Summary of Workforce Solicitation of Recommendations (Updated 6/14/2024)

- **26 submissions** received with recommendations
- 12 related to insurance and increasing reimbursement rates
    - Of those, 8 recommendations directly addressed Medicaid
- 9 related to access to care
- 7 related to interstate licensure and reciprocity
- 6 related to reducing administrative barriers related to onboarding, training, and licensure requirements
- 5 related to offering loan forgiveness and/or tuition assistance
- 4 related to offering competitive compensation and incentive packages
- 4 related to monitoring the effectiveness of new and existing programs

PPC WORKFORCE POLICY SUGGESTIONS		
ONGOING DISCUSSION (UPDATED 6/14/24)		
Submitter Name	**Subject Number**	**Policy Concept Description**
Interstate Licensure and Reciprocity		
Amy Roukie	1	Recommend more disciplines' reciprocity with neighboring states- i.e. RN/ APRN, LCSW. Incentives such as cost-sharing for healthcare training programs such as the RN programs- as they are at capacity at TMCC and UNR, and the others are much more expensive.
Holly Armstrong	2	Please tell the Nevada State Nursing Board they need to join the Nurse Licensure Compact so that it isn't so difficult for nurses licensed in other states to become licensed here.
Toni Inserra	3	Nevada needs to make licensing for out of state clinicians more efficient with a goal of a 30-day turnaround. New Doctors of Osteopath take at least four months for licensing. These procedures not only create hurdles but inhibit professionals from seeking employment in Nevada. This is evident for all licensed staff including physicians, nurses, radiology technicians, laboratory technicians, etc.
Kira Green	4	Compact State Status: Nevada should become a compact state to facilitate the recruitment and relocation of nurses from outside the state. This would expedite the hiring process and enable us to fill staffing gaps more efficiently.
Travis Shaffer	5	Reciprocity for therapists to increase therapist recruiting efforts. Make Nevada a part of the Nursing compact to increase the ability for Nevada to recruit nurses.

Annette Logan	6	Licensure Process Streamlining: Simplify and expedite the licensure process for health care professionals, including interstate licensure compacts to allow for easier mobility of providers.
Matt Olivier	7	There is a national therapy (i.e. physical therapy (/assistant), occupational therapy (/assistant) & speech therapy) shortage; NV is acutely feeling the issue. The OT national licensure compact would aid in making it easier for practitioners to work in the state - including remotely. This is course also speaks to the ongoing needs for service expansion and reimbursement opportunities to remain and expand in tele-rehab spheres, especially for our rural and frontier residents.
Reducing Administrative Barriers with onboarding, training, and licensure requirements		
Holly Armstrong	1	Requiring facilities to require their staff to complete 8 hours of cultural competency is excessive. Please align with the nursing board and make it 4 hours (or less).
Kira Green	2	Reduced Red Tape: Simplify the onboarding process by eliminating redundant requirements, such as the need for nursing staff to undergo separate cultural competency training for facility approval. By aligning licensing and facility training, we can reduce administrative burdens and expedite onboarding. Timely Onboarding: Implement measures to reduce waiting times for new hires, such as the two-step TB testing process. Delays in starting work can lead to loss of talent as candidates seek employment elsewhere due to financial constraints.
Walter Dimitroff	3	One consideration is the length of time that it takes new therapists to be credentialed by the MCO Medicaid providers. This can take up to 6 months resulting in a hardship for the organization to hire to therapists. For providers providing domestic violence services the ongoing audit and regulations that are non-existent in other areas of mental health treatment also create a provider shortage.
Lindsey Harmon	4	Obtaining dispensing licenses for providers is an arduous process. The test is proctored in person and the content is less about the practical knowledge of dispensing law and more about the specific language in the regulation. This process takes away from patient time and has been difficult for our providers to obtain in a timely manner, especially with high turnover. Also, the requirements for dispensing technicians are too rigid. They shouldn't need to have a provider unlock a cabinet every single dispensing activity (when training) if there are no controlled substances kept in said closet. Most technicians are always in the training phase because of high turnover in the industry. Obtaining a conscious sedation license is incredibly confusing and there is no clear contact within the state to provide support through the process. The process also requires accreditation from organizations that require more than standard practices for care.
Giovanni F. Margaroli	5	Removing unnecessary state administrative hurdles to recruiting and retaining health care workers - simplify requirements for workforce, skip all the nonsense like cultural competency, infection control, 2nd step tb, just chest xray like hospitals can do, same regs for all or exclude pcs from NRS 449, give them their own chapter with rules for the "baby sitting service" as we are so pleasantly called sometimes (non medical non skilled)
Annette Logan	6	Regulatory Flexibility: Review and amend state regulations that may unnecessarily hinder the recruitment and retention of health care workers, such as restrictive scope-of-practice laws for nurse practitioners and physician assistants.

