From:	Annette Logan
To:	PPC Info
Subject:	Response to Nevada Patient Protection Commission (PPC) Request for Recommendations
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Dear Members of the Nevada Patient Protection Commission,

I appreciate the opportunity to provide recommendations on addressing the health care workforce shortages in Nevada, as directed by Executive Order 2024-002. My name is Annette Logan-Parker, and I have been a member of the local healthcare community for over two decades. I am the Founder of Cure 4 The Kids Foundation and the current Chair of the Nevada Rare Disease Advisory Council (NV-RDAC). The focus on attracting and retaining talent, improving access to care, removing administrative hurdles, and identifying sustainable funding strategies is crucial for ensuring quality health care for all Nevada residents. Below are my recommendations, supported by relevant background information, pertinent bills, and model legislation from other states and links for easy reference:

Attracting and Retaining Talent in Urban and Rural Communities

1. 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.
    - Background: Programs like the National Health Service Corps (NHSC) provide loan repayment to health care providers in exchange for working in underserved areas. States like New York have the Doctors Across New York (DANY) program, which offers loan repayment and practice support grants. Doctors Across New York (ny.gov)
    - Model Legislation: The Health Care Loan Repayment Program Act, modeled after New York's DANY program, could be adapted for Nevada. Nurses Across New York (NANY) Loan Repayment Program - American Nurses Association - NY (anany.org)
2. 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.
    - Background: Rural Training Track (RTT) programs, such as those supported by the RTT Collaborative, have shown success in retaining physicians in rural areas.

States like Montana have implemented RTTs to address rural health care needs.
    - Model Legislation: Legislation similar to Montana's Rural Physician Incentive Program could be developed to support the establishment and funding of RTTs in Nevada.Montana Rural Physician Incentive Program (MRPIP) | Montana University System (mus.edu)
3. Incentive Packages: Develop comprehensive incentive packages, including housing allowances, signing bonuses, and relocation assistance for health care professionals in high-need areas.
    - Background: States like Alaska offer incentive packages to attract health care professionals to remote areas, including relocation assistance and housing stipends.
    - Model Legislation: Alaska's incentive program framework could be used as a model for creating similar packages tailored to Nevada's needs.Rural and Community Health Systems Federal Healthcare Workforce Opportunities (alaska.gov)

Improving Access to Primary Care and Public Health Services

1. 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.
    - Background: During the COVID-19 pandemic, many states expanded telehealth services. For example, California's AB 744 requires health plans to cover telehealth services if they cover the same service in person.
    - Model Legislation: Nevada could look to California's AB 744 as a model for mandating telehealth coverage and expanding telehealth infrastructure.Master Report (chbrp.org)
2. 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.
    - Background: The Patient-Centered Medical Home (PCMH) model, widely adopted across states, integrates primary care with behavioral health and public health services.Patient-Centered Medical Home (PCMH) Model | Cardiovascular Disease Data, Tools, and Evaluation Resources | CDC
    - Model Legislation: Legislation promoting the PCMH model, similar to initiatives in Vermont, can be tailored to Nevada's specific needs to encourage integrated care models.Patient Centered Medical Homes | Blueprint for Health (vermont.gov)

Removing Unnecessary State Administrative Hurdles

1. Licensure Process Streamlining: Simplify and expedite the licensure process for health care professionals, including interstate licensure compacts to allow for easier mobility of providers.
    - Background: The Interstate Medical Licensure Compact (IMLC) and Nurse Licensure Compact (NLC) streamline the licensure process, allowing for faster and easier mobility of health care providers across state lines.
    - Model Legislation: Nevada can adopt the IMLC and NLC to simplify and expedite licensure processes for physicians and nurses.Board of Nursing: Practice Act and Laws | Division of Professions and Occupations (colorado.gov)
2. 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.
    - Background: States like Colorado have amended scope-of-practice laws to allow nurse practitioners and physician assistants to practice independently, improving access to care.
    - Model Legislation: Legislation similar to Colorado's SB 22-079, which expands the scope of practice for nurse practitioners, can be adapted for Nevada.

Sustainable Funding Strategies for Strengthening the Workforce

1. Competitive Medicaid Reimbursements: Advocate for competitive Medicaid reimbursement rates that reflect the cost of providing care and attract more providers to serve Medicaid patients.
    - Nevada's own SB 221 from the 2023 session is a great example of Medicaid reimbursement reform NV SB221 | 2023 | 82nd Legislature | LegiScan
    - The Centers for Medicare and Medicaid Services says the number of doctors who'll take Medicare patients is falling. A combination of constant battles over reimbursement rates, red tape and payment below what services actually cost has simmered for a long time.Administrative Burdens Lead Some Doctors to Avoid Medicaid Patients | NBER
    - Medicaid is a hassle for doctors. That's hurting patients. - Vox
    - More Physicians No Longer Seeing Medicare Patients – Healthcare Leadership Council (hlc.org)

2. Advocate for Reform of the Nevada Physician Administered Drug Fee (PAD) Schedule

    - Background: For many years, the state of Nevada used well-established publications such as Wholesale Acquisition Cost (WAC) and Average Wholesale Price (AWP) to determine drug reimbursement rates. These benchmarks reflect the average price that a wholesaler charges for drugs and have been historically

utilized by Nevada Medicaid as a reference for reimbursing drugs administered in a physician's office. 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). The new lower reimbursement rates set by the state are severely impacting physician's offices financially. The new PAD Fee Schedule is:

- Reducing Reimbursement Rates: The rates often do not cover the actual costs of drugs, leading to financial losses for providers.
- Increasing Out-of-Pocket Costs: Physicians are forced to absorb the difference between the cost of drugs and the reimbursement rates, which places significant financial strain on their practices.
- Adding Administrative Burdens: The new schedule introduces complex billing processes, increasing administrative workload and costs.
- Limiting Patient Services: Financial pressures may force practices to limit the range of services they offer, delaying patient care or necessitating referrals to other facilities.
- Threatening Viability: The overall viability of healthcare practices is at risk, making it difficult to attract and retain physicians in Nevada.

