

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

MEETING MINUTES
NEVADA PATIENT PROTECTION COMMISSION (PPC)
JUNE 21, 2024

The Nevada Patient Protection Commission (PPC) held a public meeting pursuant to NRS 241.020(3)(a) online and by phone on Friday, June 21, 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: Dr. Ikram Khan, Chairman

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

Commission Members Present

Dr. Ikram Khan, Chair
Jalyn Behunin
Dr. Bayo Curry-Winchell
Walter Davis
Marilyn Kirkpatrick, Vice Chair
Dr. Andria Peterson
Bethany Sexton
Wendy Simons

Commission Members Absent

Flo Kahn - 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, PPC; Madison Lopey, Policy Analyst, PPC; Meybelin Rodriguez, Executive Assistant, PPC

Others Present

Gabriel D. Lither, Senior Deputy Attorney General, HHS; Maria Tello Magana, Executive Assistant, DHHS; Karen

Filippi, Management Analyst III, WIC; Vance Farrow, Healthcare Industry Specialist, GOED; Lindsey Miller, Constituent Services, Governor's Office; Casey Angres, Social Services Chief 1, DHCFP; Malinda Southard, Deputy Administrator, DHCFP; Jennifer Quihuis, Management Analyst II, DHCFP; Andrea Gregg, CEO, High Sierra Area Health Education Center (AHEC); Kelsie George, Senior Policy Specialist, National Council of State Legislators (NCSL); Amanda Brazeau; Areli Alarcon; Brian Evans; Belz and Case Government Affairs; Carissa Pearce; Cassidy Wilson; Blayne Osborn; Caroline Bergner; Daniel Logsdon, Danny Thompson; David Coldwater; Edward Ableser; Elissa Secrist; Elyse Monroy-Marsala; Esther Badiata; Maya Holmes; Jeny Zendejas; Jimmy Lau; James Wadhams; Dr. John Packham; Kenneth Kunke; Linda Anderson; Mark Funkhouser; Mary Staples; Michael Willden; Misty Grimmer; Natalie Gautereaux; Sabrina Schnur; Samantha Barnes; Shawna Ross; Tess Opferman; Tina Gerber-Winn; Trey Delap; Dan Musgrove; Stacie Sasso

2. Opening Remarks

Dr. Ikram Khan, Chairman, thanked Commissioner Marilyn Kirkpatrick for Chairing the last PPC meeting. Dr. Khan also noted that he has requested Commissioner Kirkpatrick serve as Vice Chair of the Patient Protection Commission to which she graciously accepted. Dr. Khan then handed it off to Joseph Filippi, Executive Director to introduce the next agenda item.

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).*

Shawna Ross, a Speech Language Pathologist and Private Practice Owner, thanked the commission for the opportunity to make a public comment. Ms. Ross serves as a state advocate on reimbursements for Medicaid and private insurance for the Nevada Speech Language Hearing Association (NSHA). She stated that NSHA is actively working with legislators on a bill to allow Nevada to join the Interstate Compact for Licensure for Speech Language Pathologists and Audiologists. More importantly, Ms. Ross stressed the need for reimbursement for CPT Codes 92612 (Flexible Fiber Optic Endoscopic Evaluation of Swallowing), 92511 (Nasopharyngoscopy with Endoscope), and 31579 (Diagnostic Laryngoscopy with Stroboscopy), as the reimbursement rate is currently \$0 for speech pathologists. Ms. Ross stated that although physicians can be reimbursed for these codes, reports in Southern and Northern Nevada show that they are not completing these procedures, creating barriers to care and adversity in the recruitment and employment workforce when this highly skilled work receives zero payments. She argued that these CPT Codes are within the scope of practice for Speech Language Pathologists and are reimbursed under other insurance plans. Public comments submitted by Ms. Ross can be found [here](#) or on the PPC webpage, and she is asking that legislators support these requests in the budget and policy changes needed for FY25.

Carissa Pearce, Health Policy Manager for the Children's Advocacy Alliance (CAA), spoke about the organization's mission and current challenges. CAA is a non-profit, independent, and nonpartisan organization dedicated to cultivating public policy that allows every child in Nevada to thrive by supporting actions to increase the delivery and access to health resources while maintaining the medical integrity of patients. Ms. Pearce stated that Nevada is experiencing a severe health provider shortage, and it is imperative to address these issues as health disparities are increasing. Currently, there are very few postdoctoral fellowships in Nevada that are not related to emergency medicine. As a result, residents are leaving the state to find fellowships elsewhere. Ms. Pearce stressed that expanding the accreditation program to allow more graduate medical education opportunities would enable more residents to stay in Nevada for fellowship and practice. She also mentioned that CCA is in a research phase to better understand how Nevada might expand the scope of practice for advanced practice clinicians to reduce the provider shortage. Supporting agenda item five, Ms. Pearce noted that many families with medically involved children are leaving the state due to a lack of pediatric specialists, with many of these

treatments being medically necessary. She stressed that there is an opportunity to help these families by allowing for flexibility and coordination between states.

