

Joe Lombardo
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
PATIENT PROTECTION COMMISSION

Helping people. It's who we are and what we do.



Joseph Filippi
Executive Director

Dr. Ikram Khan
Commission
Chairman

July 1, 2024

The Honorable Joe Lombardo
Office of the Governor
101 North Carson Street
Caron City, NV 89701

RE: Patient Protection Commission July 1 Report

Dear Governor Lombardo:

In accordance with Nevada Revised Statutes (NRS) 439.918, the Patient Protection Commission (PPC) is respectfully submitting its twice-yearly report to provide updates regarding the meetings and activities of this Commission. If further information is required, please contact me at your convenience.

Respectfully,

Joseph Filippi Jr.

Joseph Filippi
Executive Director
Patient Protection Commission
jfilippi@dhhs.nv.gov
(775) 634-5420

cc: Richard Whitley, Director, Nevada Department of Health and Human Services

Enclosures:

1. PPC July 1, 2024 Report
2. Summary Minutes for PPC Meeting (May 2024)
3. Solicitation of Recommendations (June 2024)

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Patient Protection Commission
Semi-Annual Report
July 1, 2024

Background

The Nevada Patient Protection Commission (PPC) is a public body comprised of 12 voting members appointed by the Governor with representation from across the health care spectrum, including advocates, providers, and industry professionals who are dedicated to improving health care in Nevada. Nevada Revised Statutes (NRS) 439.902-918 provides the PPC with statutory authority to systematically review issues related to the health care needs of residents of Nevada and the quality, accessibility, and affordability of health care in the State. This report is being submitted in accordance with NRS 439.918.2.(a), which requires the PPC to submit a semi-annual report describing the meetings of the Commission and the activities during the immediately preceding six months. The report must include, without limitation, a description of any issues identified as negatively impacting the quality, accessibility or affordability of health care in this State and any recommendations for legislation, regulations or other changes to policy or budgets to address those issues.

Staffing Updates

Pursuant to NRS 439.914, the Governor appoints the Executive Director to perform the administrative duties of the Commission and such other duties as directed by the Commission. As of April 1, 2024, the Governor appointed Joseph Filippi to serve as the Executive Director for the Patient Protection Commission. The Executive Director position had previously been vacant since March 2023. The Executive Director may appoint employees to assist in carrying out the duties as directed by the Commission. Madison Lopey was recently appointed to serve as the PPC Policy Analyst and Meybelin Rodriguez was appointed to serve as the Executive Assistant.

Meetings and Activities

Since the last report, the Commission held public meetings on May 15, 2024 and June 21, 2024. The meeting minutes from May 15 are attached for reference. The meeting minutes from June 21, 2024 and other meeting materials will be available on the Commission's website <https://ppc.nv.gov/>. Highlights of PPC meeting discussion and action items over this timeframe included:

- Adoption of amended PPC Bylaws and Conflict of Interest Form
- Overview and review of the Governor's [Executive Order 2024-002](#)
- Overview of Nevada Open Meeting Law
- Overview of Bill Draft Request (BDR) proposal process
- Overview of health care workforce challenges and policy considerations
- Discussion of possible PPC workforce policy recommendations
- Discussion of possible BDRs for the 2025 Legislative Session

With the Executive Director position vacant, the Commission had not met since early 2023. Following the appointment of Executive Director Filippi, the Commission reconvened and held its first public meeting of the year on May 15, 2024. Currently, nine of the twelve voting member positions are filled and three positions remain vacant. A majority of the current voting members are newly appointed to the Commission. The meeting on May 15 served as an opportunity for members to introduce themselves, become familiar with the Commission's statutory authority and discuss issues and policy considerations to address the health care workforce shortages in Nevada. At the time of writing this report, the Commission is scheduled to hold its second meeting of the year on Friday, June 21, 2024. The meeting will include presentations on *Opportunities Identified to Address Health Care Workforce Shortages from Other States* and *National Trends in Occupational Licensing Policy*. Additionally, the PPC will continue to discuss policy recommendations to address the health care workforce shortages in Nevada.

Current Commission Priorities

Executive Order 2024-002

On April 11, 2024, Governor Joe Lombardo signed [Executive Order 2024-002](#) directing the PPC to make recommendations aimed at addressing the state's health care workforce shortage, so more patients have access to quality health care, statewide. The Executive Order (EO) directs the PPC to review available data and national best practices to provide recommendations for the following:

- (a) Attracting and retaining talent to address health-care workforce challenges in urban and rural communities;
- (b) Improving access to primary care and public health services;
- (c) Removing unnecessary state administrative hurdles to recruiting and retaining health-care workers;
- (d) Identifying sustainable funding strategies for strengthening the state's health-care workforce, which includes supporting competitive Medicaid reimbursements;
- (e) Ensuring recommended strategies for increasing provider reimbursement are based on payment methodologies that incentivize and reward for better quality and value for the taxpayer dollar; and
- (f) Identifying strategies for evaluating new and existing state investments in efforts to improve the capacity and size of the state's health-care workforce.