This situation directly opposes the goals of attracting new physicians to Nevada and retaining the physicians currently practicing in the state.

- Model Legislation: To address these financial challenges, it is essential to revise the PAD Fee Schedule to align reimbursement rates with the actual costs incurred by physicians. The state should also adhere to a nationally published and recognized benchmark, such as WAC or AWP, to determine drug reimbursement for physicians and facilities that administer drugs in the outpatient setting.
    - Proposed Legislation:
    - Alignment with National Benchmarks: The State of Nevada shall use nationally recognized benchmarks, such as Wholesale Acquisition Cost (WAC) and Average Wholesale Price (AWP), to determine published reimbursement rates for drugs administered in physician's offices and outpatient facilities. **California** and **Oregon** use WAC

and AWP in their drug pricing transparency programs, requiring manufacturers to report price increases and the factors behind them. This helps regulate drug costs and ensure fair reimbursement practices.

- Reimbursement Rate Adjustment: Reimbursement rates must be reviewed and adjusted bi-annually to ensure they cover the actual costs of drugs, including acquisition, storage, handling, and administration and the cost of maintaining all USP 800 regulations when applicable.

- Supplemental Funding Mechanisms: Establish a supplemental funding mechanism to support physician practices that administer high-cost medications, ensuring they are not financially penalized for providing necessary treatments that keep patients out of the inpatient environment.

- Administrative Support: Implement measures to streamline the billing process and provide administrative support to reduce the burden on physician offices. This includes simplifying billing codes and ensuring timely reimbursements.

- Policy Changes for Fair Compensation: Advocate for policy changes that ensure fair compensation for services provided, considering the total cost of drug administration and the need to maintain the financial stability of healthcare practices.

- Evaluation and Transparency: Establish a transparent evaluation process to assess the impact of the PAD Fee Schedule on physician practices and patient care. Regularly report findings and make necessary adjustments to the reimbursement framework.

- Benefits:
    - Stabilize Financial Environment: Aligning reimbursement rates with actual costs of procurement for drugs including administration will help stabilize the financial environment for physician's offices.
    - Enhance Recruitment and Retention: Fair compensation and reduced administrative burdens will enhance Nevada's ability to recruit and retain physicians.
    - Improve Patient Care: Ensuring financial viability for

practices will maintain and potentially expand the range of services offered to patients, improving overall care quality.

- By implementing these changes, Nevada can create a more sustainable and supportive environment for physicians, ensuring that residents receive high-quality healthcare services.

Public-Private Partnerships: Develop public-private partnerships to fund health care workforce initiatives, leveraging resources from both sectors to maximize impact.

- Background: States like Massachusetts have successfully developed public-private partnerships to support health care workforce development.
- Massachusetts' Health Care Workforce Transformation Fund can be used as a model for creating similar partnerships in Nevada.Workforce impacts of the health care cost containment law | Mass.gov

Provider Reimbursement Methodologies

1. Value-Based Payment Models: 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.

    - Background: States like Oregon have implemented value-based payment models through their Coordinated Care Organizations (CCOs).

    - Model Legislation: Oregon's CCO model and value-based payment initiatives can be adapted to fit Nevada's health care system.VBP Interim Report December 2022.pdf (oregon.gov)

2. Alternative Payment Models (APMs): Support the adoption of APMs that promote care coordination, preventive services, and efficient use of health care resources.

    - Background: The Centers for Medicare & Medicaid Services (CMS) have piloted several APMs across states, including the Comprehensive Primary Care Plus (CPC+) model.Alternative Payment Models (APMs) | CMS
    - Model Legislation: CMS's CPC+ model can be used as a framework for developing APMs in Nevada.

Evaluating State Investments

1. 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.
    - Background: States like Minnesota have implemented data-driven evaluation frameworks to assess health care workforce programs.Using Data Analytics to Improve Substance Abuse and Addiction Treatment in Minnesota | CURA (umn.edu)
    - Model Legislation: Minnesota's approach to using data analytics for program evaluation can be adapted for Nevada.Conducting a Health Equity Data Analysis (HEDA): A guide for local health departments in Minnesota - MN Dept. of Health (state.mn.us)
2. 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.
    - Background: States like Washington have established regular reporting and accountability measures for health care workforce programs.How States Use Cost-Growth Benchmark Programs to Contain Health Care Costs - NASHP
    - Model Legislation: Washington's reporting and accountability measures can serve as a model for similar initiatives in Nevada.

These recommendations aim to create a sustainable and effective health care workforce in Nevada, ensuring that all residents have access to high-quality care. I am confident that with concerted efforts and strategic investments, we can address the workforce challenges and improve health outcomes for our communities.

Thank you for considering these recommendations. Should you have any questions or require further information, please do not hesitate to contact me.

Sincerely,

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Chair of the Nevada Rare Diseases Advisory Council (RDAC)

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