Increase Insurance Reimbursement Rates		
Adele Newberry	1	Providing a higher reimbursement rate for Medicaid RN visits so that companies like home health can send a nurse out and not lose money on their direct costs. Often times we have to decline patients from hospitals because we have already done too many visits at a loss. If we lower the pay rate for nurses for specific visits then they may not accept the visits and no one will take the case.
Robert Haze	2	Related to "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": Many commercial insurances reimburse below Medicare rates and sometimes below Medicaid. This makes care delivery in an ever increasing cost environment difficult. Is there a way to require them to provide coverage at or above basic government coverage?
Kira Green	3	Improved Reimbursement Rates: Increase Medicaid reimbursement rates to enable facilities to offer more competitive salaries. Higher compensation would help attract and retain qualified nursing staff, ultimately improving patient care and satisfaction.
Sara Peterson	4	Insurances should allow reimbursement for counseling sessions conducted by graduate student interns under the supervision of the onsite supervisor. The absence of reimbursement places a financial hardship on clients who cannot pay cash. It also reduces the amount of counselors available to lighten the burden of an overwhelmed mental health community. Also, students do not receive needed hours to graduate because facilities cannot provide pro bono therapists to supervise unpaid or low rate sessions. We need more graduating clinicians to assist with the overwhelmed burden and lack of clinicians.
Cory Pearce	5	United Healthcare seems to pretty much a monopoly on third party payment. Most decent behavioral healthcare providers go cash pay, precluding many people from getting treatment. I also wonder if the high number of Medicaid recipients prevents them and others from paying a decent commercial rate. Providers are prevented from refusing to see people because of low reimbursement, preventing feedback to UHC that they need to raise their reimbursement rates. That should change to put a price mechanism back into the system.
Amia MulHolland	6	Ease credentialing and authorization hurdles with commercial insurance and Medicaid. As a behavioral health provider, there isn't a shortage more of a we are abandoning hurdles too getting paid (auth and waiting over 2 weeks for reimbursement, not knowing HOW to get reimbursed and having to sign up with third party claims admin) and getting approved through insurance panels (credentialing). Now we are more and more just talking cash. The burden on independent providers is too great. Also, as master's level clinicians, mental health therapy reimbursement rates and salaries need to mirror other master level clinicians.
Peter Bekas	7	Commercial insurance rates in Las Vegas are very low, it is hard to recruit physicians when other places pay more because they have higher reimbursements. Most contracts are below Medicare rates. These low rates

