical Insurance	10,849.42
13234 Vision Insurance	98.30
Total 1323 Insurance	12,937.12
1324 Prepaid Training Expense	0.00
1325 Prepaid Rent	0.00
1328 Software Subscriptions	2,116.54
1329 Auto Insurance	1,545.64
1330 Cyber Insurance	596.16
1331 D&O Insurance	1,546.16
1332 General Liability Insurance	649.35
1333 Workers Comp Insurance	1,714.52
Total 1320 Prepaid Expense	21,105.49
1340 Petty Cash	10.84
2120 Payroll Asset	0.00
2130 Payroll Corrections	0.00
Total Other Current Assets	\$21,116.33
Total Current Assets	\$766,514.55
Fixed Assets	\$0.00
Other Assets	
1500 Rent Deposits	2,498.00
1510 ROU Asset	104,123.87
Total Other Assets	\$106,621.87
TOTAL ASSETS	\$873,136.42

Nevada Primary Care Association

Nevada Primary Care Association
Board Retreat – February 26, 2025
Item 4a

Statement of Financial Position

As of January 31, 2025

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	244,688.55
Total Accounts Payable	\$244,688.55
Credit Cards	
2100 BofA Credit Card VISA 6161	0.00
2105 B of A MASTER CARDS 1454	9,556.31
Total Credit Cards	\$9,556.31
Other Current Liabilities	
2115 Direct Deposit Payable	0.00
2250 NVCC Reserve	0.00
2300 Goni Lease Liability	105,006.67
2301 Lease Liabilities	655.00
2500 Payroll Liabilities	0.96
2530 Accrued Retirement Benefit (IRA)	0.00
2540 Accrued Vacation	16,572.95
2700 Accrued Expense	0.00
2900 Deferred Income	0.00
Total Other Current Liabilities	\$122,235.58
Total Current Liabilities	\$376,480.44
Total Liabilities	\$376,480.44
Equity	
3000 Equity	
3030 Net Investment in Equipment	9,942.41
Total 3000 Equity	9,942.41
3020 Accumulated Earnings	61,034.31
4000 Retained Earnings	525,638.23
Net Revenue	-99,958.97
Total Equity	\$496,655.98
TOTAL LIABILITIES AND EQUITY	\$873,136.42



Western Clinicians Network Conference Scholarships

Clinical Excellence and Leadership Conference

Make connections and hone your leadership skills with the WCN!

June 22 - 24, 2025

Reno, NV

Region IX Clinical Excellence & Leadership Conference

June 22 – 24, 2025

Peppermill Resort Hotel & Spa

2707 S. Virginia St.

Reno, NV 89502

The Conference

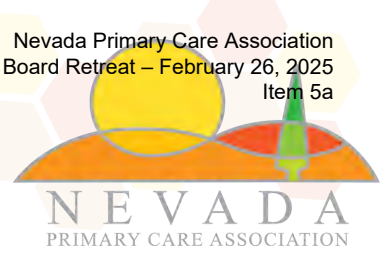
The Western Clinicians Network and the California Primary Care Association (CPCA) have partnered to host the Region IX Clinical Leadership Conference. This three-day conference brings together FQHC clinical leaders from across the region to focus on building flourishing health center clinical and management teams -- encouraging partnerships that spur innovation--with the goal of improving overall efficiency and effectiveness in care delivery.

Who Should Attend

FQHC Clinical Leaders including Chief Medical Officers, Medical Directors, Dental Directors, Behavioral Health Providers, Other Clinical Leaders, CEOs, Executive Directors, and State and Regional Primary Care partners. This conference is hosted by Region IX members (Arizona, California, Nevada, Hawai'i, and the Pacific Islands), but attendees from across the country are welcome to attend!

To advocate for, broaden, and strengthen the health center network.

