



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

NVPCA BOARD MEETING AGENDA

Tuesday, July 1, 2025

8:30 am – 10:00 am

Virtual Meeting – [Zoom Link](#)

2024-25 NVPCA Board Members:

President: Steve Flores, Hope Christian Health Center	CJ Hansen, Canyonlands Healthcare
Vice President: Walter Davis, Nevada Health Centers	Angela Quinn, FirstMed Health and Wellness
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

8:30 am	1. Call to Order a) Approval of the Agenda <i>(vote)</i>	Steve Flores
8:35 am	2. Consent Agenda <i>(vote)</i> a) Approval of Board Meeting Minutes for May 6, 2025 b) Chief Executive Officer’s Report & Organizational Dashboards	Steve Flores
8:40 am	3. Board Governance Moment a) Board Governance Moment b) Member Meeting Attendance Record c) Board Self-Assessment Reminder	Nancy Bowen
8:45 am	4. Administrative and Financial Reports a) Budget to Actual YTD Financial Reports with Financial Dashboard and Balance Sheet <i>(vote)</i>	Nancy Bowen Nancy Barklage
8:50 am	5. NVPCA Organizational Policies a) Personnel Policy Manual - Approval of Revisions <i>(vote)</i> b) Title X Policies Manual – Approval of Revisions <i>(vote)</i> c) Artificial Intelligence Governing Framework (Informational only)	Nancy Bowen Nancy Barklage Karen Ford Manza
9:05 am	6. Strategic Discussion & Policy Committee Update a) 2025 Nevada Legislative Session Review b) Federal Updates c) Lobbyist Search	Nancy Bowen Steve Messinger
9:45 am	7. Board Retreat Topics	Nancy Bowen
10:00 am	8. Meeting Adjournment a) Next meeting: Annual Board Retreat, Tuesday, September 9, 2025, at 10 am, Tahoe Blue Event Center	

Zoom Meeting Link: <https://us02web.zoom.us/j/82320952786?pwd=NHAYs3VoaGxJajlpTFNEZWhMMG9MQT09>

Meeting ID: 823 2095 2786; Passcode: 767732



NVPCA Board of Directors Board Meeting Minutes May 6, 2025

Nevada Primary Care Association
Board Meeting – July 1, 2025
Item 2a

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

1. Call to Order

President Steve Flores called the meeting of the NVPCA Board of Directors to order at 8:45 am. 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 David Robeck, and seconded by Randy Smith, to approve the agenda as presented. The motion passed unanimously.

2. Consent Agenda

a) Approval of Minutes from Board Retreat on February 26, 2025

b) Chief Executive Officer’s Report and Organizational Dashboards

The consent agenda, consisting of the minutes of the February 26, 2025, Board of Directors Retreat, the CEO report, and the organizational dashboard, was presented for approval. There were no comments or questions.

It was moved by CJ Hansen, and seconded by Sharon Chamberlain, to approve the consent agenda. The motion passed unanimously.

3. Board Governance Moment

a) Board Governance Moment

Nancy Bowen provided the members with an article on “AI for nonprofits” and asked the Board for their thoughts on the PCA adopting a policy on artificial intelligence. The Board recommended the CEO adopt a policy and asked that the Board be presented a copy as information only at the next meeting.

b) Member Meeting Attendance Record

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

c) Notice of Follow-up to 2024 Board Self-Assessment

Nancy Bowen informed the Board that a member survey and Board self-assessment should occur every two years and not in the same year. In 2024 both were conducted. To get back on schedule, a new Board self-assessment will be conducted in June/July with the results to be discussed at the September Retreat. The survey will be sent to Board members via email.

4. Administrative and Financial Reports

a) Budget to Actual YTD Financial Reports with Financial Dashboard and Balance Sheet

Nancy Barklage, Director of Admin and Finance, reviewed the Year-to-Date financial report through March 2025, including the approved budget versus actual revenues and expenses. She stated that both expenses and revenues are on target and within the expected budgeted range. The review included a presentation of the financial dashboard and the balance sheet as of March 31, 2025.

It was moved by David Robeck, and seconded by Randy Smith, to accept the Budget-to-Actual Financial Reports for Fiscal Year 2025, through March 2025. The motion passed unanimously.

b) Approval of the FY 26 Operating Budget

Nancy Barklage, Director of Admin and Finance, presented the proposed Operating Budget for Fiscal Year 2025-26. She reviewed each funding source, program description, project period, and funds budgeted/allocated. Some of the expense categories discussed included travel, equipment, supplies, contracts, pass-through contracts, and other operating expenses.

It was moved by Randy Smith, and seconded by Sharon Chamberlain, to approve the FY26 Operating Budget as presented. The motion passed unanimously.

c) Approval of the FY25 Audit Engagement Letters

Nancy Barklage, Director of Admin and Finance, informed the Board that the certified public accountants at Fester & Chapman were recommended by the Finance Committee to conduct the FY25 audit and 990 services. Several firms were contacted but an evaluation of the costs showed that Fester & Chapman were the most affordable. The cost of their service increased approximately \$600 over the previous year.

It was moved by David Robeck, and seconded by Randy Smith, to approve the Audit Engagement Letters for Fester and Chapman for Fiscal Year 2025. The motion passed unanimously.

d) Notice of New Organizational Member – Reno Sparks Tribal Health Center

The Reno-Sparks Indian Colony has joined NVPCA as a tribal member. The association now has eleven (11) organizational members, ten (10) associate members, and three (3) tribal members for a total of twenty-four (24) current members.

5. Strategic Discussion

a) FQHC Compensation and Benefits Survey

Nancy Bowen presented the results of the FQHC Compensation and Benefits Survey. The survey was conducted by ElementOne who sent questionnaires to all health center members of NVPCA in late 2024. The final report addressed the demographics and characteristics of the participants workforce. Data compiled included compensation and benefits policies and practices, insurance programs, CEO compensation information, and compensation by position, including providers.

b) NVPCA Annual Conference and 30th Anniversary Reception

Nancy Bowen provided an update on the upcoming annual conference. The Board Retreat will take place on September 9 and the conference on September 10-11 at Stateline (Lake Tahoe), Nevada.

The categories for the annual health care awards were presented. A new award will be offered this year entitled, "Exceptional Health Professions Educator Award."

She asked for the Board's thoughts on inviting past Board members as this is the 30th anniversary for the association, as some of those individuals may have been part of the creation of the NVPCA. This would be an invitation only; the PCA would not pay for travel costs. There was no opposition to the idea.



6. Policy Committee Update

Steve Messinger, Policy Director, provided updates on the following items:

a) Federal updates

Messenger provided information on the federal budget resolution/reconciliation process and the Medicaid carve-out. The Board discussed potential ramifications to any Medicaid cuts.

b) 2025 Nevada Legislative Session Updates

Messinger provided an update on the status of the Nevada Legislative Session, including bills that may impact the health centers that were likely to pass or could potentially fail. There was discussion regarding 340B Legislation. As no bill was introduced, next steps were discussed including what to do in the interim prior to the 2027 session.

7. Data Spotlight

a) Cervical Cancer Screening & Best Practices

Kim Lambrecht, Director of Health Center Informatics, and Steve Messinger, Policy Director, presented information on cervical cancer screening.

8. Meeting Adjournment

There being no further business, President Flores adjourned the meeting at 10:05 am.

NOTES

Next Meeting	The Board will conduct a virtual Board meeting on Tuesday, July 1, 2025, at 8:30 a.m. (Pacific)
Approved By	

ROLL CALL

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





CEO Report

Nevada Primary Care Association
Board Meeting – July 1, 2025
Item 2b

April 26 – June 27, 2025

Policy -

- The 2025 Nevada Legislative Session concluded on Monday, June 2, 2025 (See Item 6 on the Board meeting agenda for the Policy Update).
- NVPCA hosted the next Managed Care Roundtable on June 18 at 10 am. Discussion included a discussion on provider flex and centralized credentialing, an update from Nevada Medicaid and the MCOs, and reviews of the activities of the Performance Measure - Diabetes and Contact Information workgroups.



Organizational Excellence –

- The CEO met with The Valley Health System in March to discuss readmissions issues and any potential for collaboration with FQHC members. The Valley Health System is comprised of six acute care hospitals, seven freestanding emergency departments, and numerous primary care and specialty facilities in Las Vegas and Southern Nevada.

Community Engagement – National and State

- CEO attended the Community Health Assessment Prioritization Meeting hosted by the Southern Nevada Health District on April 30.
- CEO, as a member of the NACHC Board of Directors, toured the Puerto Rico PCA and health centers during their quarterly meeting held in San Juan in early June.
- NVPCA staff attended the 2025 Region IX Clinical Excellence and Leadership Conference, hosted by the Western Clinician Network and California PCA. The Arizona, Hawaii, and Nevada PCAs provided support for the event which was held in Reno on June 22-24. CEO made opening remarks to the attendees and was a panel member in a Hot Topics policy discussion.
- On June 25-27, CEO attended a PCA CEO meeting in Rockville, MD.



Membership

- CEO continues to conduct bi-weekly meetings for member FQHC CEOs to discuss executive order announcements, budget and other legislative concerns, and other hot topics. Information on how these issues will affect health centers and members is shared as soon as it is available.
- NVPCA will host several training events in the summer and fall including, "Understanding Managed Care – Diabetes Resources that Make a Difference" on July 21; "Improving Maternal Health Outcomes through Motivational Interviewing and SBIRT Techniques" on August 5; and the annual UDS training in the late fall. For more information or to register, visit [Trainings & Events | Nevada Primary Care Association | Nevada, USA](#).
- The Annual NVPCA Member Meeting is scheduled for Wednesday, September 3 at 8:30 am. Board elections will be conducted and the CEO will review the past year's activities.

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

April 26 – June 27, 2025

Program Management and New Projects

- In 2025, NVPCA conducted 6 trainings in topics to include Community Health Workers, Unlocking EM Coding, Population Health Software, Glucose Monitoring, and Cervical Cancer Screening. The targeted audiences included FQHC executives, providers and other staff, clinical leaders, and individuals involved in the revenue cycle. Over 175 attendees participated in these events, with another 125 involved in the Managed Care Roundtable events and associated workgroups.
- NVPCA continues its work to develop an FQHC Handbook. The document will be presented at the Annual Conference.