At this time, the PPC has not made formal recommendations in response to the EO. The Commission is in the process of receiving and reviewing available data, and in the coming months will work to determine workforce policy recommendations. The Commission has shown interest in several workforce policy solutions, which include, but are not limited to:

- Investing in and expanding Graduate Medical Education residency and fellowship programs.
- Simplifying the licensure process through interstate licensure compact agreements and reciprocity.
- Investing in and increasing health care apprenticeships and scholarship opportunities.
- Identifying sustainable funding strategies to recruit and retain health care providers.

Bill Draft Requests

Pursuant to NRS 218D.213, the Commission may request the drafting of not more than three bill draft requests (BDR) for consideration by the Nevada Legislature. The BDRs must be submitted to the Legislative Council Bureau (LCB) on or before September 1, 2024. The Commission's top priority and focus in preparation for the 2025 Legislative Session is providing recommendations to address the health care workforce shortages in Nevada, and determining its top three BDR policy concepts.

Description of Identified Issues

NRS 439.918.2.(a) requires this report to include, without limitation, a description of any issues identified as negatively impacting the quality, accessibility or affordability of health care in this State and any recommendations for legislation, regulations or other changes to policy or budgets to address those issues. Since the last report, the

Commission has been focused on reviewing issues related access, quality and affordability to health care due to the lack of health care providers in the State. To provide a brief context of the health care workforce shortage issues in Nevada, the table below identifies Nevada’s ranking when compared to the national average of certain health care provider types per 100,000 population. As shown, Nevada ranks below the national average in a majority of health care provider areas.

Health Care Provider Rankings

Providers	NV		
	Nevada	National	Ranking
Rate of physicians per 100,000 population (2020)	218.5	272.0	45th
Rate of primary care physicians per 100,000 population (2020)	73.5	94.7	48th
Rate of registered nurses per 100,000 population (2023)	810.5	948.1	45th
Rate of licensed practical and licensed vocational nurses per 100,000 population (2023)	94.9	188.2	42nd
Rate of physicians in psychiatry per 100,000 population (2023)	2.2	7.4	44th
Percent of physicians who are specialists (2024)	50.3	52.5	32nd
Rate of physicians in general surgery per 100,000 population (2020)	5.7	7.7	49th
Rate of physicians in pediatrics per 100,000 population 17 years and younger (2021)	66.8	127.9	49th
Rate of physical therapists per 100,000 population (2023)	58.9	71.9	46th
Rate of dentists per 100,000 population (2023)	59.0	64.6	28th
Rate of mental health providers per 100,000 population (2023)	263.1	324.9	32nd
Rate of marriage and family therapists per 100,000 population (2023)	6.3	18.9	28th
Rate of child, family, and school social workers per 100,000 population (2023)	119.0	105.1	21st

Sources: AAMC Nevada Physician Workforce Profile (<https://www.aamc.org/media/58251/download>), U.S. Bureau of Labor Statistics (<https://www.bls.gov/oes/tables.htm>), Kaiser Family Foundation State Health Facts (<https://www.kff.org/statedata/>), The American Board of Pediatrics Workforce Data Book (<https://www.abp.org/sites/public/files/pdf/workforcedata2020-2021.pdf>), America’s Health Rankings (<https://www.americashealthrankings.org/>), Population Estimates from the US Census

According to data provided to the PPC by the Nevada Health Workforce Research Center, 2 million Nevadans, nearly 70% of the state’s population, reside in a federally designated primary care health provider shortage area. Additionally, 2.8 million Nevadans, nearly 88% of the state’s population, reside in a federally designated mental health provider shortage area. The chronic lack of health care providers statewide has direct negative implications on health care access, quality and affordability for Nevada residents. The Commission will continue to review available data and national best practices to provide recommendations that align with the EO 2024-002.

Collaboration

NRS 439.918.1, paragraphs (a) and (b) additionally requires the Commission to attempt to identify and facilitate collaboration between existing state governmental entities that study or address issues related to the quality, accessibility, and affordability of health care in this State, including, without limitation, the regional behavioral health policy boards created by NRS 433.429; and attempt to coordinate with such entities to reduce any duplication of efforts among and between those entities and the Commission. Since April 2024, the Executive Director has met with several stakeholders, governmental entities and institutions of higher education to build relationships and collaborate on statewide efforts related to the scope of the Commission.

