



Patient Protection Commission (PPC) Bill Draft Request (BDR) Recommendations for 2025 Session – Ongoing Discussion

Updated 7.12.24

a) Attracting and retaining talent to address health care workforce challenges in urban and rural communities

Topic 1 (Bethany Sexton) – Decriminalize mistakes by healthcare providers, immunity would not apply to gross negligence.

Similar legislation:

In March 2024, Kentucky became the first state to decriminalize medical errors. HB 159 stated that, “Notwithstanding any provision of law to the contrary, a health care provider providing health services shall be immune from criminal liability or any harm or damages alleged to arise from an act or omission relating to the provision of health services...” This law does not apply to gross negligence or intentional misconduct.

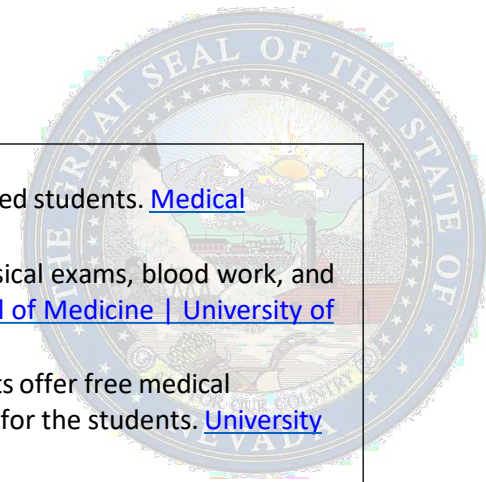
[Kentucky-2024-HB159-Engrossed.pdf \(legiscan.com\)](#)

Topic 2 (Jaylin Behunin) – Create more opportunities for high school students to receive college credits and go into health care facilities with various health care professionals.

Existing programs in Nevada:

- Mohave Medical Academy has a 3-year program high school students can start as a freshman or sophomore with two branches of study – physical Therapy/Sports Medicine or Medical Assisting. [Medical Academy at Mojave High School - Pathways to STEM Nevada](#)
- Desert Pines High School has a medical program designed to provide students with knowledge and skills required for entry into the healthcare field area of study that includes medical assisting, sports medicine, community health worker, biostatistics, epidemiology, public health, substance abuse, personal health, cellular and molecular biology, and environmental health. [Desert Pines High School](#)

- Green Valley High School has a Medical Society Club with guest speakers from the medical field to talk to interested students. [Medical Society Club Information – Green Valley Television \(gvtv.org\)](#)
- The Rural Outreach Clinic is maintained by the University of Nevada, Reno School of Medicine and provides physical exams, blood work, and immunizations to Nevadans at locations in Yerington, Lovelock, and Silver Springs. [Rural Outreach Clinic | School of Medicine | University of Nevada, Reno \(unr.edu\)](#)
- The Student Outreach Clinic is maintained by the University of Nevada, Reno School of Medicine. Medical students offer free medical attention to the uninsured or underinsured community in Northern Nevada while providing hands-on experience for the students. [University Health | Student Outreach Clinic | School of Medicine | University of Nevada, Reno \(unr.edu\)](#)



Similar legislation:

[AL House Bill 163](#)

[Alabama lawmakers vote to create new high school focused on healthcare, science](#)

Topic 3 (Marilyn Kirkpatrick) – In order to increase provider supply, focus workforce development on projects that increase health care apprenticeships and provide stipends and scholarships.

BDR Concept:

Use innovative 'earn while you learn' models, similar to Nevada Nurse Apprentice Program, to support interested candidates to complete education/training requirements. Allowing for students within the medical industry to work while attending school in an environment that will help with the training and improving access to care.

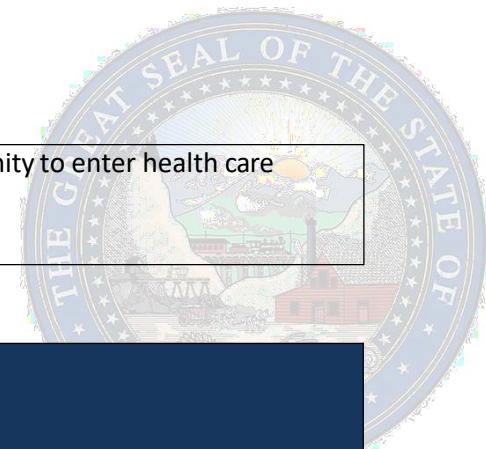
1. Example: Teacher goes through school and then their last paid semester allows for them to be in a paid position while finishing their studies. Someone in a radiology program will take the summers off from school and instead of them working in a non-related field we should allow on the job paid training. We have government jobs that also can offer short term positions in the medical fields as well as FQHC's.