Upcoming Events

- **National Health Center Week** is August 3-9, 2025, sponsored by the National Association of Community Health Centers and the Health Center Advocacy Network. <https://healthcenterweek.org/>
- The **Annual Community Health Conference & Expo** (CHI) will be held in Chicago, IL on August 17-19. Visit [CHI - Community Health Conference & Expo - NACHC](#) for more information.
- The **Board's Fall Retreat** will take place in conjunction with the annual conference on Tuesday, September 9, 2025.
- The **2025 Annual Healthcare Conference** will take place on September 10-11, 2025, in Stateline at Lake Tahoe.



"Success is a journey, not a destination. The doing is often more important than the outcome." —
Arthur Ashe



Mobile Unit Workgroup

Health Centers Participating: Nevada Health Centers, Community Health Alliance, Washoe Tribal HC, Hope Christian Health Center, and Canyonlands Health Center.

Focus: The Mobile Unit Workgroup is learning and sharing the best practices around mobile unit operations, sustainability, and mobile unit resources.

May: NVPCA provided information on grant writing. The workgroup learned about typical sections included in grant proposals and what data to include in grant proposals. Grant opportunities through the Mobile Healthcare Association were shared with the workgroup.

June: The workgroup reviewed key metrics to assess success and identify areas for improvement in mobile unit programs, particularly in relation to recruitment and retention efforts. Metrics discussed included time-to-fill, turnover rate, retention rate, internal promotion rate, and employee satisfaction

Quality Improvement Workgroup

Health Centers Participating: Nevada Health Centers, Community Health Alliance, Washoe Tribal HC, Hope Christian Health Center, Canyonlands Health Center, Southern Nevada Community Health Center, Northern Nevada HOPES.

Focus: The QI Workgroup participants completed the Value Transformation Assessment. Based on the results of the assessment across the health centers, the workgroup will focus on the domains impacting the health centers' readiness for value-based care and achieving the Quintuple AIM.

May: The workgroup received information on resources to support population health management to address health related social needs. The resources included social care delivery, data hygiene, value-based care and programs offered by other organizations to support Health Centers.

June: NVPCA shared and the workgroup discussed crosswalks of UDS, eCQM and PCMH metrics to support their QI and value-based care initiatives.



Clinician Leadership Workgroup

Health Centers Participating: Nevada Health Centers, Community Health Alliance, Washoe Tribal HC, Northern Nevada HOPES.

Focus: Kickoff meeting was in March. Participants decided provider retention should be a primary focus. They also decided behavioral health and dental leaders should be included in the workgroup.

May: The workgroup provided feedback on the MCRT Diabetes Performance Measure Workgroup progress.

June: NVPCA offered several scholarships to the WCN Regional IX Clinicians Excellence and Leadership Conference, June 22-24th. 7 providers and 1 CEO attended the conference through the NVPCA scholarship opportunity.

HR/Workforce Workgroup

Health Centers Participating: Nevada Health Centers, Community Health Alliance, Hope Christian Health Center, Canyonlands Health Center, Southern Nevada Health Centers, and Northern NV HOPES.

Focus: Workforce retention, recruitment, and staff development.

May: The Workgroup convened to review the results of the Compensation and Benefits survey. Survey participants were invited to attend the discussion and share any initial questions or comments regarding the findings. Additionally, participants collaborated with PCA to identify key questions for Element One to address during their upcoming training session with the Workgroup, scheduled for the July meeting.

June: The Workgroup met in June to discuss Career Pathways and Ladders. In collaboration with MHP Salud, NVPCA organized a training session: Maximizing Community Health Workers: Strengthening Career Pathways and Support Strategies scheduled for June 25th. To further explore the topic of Community Health Worker (CHW) career development, NVPCA reviewed the CHW Career Web Model developed by MHP Salud, which was referenced during the training. The technical assistance provided will focus on supporting the development of structured career pathways for CHWs.

From:  **SmartBrief**

[SmartBrief | Industry News & Newsletters | The Smart Newsletter](#)



By David DeSouza

David DeSouza is the president of [Monterey Bay Herb Co.](#), a bulk herbs company whose mission is to be the go-to supplier for businesses that harness the power of botanicals like [marshmallow root](#) for wellness.

The quiet leader: How to lead with presence, not volume

For a quiet leader, strategic patience and focused communication are essential to build trust, writes David Desouza.

By David Desouza 04/30/25

For leaders managing complexity, influence often gets mistaken for visibility. The assumption is that the most vocal leader drives the agenda, steers the culture and creates alignment. In reality, sustained influence comes not from visibility alone but from composure, focus and a visible ability to think clearly under pressure.

At the director level and above, your value no longer comes from knowing the most or speaking first. It comes from how well you make decisions, how consistently you model behavior and how much clarity you bring to uncertainty. That clarity is easier to create when your presence is steady, and your behavior doesn't shift with every challenge.

Why presence shapes team performance

Leaders carry a disproportionate share of the emotional climate within a team. If your response to pressure is reactivity, your team will mirror that and narrow its focus to short-term protection. If your presence signals clarity and control, your team is more likely to stay solution-oriented, open and engaged.

This isn't a soft skill. It has an operational impact. Steady leaders reduce churn, shorten

decision cycles and improve cross-functional trust. They also minimize organizational drag by creating an environment where people spend less time managing upward and more time solving problems.

Executive coaches often describe presence as a combination of intention, attention and emotional regulation. Leaders who build this presence don't do so through performance. They do it through structure or specific routines and behaviors that align their internal state with external demands.

What quiet leaders consistently do

Quiet leadership isn't passive. It is deliberate. It requires a shift from reaction to response and from immediacy to strategic patience. The leaders who typically excel in this space exhibit four patterns of behavior:

- They maintain a high signal-to-noise ratio. Their communication is lean by design. They only speak when they've identified what the team actually needs to hear. That focus reduces confusion and creates decision velocity.
- They create space before responding. Instead of defaulting to immediate commentary, they allow the room to think. This discipline slows emotional escalation and improves the quality of discussion.
- They absorb ambiguity without transferring it. When a leader is visibly anxious or visibly uncertain, their team overcompensates. Quiet leaders process that ambiguity internally, and when they speak, they offer direction that balances realism with momentum.
- They invest in awareness practices that track emotional state, physical energy and cognitive bandwidth. That visibility into their condition allows them to self-adjust before those limits start affecting others.

How to operationalize quiet leadership

Building presence requires more than mindset shifts. It requires habits and frameworks that support consistent performance under stress. The four guidelines outlined below are excellent places to start:

1. Open meetings with intentional framing

Instead of jumping straight into updates, start with a clear articulation of why the meeting exists and what the conversation will produce. This sharpens focus and demonstrates that the meeting is designed, not reactive.

2. Schedule daily decision windows

Not all decisions benefit from speed. Create intentional space on your calendar where high-quality decisions can be made without distraction. This shift reduces the number of reactive choices made under pressure and aligns decision quality with responsibility level.

3. Use transitions to reset executive function

Moving directly from one high-stakes interaction to another carries emotional residue. Build a short ritual between major meetings- a few minutes of silence, a handwritten note, a brief walk- to prevent decision fatigue and preserve attention.

4. Structure your energy like a leadership asset

Track your energy levels like you track KPIs. Identify when your focus is sharpest, when your patience wears thin and what habits improve your baseline. Your energy isn't a personal concern - it directly impacts team performance, communication quality and credibility.

Why this approach pays off

Quiet leaders don't just calm rooms. They create conditions for better work. They're trusted not because they take up space but because their teams know what to expect. They reduce organizational volatility, raise the signal quality of communication and model decision-making that scales.

At more senior levels, influence no longer comes from volume or frequency. It comes from discernment, consistency and the ability to hold complexity without amplifying it. Teams don't need another source of stress - they need a point of reference. Quiet leaders become that reference.

Opinions expressed by SmartBrief contributors are their own.

Board Member Attendance

Member Name	2025-05-06	2025-02-26	2025-01-07	2024-11-05	2024-09-24	2024-07-17	2024-05-15	2024-03-20
Alicea, Tina	Absent - Excused	Present	Present	Present	n/a	n/a	n/a	n/a
Chamberlain, Sharon	Present	Present	Present	Present	Present	Absent - Excused	Present	Present
Davis, Walter	Present	Present	Present	Present	Present	Present	Present	Present
Delgado, Oscar	Absent - Excused	Present	Present	Present	Absent - Excused	Present	Absent - Unexcused	Present
Flores, Steve	Present	Present	Absent - Excused	Absent - Excused	Present	Present	Present	Present
Gilbert Eisenga, Teri	Absent - Excused	Present	Present	Present	Present	Present	Present	Present
Hansen, CJ	Present	Present	Present	Present	Present	Present	Present	Absent - Excused
Packham, John	Present	Present	Present	Present	Absent - Excused	Absent - Excused	Present	Present
Robeck, David	Present	Present	Present	Present	Present	Present	Present	Absent - Excused
Smith, Randy	Present	Present	Present	Present	Present	Present	Present	Present
Martinez, Diego	Resigned	Absent - Excused	Present	Present	n/a	n/a	n/a	n/a
Quinn, Angela					Absent - Unexcused	Absent - Unexcused	Absent - Unexcused	Absent - Unexcused
Valeton, Roxana							Absent - Excused	Absent - Excused

Excused = notification was provided to the 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



2025

Board Self-Assessment

Board self-assessments provide the opportunity to compare our performance with the best principles and practices of governance and are used as an effective planning tool. To that end, the 2025 Board self-assessment period has begun. A link was provided via email and the assessment tool can also be found at <https://forms.office.com/r/u70cT2HZxQ>. The deadline for submission of responses is Friday, July 25, 2025.

The results of the survey will be presented at the September Board Retreat. Those results will allow us see where we were, where we are, and where we need to go as we continue conversations around strategic planning and board governance.