The Commission is willing to collaborate with any public, private or state governmental entity that studies or addresses issues related to the quality, accessibility, and affordability of health care in this State; and looks forward

to continuing this practice through open communication with the Commission and offering direct collaboration from the Executive Director.

Reduce Duplication of Efforts

The Commission is committed to attempting to coordinate with any state governmental entity to reduce any duplication of efforts among and between those entities and the Commission. Commission staff monitor public meeting notices and attend meetings that relate to health care access, quality and affordability. Additionally, Commission staff monitor available data, reports and other publications relating to the scope of the Commission. The Executive Director will continue to identify opportunities for the Commission to reduce duplication and coordinate with partners statewide.

Next Steps

The current focus of the Commission is to identify BDR concepts and to provide formal recommendations as directed by the Governor's Executive Order. A solicitation of recommendations was released on June 3, 2024, asking all interested parties to provide recommendations on how to address the health care workforce shortages in Nevada. Commission staff will review meeting materials and testimony received at meetings to develop a list of recommendations for review by the Chair and possible consideration by the Commission during future work sessions.

The Commission is scheduled to meet next on July 19, 2024. Three of the nine Commissioner's terms currently expire June 30, 2024. All three Commissioners have applied for reappointment through the Governor's Office. To date, the PPC stands ready to meet quorum at the scheduled July meeting.

Enclosures:

1. PPC Meeting Minutes (May 2024)
2. Solicitation of Recommendations (June 2024)

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MEETING MINUTES
NEVADA PATIENT PROTECTION COMMISSION (PPC)
MAY 15, 2024

The Nevada Patient Protection Commission (PPC) held a public meeting pursuant to NRS 241.020(3)(a) online and by phone on Wednesday, May 15, 2024, beginning at 9:00 AM. The agenda and meeting materials are available online at <https://ppc.nv.gov/Meetings/2024/PPC2024/>.

- 1. Call to order: Roll call**
By: Marlyn Kirkpatrick, Vice Chair

The meeting was called to order at 9:00am by Vice Chair Marilyn Kirkpatrick. Executive Director Joseph Filippi proceeded with roll call, and it was determined that a quorum of the PPC was present.

Commission Members Present

Jalyn Behunin
Dr. Bayo Curry-Winchell
Walter Davis
Flo Kahn
Marilyn Kirkpatrick
Dr. Andria Peterson
Bethany Sexton
Wendy Simons

Commission Members Absent

Dr Ikram Khan - Excused

Advisory Commission Members Present

Scott Kipper, Insurance Commissioner; Richard Whitley, Director, Nevada Department of Health and Human Services (DHHS); Celestena Glover, Executive Officer, Public Employees Benefits Program (PEBP); Russell Cook, Executive Director, Silver State Health Insurance Exchange

Staff Present

Joseph Filippi, Executive Director, Nevada Patient Protection (PPC)

Others Present

Adam Plain, Insurance Regulation Liaison, DOI; Thomas Sargent, Insurance Actuarial Analyst II, DOI; Glenn Shippey, Chief Insurance Examiner, DOI; Jack Childress, Insurance Actuarial Analyst III, DOI; Reida Wagner,