Require our MCO contractors to hire interns as part of their contracts so that our students have access to student teaching.

1. Example: Clark County has offered students at the University system to get their clinical hours with our homeless population. Great concept, but there is a rule that only two students per teacher. With lack of teachers to help the students finish their clinical training, this adds time to their ability to join the workforce. Studies show across the nation that professionals prefer to work in an environment of a larger group or hospital as opposed to a stand-alone practice.

For a long-term approach, conduct study to map out health care workforce assets, and build blueprint with coordinated statewide approach for filling gaps.

1. Example: Ensure all high school students receives First Aid/ CPR training in Health class. Expose students to innovative 'earn while you learn' models, similar to Nevada Nurse Apprentice Program, and fill gaps statewide. Start with the quickest turn around professions such as Medical



Assistant, Medicaid coders, Pharmacy technician, Nursing Assistant and so forth so that student will have opportunity to enter health care field upon completing high school. Students need to see the career path and have it clearly identified for them.

b) Improving access to primary care and public health services

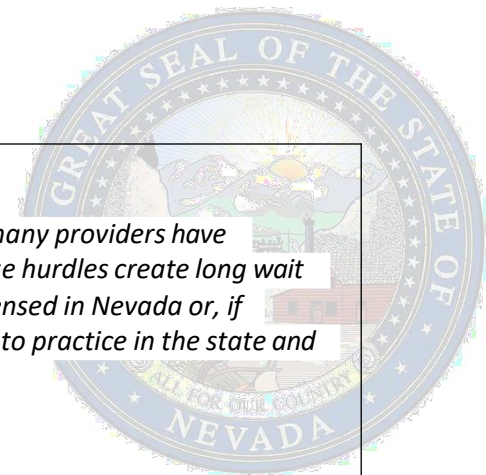
Topic 1 (Andria Peterson) - Creation of a statewide taskforce to identify obstacles and develop policy recommendations to support a comprehensive, standalone children's hospital to serve children in the State of Nevada. This would allow for actionable changes during the 2027 legislative session.

Summary of data on Nevada Medicaid children receiving services out of state in state fiscal year 2023:

- Children in Nevada Medicaid receive fewer services out of state than adults in Nevada Medicaid. For example, in the last fiscal year, Nevada Medicaid paid 80,563 claims for 29,802 child members who received services out of state. For adults, Nevada Medicaid paid 317,222 claims for 76,516 adult members who received services out of state. The total cost to the state Medicaid program in last fiscal year for services paid out of state for children was \$123.8 million of these costs only \$176,646 were spent on inpatient hospital care. For context, Nevada Medicaid is a \$7-\$8-billion-dollar program, annually.
- Based on Nevada Medicaid claims data, most services sent out of state for children are for professional services. The top five professional services sent out of state include special polycarbonate lenses, special cylinder lenses, and lipid panels and hemoglobin labs.
- [Nevada Department of Health and Human Services, Office of Analytics](#)

c) Removing unnecessary state administrative hurdles to recruiting and retaining health care workers

Topic 1 (Floreine Kahn) – Align licensing and facility training to reduce administrative burdens and expedite onboarding. Easing bureaucratic hurdles for credentialing and authorization with commercial insurance and Medicaid.



BDR Concept:

Align licensing and facility training requirements to reduce administrative burdens and expedite onboarding. Additionally, many providers have reported experiencing barriers related to credentialing and onboarding with both commercial insurance and Medicaid. These hurdles create long wait periods and unnecessary administrative work for providers and facilities and often times incentivize providers not to get licensed in Nevada or, if already licensed and practicing, to not accept Medicaid patients. Eliminating unnecessary barriers will encourage providers to practice in the state and expand access to care for Nevadans.

Example of training alignment:

In 2023, [AB 267](#) removed the requirement for facility to provide cultural competency training to employee, if the employee had already successfully completed a course as part of CME requirement to renew their professional license.

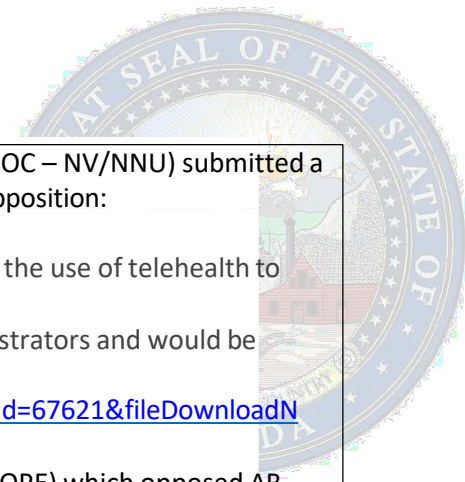
Topic 2 (Bethany Sexton/Jalyn Behunin) – Join the Nurse Licensure Compact and study the impacts on nursing workforce.