The goal of self-assessment is to:

- identify our board's strengths,
- recognize areas in need of improvement,
- ensure we are using the board members' time wisely,
- display credibility to funders and other external audiences,
- reflect on your board members' individual and shared responsibilities,
- identify different perceptions and opinions among board members,
- determine areas of responsibility that need attention,
- increase the level of board teamwork,
- clarify mutual board/staff expectations, common objectives and that everyone accepts the same shared vision, and
- demonstrate accountability as a serious organizational value

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

Administrative and Financial Reports



NVPCA Financial Statement

YTD Target 91.7%

* Notes provided for variances + / - 25% of YTD target
67%
117%
NB= Not Budgeted

REVENUE

Federal Grants

BPHC Cooperative Agreement	821,802	839,410	732,822	87%	Increase to 330 base for additional IPV activities
BPHC Maternal Health	NB	144,500	-		To support T/TA aimed at improving maternal health outcomes; can be carried over to next FY
REACCH Title X	2,052,050	2,419,450	2,129,018	88%	One time supplemental funding

Contracts

State- TPP PREP	92,758	92,758	93,120	100%	
State- MACH	342,836	162,472	123,117	76%	Budget reduced due to majority of MAs registering for training next FY
HCCN	71,905	71,905	58,741	82%	
CareSource	NB	300,000	300,000	100%	Rural primary and mental health services project
Transitions of Care	NB	80,000	80,000	100%	Azara TOC project funded by Molina & SSHP
Huntsman	NB	5,000	5,000	100%	Food insecurity project

Other

Training & Events	24,750	24,750	30,795	124%	AC24 registrations
Sponsorship/Contributions	95,000	95,000	122,500	129%	AC24 sponsorships \$28,500; starting AC25 fundraising- \$94,000 to date
Membership Dues	50,925	50,925	55,500	109%	New members
NVCC	20,000	20,000	18,943	95%	Program phasing out and officially ends 6/30/2025
GPO/Misc	NB	NB	3,748		
Interest	7,500	7,500	15,643	209%	

Total Revenue

	3,579,526	4,313,670	3,768,945	87%	21% increase in revenue
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EXPENSES

Personnel/Salary & Fringe Benefits

	1,394,774	1,407,844	1,241,453	88%	
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Travel

Airfare	18,230	25,308	17,612	70%	
Hotel	20,778	22,928	20,082	88%	
Ground transport/Car Rental	8,267	7,918	5,994	76%	
Conference Registration	10,073	14,880	24,897	167%	Sponsored 10 Region IX 2025 Conference Registrations (\$9750) with Title X and BPHC funding
Per diem	8,844	8,834	5,835	66%	
Mileage/Gas	3,176	2,635	1,169	44%	
Total Travel	69,368	82,503	75,589	92%	

Supplies

Program Supplies- Direct Cost	1,752	1,840	2,044	111%	
Computer/equipment	4,720	8,720	9,296	107%	
Total Supplies	6,472	10,560	11,340	107%	

Contractual

Computer & Web Support	5,180	1,750	1,750	100%	Moved funds to IT Services under shared costs
Consulting	56,589	83,767	102,361	122%	
Reports and Projects	271,377	383,141	236,857	62%	Increase for Azara and TOC projects
Total Contractual	333,146	468,658	340,969	73%	

Administrative and Financial Reports



NVPCA Financial Statement

YTD Target 91.7%

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

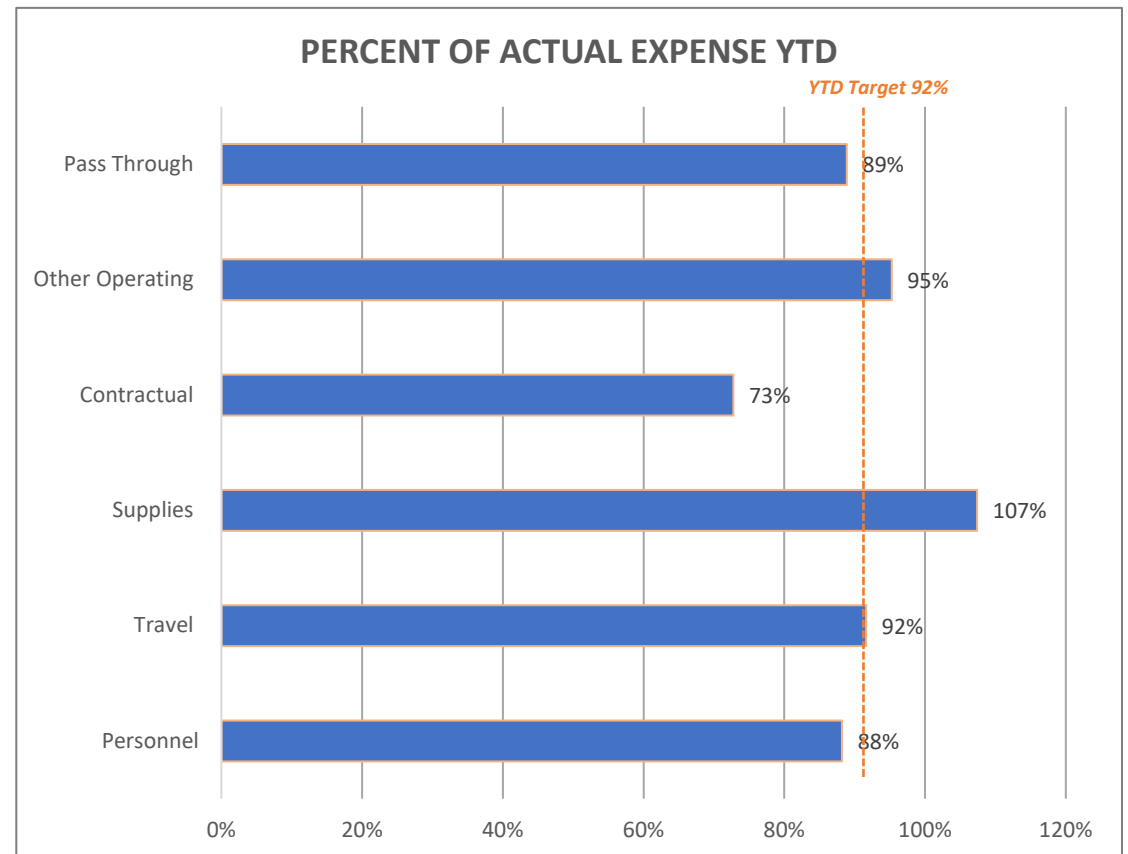
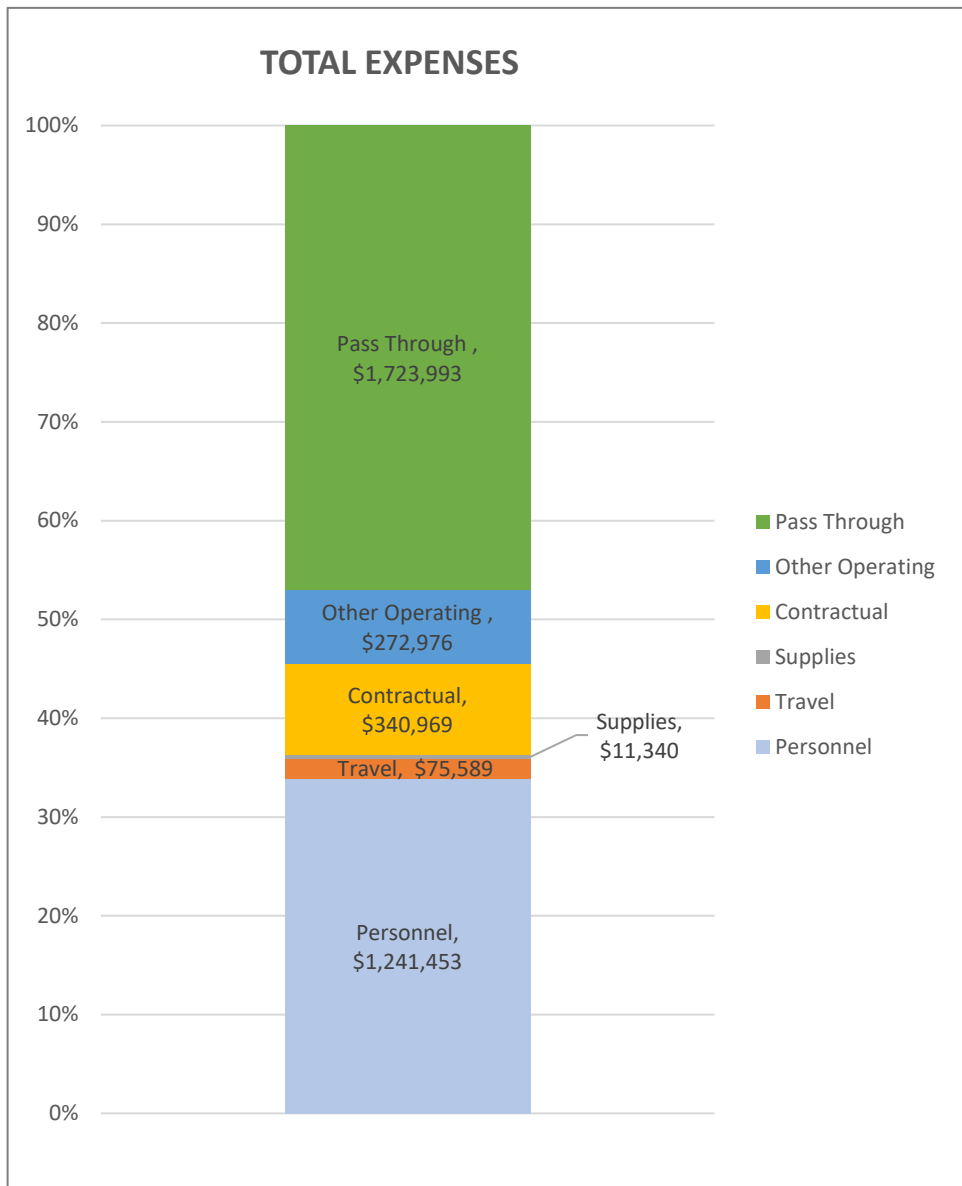
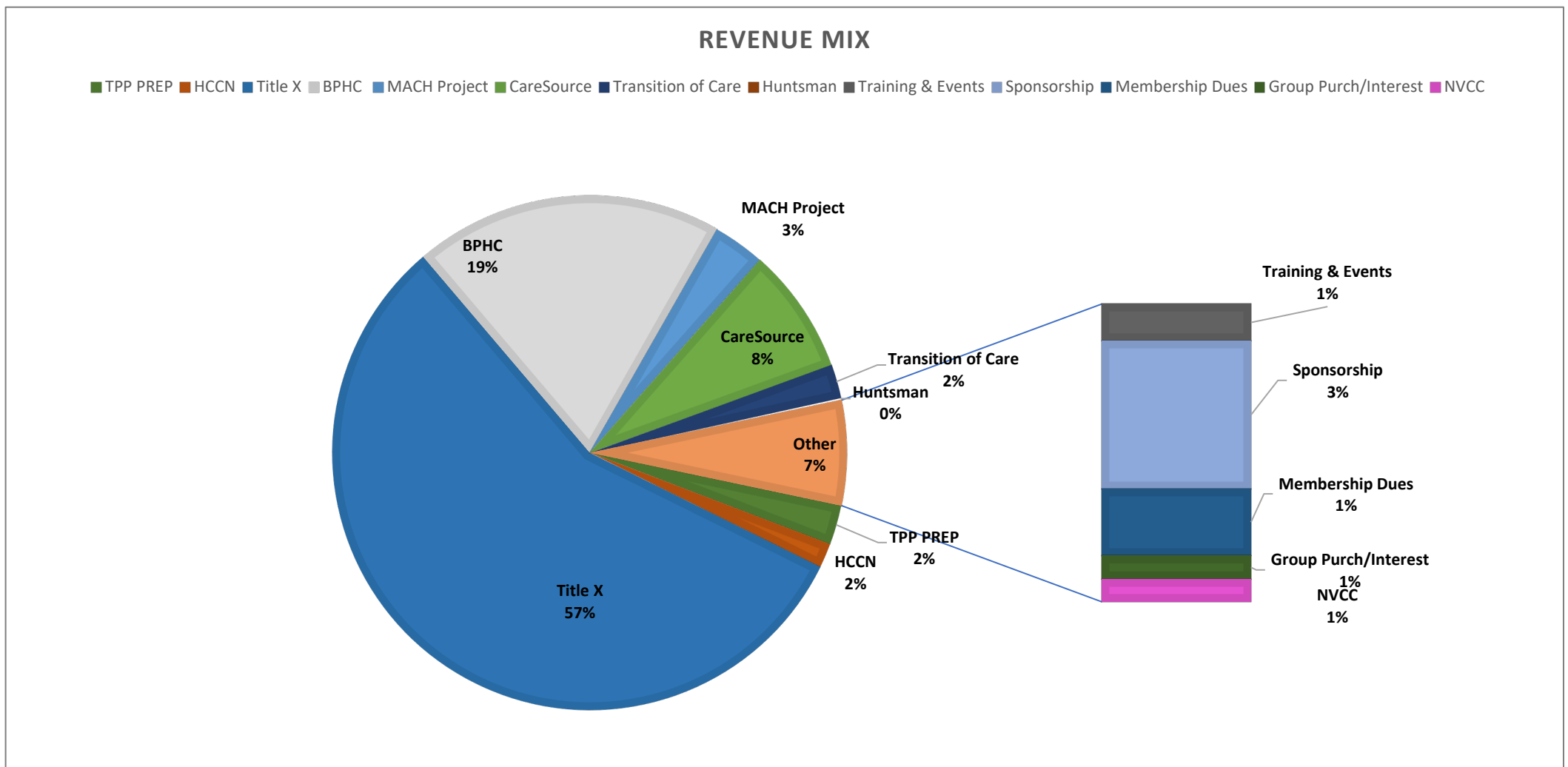
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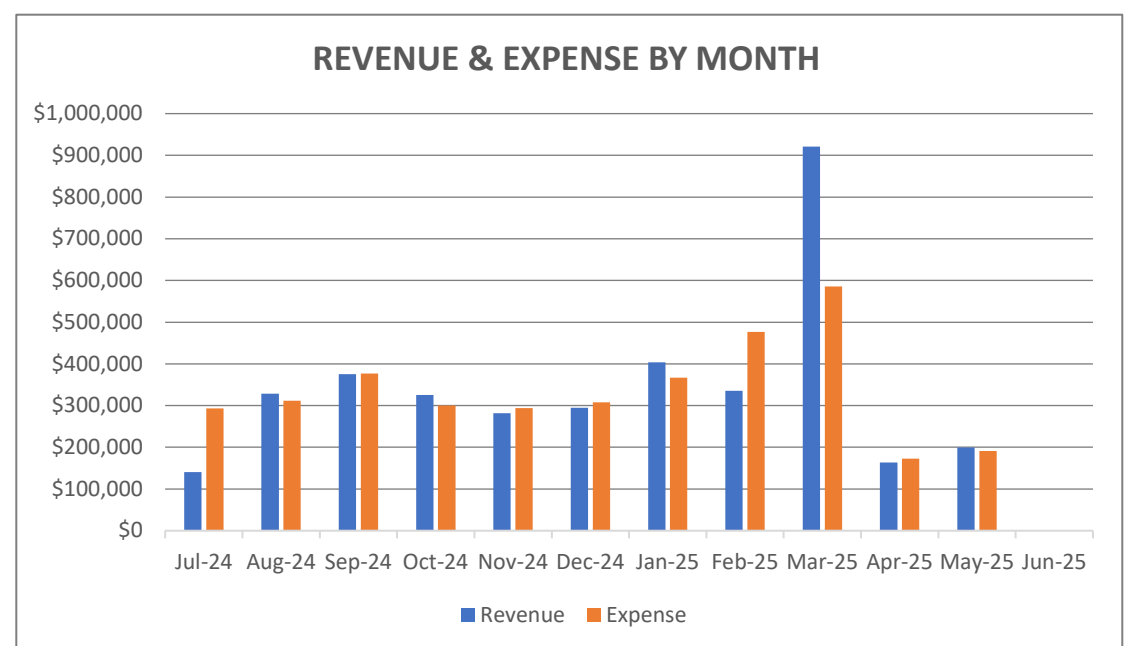
NB= Not Budgeted