Actuarial Analyst II, DOI; Autumn Blattman, Regional Coordinator, ADSD; Dena Schmidt, ADSD Administrator, ADSD; Carrie Embree, Governor's Consumer Health Advocate, ADSD; Dawn Yohey, Clinical Program Planner III, DHHS; Alexia Benshoof, Health Bureau Chief, DHHS; Michelle Shuman, Administrative Assistant III, DHHS; Maria Tello Magana, Executive Assistant, DHHS; Shannon Jenkins, Administration Assistant II, DHHS; Shannon Litz, Deputy Program Director, DHHS; Sebastian Iza, Family Service Specialist I, DHHS; Gabriel D. Lither, Senior Deputy Attorney General, HHS; Janel Davis, Chief Operations Officer, SSHIE; Kareen Filippi, Management Analyst III, WIC; Medeline Burak, Legislative Director; Megan Comlossy, Director of Public Affairs and Policy, School of Public Health, University of Nevada, Reno (UNR) ; Nathan Orme, Public Information Officer, DPBH; Sandie Ruybalid, Deputy Administrator, DHCFP; Stacie Weeks, Administrator; DHCFP; Madison Lopey, Management Analyst IV, DHCFP; Thomas Sargent; Vance Farrow, Healthcare Industry Specialist, GOED; Andrea Gregg, CEO, High Sierra Area Health Education Center (AHEC); Colleen Camenisch, Executive Director, Nevada Physician Wellness Coalition; Dr. Sara Hunt, Executive Director, BeHERE Nevada, University of Nevada, Las Vegas (UNLV); Dr. Michelle Paul, Executive Director, UNLV PRACTICE, University of Nevada, Las Vegas (UNLV); Alexandria Cannito; Annette Logan; Areli Alarcon; Ashley Kennedy; Amy Shogren; Brian Evans; Cathy Dinauer, Executive Director, State Board of Nursing; Cody Hoskins; Cassidy Wilson; Cynthina Alejandre; Dan Musgrove; DuAne Young; Eileen Colen; Elyse Monroy-Marsala; Elissa Secrist; Gabriele McGregor; Gina Stroughter; Helen Foley; Jacqueline L. Nguyen; Jason Flynn; Jerianne Gerloff; Jesse Wadhams; Joanna Jacob; Dr. John Packham; Kimberly Arguello; Kristine Absher; Lea Case; Lea Tauchen; Lisa Scurry; Luiza Benisano; Mari Nakashima Nielsen; Marissa Brown; Melodie Osborn; Maya Holmes; Nancy J Bowen; Patrick Kelly; Russell Rowe; Samantha Barnes; Sarah Watkins; Shannon Groppenbacher; Shelly Capurro; Steve Messinger; Stephanie Woodard; Tom Clark; Tray Abney; Allison Genco; Carissa Pearce; Ferrari Reeder; Jake Matthews; Jalyn Behunin; Jessica Kinstler; Jimmy Lau; Mike Hillerby; Morgan Biaselli; Natalie Gautreaux; Paul Klein; Sam Anastassatos; Stacie Sasso; Tori Supple

2. Opening Remarks and Member Introductions

Marilyn Kirkpatrick, Vice Chair, thanked everyone for their presence and emphasized the importance of everyone serving on the board and reminded the community that if you are in crisis or know someone in crisis, you can dial 988 for assistance. Vice Chair Kirkpatrick requested members to introduce themselves and afterward, opened the meeting up to public comment.

3. Public Comment *(No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item).*

Dan Musgrove, representing Nathan Adelson Hospice of Clark County, stated that there has been a large influx of in-home hospice care in Clark County from California's moratorium due to increased fraud and abuse taking place. Those operators have now come into the states of Nevada, Arizona, and Texas. The in-home hospice operators are signing up families and not providing the services they expect, which has led to an increase in transfers that Nathan Adelson Hospice typically sees from four a year to about two to four transfers per week. A moratorium of the governor has been requested and a letter can be provided for the record and could be proposed as a future agenda item for further discussion.

Carissa Pearce, Health Policy Manager of Children's Advocacy Alliance, stated that she was present and is in support of the work in item nine that is presented by Dr. Michelle Paul and Dr. Sarah Hunt who have been bolster degree programs and post degree training programs. She continued to state that there are many amazing programs in Nevada though they are in need of more investment to recruit students at Bachelor's, Master's and Doctoral levels in order to improve our ability to deliver care by growing our own providers and strategizing retention of practitioners in Nevada. Nevada Medicaid is currently working on improving the licensure practice

for practice, but there are other strategies to be reviewed such as practice scope for physician’s assistants (PA), state level leadership and centralizing information through a data hub related to PAs in Nevada. A resource has been submitted to explain further how scope of practice has expanded in other states and how Nevada should consider modeling the scope of practice. Written comment was also submitted with further information regarding state level leadership and centralized information.

Andrea Gregg, CEO of High Sierra Area Health Education Center (AHEC), provided written testimony detailing the work and positive impact that their programs are making to meet Nevada’s healthcare workforce needs. AHEC is working on community needs by forming academic and community partnerships that aim to recruit, train and develop our healthcare workforce, starting as early as fifth grade. AHEC is also an approved community health worker training provider, currently serving as a talent acquisition partner. Ms. Gregg encouraged others to view Nevada AHEC not just as a program option, but also a strong partner in shaping the future of health care workforce development.

4. Presentation on the Commission's Purpose, Responsibilities and Duties
By: Joseph Filippi, Executive Director, Patient Protection Commission

Joseph Filippi shared a presentation on the Purpose, Responsibilities and Duties of the Patient Protection Commission (PPC) which is available on PPC meeting webpage or by clicking [here](#). The commission is comprised of twelve voting members appointed by the Governor from across the health care spectrum and includes advocates, providers, and industry professionals dedicated to improving health care in Nevada as well as four non-voting members. Currently, there are three vacancies on the Commission. The Commission reviews issues related to the quality, accessibility, and affordability of health care in Nevada and may request legislative changes through Bill Draft Requests. The Commission was recently tasked by the Governor, through Executive order 2024-002, with providing recommendations to address Nevada’s health care workforce shortages.