BDR Concept:

Since the pandemic, nursing shortages have only been exacerbated. Organizations hiring and employing nurses now find themselves competing on a national recruitment stage. One of the barriers that providers face when enrolling to practice in Nevada is the administrative process and prolonged duration before they are licensed in the state. In some instances, it can take several months from time of application submitted to time license is issued. Joining the Nurse Licensure Compact will eliminate these barriers and allow for easier mobility of providers by expediting the process for licensure and providing a quick timeframe for nurses to practice in Nevada.

Examples of similar legislation:

- 1) AB 18 – 2017 session
 - a. During the 2017 session, AB 18 was proposed supporting the Nurse Licensure Compact as adopted by the National Council of State Boards of Nursing. The bill was first read on February 6, 2017 and there was no further action taken.
 - i. [AB18 Text \(state.nv.us\)](#)
- 2) AB 142 – 2021 session
 - a. During the 2021 session, another bill was put forward to propose joining the Nurse Licensure Compact. Similar to the 2017 session, the bill was first read on February 17, 2021 and no further action was taken.
 - i. [AB142 Overview \(state.nv.us\)](#)
- 3) AB 108 – 2023 session
 - a. AB 108 was presented during the 2023 session enacting the Nurse Licensure Compact. Similar to previous sessions, the bill was read on February 6, 2023 and then heard during the April 7, 2023 Assembly Commerce and Labor meeting. No further action was taken.
 - i. [AB108 Overview \(state.nv.us\)](#)



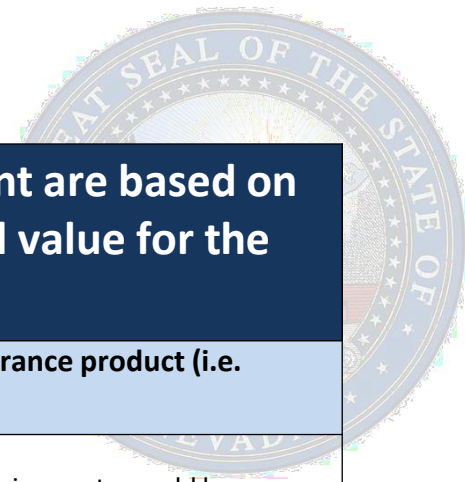
- b. Opposition – On April 5, 2023, the National Nurses Organizing Committee – Nevada/National Nurses United (NNOC – NV/NNU) submitted a letter to the Assembly Commerce and Labor Committee opposing AB 108. The letter outlined two reasons for opposition:
 - i. It is unnecessary as the number of nurses has increased dramatically in Nevada in recent years, and
 - ii. It endangers patients by ceding control over nurse licensure to an interstate commission and facilitating the use of telehealth to outsource patient care to states with lower wages and weaker licensing requirements
 - iii. Nevada would have one appointment to the Interstate Commission of Nurse Licensure Compact Administrators and would be bound by the Commission’s decisions
 - iv. https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/ExhibitDocument/OpenExhibitDocument?exhibitId=67621&fileDownloadName=0407_AB108_lemmon.j_tropp_public.pdf
- c. Opposition – Service Employees International Union (SEIU) Local 1107 has a Committee on Political Education (COPE) which opposed AB 108 during the 2023 session
 - i. [SEIU 1107 Political Action \(seiunv.org\)](https://www.seiunv.org/)

d) Identifying sustainable funding strategies for strengthening the state’s health care workforce, which includes supporting competitive Medicaid reimbursements

Topic 1 (Ikram Khan/Marilyn Kirkpatrick) – Increase Medicaid Reimbursement Rates for Physicians and Other Medical Providers in Key Areas of Need

BDR Concept:

Request an increase to Medicaid reimbursement rates for physicians and other medical providers to meet the health care needs of Nevadans. Currently, Medicaid reimbursement rates are significantly lower than the actual cost of providing the service so many providers are moving away from accepting Medicaid, some are moving to accepting cash only which is limiting access to care. Increasing Medicaid reimbursement rates would incentivize providers to continue to accept patients covered by Medicaid, increase access to care throughout the state, and encourage providers to practice within the state.



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

Topic 1 (Bethany Sexton) - Ensure any state mandated medical benefits be included in any state-controlled insurance product (i.e. Medicaid, MCO actuarial funding, PEPP, etc.)