	APPROVED BUDGET Jul 2024-Jun 2025	WORKING BUDGET* Jul 2024-Jun 2025	YTD May-25	% of Working Budget	Notes
Other Operating Expenses					
Dues & Memberships	13,000	16,763	18,350	109%	
Credit Card Processing Fees	1,100	2,120	1,947	92%	
Legal Services	1,000	1,350	732	54%	
Trainings/Events (6500)	128,156	128,200	123,829	97%	
Meeting Staff/Board (6608)	2,900	3,240	1,143	35%	
Printing/Outreach	500	2,325	9,443	406%	Additional funds from Title X supplemental funding for outreach
Staff/Board Development (6615)	2,760	2,760	1,890	68%	
Recruitment Expenses	500	600	964	161%	Recruitment for bookkeeper position; filled and employee started Oct 22
Taxes, Licenses & Fees	75	75	78	104%	
NVCC Operating Expenses	8,000	10,000	9,630	96%	
Shared Costs					
Audit	19,000	19,000	18,700	98%	
Auto Lease	7,453	7,453	4,135	55%	
Alarm	678	678	621	92%	
Bank Charges	144	144	120	83%	
General office supplies	3,000	3,000	2,056	69%	
IT Services	NB	9,900	10,371	105%	Outsourcing IT services
Janitorial	3,000	-	0	#DIV/0!	No longer using a service; funds will be used towards outsourced IT
Insurance	11,000	15,150	11,372	75%	
Occupancy Costs	32,256	32,256	31,486	98%	
Software Subscriptions	23,000	23,000	19,440	85%	
Telephone & Internet	8,543	8,543	6,668	78%	
Total Other Operating & Shared	266,065	286,557	272,976	95%	
Pass Through					
Pass through Contracts- Title X	1,455,166	1,626,798	1,420,941	87%	
Pass through Contracts- TPP PREP	64,404	63,812	64,319	101%	
Pass through Contracts- MACH	140,000	24,500	14,000	57%	
Pass through Contracts- CareSource	NB	205,133	205,133	100%	
Pass through Contracts- CGM	19,600	19,600	19,600	100%	
Total Pass Through	1,679,170	1,939,843	1,723,993	89%	
Total Expenses	3,748,995	4,195,965	3,666,320	87%	
INCOME OR LOSS	(169,469)	117,705	102,626	87%	
Net assets released from purpose restrictions (Population Health Project, Intermountain Project, Molina, and SilverSummit Community Investment Project)	200,256	196,697	149,180	74%	
Estimated restricted income recognized this FY and expenses will incur next FY (TOC, Huntsman, CareSource projects)	NB	284,000	180,781		
Adjusted Income or Loss	30,787	30,402	71,025	231%	

Financial Dashboard Report
July 1, 2024 – May 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	62	62	61
Current ratio*	2.1	1.9	2.2	2.3	1.9	2.5	2.2



*Days cash on hand & current ratio are calculated without restricted funds.

Administrative and Financial
Statement of Financial Position

Nevada Primary Care Association
Board Meeting – July 1, 2025
Item 4

Nevada Primary Care Association

As of May 31, 2025

DISTRIBUTION ACCOUNT	TOTAL
Assets	
Current Assets	
Bank Accounts	
1020 BofA Checking- 5407	134,637.85
1025 BofA Checking- 5689	1,000.00
1030 Live Oak Savings	478,413.01
Total for Bank Accounts	\$614,050.86
Accounts Receivable	
1200 Accounts Receivable	104,149.36
Total for Accounts Receivable	\$104,149.36
Other Current Assets	
1300 Undeposited Funds	0
1320 Prepaid Expense	0
1323 Insurance	\$12,987.79
1324 Prepaid Training Expense	0
1325 Prepaid Rent	0
1328 Software Subscriptions	1,037.54
1329 Auto Insurance	0
1330 Cyber Insurance	119.24
1331 D&O Insurance	309.24
1332 General Liability Insurance	174.87
1333 Workers Comp Insurance	544.20
Total for 1320 Prepaid Expense	\$15,172.88
1340 Petty Cash	10.84
2120 Payroll Asset	0
2130 Payroll Corrections	0
Total for Other Current Assets	\$15,183.72
Total for Current Assets	\$733,383.94
Fixed Assets	
1410 Equipment	-\$0.00
Total for Fixed Assets	-\$0.00
Other Assets	
1500 Rent Deposits	2,498.00
1510 ROU Asset	96,293.19
Total for Other Assets	\$98,791.19
Total for Assets	\$832,175.13

Administrative and Financial Statement of Financial Position Reports

Nevada Primary Care Association
Board Meeting – July 1, 2025
Item 4

Nevada Primary Care Association

As of May 31, 2025

DISTRIBUTION ACCOUNT	TOTAL
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	4,638.14
Total for Accounts Payable	\$4,638.14
Credit Cards	
2100 BofA Credit Card VISA 6161	0
2105 B of A MASTER CARDS 1454	\$22,231.07
Total for Credit Cards	\$22,231.07
Other Current Liabilities	
2115 Direct Deposit Payable	
2250 NVCC Reserve	
2300 Goni Lease Liability	98,189.19
2301 Lease Liabilities	
2500 Payroll Liabilities	\$2,103.56
2530 Accrued Retirement Benefit (IRA)	
2540 Accrued Vacation	16,572.95
2700 Accrued Expense	
2900 Deferred Income	
Total for Other Current Liabilities	\$116,865.70
Total for Current Liabilities	\$143,734.91
Long-term Liabilities	
Total for Liabilities	\$143,734.91
Equity	
4000 Retained Earnings	525,638.23
Net Income	91,825.27
3000 Equity	0
3030 Net Investment in Equipment	9,942.41
Total for 3000 Equity	\$9,942.41
3020 Accumulated Earnings	61,034.31
Total for Equity	\$688,440.22
Total for Liabilities and Equity	\$832,175.13



Personnel Policy Manual

Recommended Changes

The Personnel Policy Manual is reviewed annually and brought to the board when changes are recommended by the CEO. This year, changes to five (5) policies have been recommended. The changes are described below and included on the following pages. Also included is the Table of Contents for the Manual. For a full version of the Manual, please visit the [Board Resources SharePoint](#) site or contact the [CEO](#).