5. Presentation on Nevada Open Meeting Laws
By: Gabe Lither, Deputy Attorney General, Nevada Attorney General’s Office

Gabe Lither shared a presentation of an overview of Nevada’s Open Meeting Law (OML) which is available on the PPC meeting webpage or by clicking [here](#). The presentation defined OML and highlighted main procedures in order to comply with OML such as meeting notices, agendas, minutes and public comment.

6. Presentation on Health Care Workforce Challenges Facing Nevada and Policy Considerations
By: Dr. John Packham, Nevada Health Workforce Research Center, Office of Statewide Initiatives, University of Nevada, Reno (UNR)

Dr. John Packham shared a presentation on Health Care Workforce Challenges Facing Nevada and Policy Considerations. The presentation is available on the PPC meeting webpage or by clicking [here](#). Dr. Packham provided an overview of Nevada’s health workforce demand. Due to predicted and current population growth, the two major drivers of workforce demand are demographic and economic. Dr. Packham’s presentation elaborated on general and major trends in the health workforce supply. An estimate was made that seven to ten Nevadans reside in a primary care health provider shortage area (HPSA), and seven out of our state’s fourteen rural and frontier countries are single primary care HPSAs, where any loss in the health care workforce has an immediate impact. Dr. Packham recommended policy measures to consider for the upcoming 2025 Legislative

Session. These recommendations included increasing the number and diversity of health programs graduate by increasing capacity of healthcare education programs, stretch the existing health care workforce without having to add additional workers, and take efforts to prepare additional individuals for licensure.

Scott Kipper, Insurance Commissioner stated the information presented by Dr. Packham will be shared with the Network Adequacy Advisory Committee (NAAC), who reviews and sets network adequacy standards in Nevada and is managed by the Nevada Division of Insurance. Mr. Kipper also stated, for further consideration, that AB 398 passed in 2023, which changed the way liability insurance would be created, drafted, and implementing, as well as address the issues around medical malpractice insurance that the division believes is significant and may be concerning for physicians and/or other healthcare professionals.

Commissioner Wendy Simons thanked Dr. Packham for his presentation and its clarity on topic areas that action can be taken on. Commissioner Simons stated that this was an opportunity to take some consideration on how the regulatory process can impact and create barriers for the continual education training and cited training requirement for our certified nursing assistants (CNAs) should be a future discussion topic with the PPC.

Commissioner Bethany Sexton inquired if the workforce data presented, accounted for licensed clinicians that are practicing within the state through telehealth but may reside elsewhere. Dr. Packham indicated that they are not accounted for but need to be. Commissioner Sexton also asked if there was any data or statistics around any program prior to college education such as K-12. Dr. Packham indicated that this would be covered by the upcoming presentations.

Commissioner Floreine Kahn inquired about what the greatest hinderance to the expansion of GME programs would be. Dr Packham responded there are multiple obstacles, but funding is the primary hinderance.

Dr. Bayo Curry-Winchell thanked Dr Packham for his presentation and asked if there was any data in the workforce for Northern Nevada regarding representation of demographics, specifically for the graduating medical students. Dr Packham stated that there is not data on the existing workforce but can provide to Joseph and the PPC some data on of the last ten years of graduates in terms of sex or gender and self-identified race and ethnicity. Dr. Curry-Winchell emphasized the importance of representation in the workforce as a reason for students to wish to remain and join the Nevada workforce.

Vice Chair Marilyn Kirkpatrick inquired as to what some of the best practices may be with apprenticeships as well as the possibility of subsidizing a person to go to school, in order to address the workforce shortages. Commissioner Kirkpatrick continued to inquire about the possibility of apprenticeships in the state since there are always positions open at the state level and the local level. Dr. Packham provided an example of the nurse apprenticeship program where it is premised on the idea that students can earn a living wage while pursuing education which could lead to remaining in that facility or at least the state.