Example: New drug coverage requirements are being put into place for exchange products being offered in 2024. Those requirements would be placed on state products as well under this bill.

Topic 2 (Jalyn Behunin) – Creation of Alternative Payment Models that promote care coordination, preventative services, and efficient use of health care resources.

BDR Concept:

Centers for Medicare and Medicaid Services (CMS) Innovation Center has awarded several states grants to implement alternative payment models to move the healthcare system towards paying providers for quality of services rather than quantity of services. The goal of these models is to save money and provide better healthcare services by creating person-centered organizations where providers of all specialties communicate and collaborate on the patient's needs to reduce duplication and unnecessary services, boost preventative screenings, move record keeping to a central location, improve health education for patients, and spend less time and money on post-acute care, hospital, and emergency department services. These models have proven successful by states who have implemented the changes and experienced significant cost savings that can be better allocated to areas in need.

Example from other state models:

- 1) Vermont
[Vermont All-Payer ACO Model | CMS](#)
[Evaluation of VTAPM 2018-2022 \(Vermont All-Payer Accountable Care Organization \(ACO\) Model\) \(cms.gov\)](#)

- 2) Minnesota
[DHS-8162 IHP Equity interventions summary \(state.mn.us\)](#)
[Chapter 358 - MN Laws](#)



- 3) Tennessee
<https://www.signifyhealth.com/blog/episodes-of-care-a-better-path-to-improved-clinical-and-financial-outcomes>
[CMS Innovation Center Episode Payment Models](#)
[Tennessee General Assembly Legislation \(tn.gov\)](#)
[EpisodesOfCareFAQsWhatYouNeedToKnow.pdf \(tn.gov\)](#)

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

Topic 1 (Floreine Kahn) – Identify new investments through public/private partnerships to fund health care education grants.

BDR Concept:

Develop public-private partnerships to fund health care workforce initiatives, leveraging resources from both sectors to maximize impact. Investing in education for low-income and/or disadvantaged young adults entering health care/medical professions through private and public partnerships. These investments will not only increase the size of the state's health care workforce but will also incentivize new talent to pursue education in Nevada and encourage current residents to stay and practice in the state. Investing in low-income and/or disadvantaged young adults can also provide opportunities to individuals who have a desire to join the health care field but may not have the means to without educational grants. Partnering with private entities will provide an additional and sustainable source of funding for the State and additional incoming students to support those entities.

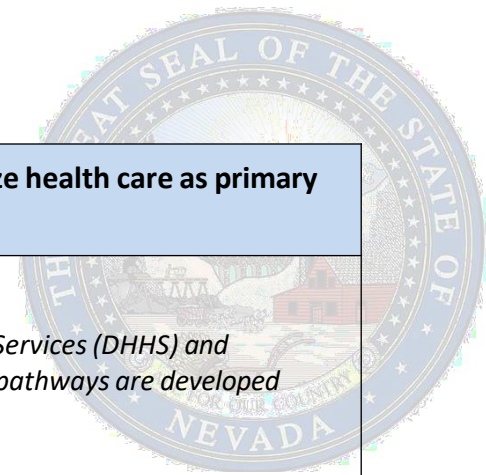
Example of philanthropic investments:

[JOHNS HOPKINS RECEIVES TRANSFORMATIVE BLOOMBERG PHILANTHROPIES INVESTMENT IN FINANCIAL AID FOR FUTURE GENERATIONS OF DOCTORS, NURSES, AND RESEARCH PIONEERS](#)

[\\$1 billion donation eliminates tuition at New York medical school, changing students' lives](#)

Similar legislation:

In 2023, [SB369.pdf \(state.nv.us\)](#) was introduced to provide a tax break for taxpayers who donate money to an organization that provides grants to public or private institutions for residency or fellowship programs. The bill also proposed that the recipient of the grant be required to repay the grant if a new residency training or postdoctoral fellowship program in primary care or an underserved specialty is not established within 36 months of receiving the grant. This bill would incentivize private investment in grant opportunities and promote private/public partnership. In the 82nd session, the bill was introduced March 23, 2023 and passed by first committee April 13, 2023 then there was no further action taken.



Topic 2 (Marilyn Kirkpatrick) – Recommend the Governor's Office of Workforce Innovation (GOWINN) prioritize health care as primary industry for workforce development.

BDR Concept:

Recommend Governor's Office of Workforce Innovation (GOWINN) collaborate with the Department of Health and Human Services (DHHS) and representatives of the health care industry during implementation of [Assembly Bill 428 \(2023\)](#) to ensure health care career pathways are developed that interest a person to enter or advance in health occupations in high need and underserved areas.