The Manual was last reviewed and revised, with approval of the Board, in July 2024.

POLICY NUMBER & TITLE	EXPLANATION OF REVISION/ADDITION
PP100-01, Prohibited Harassment, Discrimination, Intimidation and Retaliation	Pursuant to list of censored words established by the federal government: <ul style="list-style-type: none"> • removed references to “gender,” and “gender identity and expression” in the non-discrimination statement (the reference to “sex” remains which includes “gender”). • (11) - removed references to diversity, and racial, ethnic, and cultural backgrounds. Change “diversity” to “variety.” Updated #5 related to the complaint process as the process was moved to the NVPCA Employee Handbook. A complaint form was also developed.
PP100-02, Equal Employment Opportunity	Pursuant to list of censored words established by the federal government: removed references to “gender identity and expression”
PP120-15, Holidays	Added language that to receive holiday pay an employee must be on paid status on the day of the holiday
PP120-16, Paid Time Off (PTO)	Revised language that states an employee may not take PTO in the first 90 days of employment. Revision would allow PTO with the permission of the CEO. Added language that an employee on unpaid status may not accrue PTO during the unpaid leave.
P150-08, Whistleblower Policy	As it relates to whistleblower relief and penalties for an employee who violates the whistleblower policy, removed language defining the potential amount of a civil fine as any such fine would not be levied by NVPCA.

Policy Number: PP100-01
Policy Title: Prohibited Harassment, Discrimination, Intimidation and Retaliation
Date: October 4, 2012
Revision Date(s): March 2022; July 17, 2024

Policy:

1. NVPCA is committed to providing a work environment free of prohibited discrimination, prohibited harassment, including sexual harassment, intimidation, and retaliation. NVPCA maintains a strict policy against such conduct, in any form, because of race, color, sex, ~~gender~~, religion, national origin, ancestry, age (40 years and above), physical or mental disability, veteran status, sexual orientation, genetic information, marital or domestic partnership status, ~~gender identity and expression~~ or any other basis covered by applicable federal, state or local law, ordinance or regulation (which will be collectively referred to as "protected categories"). Harassment of third parties by NVPCA employees is also prohibited.
- ~~5.~~ Any employee who believes that he/she/they have been harassed, discriminated, intimidated, or retaliated against should report the situation following the Harassment and Complaint Procedure adopted by the CEO and documented within the NVPCA Employee Handbook within 15 days that he/she/they first knew, or became aware of the potential violation. That Harassment and Complaint Process describes the process for filing a complaint, as well as the appeals process ~~The CEO shall develop, adopt, and implement a formal complaint, investigation, and appeals process. (See Harassment and Complaint Procedure and Complaint Form in the Employee Handbook) Should the complaint be related to the CEO, the employee may contact the Board President.~~
7. A complaint received by the Board President, or any other Board member, that does not make allegations against the CEO should be referred to the CEO to be handled following this process, as detailed in the Employee Handbook.
11. In addition to NVPCA's commitment to providing a workplace free of prohibited harassment, discrimination, and retaliation, NVPCA proudly recognizes the wide range of backgrounds and experiences within the diversity of our work force. ~~Our employees come from many racial, ethnic, and cultural backgrounds, and~~ NVPCA views this variety diversity as an important and valuable part of our corporate culture. We encourage all employees to make every reasonable effort to respect the different cultural values, customs and languages that their co-workers may bring into the workplace. Failure to do so may create an atmosphere of inferiority, isolation, and even intimidation and may create a perception of discrimination, harassment, or retaliation.

Policy Number: PP100-02
Policy Title: Equal Employment Opportunity
Date: October 4, 2012
Revision Date(s): March 2022; July 17, 2024

Policy:

1. NVPCA is committed to a policy of equal opportunity for all employees and applicants for employment, regardless of age, race, color, religion, sex, national origin, native language, disability, sexual orientation ~~gender identity or expression~~, status as a registered domestic partner, genetic information, or status as a Vietnam-era or special disabled veteran in accordance with applicable state and federal laws. All actions affecting personnel are administered fairly and in accordance with applicable laws.

Policy Number: PP120-15
Policy Title: Holidays
Date: October 4, 2012
Revision Date(s): March 2022; July 17, 2024
Policy:

5. To be eligible to receive pay for a holiday, the employee must be in a paid status for some portion of the day. For example, an employee who would not normally be scheduled to work on the day of the holiday observance would not be eligible for holiday pay.

Policy Number: PP120-16
Policy Title: Paid Time Off (PTO)
Date: March 24, 2015
Revision Date(s): March 2022; July 17, 2024
Policy:

3. PTO benefits accrue from the date employment begins. Once an employee has successfully completed the introductory period of 90 days, accrued PTO time may be used. Exceptions to use PTO before the 90 days may be granted with CEO approval. PTO days can be carried over to the following year. See chart above for maximum allowable carryover.
- a. Employees on unpaid leave are not entitled to continue accruing paid-leave benefits. This includes employees who are receiving income replacement benefits from a source other than NVPCA payroll such as short-term disability, long-term disability, workers' compensation insurance; and employees on unpaid military leave.

Policy Number: PP150-08
Policy Title: Whistleblower Policy
Date: March 2022
Revision Date(s): July 17, 2024
Policy:

9. Whistleblower Relief and Penalties

- a. An employee, or other protected individual who alleges a violation of this policy may bring a civil action and the court may grant appropriate relief.
- b. An employee, or other protected individual, who violates or attempts to violate this policy may also be liable for a civil fine ~~of not more than ten thousand dollars (\$10,000.00).~~

Table of Contents

Policy Manual Review	4
PP100-00: Personnel Policies Introduction	8
Non-Discrimination / Equal Opportunity Policies	8
PP100-01: Prohibited Harassment, Discrimination, Intimidation and Retaliation	8
PP100-02: Equal Employment Opportunity.....	10
Employment	12
PP110-01: Categories of Employment.....	12
PP110-02: Anniversary Date	13
PP110-03: Employees Driver’s License & Driving Record	13
PP110-04: Bonding Requirement	13
PP110-05: Compliance with Immigration Reform and Control Act.....	14
PP110-06: Social Security Number Privacy and Protection of Personal Information.....	14
PP110-07: Changes in Personal Information	15
PP110-08: Performance Reviews	15
PP110-09: Job Descriptions.....	15
PP110-10: Reference Checks.....	16
PP110-11: Conflict of Interest/Code of Ethics	16
PP110-12: Outside Employment.....	16
PP110-13: Employment of Relatives.....	17
Pay, Benefits, Leave	17
PP120-01: Payday	17
PP120-02: Paycheck Deductions	18
PP120-03: Garnishments/Child Support	19
PP120-04: Promotions	19
PP120-05: Pay Raises	19
PP120-06: Pay Advances	19
PP120-07: Overtime	20
PP120-08: Insurance Programs	20
PP120-09: SIMPLE IRA Retirement Plan.....	21
PP120-10: Tuition Reimbursement.....	22
PP120-11: Employee Bonuses.....	22
PP120-12: Social Security	22
PP120-13: Unemployment Insurance.....	22
PP120-14: Worker’s Compensation	23

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

PP120-15: Holidays.....	23
PP120-16: Paid Time Off (PTO)	24
PP120-17: Paid Time Off Cash-out.....	25
PP120-18: Jury Duty Leave	25
PP120-19: Voting Duty Leave	26
PP120-20: Military Leave	26
PP120-21: Witness Leave	27
PP120-22: Bereavement Leave	27
PP120-23: Leave of Absence	28
PP120-24: Parental Leave.....	28
PP120-25: Domestic Violence Leave.....	29
PP120-26: Paid Caregiver Leave.....	30
Attendance	31
PP130-01: Recording Employee Time	31
PP130-02: Attendance and Punctuality	31
PP130-03: Business Hours.....	32
PP130-04: Flextime.....	32
PP130-05: Breaks/Mealtime.....	32
PP130-06: Lactation Break	33
PP130-07: Severe Weather	33
PP130-08: Natural Disasters.....	33
PP130-09: Remote Work	34
PP130-10: Notification of Special Circumstances	35
PP130-11: In An Emergency	35
Standards of Conduct.....	35
PP140-01: Standards of Conduct.....	35
PP140-02: Employee and Member Interaction	37
PP140-03: Confidentiality of Member Matters	37
PP140-04: Care of Member Records.....	38
PP140-05: Misuse, Licensing and Duplication of Software or Related Documentation	38
PP140-06: Solicitation and Distribution	39
PP140-07: Care of Equipment and Property	39
PP140-08: Laptop (Computing Device) Security	40
PP140-09: Company Vehicle(s).....	40
PP140-10: Cellular Phone and Equipment Usage	41