4. For Possible Action: Review and Approve Meeting Minutes from May 15, 2024
By: Dr. Ikram Khan, Chairman

Chairman Khan motioned for the approval of the May 15, 2024, meeting minutes. Commissioner Walter Davis motioned to approve the minutes as presented, and Commissioner Wendy Simons seconded the motion. The motion carried, and the May 15, 2024, meeting minutes were approved unanimously.

5. Presentation on Opportunities Identified to Address Health care Workforce Shortages from Other States
By: Kelsie George, Senior Policy Specialist, National Council of State Legislators (NCSL)

Kelsie George presented on Opportunities to Address Health Care Workforce Shortages from Other States. The presentation is available on the PPC webpage or by clicking [here](#). The National Conference of State Legislators (NCSL) is a bipartisan organization serving legislators and legislative staff by providing services such as policy research, connections, training, state representation in D.C., and meetings. Currently, NCSL is developing a health workforce database to track enacted legislation across the 50 states and U.S. territories. Strategies for addressing workforce shortages include data collection and analysis, recruitment and retention, licensure portability, and telehealth flexibilities. Ms. George emphasized that data collection and analysis are foundational for understanding health workforce dynamics. States like Colorado, Florida, Georgia, Illinois, Indiana, and Utah are leading efforts to comprehensively track who provides services and to whom. Recruitment and retention follow, with states such as Colorado, Indiana, and Nebraska implementing career pathways and pipeline initiatives to attract new professionals. Graduate medical education is crucial, as physicians often practice where they complete their residency. States like Georgia, Idaho, New York, Louisiana, and Oregon offer financial incentives, such as loan forgiveness, repayment programs, and tax credits, to reduce turnover rates. Regarding licensure portability, Ms. George briefly discussed interstate compacts, noting that they are not all equal. This topic will be explored further in the following agenda item. Some states waive certain licensure requirements for episodic care consultations or other specific circumstances. Unlike Nevada, states such as Georgia, Hawaii, Idaho, and Utah have established limited licenses or other exceptions to expedite the licensure process, thereby increasing access to care.

Commissioner Davis thanked Ms. George for her presentation and inquired about her thoughts on expediting licensure. He also wondered if there is a correlation between expedited licensure and faster enrollment of providers in payer plans. Ms. George responded that while these initiatives focus on the legislative angle specifically addressing licensure requirements, they do not directly address the payer side. However, she acknowledged that there are specific requirements and processes for individual payers, such as Medicaid and private insurers. She expressed her willingness to investigate this further and follow up with the commission.

Commissioner Sexton asked about additional insights regarding states with these compacts and reciprocity and how they often don't find that there is a net increase in overall providers. Ms. George stated that interstate licensure compacts, reciprocity, and endorsement allow providers to shift from state to state and practice across state lines while still operating with the same baseline number of providers across the nation.

6. Presentation on National Trends in Occupational Licensing Policy
By: Daniel Logsdon, National Center for Interstate Compacts, Council of State Governments

Daniel Logsdon shared a presentation on National Trends in Occupational Licensing Policy. The presentation is available on the PPC webpage or by clicking [here](#). The Council of State Governments (CSG) aims to provide technical assistance to states on a wide range of issues, including interstate compacts. CSG serves all three

branches of government and was founded at the University of Chicago in 1933. CSG creates and evaluates interstate compacts, facilitating states in coming together to cooperatively address problems that are bilateral, regional, or national. Mr. Logsdon stated that interstate compacts protect state sovereignty by allowing states to internally deal with issues rather than relying on a federal mandate. Active occupational licensing interstate compacts include nurse licensure, counseling, interstate teacher mobility, physician assistant (PA) licensure, medical licensure, audiology and speech-language pathology, dentistry and dental hygiene, among others highlighted in the presentation. One of the key benefits to practitioners of occupational licensure compacts is increased mobility, which supports the relocation of military members and their families. A benefit to licensing boards of occupational licensure compacts is the increased ability to bring in high-quality practitioners.

Commissioner Andria Peterson thanked Mr. Logsdon for his presentation. She mentioned some concerns that unions might currently be facing and asked if he could speak more on this, specifically why some of these concerns might be around those who have not adopted these compacts. Mr. Logsdon stated that the Nurse Licensure Compact could speak more freely about this and encouraged Commissioner Peterson to reach out to them for a more detailed answer. However, Mr. Logsdon did mention that the overall concern is over standards but noted that it is different for each compact.