		mean that physicians need to balance spending time with patients and seeing a lot per day to pay for higher expenses (rent, labor, medical supplies).
Andrew Freeman	8	Work to provide sustainable Medicaid rates that are in the 80-90th percentile of reimbursement for procedures across all types of Medicaid plans (including HMOs, not just FFS) in the US.
Lindsey Harmon	9	Medicaid rates in Nevada are universally low. The PPC should consider Medicaid expansion or a Reproductive Health program like FPACT. The volume of self-pay patients is truly hurting NV. Patients cannot access basic Reproductive Health services due to the lack of coverage which results in higher STI rates, unplanned pregnancies, maternal mortality and morbidity.
Annette Logan	10	Competitive Medicaid Reimbursements: Advocate for competitive Medicaid reimbursement rates that reflect the cost of providing care and attract more providers to serve Medicaid patients. Advocate for Reform of the Nevada Physician Administered Drug Fee (PAD) Schedule. The new Nevada PAD Fee Schedule determines reimbursement rates based on the lesser of Nevada Medicaid's PAD Fee Schedule or the Medicare Part B Fee Schedule. If a drug is not listed in either schedule, reimbursement is determined based on other unspecified criteria set by the state. This shift away from using national benchmarks like WAC and AWP has led to lower reimbursement rates and significant financial challenges for physicians' offices (DHCFP_NVGov) (US Pharmacist).
Rande Paige	11	We recommend #4 - Identifying sustainable funding strategies for strengthening the state's healthcare workforce, which includes supporting competitive Medicaid reimbursements. It is believed that addressing this issue would address more than just this particular issue and positively impact the other foci listed. The cost of living and associated demands of employable individuals in the workforce are disproportionate and as a result, individuals currently employed are having to do more because the reimbursement rates do not allow companies to hire the workforce needed to provide care and services without lowering the standard of care or going out of business. Healthcare companies would struggle less to provide the services needed. With the current reimbursement, the quality of candidate is significantly impacted by what companies can pay. It is difficult to provide excellence in services with a Cadillac demand and a Pinto budget.
Toni Inserra	12	Nevada offers so many great opportunities and beautiful diverse lifestyle, we need to be one of the first states that attract health care workers not one of the last. Without easier licensing and fair reimbursement from insurers and state programs, more providers will not only refuse to accept Medicaid and Medicare Advantage programs but will eventually relocate.
Offer Loan Forgiveness and Tuition Assistance		

Jeremy Gallas	1	I would like to make the following recommendation regarding the recruitment and retention of our healthcare workforce. Student loan forgiveness should be extended to providers in the private sector accepting assignment of patients from both Medicare and Medicaid, and potentially active-duty service members covered by Tricare. This should apply to both rural and urban areas. There could be criteria based on minimum annual hours served or procedures done, tracked by the provider's unique NPI. In our underserved communities, many independent mental health providers are able to thrive seeing private pay clients only. They can earn more and are insulated from the obstacles of billing insurances. Modern healthcare-related events like the recent hack of Change Healthcare make working with HMOs even less appealing. While employed in settings that already qualify for loan forgiveness, mainly universities, I did not serve the community as directly and to the degree that I have in private practice. Additionally, because of the lack of providers at the Airforce base, universities, etc., we wind up treating the sub-populations that exceed their capacities. Thank you for the opportunity to share my idea.
Andrew Freeman	2	Provide loan forgiveness options for providers who choose to live and work rurally. While there are federal options, the state should consider state level options that supplement the federal options. Something along the lines of $25,000 per year ($20k for loan payments, $5k towards additional taxes & tax preparation) that is renewable in 2 year increments until student loans are paid off. Incentive rural students to attend healthcare or healthcare related fields with upfront tuition payments in return for service in rural communities (e.g., medicine, nursing, nurse practitioner, physician assistant, occupational therapy, speech therapy, physical therapy, marriage and family therapy, social work, professional counseling, & clinical psychology). Consider modeling it after the contracts the military uses to fund medical education.
Lindsey Harmon	3	The loan repayment program from the treasurer is a great program! BUT the qualifications for providers are too rigid. It should be less important that the Health Center is located in the marginalized community census block and more important that the HC can prove they are treating patients from those census blocks (regardless of if they are enrolled in Medicaid).
Annette Logan	4	Loan Repayment and Scholarship Programs: Expand loan repayment and scholarship programs for medical, nursing, and allied health professionals who commit to working in underserved areas and underserved specialties.
Natalie Gautereaux	5	Increase opportunities for paid internships and/or stipends for travel and expenses, and scholarships for rural placements; and modify policies and NRS to include bachelor and master level social workers in the state loan repayment program
Offer Competitive Compensation and Incentives		
Nichole Nelson	1	Pay increase for the healthcare works (Personal Care Aides)