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

PP140-11: Social Media	41
PP140-12: Dress Policy	43
Safe & Respectful Working Environment	43
PP150-01: Workplace Violence	43
PP150-02: Weapons in the Workplace	44
PP150-03: Smoking in the Workplace	44
PP150-04: Drugs and/or Alcohol in the Workplace	45
PP150-05: Filing a Grievance.....	48
PP150-06: Each Employee’s Responsibility	48
PP150-07: COVID-19 Vaccine Requirements	49
PP150-08: Whistleblower Policy	50
General Provisions	53
PP160-01: Document Retention.....	53
PP160-02: Travel/Expense Accounts.....	53
PP160-03: Personal Property	53
PP160-04: Contact with the Media	54
PP160-05: Office Supplies.....	54



REACCHH Title X Policy Review & Updates

The REACCHH / Title X policies underwent an annual review on June 11, 2025. In addition to each policy being updated to indicate the review date, one policy is recommended for revision: TX-3-18, Clinical Leadership. See the recommended changes below:

For the cover page, the REACCHH Title X Policies

Reviewed June 11, 2025
Revised July 1, 2025

Each policy

Reviewed June 11, 2025

Policy Recommended for Revision

Policy Number: TX-3-18
Policy Title: Clinical Leadership
Date: March 17, 2022
Last Reviewed Date: June 11, 2025
Revision Date: July 1, 2025

Policy:

~~NVPCA requires subrecipient agencies have a policy in place indicating what family planning or medical services will be performed under the direction of a physician with special training or experience in family planning (42 CFR 59.5(b)(6)). Additionally, the medical director is responsible for reviewing and approving all relevant clinical protocols for the Title X program.~~

NVPCA requires subrecipient agencies to have a policy in place indicating what family planning or medical services will be performed under the direction of a Clinical Services Provider (CSP). The CSP's direction must be within their scope of practice and allowable under State law, and with special training or experience in family planning (42 CFR 59.5(b)(6)). CSPs include physicians, physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. As the program's clinical leader, the medical director is responsible for reviewing and approving all relevant clinical protocols for the Title X program.



Artificial Intelligence Governing Framework (Informational Only)

The CEO directed the creation of an Artificial Intelligence (AI) Governing Framework to address the use of AI tools at NVPCA. This framework is essential to help guide staff in using this powerful tool in a responsible, effective, and ethical manner. It addresses the following areas while acknowledging the uses of AI are ever-changing.

- Acceptable uses of AI tools including content creation, research, and technical assistance.
- Governing principles such as the protection of propriety and confidential information, ensuring content is accurate and factual, and ways to maintain security.

In creating the framework document, staff researched information from several sources, some of which was healthcare specific. The following are links to various articles and sources that may be of interest to health center CEOs and staff in the development of their own AI policy or procedure.

- IBM (2024): [What is Generative AI? | IBM](#)
- Cleveland Clinic (2024): [AI in Healthcare: Benefits and Examples](#)
- Forbes (2025): [AI In Consumer Health: Biohacking And The Path To Self-Directed Healthcare](#)
- Coursera (2025): [AI in Health Care: Applications, Benefits, and Examples | Coursera](#)
- BuiltIn (2025): [AI in Healthcare: Uses, Examples & Benefits | Built In](#)
- The American Medical Association recently adopted an AI policy, noting the importance of having explainable AI: [AMA adopts new policy aimed at ensuring transparency in AI tools | American Medical Association](#)

AI Use in the Healthcare Setting. Some key points staff found while researching this document:

- Although this policy applies to general operations, it is important to understand the use of AI within the healthcare setting. The use of AI in the diagnosis of patients is rising in frequency and providers may not fully understand its use. As a result, patients may be left not understanding the status of their diagnosis or being unsatisfied with the delivery of their diagnosis.
- The use of AI in both patient care and administrative functions raises questions relating to reimbursement by payors for health care services: how will payors reimburse for health care services provided by AI; will federal and state health care programs (e.g., Medicare and Medicaid) recognize services provided by AI; and will AI impact provider enrollment? AI has the potential to affect every aspect of revenue cycle management.

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

Artificial Intelligence (AI) Governing Framework

The governing principles described in this document have been adopted by the Chief Executive Officer (CEO) to establish a framework for the ethical and effective use of artificial intelligence (AI) within Nevada Primary Care Association (NVPCA). It applies to all employees, contractors, and other stakeholders involved in the use, development, and/or implementation of AI technologies within NVPCA.

1. Definitions:

- a. Artificial Intelligence (AI) refers to the simulation of human intelligence processes by machines, especially computer systems, including learning, reasoning, and self-correction.
- b. Generative AI (GenAI) is a type of artificial intelligence that creates new content, such as text, images, videos, and music, based on patterns learned from existing data. It works by using deep learning models, particularly large language models (LLMs), to generate human-like responses to prompts. Popular GenAI tools include ChatGPT, Copilot, Gemini, and DALL-E.
- c. Machine Learning (ML) refers to a subset of AI that involves the use of algorithms and statistical models to enable computers to improve their performance on tasks through experience. It allows computers to learn from data and make decisions or predictions without being explicitly programmed for every task.
- d. Agentic AI refers to AI systems that can autonomously plan, reason, and act to complete complex tasks with minimal human input.

2. While GenAI has applications across industries, including healthcare, finance, entertainment, and art, its use raises ethical concerns, such as misinformation, deepfakes, and intellectual property issues of which staff should be aware. Prior to using, staff shall acquaint themselves with the associated risks and to ensure compliance with the provisions of this document.

3. Use of AI tools for work-related tasks is permissible with the approval of the supervisor and in compliance with this document. Employees wishing to use GenAI must inform their supervisor in writing how the tool will be used, and which product(s) will be used (e.g. Microsoft CoPilot, Open AI Chat GPT) to ensure the AI tool in question has been approved for use by the Director of Admin & Finance (IT Department).

- a. Some of the generally accepted uses for AI include the following but all use must comply with the provisions contained within this document:
 - i. Content creation and editing to include emails, reports and proposals; marketing copy and social media posts; and operational policies and procedures;
 - ii. Research and data analysis;
 - iii. General knowledge questions meant to enhance understanding on a work-related topic;
 - iv. Training and onboarding including creation of training modules and customized learning for staff; and
 - v. Technical assistance including troubleshooting for general technology issues.

-
- b. Text, visuals, analysis, etc., created by an AI tool should be limited to drafts. Only content created by the staff member may be used in any final work product. When appropriate and applicable, staff must disclose when content is created by AI or used as source material.
4. Governing Principles
- a. NVPCA's information technology policies and procedures apply when using generative AI tools with company equipment.
 - b. NVPCA email addresses, credentials or phone numbers should not be used to create an account with these technologies outside of accounts established by NVPCA. Conversely, staff shall not use work accounts associated with AI on personal devices.
 - c. No proprietary or confidential company data of any kind should be submitted to AI platforms without permission of the CEO or supervisor. Information uploaded to AI may be retained by AI and, therefore, efforts should be made to mask identifying information. This includes, but is not limited to, sensitive data including names (both personal and member), financial records, legal documents, and personally identifiable information (PII). Instead, use placeholders in place of specific information during drafting.
 - d. All AI-generated content must be reviewed for accuracy as content created by AI, may be outdated, misleading or, in some cases, fabricated. If a reliable source cannot be found to verify factual information generated by the tool, that information cannot be used for work purposes.
 - e. When using AI to analyze protected health information (PHI), staff shall follow HIPAA Compliance rules. Any PHI must first be de-identified before importing.
 - f. The use of AI on NVPCA technology/devices for non-work-related tasks is prohibited. By using AI for purposes other than work, NVPCA's privacy and data could be at risk.
 - g. AI software must use a secure form of encryption to ensure no unwanted outside viewing of AI prompts by NVPCA staff. When using online AI tools, staff must ensure the website address begins with 'https://' to confirm it is secure. (Note: HTTPS is the acronym for "Hypertext Transfer Protocol Secure.") The use of 'https' is a way to keep information sent and received private and secure.
5. Staff use of GenAI tools must comply with all NVPCA conduct and anti-discrimination policies. These technologies must not be used to create content that is inappropriate, discriminatory, or otherwise harmful to others or NVPCA.
6. Staff are encouraged to engage in available trainings and professional development opportunities to ensure they understand the capabilities and limitations of AI technologies. This applies not only to use for staff member job duties and responsibilities but also how to utilize AI to serve and support NVPCA member organizations.
7. AI technologies must be used in compliance with all applicable laws, regulations, and ethical standards. Failure to comply with the provisions of this document may result in disciplinary action, up to and including termination. Staff who have questions about this document or the appropriate use of AI should contact their supervisor.



Strategic Discussion & Policy Committee Update

a. 2025 Nevada Legislative Session Review

The 2025 Nevada Legislative Session saw a significant focus on healthcare, including Medicaid, with several impactful laws enacted. Included with the packet is a summary of bills that passed, and a few that did not.

b. Federal Updates

As of today, the board reconciliation process is still very fluid. The latest Federal Update will be sent via email prior to the meeting and shared during the board meeting.

c. Lobbyist Search

NVPCA's contract with Cartwright Lobbyist group expired 6/30/25. It has been 3 1/2 years since NVPCA last went out to bid for lobbying services. Board to discuss their thoughts on NVPCA's lobbyist needs, and vote on whether to do a Request for Proposal (RFP) for lobbying services for the interim CY26 and legislative session CY27.