7. Submitted Policy Recommendations to be Reviewed by the PPC
By: Joseph Filippi, Executive Director, Patient Protection Commission

Mr. Filippi provided a summary of policy recommendations the PPC had received since releasing the solicitation for workforce recommendations on June 3, 2024. The summary document is available on the PPC website [here](#). As of June 14th, the PPC had received 26 submissions, most of which focus on insurance issues and increasing Medicaid reimbursement rates. Mr. Filippi then introduced Natalie Gautereaux, who discussed recommendations concerning social workers and workforce development for social workers in the state.

Natalie Gautereaux, Executive Director of the Nevada Public Health Foundation (NPHF), presented an overview of social work workforce development recommendations. The presentation is available on the PPC webpage or by clicking [here](#). Currently, NPHF is working on several initiatives to address the significant shortage of social workers in Nevada, which has only one social worker per 1,420 people. Ms. Gautereaux explained that social workers play a critical role in serving high-need populations such as children and families, individuals with mental health and substance abuse disorders, those receiving healthcare, and people who are seriously ill and need assistance with daily living. Despite their crucial role in addressing mental, behavioral, and social health, social workers are often overlooked as key providers. Ms. Gautereaux emphasized the importance of including social workers as part of a multidisciplinary team, noting that 80%-90% of health outcomes are influenced by environmental factors such as housing, transportation, economic stability, and family and social support. However, social work students in bachelor's and master's programs are required to complete unpaid practicums of up to 15 hours per week, which, combined with their academic workload, often leads to high college debt and lower pay compared to other health care professionals. Tina Gerber-Winn, Community Engagement Specialist for NPHF and a social worker with over 30 years of experience, then discussed potential policy ideas to impact policy development. She highlighted the critical need for paid internship opportunities to help retain students, allowing them to focus on their education and careers. She also stressed the importance of providing support for recent graduates entering fields like child welfare and adult protective services. Many new social workers lack specialized training and understanding of these complex fields, leading to overwhelming experiences and contributing to the social worker shortage. Ms. Gerber-Winn suggested developing stronger educational pathways, such as establishing a workforce center or entity for social workers in specialty areas, to offer more guidance and training once they enter the field. She also recommended the creation of occupational wellness training, support, mentorship, and awareness programs separate from the employer, which are crucial due to the secondary trauma social workers often face. Additionally, Ms. Gerber-Winn proposed expanding the loan repayment program to include bachelor's and master's level social workers, who are currently not covered

under the recent legislative bill that was just approved last week.

Executive Director Filippi thanked both Ms. Gautreaux and Ms. Gerber-Winn for the very informative overview of social work recommendations. He then gave everyone the opportunity to ask any follow up questions or request for additional information regarding any of the received recommendations.

Commissioner Peterson asked several specific questions regarding Medicaid reimbursement rates. She inquired about how Medicaid conducts its rate review process every four years, the decision-making process based on these reviews, and how these rate reviews translate into increased rates for providers participating in managed care. She also asked about the policy levers Nevada needs to consider increasing these rates and improve access to care. Commissioner Peterson requested that the most recent review analysis be presented at the next PPC meeting to understand the reasons behind the low provider participation, despite Medicaid's active efforts to engage providers. She questioned whether some of the low provider rates might be caused by different underlying problems. Lastly, she inquired about how do rate reviews translate to increased rate for providers participating in managed Medicaid.

Chairman Khan acknowledged that these were excellent questions but suggested waiting until the next PPC meeting when Medicaid would be presenting, as that would be the perfect time for these inquiries. He explained that reimbursement rates are part of the Governor's executive order to be reviewed, which could potentially lead to a Bill Draft Request (BDR).

Commissioner Sexton followed up with an additional question for Medicaid about the evaluation of providers, specifically inquiring about the differences between providers participating in Medicaid versus those participating only in Medicare and commercial insurance.

8. For Possible Action: Review and Discussion of Possible Bill Draft Request (BDR) and Recommendations that align with Governor's Executive Order 2024-002
By: Joseph Filippi, Executive Director, Patient Protection Commission

Mr. Filippi provided a presentation on the discussion of possible Bill Draft Requests (BDRs) and recommendations that align with the Governor's Executive Order 2024-002. This presentation is available on the PPC website or by clicking [here](#). Mr. Filippi explained the PPC BDR timeline, starting with the initial BDR discussion at this meeting. The next step is the review and ranking of BDR ideas by the commission in July. In August, the commission will vote on the top three BDRs to submit to the Legislative Counsel Bureau (LCB) by September 1st.

Commissioner Peterson inquired whether the commission could receive information on why providers are not participating in Medicaid. She then asked Mr. Filippi if this issue had been addressed previously to avoid duplicating recommendations. Chairman Khan partially answered, noting that past PPC meetings identified Medicaid reimbursement rates as a primary reason for low provider participation. However, he also mentioned that when this issue was presented to the Legislature, it was regarded more as a budgetary concern, with the budget priorities not necessarily focused on this aspect of the health care problem.