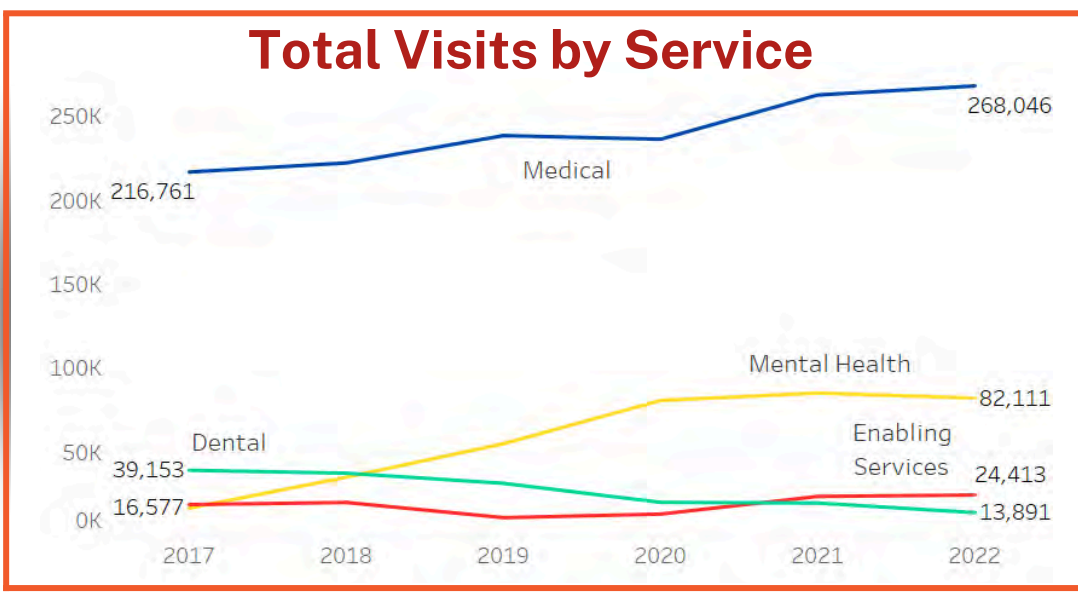
Community Health Centers Fact Sheet



NEVADA
PRIMARY CARE ASSOCIATION

7	53	116,685	9	388,585
COMMUNITY HEALTHCENTERS	LOCATIONS	TOTAL PATIENTS SERVED	MOBILE UNITS	TOTAL VISITS

- COMMUNITY HEALTH CENTERS OFFER INTEGRATED SERVICES:**
- Primary Care
 - Behavioral Health Care & Substance Use Disorder Care
 - Dental Care
-
- SPECIALTY SERVICES OFFERED IN CHCS:**
- Complex Care for Chronic Disease
 - HIV Care
 - Homeless Outreach Clinics
 - Mobile Mammography
 - WIC Clinics
-
- ENABLING SERVICES OFFERED BY CHCS:**
- Care Coordination
 - Case Management
 - Transportation



Economic Impact

Nevada's Community Health Centers Supported

\$195.4M Total Labor Output	\$449.7M Total Economic Output
2,739 Total Jobs	

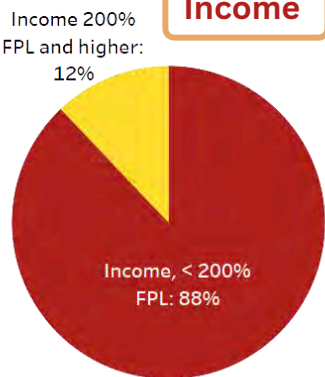
What Exactly is a CHC?

Community Health Centers are non-profit organizations which are required to:

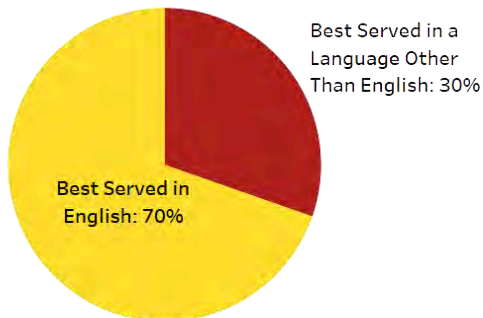
- Provide care to an area or population that has limited access due to insurance type or eligibility and/or because there are few other providers serving the area/population
- Accept all patients, regardless of ability to pay, and offer services on a sliding fee scale
- Be governed by a Board comprised of at least 51% health center patients