2025 Nevada Legislative Session
Review

Priority	Bill	Number	Sponsor	Summary	Title	Link	Position	Comments	NVPCA Actions	Count of NVPCA Actions	Final Status
High Priority bills											
3-High	AB	269	D'Silva	Revises provisions relating to education	AN ACT relating to education; expanding the applicability of the Student Loan Repayment for Providers of Health Care in Underserved Communities Program; and providing other matters properly relating thereto.	https://	Support	Adds LFMTs and CPCs to Treasurer's Loan Repayment Program; Effective 10/1/15 Asm 40-2 Sen 21-0	CNV support in Asm Gov Affairs on 3/10	1	Signed by Gov
3-High	SB	207	Taylor, et al	Requires the establishment of a program of all-inclusive care for the elderly	AN ACT relating to health care; transferring the authority to establish and administer a program of all-inclusive care for the elderly from the Aging and Disability Services Division of the Department of Health and Human Services to the Department; requiring the Department to establish such a program; requiring the Community Advocate to provide certain services relating to the program; and providing other matters properly relating thereto.	https://	Support	Establishes a PACE program Effective immediately for SPA submission unanimous in both chambers	Bowen testimony in Sen HHS and Sen Finance	2	Signed by Gov
3-High	SB	262	Pazina, et al	Revises provisions relating to graduate medical education	AN ACT relating to health care; transferring the administration of the Graduate Medical Education Grant Program and the Account for the Program from the Office of Science, Innovation and Technology in the Office of the Governor to the Department of Health and Human Services; expanding the purposes for which institutions that provide programs of residency training in this State may receive grants under the Program; making an appropriation to the Account for the Program; and providing other matters properly relating thereto.	https://	Support	Set up GME to be matched through Medicaid including accreditation grants that FQHCs would be eligible for Unanimous in both chambers	Bowen testimony in Sen HHS, CNV in Sen Finance and Asm HHS	3	Signed by Gov

2025 Nevada Legislative Session
Review

Priority	Bill	Number	Sponsor	Summary	Title	Link	Position	Comments	NVPCA Actions	Count of NVPCA Actions	Final Status
3-High	SB	300	Dondero Loop, et al	Makes revisions relating to Medicaid	AN ACT relating to Medicaid; requiring Medicaid to cover certain mental health services provided at a federally-qualified health center; and providing other matters properly relating thereto.	https://	Support	Adds Certified Professional Counselors and Licensed Drug and Alcohol Counselors as eligible providers in FQHCs Effective 10/1/25 Unanimous in both chambers	Messinger support in Sen HHS; CNV support in Sen Finance; letter sent to Asm HHS	3	Signed by Gov
3-High	SB	494	SFin	Makes revisions relating to health and human services	AN ACT relating to state government; creating the Nevada Health Authority; creating certain divisions and offices within the Authority; providing for the appointment of officers and the employment of staff for the Authority; establishing requirements governing procurement by the Authority; creating the Nevada Health Authority Gift Fund; prescribing the duties of the Authority and its divisions and officers; transferring to the Authority the responsibility for operating various programs and administering various provisions; revising the name of certain agencies; revising certain terminology; eliminating the Division of Health Care Financing and Policy of the Department of Health and Human Services; revising provisions governing the operation of the Public Employees' Benefits Program; revising the membership and duties of the Board of Directors of the Silver State Health Insurance Exchange; and providing other matters properly relating thereto.	https://	Watch	Governor's bill to consolidate Medicaid, the Silver State Health Insurance Exchange, and Public Employees Benefits into the Nevada Health Authority. Unanimous in both chambers			Signed by Gov

2025 Nevada Legislative Session
Review

Priority	Bill	Number	Sponsor	Summary	Title	Link	Position	Comments	NVPCA Actions	Count of NVPCA Actions	Final Status
3-High	Budget	1104	Treasurer's Office	Healthcare Student Loan Repay	The Student Loan Repayment for Providers of Health Care in Underserved Communities program and the account were created by the 2023 Legislature to provide for student education loan repayments for eligible health care providers. The program allocates up to \$120,000 to providers who work in underserved communities and requires at least 15% of available money any year to be directed to providers in counties with populations of less than 100,000. The account is funded by transfer of a defined amount from the Abandoned Property Trust Account, and allows for acceptance of gifts, grants, donations, bequests, or other funding and allows for interest to be earned. Statutory Authority: NRS 226.450 to 226.590, inclusive.	https://	Support	Reauthorizes the Treasurer's Loan Repayment Program			Passed

2025 Nevada Legislative Session
Review

Priority	Bill	Number	Sponsor	Summary	Title	Link	Position	Comments	NVPCA Actions	Count of NVPCA Actions	Final Status
3-High	Budget	3195		DHS-DO - Grants Management Unit	The Director's Office Grants Management Unit consolidates the function and management of grant programs that pass funds through to state, county, local and non-profit community level sub-recipients. This unit was created to ensure the standardization of procedures for administration of Federal formula grants and state grant awards; simplification of accounting and co-location of necessary staff to oversee and administer these funds over the performance period of the award; and to adequately award funding, monitor grantee progress, track award progress and collect data on populations served. The efficiencies realized allow the department to use fewer funds for administrative purposes and to pass more funds to the community through grantees providing direct services. Grantees have also benefited from the efficient reimbursement and grant award processing times afforded by the standardized procedures used to request funding. Statutory Authority: NRS 439.620	https://	Support	FQHC Incubator; only spent \$608,842 in FY24; recommend \$610,622 for FY26, \$612,330 for FY27;	NVPCA testimony to HHS Joint Subcommittee on 2/6/25	1	Passed
3-High	Budget	3243		NHA-Medicad - Nevada Medicaid, Title XIX	This request leverages federal Medicaid dollars to fund Graduate Medical Education and workforce enhancements with universities and partners in support of improved access for recipients. This is a companion to decision unit E262 in the Prescription Drug Rebate budget accounts 3245 and the Administration budget account 3158. This request reflects one time funding for state fiscal years 2026 and 2027 and will be removed next biennium	https://	Support	Funds Medicaid GME and adult dental. Adult dental benefits are scored to save the state money			Passed
3-High	SB	40	SHHS	Creates the Medicaid Health Care Workforce Account	AN ACT relating to Medicaid; creating the Medicaid Health Care Workforce Account; prescribing the authorized uses of the money in the Account; and providing other matters properly relating thereto.	https://	Support	This policy largely enacted in SB262. Never got a hearing			Dead

2025 Nevada Legislative Session
Review

Priority	Bill	Number	Sponsor	Summary	Title	Link	Position	Comments	NVPCA Actions	Count of NVPCA Actions	Final Status
3-High	SB	118	Stone	Revises requirements relating to coverage under Medicaid for certain services provided by pharmacists	AN ACT relating to Medicaid; requiring Medicaid to include coverage for certain services provided by a pharmacist; imposing requirements relating to the rate of reimbursement that a pharmacist must receive for services covered under Medicaid; prohibiting Medicaid or a managed care organization that provides health care services to recipients of Medicaid from requiring prior authorization for the services of a pharmacist under certain circumstances; and providing other matters properly relating thereto.	https://	Support	Expands scope of pharmacists to prescribe based on CLIA-waived tests. Support requested from NVHC Never got a Sen Floor vote	SM support	1	Dead

2025 Nevada Legislative Session
Review

Priority	Bill	Number	Sponsor	Summary	Title	Link	Position	Comments	NVPCA Actions	Count of NVPCA Actions	Final Status
3-High	SB	495	SHHS	Revises provisions relating to health care	AN ACT relating to health care; establishing a competitive funding program to address shortages of providers of health care in this State; prescribing certain requirements to expedite the credentialing and privileging of providers of health care; authorizing paramedics to serve as employees or volunteers in hospitals under certain circumstances; transferring the responsibility for administering the Graduate Medical Education Grant Program to the Department of Health and Human Services; making certain other revisions relating to that Program; imposing certain requirements governing prior authorization for medical or dental care and payment of health insurance claims; requiring the Department to explore ways to use federal financial participation in Medicaid to support graduate medical education; making revisions relating to applying for and determining eligibility for Medicaid; creating and prescribing the duties of the Office of Mental Health in the Department; prohibiting certain noncompetition covenants governing providers of health care, with certain exceptions; requiring the prioritization of certain applications for licensure as a physician or osteopathic physician; requiring certain reports of the Board of Medical Examiners and the State Board of Osteopathic Medicine to include certain information; requiring the establishment of an	https://	Support	Governor's health omnibus bill. GME portion amended out at introduction and passed in SB262. Mental Health Authority seems to be the biggest loss to our partners. Bill tanked when amended with Sen. Donate's prohibition on freestanding ERs			Dead
Medium Priority Bills											

2025 Nevada Legislative Session
Review

Priority	Bill	Number	Sponsor	Summary	Title	Link	Position	Comments	NVPCA Actions	Count of NVPCA Actions	Final Status
2-Medium	AB	163	Hafen	Enters into the Counseling Compact	AN ACT relating to mental health; ratifying and entering into the Counseling Compact; authorizing the sharing of certain information with the coordinated database and reporting system created by the Compact; providing licensed professional counselors practicing in this State under the Compact with the same legal status as clinical professional counselors who are licensed in this State; and providing other matters properly relating thereto.	https://	Support	Clinical Professional Counselors Compact allows NV to accept licenses from other states in the compact Effective 1/1/26 Unanimous in both chambers	CNV support in Asm Commerce and Labor CNV support in Sen Commerce and Labor	2	Signed by Gov
2-Medium	AB	202	Brown May	Revises provisions relating to claims for dental care	AN ACT relating to insurance; revising certain definitions for the purposes of certain coverage for health care services; revising provisions governing the circumstances under which a managed care organization is not required to authorize coverage of a health care service; revising the applicability of certain provisions requiring certain insurers to establish a system of procedures for resolving complaints of insured persons and providing for the external review of an adverse determination to include certain insurers that issue policies or certificates that provide only dental coverage; revising the information which a health carrier is required to provide in a notice of an adverse determination; authorizing a dentist of a covered person to submit to the Office for Consumer Health Assistance in the Department of Health and Human Services a request for an external review of an adverse determination; requiring an independent review organization to notify the dentist of a covered person and a health carrier of certain information and the determination and reasons of the independent review organization; requiring a decision of an independent review organization to be based, in part, on certain documentary evidence, including any recommendation of the dentist of the insured; and providing other matters properly relating thereto.	https://	Watch	Regulates dental plans Unanimous in both chambers			Signed by Gov