7. Presentation on Hospital-Based Workforce Challenges and Policy Considerations

By: Patrick Kelly, CEO, Nevada Hospital Association

Blayne Osborn, President, Nevada Rural Hospital Partners

Blayne Osborn and Patrick Kelly shared a presentation regarding hospital-based workforce challenges and provided some policy solutions for consideration. The presentation is available on the PPC meeting webpage or by clicking [here](#). Health care facts regarding general health care, physicians, nurses, and specialist services were highlighted in the presentation along with ideas to help address hospital workforce needs. This included best practices that exist in other states. There is a high need to increase the in-state graduate medical education (GME) residency and fellowship programs. One innovative idea to increase these programs, that didn't pass last

legislative session, was Senate Bill (SB) 369. Sb 369 (2023) suggested to offer tax credits against the modified business tax for employers who are willing to make donations to these types of residency and fellowship programs. Another idea to consider is to incentivize students who attend medical school in Nevada to receive their GME. In 2019, the legislature, through Assembly Bill (AB) 122 completed “A Feasibility Study of Combined Licenses for Assisted Living Facilities, Adult Day, and Respite Care Services in Non-Urban Nevada.” The study is linked [here](#) and was encouraged to be read by the Commission. Ideas to consider when it comes to Nevada nursing schools is to increase the number of slots that are available, increase class size, and allow experienced nurses to teach or proctor students. A reoccurring idea, which has been discussed during several Legislative Sessions is for Nevada to enact the Nurse Licensure Compact (NLC). Currently, 41 states have joined the NLC, though Nevada is not one of them despite it being very beneficial. An additional idea to consider is implementing some bridge programs to increase registered nurses (RNs) such as military medic or paramedic to an RN. In Alabama, a law was passed and signed into law to start a tuition free public high school focusing on health careers that the Commission may wish to monitor.

Commissioner Andria Peterson requested elaboration on the concerns with the Nurse Licensure Compact. Mr. Osborn stated that a big opposition revolves around the nursing unions in the State. Mr. Osborn mentioned that there were ideas and compromises proposed last legislative session to address those. These included ensuring that any nurses coming into the state under the Compact will still have the opportunity to sit with those union representatives to learn about the benefits of union representation. This could ensure that facilities aren’t able to get around some of the collective bargaining of those types of concerns when utilizing compact nurses. Mr. Kelly explained that a lot of states have nursing’s unions that are part of the Compact and many think this Compact is a union busting bill, however it is not. Mr. Kelly stated there is always worry that nurses would be brought in through the Compact during a strike, but under federal law, the union must give ten days’ notice of the strike which allows plenty of time to bring them in, whether they are under the compact or not.

Commissioner Walter Davis wanted further information in regards to what licensing board licensed practical nurses (LPNs) fall under since many recruiting and hiring challenges were stemming from their board situation. Mr. Osborn believes that the authority over LPNs would be from the State Board of Nursing. Commissioner Davis stated he was interested in hiring LPNs in practices and was under the impression that it is difficult to do so due to a conflict and wanted to obtain further understanding in creating a LPN program within Nevada. Mr. Osborn referred Mr. Davis to Cathy Dinauer, Executive Director of the State Board of Nursing. Vice Chair Kirkpatrick ensured that a correct contact would be provided to Commissioner Davis in order to connect with the Board of Nursing.

Commissioner Sexton asked if virtual nursing would be a viable option, specifically in the rural communities, in terms of broadband and other technology infrastructure or if additional support would be needed. Mr. Osborn stated that most communities, especially the hospitals and schools, have appropriate bandwidth for the needed devices, but it is something to consider and be tested.

Commissioner Peterson questioned if there were any national organizations that endorsed virtual nursing as a standard of care to ensure the meeting of standards of care. Mr. Kelly expressed that national organizations are very involved such as Dignity Health, and HCA is also looking at other national companies.

Commissioner Jalyn Behunin clarified that Southern Nevada doesn’t have virtual nursing yet but has virtual sitters that are safety sitters. Dignity Health does have a program and partners in Arizona are rolling out virtual nursing programs.

Vice Chair Marilyn Kirkpatrick requested to skip to agenda item 10 due to time constraints.

8. Presentation on the Health Care Workforce Pipeline Development Workgroup and the State Health Improvement Plan Policy Recommendations
By: Megan Comlossy, Director of Public Affairs and Policy, School of Public Health, University of Nevada, Reno (UNR)

Megan Comlossy shared a presentation on Nevada Health Care Workforce and Pipeline Development Workgroup and the 2023-2028 Silver State Health Improvement Plan (SSHIP) that is available on the PPC meeting webpage or by clicking [here](#). The Workgroup was funded by the Division of Public and Behavioral Health and in collaboration with Andrea Gregg and High Sierra AHEC aims to enhance, expand, and diversify the public health, behavioral health, and primary care workforces in Nevada. Objectives driving this mission include identifying and mapping workforce pipeline initiatives in education and the current workforce, raising awareness, fostering partnerships, and optimizing resources statewide for better health outcomes, and developing and executing workforce pipeline plans for public health, behavioral health, and primary care. Unique to this pipeline is the collaboration across sectors to dismantle silos and foster information sharing. Additionally, the Workgroup focused on the entire workforce pipeline, from vocational training to higher education. While the Workgroup no longer meets due to funding constraints, its initiatives continue through subcommittees and partner organizations. Ms. Comlossy also discussed Nevada's inaugural state health improvement plan, built upon the 2022 health needs assessment. This plan sets priorities, goals, and objectives to guide health care progress over the next five years, providing a roadmap for stakeholders to collectively enhance the health of Nevadans. Future steps include developing action plans for each objective, tracking implementation, and annually reviewing and revising the plan through 2028.