Patient Characteristics

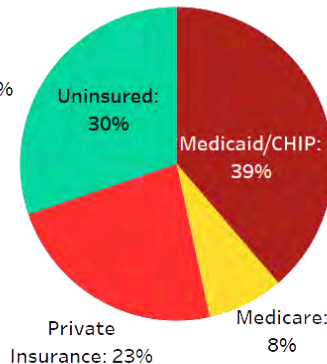
Income



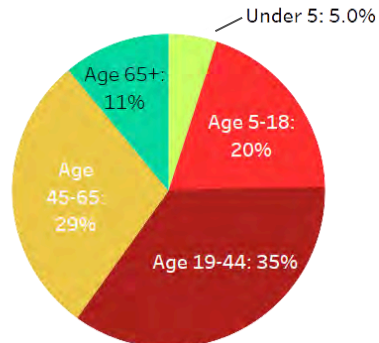
Language



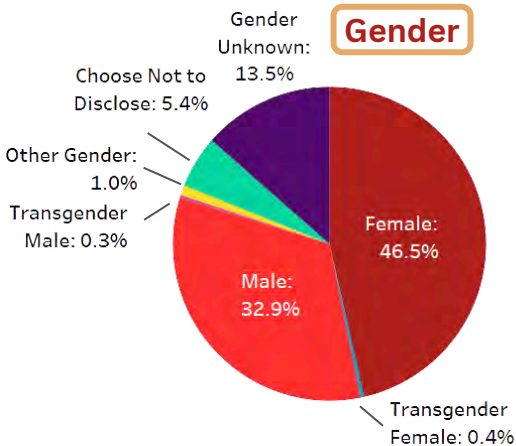
Insurance



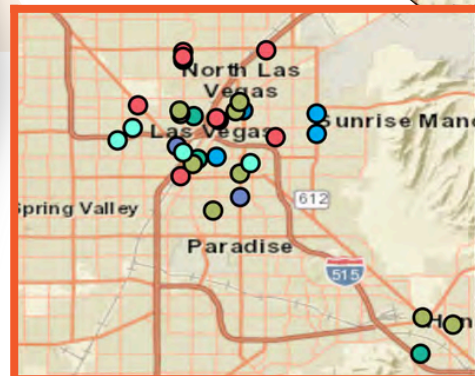
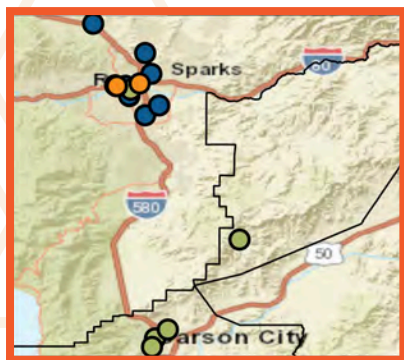
Age