Diane McGinnis DNP APRN FNP-C	2	Some sort of rural healthcare provider bonus? When I see my rural patients, I am basically volunteering my time. What I mean is that it is a 4 hour round trip, and when I get there, I do not often have a full schedule, vs if I stayed in the urban area where I currently live I would have a full schedule including during those 4 commuting hours. I am not sure how this would look, just presenting the idea.
Giovanni F. Margaroli	3	Attracting and retaining talent to address health care workforce challenges in urban and rural communities; Attractive salaries, mileage reimbursement, holiday pay etc (overtime pay when lack of PCAs and you need to service a client, current OT pay for PCA is 24/hr, agency gets 25/hr ..... not making any sense), create categories for level of care, the higher the level of care the higher the reimbursement hence the higher pay for the caregiver.
Annette Logan	4	Incentive Packages: Develop comprehensive incentive packages, including housing allowances, signing bonuses, and relocation assistance for health care professionals in high-need areas. Implement value-based payment models that incentivize and reward providers for delivering high-quality, cost-effective care. Encourage the adoption of performance metrics that focus on patient outcomes and satisfaction.
Monitor the Effectiveness of New and Existing Programs		
Toni Inserra	1	Our state representatives need to look closely at current programs to see if they are under producing. Investing in those programs that truly make a difference and are successful should be a priority.
Annette Logan	2	Data-Driven Evaluation: Establish a framework for evaluating new and existing state investments in health care workforce initiatives. Use data analytics to assess the effectiveness of programs and make informed adjustments as needed. Regular Reporting and Accountability: Implement regular reporting requirements for funded programs to ensure transparency and accountability. Engage stakeholders in the evaluation process to gather diverse perspectives.
Germelyn Torio	3	Comprehensive Workforce Analysis: Conduct a thorough analysis of current workforce trends, including shortages in various healthcare professions such as physicians, nurses, allied health professionals, and mental health providers. Identify specific geographic areas within Nevada that are experiencing the most significant shortages, considering both urban and rural regions.
Rande Paige	4	An example of a strategy would also be an analysis of programming that demonstrates a large output of funds with little by way of measurable outcomes. One such program we suggest is a review of the tier program for behaviorally complex individuals. Originally designed to provide additional services to these behaviorally challenging individuals, there were no clear checks and balances to ensure this occurred built into the program. As a result, these stipends/incentives to SNFs have become monetized as a part of their budget with no, or few services being provided. Millions of dollars are being spent with no true accountability or audit controls in place and it is being abused. The money pouring out to SNFs has done very little by way of doing what was initially proposed. As a result, the facilities are at a staff deficit AND dealing with the challenges of caring for these complex individuals. Reallocating funds through a reform of this program with the inclusion of compliance

		standards would likely free up significant funds to sustainably increase wages, decrease burnout and entice employable providers. This is just one example of a strategy that could make a difference.
Access to Care		
Toni Inserra	1	Cost based reimbursement for rural facilities for all state and federal insurance products is critical. Funding strategies should include a formidable vetting process for all applicants on federal programs. There is no doubt there is a need for state and federal assistance for citizens at different times in their lives. Ensuring that the funds are being allocated to appropriate individuals is vital. There is unquestionable abuse of participants of the Medicaid program. A significant amount of funds could be saved by ensuring those who truly need the assistance are the ones eligible.
Nichole Nelson	2	Allow more services to the recipients/clients such as Companion Care which is highly needed, Increase in Medicaid hours for recipients/clients
Jennifer Mckinnish	3	In Nevada pay the parent caregivers who are forced to be the parent and caregiver due to no choice of their own and lack of community supports, primarily profound autism. We parents in this situation are forced to live at poverty level confined both by the inability to work outside the home or find remote careers and by the income restrictions placed by SNAP SSI and other assistance programs. When you are a parent and caregiver the job never ends, you become bookkeeper, mother and father, advocate, maid, scheduler, chef, all without support or breaks. If you would like a detailed list of things involved with this position, I can provide one. The level of exhaustion and defeat is a level that most cannot understand. Essentially without money you cannot find respite or nannies or specialized programs. Palco will pay anyone, but the parent thing is most of us in a position such as mine don't have that family and friend circle to seek help from.
Diane McGinnis DNP APRN FNP-C	4	Additional to this EMS suggestion, is a way for Medicaid patients who ARE transported out of town via ambulance or fixed or rotor wing to get a ride home. A taxi or an Uber or Lyft for an hour or two is not in the budget. Many patients do not call EMS because they are afraid they can't get home again. So, they wait until there situation is very critical instead of participating in preventative care, or early interventions.
Giovanni F. Margaroli	5	Improving access to primary care and public health services; Clearer direct websites, not searching from page to page. elderly hardly use a computer and get confused.
Natalie Gautereaux	6	Include both non-clinical and clinical social workers as part of a multidisciplinary approach to provide a more comprehensive and holistic approach to patent care and address needs at the lowest level of care.
Travis Shaffer	7	Overhaul the MCO system and limit financial incentives for them to limit patient care- especially pertaining to mental health case rates that encourage unsafe and early discharges and limit access to care while financially incentivizing MCOs
Lindsey Harmon	8	In order to incentivize provision of services, prioritize same day access, not quality metrics like VBC i.e. Prob 56/FPACT type programs (but set up better).