Commissioner Sexton inquired about the most impactful action the Commission could take from all the discussed workforce pipeline domains. Ms. Comlossy highlighted the behavioral health workforce, emphasizing access to care as the primary constraint. She also stressed that funding is a significant but limited resource, citing challenges in obtaining additional funding due to the tax structure in Nevada.

Commissioner Davis emphasized the importance of consolidating all workforce resources into one accessible area as a goal for the Commission, facilitating collaboration and progress. Clarifying the available resources will aid in this endeavor, Ms. Comlossy reiterated the significance of the workforce workgroup as a means to achieve this goal. She recommended that the PPC play a role in ensuring all information and resources are centralized. However, currently, resources are divided among subcommittees due to funding constraints. Therefore, determining how to create a data hub that aggregates all information is the optimal course of action for now.

Commissioner Kahn asked if there are other funding mechanisms through the private sector that have previously enabled programs to access additional federal or state money. Ms. Comlossy affirmed and provided an example with Medicaid, emphasizing the importance of optimizing federal funding utilization. She also mentioned that exploring the private sector and philanthropic funding are viable options.

Commissioner Peterson inquired whether Ms. Comlossy is aware of any plans to allocate Medicaid's Managed Care Profit Sharing towards workforce development in the next contract. Ms. Comlossy acknowledged that while she didn't have the answer, such inquiries are pertinent. Mr. Filippi concluded by expressing his intent to invite representatives from the Nevada Medicaid program to discuss potential initiatives in upcoming meetings.

9. Presentation on Behavioral Health Care Workforce Development Initiatives and Policy Considerations
By: Dr. Sara Hunt, Executive Director, BeHERE Nevada, University of Nevada, Las Vegas (UNLV) and Dr. Michelle Paul, Executive Director, UNLV PRACTICE, University of Nevada, Las Vegas (UNLV)

Dr. Sara Hunt and Dr. Michelle Paul shared a presentation on Behavioral Health Care Workforce Development Initiatives and Policy Considerations which is available on the PPC webpage or by clicking [here](#). Dr. Hunt began by discussing the Assembly Bill (AB) 37 from the 2023 Legislative Session, which authorizes the establishment of the Behavioral Health Workforce Development Center of Nevada within the Nevada System of Higher Education (NSHE). The bill aims to introduce mental and behavioral health career pathways in K-12 education, expand higher education training, and strengthen the transition to Nevada licensure post-graduation. During the fall and winter of 2023, efforts included hiring personnel, developing outreach strategies such as launching the BeHERE website, and meeting with NSHE institutions. Future priorities include continuing K-12 outreach, collaborating with NSHE programs, collecting mental health workforce data, pursuing federal grants, and submitting an annual legislative report in June 2024. Dr. Hunt stressed the importance of retention initiatives, business technical assistance, and ongoing funding discussions with NSHE for the upcoming fiscal year. The presentation was then handed off to Dr. Paul, who explained the UNLV PRACTICE acronym, representing Partnership, Research, Assessment, Counseling, Therapy, and Innovative Clinical Education, which provides quality mental health care and clinical training for students. Established in 2012, UNLV PRACTICE addresses major challenges in the mental health crisis. Dr. Paul outlined the organization's goals, including center of excellence, community care excellence, research growth, trainee workforce expansion, policy advocacy, and financial sustainability. She emphasized the importance of training more mental health providers in her conclusion about mental health policy considerations. Dr. Paul expressed her willingness to offer tours to showcase their work, processes, and what additional support is required for the State.

No questions were asked regarding presentation.

10. For Possible Action: Discuss the Governor's Executive Order 2024-002 and Identify Topics for Future Meetings

By: Joseph Filippi, Executive Director, Patient Protection Commission

Vice Chair Kirkpatrick asked the Commission to email future meeting topics for consideration to Dr. Ikram Khan and Joseph Filippi to ensure that they are added on future agendas along with a contact person if available.