Examples of similar programs:

[CAMPUS | Dixie Technical College](#)

[NV Health Force | DPBH](#)

[Earn While You Learn | UVA HR \(virginia.edu\)](#)

Topic 3 (Ikram Khan) – Invest in Graduate Medical Education (GME) to increase the number of primary care residency and fellowship programs throughout the state.

BDR Concept:

Limited availability to primary care residencies and fellowships in Nevada lead to many students leaving the state to complete their Graduate Medical Education. According to the Association of American Medical Colleges (AAMC), from 2013 to 2022, 57.1% of individuals practice in the state where they did their residency training ([download \(aamc.org\)](#)). Investing in GME programs in Nevada and providing opportunities for more physicians to complete their GME in the state will lead to an increase in the number practicing in the state long term as well as attract new talent for individuals looking to come to Nevada to complete their training.

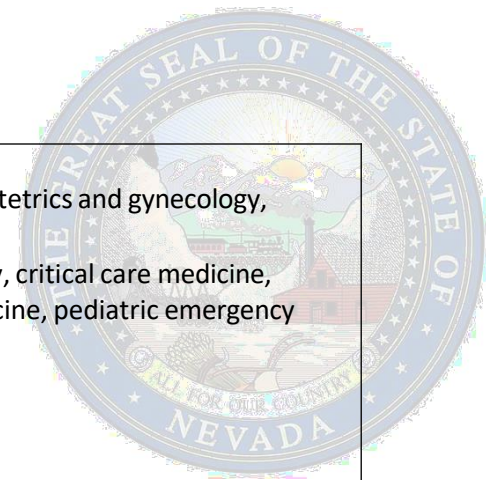
Examples of similar programs:

The Rural Residency Planning and Development Program is a federal program that provides funding to create new rural residency programs or rural training tracks. Nevada is currently not a recipient of this grant. If Nevada were to apply, the grant would provide necessary funding and AHECs can partner and support through management, retention of students, development of programs, and providing other technical assistance.

[Rural Residency Planning and Development \(RRPD\) Program | HRSA](#)

UNR Existing Programs

- Residency – family medicine, internal medicine, pediatrics, psychiatry and behavioral sciences
- Fellowships – child/adolescent psychiatry, geriatric medicine, hospice and palliative medicine, primary care sports medicine
- [Residency and Fellowship Programs | School of Medicine | University of Nevada, Reno \(unr.edu\)](#)



UNLV Existing Programs

- Residency – emergency medicine, family medicine, family medicine – rural, general surgery, internal medicine, obstetrics and gynecology, orthopedic surgery, pediatrics, plastic surgery, psychiatry
- Fellowships – acute care surgery and surgical critical care, cardiovascular medicine, child and adolescent psychiatry, critical care medicine, endocrinology, diabetes and metabolism, forensic pathology, forensic psychiatry, gastroenterology, geriatric medicine, pediatric emergency medicine, pulmonary and critical care medicine, sports medicine
- [Graduate Medical Education | Kirk Kerkorian School of Medicine at UNLV | University of Nevada, Las Vegas](#)

Touro University Nevada College of Osteopathic Medicine Existing Programs

- Partners with OPTI-West to support the GME program at Valley Hospital Medical Center
- Residency – internal medicine, family medicine, and neurology
- Fellowship – pulmonary/critical care and gastroenterology
- [Graduate Medical Programs | Valley Hospital Las Vegas](#)

Florida

- Section 409.909(5) of the Florida Statutes
- GME Startup Bonus Program was established to offer \$100,000 startup bonus for each newly created resident position
- Specific only to specialties in a statewide supply-and-demand deficit
- https://ahca.myflorida.com/content/download/20925/file/GME_Startup_Bonus_Instructions_2023.pdf

Topic 4 (Bethany Sexton) – Create permanent funding for nurse apprenticeship programs.

BDR Concept:

In 2022, the Nevada Legislature allocated millions of ARPA dollars to fund the [Nevada Nurse Apprentice Program Grant](#). The funding allows hospitals and skilled nursing facilities to receive reimbursement for nurse apprentice hourly wages and retention payments offered to nurses who complete their training. Funding is also provided to reimburse travel expenses for nurse apprentices who travel long distances to work in rural and frontier health care facilities. The Nevada Nurse Apprentice Program has proven to be a successful model to recruit and retain Nevada nursing students, especially in rural and underserved areas. Identifying permanent funding for the program will continue to assist Nevada health care facilities to retain graduating nurses and address the State's nursing shortage.