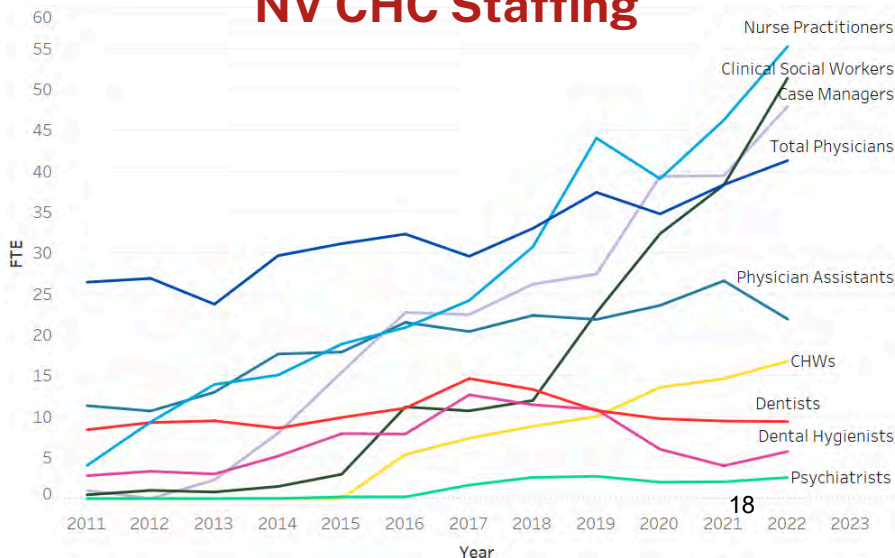
Gender



NV CHC Locations



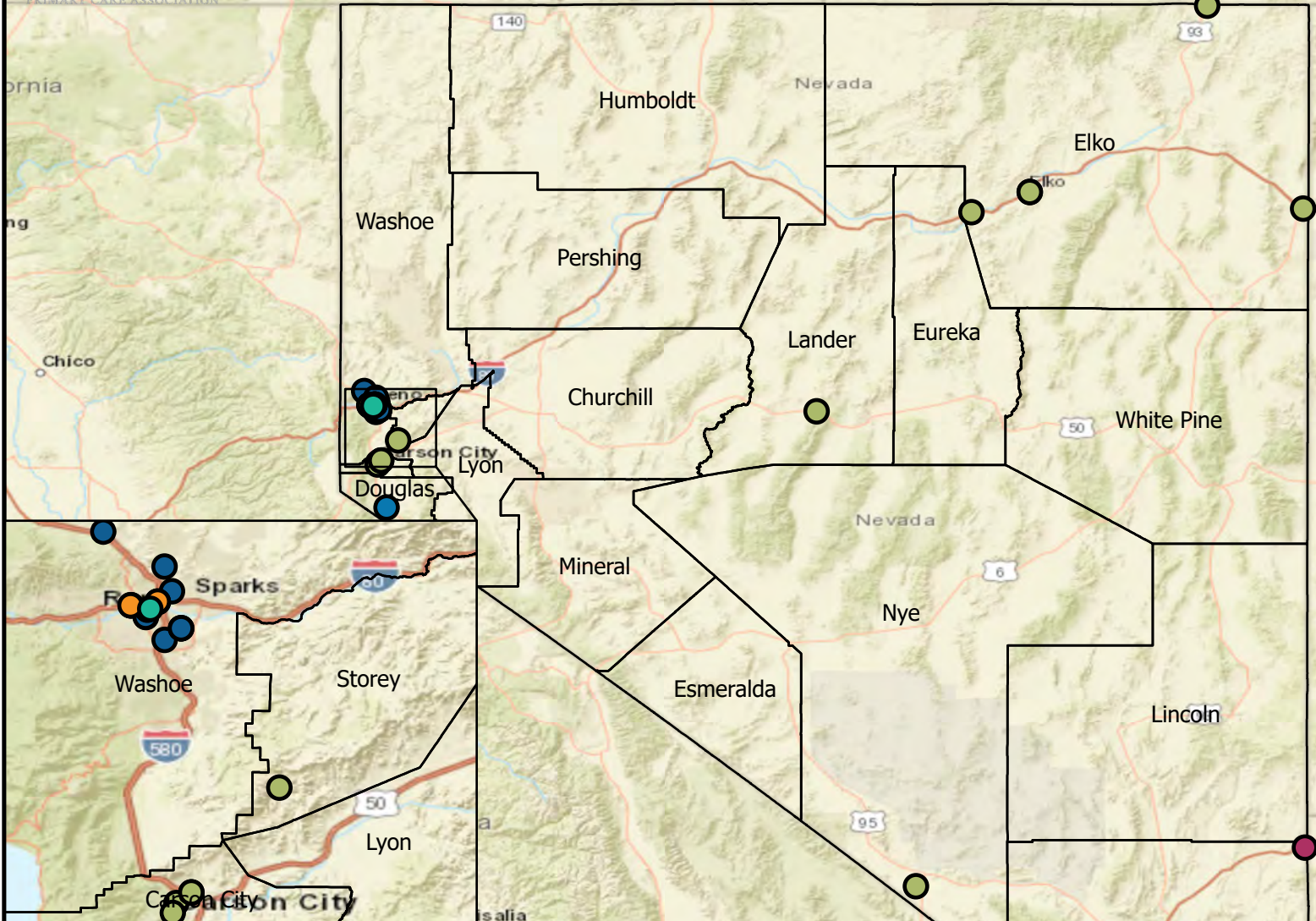
NV CHC Staffing





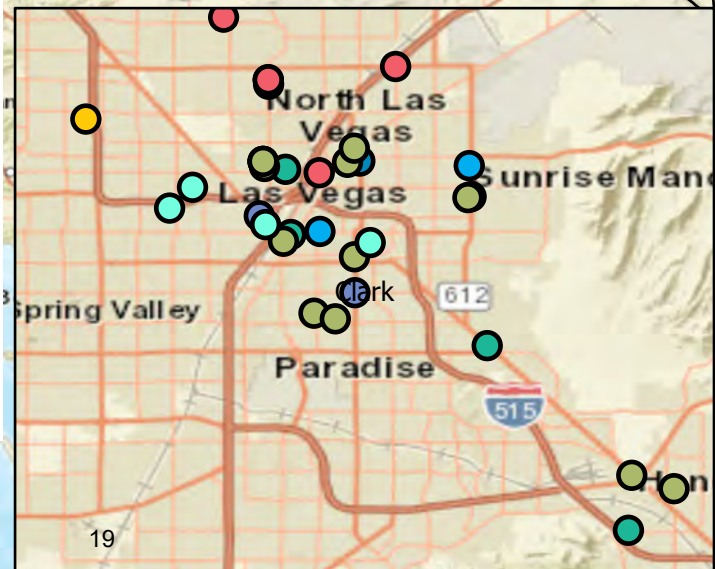
Nevada FQHC Clinic Sites

www.nvpc.org



Health Center Name

- Aghaby Comprehensive Community Health Center
- All for Health, Health for All
- Canyonlands Community Health Care
- Community Health Alliance
- First Person Care Clinic
- Firstmed Health and Wellness Center
- Hope Christian Health Center
- Nevada Health Centers
- Northern Nevada HOPES
- Safe Harbor Medical
- Southern Nevada Health District
- Tri-State Community Health Center
- Washoe Tribal Health Center



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2023 Regular Session

ENROLLED

HOUSE BILL NO. 548

BY REPRESENTATIVES TURNER AND KNOX

1 AN ACT

2 To enact Chapter 36-A of Title 40 of the Louisiana Revised Statutes of 1950, to be
3 comprised of R.S. 40:2881 through 2886, relative to the dispensation of certain
4 drugs by a healthcare facility; to provide for definitions; to identify certain actions
5 as discriminatory with respect to drugs discounted by a federal program and the
6 entities that dispense them; to provide for penalties; and to provide for related
7 matters.