2025 Nevada Legislative Session
Review

Priority	Bill	Number	Sponsor	Summary	Title	Link	Position	Comments	NVPCA Actions	Count of NVPCA Actions	Final Status
2-Medium	AB	234	Anderson	Requires Medicaid coverage for screening for certain forms of cancer	AN ACT relating to Medicaid; requiring Medicaid to provide coverage for screening for certain forms of cancer; and providing other matters properly relating thereto.	https://	Support	Requires Medicaid to cover screening for lung, colorectal and prostate cancer. Effective 1/1/26 Request to support from Nevada Cancer Coalition Unanimous in both chambers	CNV support in Sen HHS	1	Signed by Gov
2-Medium	AB	235	Roth	Revises provisions relating to health care providers	AN ACT relating to health care; authorizing a health care provider who practices in reproductive health, any employee of or volunteer for a health care facility that provides services related to reproductive health, any provider of gender-affirming care and the spouse, domestic partner or minor child thereof to request a court order to make certain personal information in the possession of a county recorder, county assessor or elections official be kept in a confidential manner; authorizing such a person to request that the Department of Motor Vehicles display an alternate address on the person's driver's license, commercial driver's license or identification card; and providing other matters properly relating thereto.	https://	Support	Allows reproductive health providers to opt out of public records Effective 7/1/25 passed Asm 33-9 passed Sen 14-7	Sign in support	1	Signed by Gov
2-Medium	AB	315	Edgeworth	Requires applications to participate in Medicaid as a provider to be notarized	AN ACT relating to Medicaid; requiring an application to participate in Medicaid as a provider to be accompanied with a verification of the identity and signature of the applicant; establishing the means by which the identity and signature of an applicant may be established; and providing other matters properly relating thereto.	https://	Watch	Medicaid fraud prevention bill requires enhanced proof of identity for providers Unanimous out of both chambers			Signed by Gov

2025 Nevada Legislative Session
Review

Priority	Bill	Number	Sponsor	Summary	Title	Link	Position	Comments	NVPCA Actions	Count of NVPCA Actions	Final Status
2-Medium	AB	319	Orentlicher	Makes revisions relating to providers of health care	AN ACT relating to health care; making various revisions governing the qualifications and procedure for licensure as a physician, physician assistant, practitioner of respiratory care or perfusionist; requiring screening of youth for certain health conditions when certain physical examinations are conducted; revising the authority of a practitioner of respiratory care to perform certain laboratory tests; requiring certain sharing of information between the Board of Medical Examiners and the State Board of Osteopathic Medicine; authorizing the Board of Medical Examiners to require certain competency demonstrations; eliminating certain special licenses; revising provisions related to fees owed to the Board of Medical Examiners or the State Board of Osteopathic Medicine; eliminating certain fees; revising investigation procedures and grounds for discipline against a licensee of the Board of Medical Examiners; revising requirements governing certain medical procedures; authorizing a medical assistant to perform tasks under the supervision of a registered nurse; authorizing discipline against a registered nurse who fails to adequately supervise a medical assistant; and providing other matters properly relating thereto.	https://	Watch	<p>Licensing omnibus with a couple of interesting sections:</p> <p>Sections 7, 68 and 72 of this bill require a physician, physician assistant, advanced practice registered nurse or osteopathic physician who performs a physical examination of a person who is at least 12 years of age but not more than 18 years of age to screen the person for certain health conditions.</p> <p>Sections 67, 70 and 71 of this bill similarly authorize: (1) an unlicensed medical assistant to perform clinical tasks under the supervision of a registered nurse in accordance with regulations of the State Board of Nursing;</p> <p>Effective 1/1/26</p> <p>Unanimous in both chambers</p>			Signed by Gov

2025 Nevada Legislative Session
Review

Priority	Bill	Number	Sponsor	Summary	Title	Link	Position	Comments	NVPCA Actions	Count of NVPCA Actions	Final Status
2-Medium	AB	331	Brown-May	Makes an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services for a grant program to expand the biennial survey administered pursuant to the Youth Risk Behavior Surveillance System developed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services for a grant program to expand the biennial survey administered pursuant to the Youth Risk Behavior Surveillance System developed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services	AN ACT making an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services for a grant program to expand the biennial survey administered pursuant to the Youth Risk Behavior Surveillance System developed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services; and providing other matters properly relating thereto.	https://	Support	Funding for the Youth Risk Behavior Survey Asm 41-1 Sen 20-0	CNV support in SFin	1	Signed by Gov
2-Medium	AB	483	AHHS	Provides for priority review of certain applications for licensure to practice health professions	AN ACT relating to health care; requiring certain agencies and licensing boards to establish a process for the priority review of certain applications for licensure to practice a health profession; and providing other matters properly relating thereto.	https://	Support	Prioritizes licensing for applicants in underserved areas Effective 1/1/26 Asm 29-13 Sen 14-6	Presented by CHA, Bowen support in Asm HHS; CNV support in Sen Commerce and Labor	2	Signed by Gov

2025 Nevada Legislative Session
Review

Priority	Bill	Number	Sponsor	Summary	Title	Link	Position	Comments	NVPCA Actions	Count of NVPCA Actions	Final Status
2-Medium	SB	54	SHHS	Requires Medicaid to provide coverage of certain services for persons experiencing homelessness	AN ACT relating to Medicaid; requiring Medicaid to provide coverage for medical respite care for persons experiencing homelessness, if federal financial participation is available; requiring the development of a model for providing such medical respite care; and providing other matters properly relating thereto.	https://	Support	Supports the City of LV's respite center Unanimous in both chambers	CNV support in Sen HHS, Sen Finance and Asm HHS	3	Signed by Gov
2-Medium	SB	124	Donate/Gonzalez	Revises provisions relating to health care	AN ACT relating to health care; providing for the limited licensure of certain foreign physicians; prescribing the conditions under which such a limited licensee is authorized to practice medicine; providing for the unrestricted licensure of certain limited licensees; requiring the Board of Medical Examiners to submit certain reports to the Legislature; updating certain references; and providing other matters properly relating thereto.	https://	Support	Limited licensure of foreign physicians Effective 7/1/26 Unanimous in both chambers			Signed by Gov
2-Medium	SB	266	Taylor/Cruz-Crawford	Revises provisions governing the Student Loan Repayment for Providers of Health Care in Underserved Communities Program	AN ACT relating to health care; authorizing certain providers of behavioral health services to participate in the Student Loan Repayment for Providers of Health Care in Underserved Communities Program; and providing other matters properly relating thereto.	https://	Support	Adds LMFTs and alcohol/gambling counselors to those eligible for student loan repayments Unanimous in both chambers	CNV support in Sen Government Affairs and Asm Government Affairs	2	Signed by Gov
2-Medium	SB	268	Flores	Revises provisions relating to insurance coverage for certain dental services	AN ACT relating to insurance; requiring certain health insurance to include coverage for certain dental services when provided by certain dental hygienists without the supervision of a dentist to the same extent as if provided by a dental hygienist under the supervision of a dentist; revising provisions governing the services that a dental hygienist with a special endorsement to practice public health dental hygiene may provide; and providing other matters properly relating thereto.	https://	Watch	Revised rates for dental hygienists Unanimous in both chambers			Signed by Gov

2025 Nevada Legislative Session
Review

Priority	Bill	Number	Sponsor	Summary	Title	Link	Position	Comments	NVPCA Actions	Count of NVPCA Actions	Final Status
2-Medium	SB	353	Dondero Loop, et al	Revises provisions relating to Medicaid	AN ACT relating to Medicaid; requiring the establishment of a specific billing category and rate of reimbursement for certain clinics that provide mental health care to persons enrolled in Medicaid; and providing other matters properly relating thereto.	https://	Support	Reimbursement for university BH training clinics Unanimous in both chambers			Signed by Gov
2-Medium	SB	171	Ohrenschall	Enacts a shield law to protect the transgender community	AN ACT relating to health care; prohibiting health care licensing boards from disqualifying from licensure or disciplining a person for providing or assisting in the provision of medically necessary gender-affirming health care services; prohibiting in certain circumstances the Governor from extraditing a person who is charged with a crime in another state related to medically necessary gender-affirming health care services; prohibiting state agencies from assisting in certain investigations and proceedings initiated in other states related to medically necessary gender-affirming health care services; requiring certain health care licensing boards to examine the feasibility of reciprocal licensure for health care providers who provide gender-affirming health care services in other states; and providing other matters properly relating thereto.	https://	Support	Legal protections for GAC providers Sen 13-8 Asm 27-15	CNV sign in	1	Veto
2-Medium	SB	352	Scheible, et al	Revises provisions relating to health care	AN ACT relating to health care; prohibiting certain health insurers and providers of health care from engaging in certain discriminatory actions; and providing other matters properly relating thereto.	https://	Support	Prohibits insurer discrimination for GAC and protection for gender medicine providers Sen 17-4 Asm 26-15	CNV sign in	1	Veto
2-Medium	Budget	3155		DHS-DPBH - FAMILY PLANNING		https://	Support	About \$5M for the state family planning grant program			



Board Retreat & Annual Conference

Nevada Primary Care Association
Board Meeting – July 1, 2025
Item 7

Board Retreat – In Person Meeting

**Tuesday, September 9, 2025,
Tahoe Blue Events Center
75 Hwy 50, Stateline, NV
10 am – 5pm**

Draft Agenda:

1. Welcome –
2. Call to Order – Approval of the Agenda (vote)
3. NVPCA Business
 - a. Consent Agenda – Minutes from July 19, 2023
 - b. FY25 Budget to Actual YTD Financial Report (vote)
 - c. Election of Officers (vote)
 - d. Board Meeting Calendar for Nov. 2025 - Oct. 2026 (vote)
 - e. Committees (vote)
4. GPO A Presentation – 15 minutes
5. 2024 UDS & FPAR NV Data Overview
6. NVPCA Overview –
 - a. Organizational Dashboard Update;
 - b. REACCHH Site Visit
 - c. Board Self-Assessment
 - d. FQHC Expansion and how to finance it
- 12 pm: Lunch - open discussion
7. Policy Plan for Interim & 2027 Session
8. GPO B Presentation - 15 minutes
9. Strategic Discussion approx. 2-2 1/2 hours
10. Adjourn Board Retreat for the day!

Action: Board discussion on what strategic education/discussion should be at the Board Retreat

TBD - Topic ideas to start the brainstorming:

- National Policy Advisor to discuss Federal Regulatory and Policy changes
- MOUD and the ArrayRx state discount card
- Value Based Care, Payment and Contracting
-

Dinner- 5:30 PM [TBD](#) Restaurant in Stateline

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



Board Retreat & Annual Conference

NVPCA 2025 Annual Healthcare Conference

**Wednesday, September 10 & Thursday, September 11, 2025,
Tahoe Blue Events Center
75 Hwy 50, Stateline, NV**

- The link to register for the conference is available in the weekly NVPCA newsletter or on our website at [Annual Conference | Nevada Primary Care Association | Nevada, USA](#).
- A block of rooms is being held for the conference at the Harvey's / Caesars Republic. You will need to make your own reservation at <https://www.caesars.com/book/?propCode=HLT&action=FindRooms&groupcode=S09NPC5>.