Toni Inserra	9	Nevada needs to review its plan to convert to 100% managed care Medicaid. Managed Care Medicare has proven to be an obstruction for patients, providers and facilities, not only in attempting to get authorization, but then to successfully submit claims for payment. Private providers have dropped many of the Managed Care Medicare products within their practices. With managed care Medicare having a failing track record, currently private providers are also dropping Medicaid. This process does exactly the opposite of the state's mission to improve access to healthcare. Without thoughtful and detailed guidelines, this will continue to reduce access to healthcare for those patients that may need it most. Nevada has a critically low number of specialty providers, and the managed care process has only made that problem worse.
Other		
John Phoenix	1	Enact shield laws for those who provide gender affirming care to the LGBTQ+ community, similar to the law passed in 2023 for reproductive health care providers.
Diane McGinnis DNP APRN FNP-C	2	for RURAL and URBAN areas: Ability for Ambulances to transport to a clinic of patient choice and get paid (may not have physician staffing-might be an NP staffing the clinic). If rural allow EMS to stay in their town instead of having to transport a "stubbed toe" to an ER hours away. Save Medicaid money as longer ambulance transports are paid a higher fee. Better for Patients if they do not have to leave their town for minor issues, better for volunteer EMS providers that they stay in their area in case there are more emergency patients that need transport.
Diane McGinnis DNP APRN FNP-C	3	I would like to see a provision for development and pay for a Community Health Aid Provider program like Alaska has for its rural villages. Maybe contract with Alaska to "lease" their already well-established program? Including: medical, dental and behavioral health.
Rosvi	4	Promote and establish providers' conscience rights and moral standing when practicing medical care in Nevada.
Peter Bekas	5	High medical malpractice insurance cost. New laws make Medmal premiums more expensive for coverage and to operate. This is going to make it harder to bring new physicians to the Valley.
Andrew Freeman	6	Provide sustainable long-term grants to local universities so that they can expand training of new clinicians. Focus on high return on investment professions first. For example, invest in master's level marriage and family therapy, social workers, and professional counselors over clinical psychology programs. Invest in physician assistant and nurse practitioner programs. Each additional faculty that this money awards should be calculated against a return on investment for the community over a specified period of time (e.g., 4-5 years).
Annette Logan	7	Rural Training Tracks and Residency Programs: Increase the number of rural training tracks and residency programs to encourage medical students and residents to practice in rural communities.
Annette Logan	8	Telehealth Expansion: Continue to expand telehealth services to improve access to care, particularly in rural and underserved areas. Ensure robust telehealth infrastructure and training for providers.
Annette Logan	9	Integrated Care Models: Promote integrated care models that combine primary care, behavioral health, and public health services to provide comprehensive care and improve health outcomes.

Annette Logan	10	Develop public-private partnerships to fund health care workforce initiatives, leveraging resources from both sectors to maximize impact.
Annette Logan	11	Alternative Payment Models (APMs): Support the adoption of APMs that promote care coordination, preventive services, and efficient use of health care resources.
Germelyn Torio	12	Stakeholder Engagement: Engage with key stakeholders including healthcare providers, professional associations, educational institutions, state agencies, and community organizations to gather insights and perspectives on workforce challenges and potential solutions. Establish advisory committees or task forces comprised of diverse stakeholders to provide ongoing input and guidance throughout the process.
Natalie Gautereaux	13	Develop stronger education paths for social workers pursuing careers in medical social work, children's mental health, family services, the justice system, aging and disability services, and family services, especially those with inclusive backgrounds from rural and frontier communities
Natalie Gautereaux	14	Support Social Workers' occupational wellness through enhancing programs promoting awareness, evaluation, mentorship, and ongoing training.