11. For Possible Action: Discussion and Approval of Amended Commission Bylaws

By: Marilyn Kirkpatrick, Vice Chair

Vice Chair Kirkpatrick confirmed that this item requires a quorum and a vote. Executive Director Filippi explained that this an opportunity to discuss any questions or issues with the bylaws of the PPC and vote on the approval of those revised bylaws. Vice Chair Kirkpatrick stated she didn't have anything to adjust and asked if anyone on the Commission had any concerns or questions about the bylaws. No other members had concerns or questions.

Vice Chair Kirkpatrick motioned to approve the bylaws; Commissioner Sexton seconded the motion. None opposed. Motion passed unanimously.

12. For Possible Action: Discussion and Approval of Future 2024 Meetings Dates

By: Marilyn Kirkpatrick, Vice Chair

Executive Director Filippi stated that the next meeting is tentatively scheduled for June 21, 2024. This date appears to work for a majority of the Commission members, but it can be adjusted if needed to allow for more

availability. It was determined to plan for future meetings dates offline.

Vice Chair Kirkpatrick had to leave the meeting and designated Mr. Filippi to continue to agenda items 8, 9 and public comment.

Mr. Filippi reconfirmed that a majority of the members were still present and proceeded to agenda item 8.

13. Public Comment *(No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item).*

Colleen Camenisch, the Executive Director of the Nevada Physician Wellness Coalition, thanked each presenter for their presentations. She recommended exploring health workforce well-being, noting that physicians experience a higher rate of suicide compared to other health care professions. In 2022, one in five physicians planned to leave their current practice, and one in three planned to reduce their work hours. While emphasizing the importance of creating a workforce pipeline, Ms. Camenisch suggested that the commission focus more on retention and explore the Lorna Breen Foundation, which is dedicated to protecting the well-being of physicians and healthcare workers.

14. Adjournment
By: Joseph Filippi, Executive Director, Patient Protection Commission

Executive Director Filippi thanked the PPC and those who attended the meeting and adjourned the meeting.

Meeting adjourned at 11:57 PM.

Joe Lombardo
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
PATIENT PROTECTION COMMISSION

Helping people. It's who we are and what we do.



Joseph Filippi
Executive Director

Dr. Ikram Khan
Commission
Chairman

DATE: June 3, 2024

TO: All Interested Parties

FROM: Ikram Khan, MD, Chair, Nevada Patient Protection Commission (Nevada Revised Statutes [NRS] 439.908)

RE: Solicitation of Health Care Workforce Recommendations

The Nevada [Patient Protection Commission \(PPC\)](#) is required to systematically review issues related to the health care needs of Nevada residents and the accessibility, affordability, and quality of health care. In order to ensure more patients have access to quality health care, the Governor issued [Executive Order 2024-002](#) directing the PPC to review and make recommendations on how to address the health care workforce shortages in the State. The Executive Order requests the PPC review available data and national best practices to develop recommendations for:

1. Attracting and retaining talent to address health care workforce challenges in urban and rural communities;
2. Improving access to primary care and public health services;
3. Removing unnecessary state administrative hurdles to recruiting and retaining health care workers;
4. Identifying sustainable funding strategies for strengthening the state's health care workforce, which includes supporting competitive Medicaid reimbursements;
5. Ensuring recommended strategies for increasing provider reimbursement are based on payment methodologies that incentivize and reward for better quality and value for the taxpayer dollar; and
6. Identifying strategies for evaluating new and existing state investments in efforts to improve the capacity and size of the state's health care workforce.

Pursuant to [NRS 218D.213](#), the Commission may request no more than 3 legislative bill draft requests (BDRs) on or before September 1, 2024, which relate to matters within the scope of the Commission. In addition to BDRs, the Commission is required to provide recommendations to the Governor and the Legislature in the Commission's report submitted in accordance with NRS 439.918.

The PPC will conduct one or more work sessions to consider health care workforce policy recommendations at its meetings. Commission staff will review meeting materials and testimony received at meetings to develop a list of recommendations for review by the Chair and possible consideration by the Commission during the work session phase of the meetings.

Additionally, I am inviting all interested parties to provide recommendations in writing for possible consideration during a work session. Submission of a recommendation to the Commission does not guarantee its consideration during a work session.

Please follow these guidelines to submit a recommendation to the Commission:

- Submit the recommendation in writing;
- Indicate your name, the date, and the organization you represent;
- Explain in detail the policy you recommend;

- Provide references to NRS potentially affected by the recommendation; and
- Include any background information supporting or explaining the recommendation, such as: (1) pertinent bills or laws from other states; (2) model legislation; (3) policy briefs or proposals; et cetera. You can also link to or attach any supporting documents.

Please submit your recommendations by using the provided [online fillable form](#) or via email to ppcinfo@dhhs.nv.gov. Please do not hesitate to contact Commission staff at the same email address with any questions.