



Nevada Health Authority (NVHA) Update

Silver State Health Insurance Exchange

As of June 17, 2025

Purpose Statement – SB494

The Nevada Health Authority is hereby created as a department in the Executive Branch of State Government. The purposes of the Nevada Health Authority are to: (a) Improve access to health care that is safe, of high quality and affordable; (b) Promote the development of a work force of providers of health care that is sufficient to meet the demand for health care in this State; (c) Ensuring the availability of affordable health coverage for residents of this State, including, without limitation, current and retired employees of the State Government

Purpose Statement (cont.)

(d) Developing effective and efficient systems for delivering health care and value-based strategies for procuring health insurance coverage in the most sustainable and responsive manner possible; and (e) Ensuring the long-term stability of Medicaid, the Public Employees Benefits Program and the Public Option by minimizing the financial burden of health care on persons who receive health coverage through those programs, the state budget and other residents of this State through the use of measures to contain costs, maximizing the impact of state and federal money and the application of innovative purchasing and contracting strategies

Mission Statement

To protect and promote the health of Nevadans through innovative policy and purchasing strategies that result in sustainable and responsive health care programs and systems.

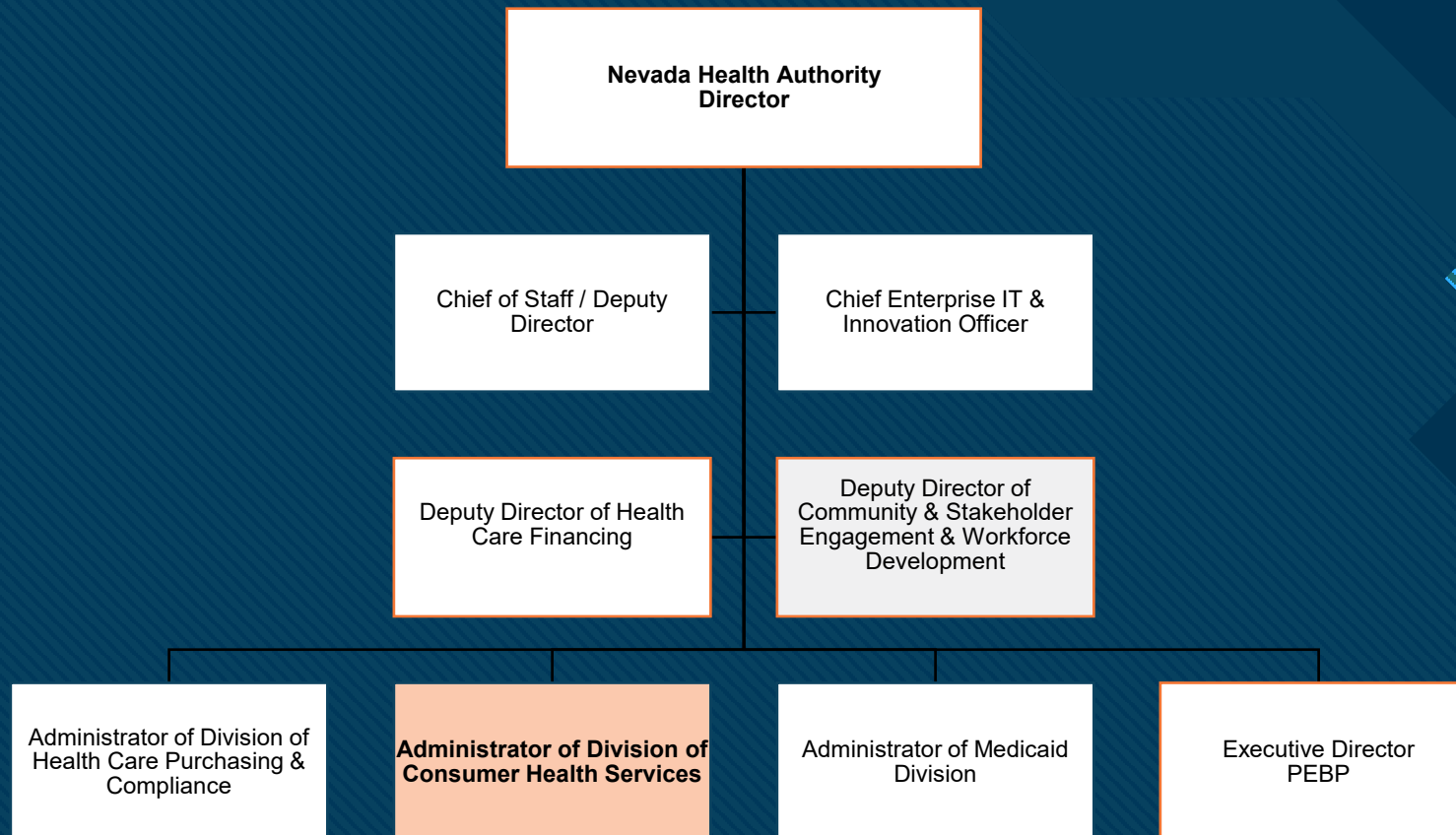
Goals of the NVHA

1. Leverage the purchasing power of the State of Nevada
 - Medicaid
 - Exchange – Individual Commercial Market
 - PEBP
2. Increase health insurance coverage for Nevadans
 - Medicaid Express
 - Public Option
3. Develop data supported and informed health policy decisions
 - Office of Data Analytics
 - All Payers Claims Database

Entities Joining NVHA


- Patient Protection Commission
- Public Employees Benefit Plan (PEBP)
- Silver State Health Insurance Exchange
- Office of Analytics
- Medicaid Eligibility Team from DHHS
- Governor's Council on Developmental Disabilities
- Graduate Medical Education Program from Governor's Office
- Waiver Provider Oversight Team from DHHS
- Bureau of Health Care Quality and Compliance (HCQC) from DHHS

NVHA Structure



Changes Pursuant to SB494

- Exchange will be part of the Division of Consumer Health Services
- The Exchange Board will transition to an advisory Board
- Board Members:
 - Governor shall appoint 2 members
 - Senate Majority Leader – 1 member
 - Speaker of the Assembly – 1 member
 - Administrator of the Medicaid Division
 - Director of the Human Services Department
 - The Commissioner of Insurance
 - Director of the Office of Finance (non-voting) to provide advice and expertise
 - SB97 adds one voting member from an Indian Tribe within the State



Thank you!
Questions