8 Be it enacted by the Legislature of Louisiana:

9 Section 1. Chapter 36-A of Title 40 of the Louisiana Revised Statutes of 1950,
10 comprised of R.S. 40:2881 through 2886, is hereby enacted to read as follows:

11 CHAPTER 36-A. DEFENDING AFFORDABLE PRESCRIPTION DRUG COSTS

12 §2881. Short title

13 This Chapter may be cited as the "Defending Affordable Prescription Drug
14 Costs Act".

15 §2882. Definitions

16 As used in this Chapter, the following terms have the following meanings:

17 (1) "340B drug" means a drug that has been subject to any offer for reduced
18 prices by a manufacturer pursuant to 42 U.S.C. 256b and is purchased by a covered
19 entity as defined in 42 U.S.C. 256b(a)(4).

20 (2) "340B entity" means an entity participating or authorized to participate
21 in the federal 340B drug discount program, as described in 42 U.S.C. 256b, including
22 its pharmacy, or any pharmacy contracted with the participating entity to dispense
23 drugs purchased through the 340B drug discount program.

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ENROLLED

1 (3) "Health insurance issuer" has the same meaning as provided in R.S.
2 22:1019.1.

3 (4) "Manufacturer" has the same meaning as defined in R.S. 37:3462(12).

4 (5) "Pharmacy" has the same meaning as defined in R.S. 37:1164(38) except
5 that residents who are provided pharmacy care shall be physically located in this
6 state.

7 (6) "Pharmacy benefit manager" has the same meaning as provided in R.S.
8 40:2863.

9 §2883. Prohibition of certain discriminatory actions related to reimbursement of
10 340B entities

11 A.(1) With respect to reimbursement to a 340B entity for 340B drugs, a
12 health insurance issuer, pharmacy benefit manager, other third-party payor, or its
13 agent shall not do any of the following:

14 (a) Reimburse a 340B entity for 340B drugs at a rate lower than that paid for
15 the same drug to entities that are not 340B entities or lower reimbursement for a
16 claim on the basis that the claim is for a 340B drug.

17 (b) Impose any terms or conditions on any 340B entity with respect to any
18 of the following that differ from such terms or conditions applied to non-340B
19 entities on the basis that the entity participates in the federal 340B drug discount
20 program set forth in 42 U.S.C. 256b or that a drug is a 340B drug including, without
21 limitation, any of the following:

22 (i) Fees, charges, clawbacks, or other adjustments or assessments. For
23 purposes of this Subsection, the term "other adjustment" includes placing any
24 additional requirements, restrictions, or unnecessary burdens upon the 340B entity
25 that results in administrative costs or fees to the 340B entity that are not placed upon
26 other entities that do not participate in the 340B drug discount program, including
27 affiliate pharmacies of the health insurance issuer, pharmacy benefit manager, or
28 other third-party payor.

29 (ii) Dispensing fees that are less than the dispensing fees for non-340B
30 entities.

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ENROLLED

1 (iii) Restrictions or requirements regarding participation in standard or
2 preferred pharmacy networks.

3 (iv) Requirements relating to the frequency or scope of audits of inventory
4 management systems.

5 (v) Requirements that a claim for a drug include any identification, billing
6 modifier, attestation, or other indication that a drug is a 340B drug in order to be
7 processed or resubmitted unless it is required by the Centers for Medicare and
8 Medicaid Services or the Louisiana Department of Health for the administration of
9 the Louisiana Medicaid program.

10 (vi) Any other restrictions, conditions, practices, or policies that are not
11 imposed on non-340B entities.

12 (c) Require a 340B entity to reverse, resubmit, or clarify a claim after the
13 initial adjudication unless these actions are in the normal course of pharmacy
14 business and not related to 340B drug pricing.

15 (d) Discriminate against a 340B entity in a manner that prevents or interferes
16 with any patient's choice to receive such drugs from the 340B entity, including the
17 administration of such drugs. For purposes of this Subsection, it is considered a
18 discriminatory practice that prevents or interferes with a patient's choice to receive
19 drugs at a 340B entity if a health insurance issuer, pharmacy benefit manager, or
20 other third-party payor places any additional requirements, restrictions, or
21 unnecessary burdens upon the 340B entity that results in administrative costs or fees
22 to the 340B entity, including but not limited to requiring a claim for a drug to include
23 any identification, billing modifier, attestation or other indication that a drug is a
24 340B drug in order to be processed or resubmitted unless it is required by the Centers
25 for Medicare and Medicaid Services or the Louisiana Department of Health in
26 administration of the Louisiana Medicaid program.