Commissioner Jalyn Behunin asked about the Nurse Apprenticeship Program and whether the commission could obtain a release of information (ROI) to review how many nurses in the program continued to work in Nevada. Mr. Filippi responded that he personally helped facilitate this program and mentioned that they are required to provide an annual report to the legislature, which includes all the information requested by Commissioner Behunin. He noted that this report is due in August and will follow-up to inquire if the PPC can obtain a copy of the annual report.

9. For Possible Action: Review and Approve Semi-Annual PPC Report required per NRS 439.918
By: Joseph Filippi, Executive Director, Patient Protection Commission

Mr. Filippi discussed the next agenda item which is to review and approve the Semi-Annual Report required per NRS 439.918. This report is available on the PPC website or by clicking [here](#). He reiterated that the commission is required to submit a report every six months to the Governor and Legislature. This report must include a description of the meetings held and issues identified that negatively impact the quality, accessibility, or affordability of health care in the state.

Chairman Khan, Commissioner Simons, and Commissioner Curry-Winchell all complimented Mr. Filippi on his initiative efforts, noting that everything discussed, proposed, and presented had been executed smoothly. Chairman Khan then suggested a topic for the next PPC meeting when Medicaid presents. He would like to see a comparison of Nevada's Medicaid Fee-for-Service (FFS) reimbursement rates with those of other states. Additionally, he requested an analysis of how reimbursements are managed through Medicaid to providers and how these compare with Managed Care Organization (MCO) reimbursement rates in other states. Chairman Khan also expressed interest in hearing firsthand provider opinions from Medicaid, particularly regarding the challenges faced in both medical and hospital settings.

In response to Chairman Khan's request, Mr. Filippi mentioned that numerous provider groups have already expressed concerns about Medicaid reimbursement rates. He proposed that obtaining written feedback from these groups would be beneficial and indicated that this request will be made aiming to ensure that all groups are included and that their voices are heard.

Commissioner Curry-Winchell commented on the importance of having a mix of both verbal and written presentations from providers. She emphasized that hearing firsthand how low reimbursement rates have affected their practices and their ability to accept Medicaid patients can provide a more vivid understanding of the ongoing issue that the commission is addressing.

Commissioner Simons revisited the Semi-Annual Report and proposed adding language to extend the Commission's invitation to collaborate not only with the government but also with the private and public sector. Mr. Filippi confirmed his intention to incorporate this edit. Attorney General Gabriel Lither emphasized that since this discussion is categorized as an agenda item, formal motions or combined formal motions are encouraged. These formal votes ensure that changes made to the report are officially endorsed.

Commissioner Behunin inquired about the Bill Draft Requests (BDRs) and asked if the commission could receive a sample or proposed language of the bills to better understand the ongoing discussions. Mr. Filippi explained that typically, once the draft is finalized, the commission provides initial language to the Legislative Counsel Bureau (LCB), who then reviews and refines the language with their lawyers. It's only after this process that the commission reviews and approves the actual draft language that will be used in the bill.

Commissioner Sexton asked about the next steps after the submission of the BDRs and whether the Commission would continue with meetings. Chairman Khan explained that after submission, the BDRs would proceed to discussion in the next legislative session. Mr. Filippi emphasized his intention to maintain scheduled meetings even after BDR submission, as the Commission's role involves reviewing various issues relating to health care on an ongoing basis. Commissioner Sexton agreed, noting that due to the complexity and multitude of issues, more time is needed to address all these domains. She then asked if, during the next PPC meeting, Medicaid could also discuss how the dollars allocated for patient care reimbursement are distributed as a percentage of the total pool of Medicaid funds.

Commissioner Peterson inquired about the interest in having a presentation detailing how the licensing boards can be held accountable and the time it takes to receive a license. Chairman Khan mentioned that the PPC had already received a similar presentation in the past and asked Mr. Filippi to bring this information forward to avoid duplicating requests. Mr. Filippi acknowledged the request and added that a bill had been passed creating an office of boards and commissions under the Department of Business and Industry. However, they are currently experiencing staffing issues. He assured that he would continue to communicate and collaborate with them to provide Commissioner Peterson and the Commission with additional information.

Mr. Filippi then proceeded to ask the commission for a formal motion to add new language that includes public and private sector relations within the collaboration section of the report. Commissioner Simons initiated the motion, and Commissioner Sexton seconded it. All Commissioners approved, and the motion carried.

10. 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).*

No public comment was made. Mr. Filippi reiterated that the next meeting is scheduled for July 19, 2024, the third Friday of the month.

11. Adjournment
By: Dr. Ikram Khan, Chairman

Chairman Khan thanked the PPC and those who attended the meeting and adjourned the meeting.

Meeting adjourned at 10:49 AM.