27 (e) Include any other provision in a contract between a health insurance
28 issuer, pharmacy benefit manager, or other third-party payor and a 340B entity that
29 discriminates against the 340B entity or prevents or interferes with an individual's
30 choice to receive a prescription drug from a 340B entity, including the administration

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1 of the drug, in person or via direct delivery, mail, or other form of shipment, or
2 creation of a restriction or additional charge on a patient who chooses to receive
3 drugs from a 340B entity.

4 (f) Require or compel the submission of ingredient costs or pricing data
5 pertaining to 340B drugs to any health insurance issuer, pharmacy benefit manager,
6 or other third-party payor.

7 (g) Exclude any 340B entity from the health insurance issuer, pharmacy
8 benefit manager, or other third-party payor network on the basis that the 340B entity
9 dispenses drugs subject to an agreement under 42 U.S.C. 256b, or refusing to
10 contract with a 340B entity for reasons other than those that apply equally to
11 non-340B entities.

12 B. Nothing in this Chapter applies to the Louisiana Medicaid program as
13 payor when Medicaid provides reimbursement for covered outpatient drugs as
14 defined in 42 U.S.C. 1396r-8(k)).

15 §2884. Prohibition of certain discriminatory actions by a manufacturer or distributor
16 related to 340B entities

17 A. A manufacturer or distributor shall not deny, restrict, prohibit, or
18 otherwise interfere with, either directly or indirectly, the acquisition of a 340B drug
19 by, or delivery of a 340B drug to, a pharmacy that is under contract with a 340B
20 entity and is authorized under such contract to receive and dispense 340B drugs on
21 behalf of the covered entity unless such receipt is prohibited by the United States
22 Department of Health and Human Services.

23 B. A manufacturer or distributor shall not interfere with a pharmacy
24 contracted with a 340B entity.

25 §2885. Violations

26 The commission of any act prohibited by this Chapter is considered a
27 violation of the Unfair Trade Practices and Consumer Protection Law, provided for
28 in R.S. 51:1401 et seq. and subjects the violator to any and all actions, including
29 investigative demands, remedies, and penalties provided for in the Unfair Trade
30 Practices and Consumer Protection Law, except there shall be no right to bring a

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1 private action pursuant to R.S. 51:1409. A violation occurs each time a prohibited
2 act is committed.

3 §2886. Federal preemption

4 A. Nothing in this Chapter is to be construed or applied to be less restrictive
5 than federal law for a person or entity regulated by this Chapter.

6 B. Nothing in this Chapter is to be construed or applied to be in conflict with
7 any of the following:

8 (1) Applicable federal law and related regulations.

9 (2) Other laws of this state if the state law is compatible with applicable
10 federal law.

11 C. Limited distribution of a drug required under 21 U.S.C. 355-1 is not to be
12 construed as a violation of this Chapter.

SPEAKER OF THE HOUSE OF REPRESENTATIVES

PRESIDENT OF THE SENATE

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____



Strategic Growth Plan update

- In mid-January, a form was emailed to all health Center CEOs asking them to share their service and location growth plans for the next 18 months.
- Four health centers responded.
- Due to the possible impending changes brought on by Executive Orders and budget resolution discussions over the last month, NVPCA focus shifted to sustaining current workforce and patient services.

Discussion:

- Have your plans for growth changed based on the recent Executive Orders that will affect health centers?

Next steps:

- NVPCA will continue to update the strategic growth plan report for the September Board Retreat 2025
- NVPCA will follow up with the non-reporting CHCs
- Strategic Growth Committee's next meeting is March 20, 2025



Title X Family Planning Grant

Background

- NVPCA has received Title X grant funding since 2018. We are currently contracted with five FQHC sub-recipients for approximately \$1.8 million in pass through funding.
- During the first Trump administration there was a rule change that restricted providers to what could be shared with a patient after receiving a positive pregnancy test. Providers were only allowed to provide options counseling on keeping the pregnancy and/or exploring adoption. The rule change also prohibited funding to Planned Parenthood and opened funding for Crisis Pregnancy Centers.
- It is anticipated that there will be changes to the Title X Family Planning program, however it is unclear as to just what they may be. NVPCA is focusing our attention on how to make sense of and respond to the new Administration landscape. Grantee organizations and providers could be forced to drop out of Title X (or may choose to leave), depending on policy actions taken by the new Administration.
- In addition, there could be significant restrictions on who can participate in, and allowable services offered through these programs. Title X program funding could be dramatically reduced, or the program could be eliminated entirely. The Trump Administration is likely to introduce new regulations that could be as bad or far worse than those implemented during his first term, including provisions such as:
 - Ban on options counseling and/or referral
 - Provider exclusion and restrictions
 - Service restrictions and exclusions
 - Eligibility restrictions
 - Funding cuts
 - Bans on types of contraception and emergency contraception
 - Promotion of non-evidence-based information
 - Parental notification or consent requirements for contraception
- **NVPCA has engaged Health Management Associates (HMA) to provide the following services and any other tasks, as requested:**
 - To fully prepare for likely actions that will be taken by the Administration, HMA proposes to provide scenario planning and financial modeling consulting services to NVPCA.
 - HMA has designed a scope of work around partnering with NVPCA to achieve desired outcomes in an efficient and cost-effective manner, and within the stated time limit.

To advocate for, broaden, and strengthen the health center network.



HMA Staff:

- Julie Rabinovitz, MPH, Principal
- Beth De Santis, MSN, Principal
- Rula Othman, MS, Senior Consultant
- Warren J. Brodine, Delivery System Managing Director

Deliverables:

- Strategic Guidance
- Financial Modeling
- Final Report end of March 2025

Discussion regarding concerns about Title X grant among staff and board members

NVPCA REACCHH Program

2025 Title X Program Considerations

NVPCA Board Retreat
February 26, 2025

Agenda

- *Context*
- *Funding and Policy Threats*
- *Anticipated Timeline*
- *Possible Scenarios*
- *Strategic Questions and Criteria to Consider*
- *Pro-Active Strategies*
- *Next Steps*

REACCHH Title X Program

Broader context:

- NVPCA is 1 of 5 grantees in NV
 - *NVPCA subrecipients have earned \$10.2M to support patient-centered, comprehensive, integrated, evidence-based repro health care*
- *REACCHH serves >50% of Title X patients in NV*

NVPCA REACCHH Program:

- *Patients seeking reproductive education and healthcare; delaying, preventing pregnancy*
- *6,675 female users (82%) + 1,505(18%) male users = 8,180 patients served in 2024*
- *Less insured than FQHC patients, higher than Nevadans*
- *35% of family planning patients were served in a language other than English, about 50% higher than FQHC patients in general, higher than Nevadans*
- *In 2024, the proportion of users under the age of 20 grew significantly to 29% compared to 23% in 2023*

Environmental Context

- *Hostile Environment*
- *Title X*
- *Medicaid*
- *Non-Profit Status*
- *Legal*
- *Other/Unknown*

Funding and Policy Threats – Title X

- Ban on patient-centered, non-directive pregnancy options counseling and/or referral
- Service restrictions and exclusions (gender affirming care, integrated care)
- Eligibility restrictions (citizenship questions, age restrictions)
- Bans on types of contraception and emergency contraception (what/who defines types of services)
- Promotion of non-evidence-based information to patients seeking facts
- Parental notification or consent requirements for contraception

Funding and Policy Threats – Medicaid

- Per capita caps
- Member eligibility cuts
- Block granting of Medicaid
- Provider taxes
- Federal Medical Assistance Percentage (FMAP) changes, such as:
 - Elimination of the enhanced FMAP for the Medicaid expansion population
 - Reduction of the FMAP for all populations

Anticipated Timeline

February – May 2025

- Congress to negotiate/pass FY 2025 budget resolutions with reconciliation instructions
- Congress needs to pass another continuing resolution or omnibus spending package for FY2025 (Title X level-funded, eliminated, changed, or cut) - deadline March 14
- Release of President's budget proposal for FY2026

June – November 2025

- Congress expected to negotiate FY2026 budget reconciliation (will likely include changes to Medicaid)
- Congress to advance FY2026 appropriations spending by October 1 (Title X expected to be eliminated, changed, or cut)

Possible Scenarios

- Executive Orders
- Revert to 2019 regulations
- No authorization/appropriations for Title X
- Notice of proposed rulemaking
 - 30 Day comment period
 - Release of new regulations
- Legal Action

Strategic Questions and Criteria to Consider

- Grantee Funding Cuts (75%, 50%, 25%)
- Potential Bans
 - Referrals
 - Counseling
 - Types of contraception and emergency contraception
- Exclusion and restrictions
 - Services
 - Eligibility
- Promotion of non-evidence-based information and abstinence-only information/education/counseling
- Parental consent or notification requirements

Proactive Strategies

- External
 - Strategic Communications
 - Partnerships/Coalitions
 - State Policy
 - Legal
- Internal
 - Financial Pro-Formas
 - Fund Development
 - New Service Line Exploration
 - Communication

Next Steps

- Financial Pro-Forma Development
- Board Recommendations and Approval
- Communication Strategy Development and Implementation
- Explore Proactive State Policy Initiatives
- Fund Development
- Other?

Discussion & Questions

For questions and a thought partner, contact...

Karen Ford Manza
Director of Strategic Partnerships
(602)369-6328



EDWARD T. WATERS

MANAGING PARTNER

📞 202.600.3505 ✉️ ewaters@feldesman.com



PRACTICES

Federal Grants

Health Care

Litigation &
Government
Investigations

Government Contracts

Education

EDUCATION

J.D., University of
Virginia School of Law
(1988)

B.A., Washington
University (1983)

Edward (Ted) T. Waters focuses his practice on helping organizations to solve problems, often in crisis situations. A national authority in the area of federal grants, particularly in the health and community service spheres, he advises clients on all aspects of program requirements, including issues such as cost-based reimbursement, governance and the never-ending list of grant administration matters.

Mr. Waters' experience in financial, cost reporting, reimbursement, and administrative issues is widely recognized, and illustrated by his selection as a Washington, DC Super Lawyer in health care for much of the past 10 years. Mr. Waters routinely handles challenging issues for clients such as government audits, internal investigations, and litigation, deftly guiding them to a resolution. His priority is to help each organization carry out its mission and ensure that legal challenges do not distract from that focus. With over two decades of experience leading the Firm, Mr. Waters understands acutely the challenges of keeping an organization running, and offers practical, down-to-earth counsel to support organizational leaders in doing just that.

For over 35 years, Mr. Waters has counseled numerous health and community service organizations, negotiated with federal and state officials, and represented clients in front of state and federal courts, administrative tribunals, Offices of Inspector General, and federal agencies. Mr. Waters also has extensive experience advising Boards and senior leadership in organizations undergoing major management changes, often in high-profile situations.

Mr. Waters frequently conducts trainings for numerous groups across the country such as state and national organizations, local, state, and federal agencies, and private nonprofit organizations, including the American Bar Association, National Association of Community Health Centers, and National Head Start Association. Mr. Waters is a Professional Lecturer at The George Washington University Law School.

Mr. Waters is focused on both the big picture and minutia of the legal challenges facing his clients so that they can focus on their goals and objectives. He strives to develop creative solutions to the crises facing his clients so that they are able to continue doing the work they were meant to do.

REPRESENTATIVE MATTERS

- Successfully represented a group of eight health centers in litigation with the State of Washington obtaining close to \$15 million.
- Successfully represented a Head Start program before the Departmental Appeals Board to reverse termination of a Head Start grant, including various cost disallowances.
- Successfully represented a Medicaid managed care plan in a bid protest over the competitive award of Medicaid managed care contracts.

BAR/COURT ADMISSIONS

District of Columbia

Virginia

Supreme Court of the United States

U.S. Court of Appeals for the Federal Circuit

U.S. Court of Appeals for the Fourth Circuit

U.S. Court of Appeals for the Fifth Circuit

U.S. Court of Appeals for the Ninth Circuit

U.S. Court of Federal Claims

U.S. District Court for the District of Columbia

U.S. District Court for the District of Maryland

U.S. District Court for the Eastern District of Virginia

- Served as general counsel for one of the country's largest health centers for 17 years.

HONORS/AWARDS

- Selected to the Washington, DC, *Super Lawyers* list – Health Care (2014-2016, 2018-2024)

PUBLISHED WORKS

- Author, *Grant Money Doesn't Come Free*, The Corporate Counsel (August 2009)
- Author, Co-Author, *This Free Money Comes with Strings*, LegalTimes (April 2009)
- Co-Author, *GovPro: A Head Start Governance Manual*, Feldesman Tucker Leifer Fidell LLP and Wipfli (2008)
- Co-Author, *Clinical Research Compliance Manual*, Chapters 5-7, Aspen Publishers (2006)

CLASSES/SEMINARS TAUGHT

- Professional Lecturer in Law, The George Washington University Law School (January 2014 to present)

PREVIOUS EXPERIENCE

- Howrey & Simon, Associate (1989-1992)
- Department of Energy Board of Contract Appeals, Legal Clerk (1988-1989)

PUBLICATIONS

Client Alert: Latest Executive Order May Reverse Longstanding Interpretation of PRWORA

NIH Unilaterally Caps Indirect Costs at 15 Percent in Open Grants to Universities and Research Institutions

Client Alert: HRSA Retraction Reverses Previous Statement on Federal Awards

PROFESSIONAL MEMBERSHIPS / AFFILIATIONS

American Bar Foundation, Fellow (2008 to present)

National Grants Management Association, Board of Directors (2001-2009), Board President (2003-2007), Immediate Past President (2007-2009)