

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)
December 13, 2024

The Nevada Patient Protection Commission (PPC) held a public meeting pursuant to NRS 241.020(3)(a) online and by phone on Friday, December 13, 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 9:02 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
Marilyn Kirkpatrick, Vice Chair
Bethany Sexton
Jalyn Behunin
Walter Davis
Wendy Simons

Commission Members Absent

Dr. Andria Peterson – Excused
Dr. Bayo Curry-Winchell – Excused
Flo Kahn – Excused

Advisory Commission Members Present

Scott Kipper, Insurance Commissioner, Division of Insurance (DOI); Celestena Glover, Executive Officer, Public Employees Benefits Program (PEBP); Shannon Litz, Deputy Director on behalf of Richard Whitley, Director, Department of Health and Human Services; Russell Cook, Executive Director, Silver State Health Insurance Exchange

Staff Present

Joseph Filippi, Executive Director, PPC; Dylan Malmlov, Policy Analyst, PPC; Meybelin Rodriguez, Executive Assistant, PPC

Guests Present

Gabriel D. Lither, Senior Deputy Attorney General, Attorney General; Lindsey Miller, Constituent Services, Governor's Office; Stacie Weeks, Administrator, DHCFP; Todd Rich, Agency Manager, DHCFP; Melorine Morki, Social Services Program Specialist III, DHCFP; Sarah Dearborn, Social Services Chief 3, DHCFP; Adam Plain, Insurance Regulation Liaison, DOI; Jack Childress, Insurance Actuarial Analyst III, DOI; Autum Blattman, Regional Coordinator, ADSD; Dawn Lyons, Social Services Program Specialist, ADSD; Lori Lutu, Regional Coordinator, ADSD; Danacamile Roscom, Health Program Manager II, DPBH; Megan Comlossy, Academic Health Department Liaison, DPBH; Mitch DeValliere, Agency Manager, DPBH; Maria Tello-Magna, Executive Assistant, Director's Office; Kareen Filippi, Management Analyst III, WIC; Cathy Dinauer, NSBN; Andrea Gregg, CEO, High Sierra Area Health Education Center (AHEC); Alexandria Cannito; Alexis Kirby; Allison Genco; Amy Levin; Amy Shogren; Ana Bonillas; Angela Stewart; Ashley DeLanis; Ashley Jonkey; Areli Alarcon; Arielle Hernandez; Bob Baughman; Bob Crockett; Brian Evans; Carley Murray; Cheri Glockner; Chris Muehlmann; Chelsey Booker; Cooper Irvine; Courtney Canova; Diego Trujillo; Don Boyle; Edith Duarte; Eileen Colen; Elissa Secrist; Elyse Monroy-Marsala; Elizabeth Bickle; Emily Rigler-Wright; Eric Schmacker; Esther Badiata; Fergus Laughridge; Gabby McGregor; James Combs; Jason Drake; Jason Worthen; Jennifer Lanahan; Joanna Jacob; Dr. John Packham; Joshua Coello; Joy Thomas; June Cartino; Kathy Triplett; Laurie Curfman; Laurie Drucker; Lea Cartwright; Lee McAllister; Luiza Benisano; Marc Ellis; Mari Nakashima Nielsen; Marianne McKown; Mark Funkhouser; Melodie Osborn; Misty Grimmer; Nicole Flangas; Patrick Kelly; Paul Young; Paula Freund; Philip Ramirez; Reagan Hart; Renee Ruiz; Shandi Ahmed; Shaneka Wiley; Sheryl Morelli; Steven Messinger; Susan Priestman; Tamara Weber; Travis West; Troy Smith; Valerie Haskin

2. **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).*

Sheryl Morelli, a general pediatrician with Intermountain Children's Health, provided public comment regarding the Bill Draft Request that the PPC is putting forward. She voiced strong support for Senate Bills 29, 34, and 40. Dr. Morelli stated that Nevada ranks last or near last in several aspects of children's health, including overall well-being, clinical care, mental health treatment, medical reimbursement, and access to care. She emphasized that addressing these issues will require a multifaceted approach. Dr. Morelli highlighted that these senate bills have the potential to significantly address some of these barriers. Specifically, Senate Bill 34 will help decrease the administrative burden of practicing in the state. Senate Bill 29 will improve reimbursement rates, which will help cover the cost of evidence-based care for children in Nevada. Senate Bill 40 will increase Graduate Medical Education (GME) opportunities and help retain more physicians in the state. She thanked the commission for recommending these bills, stating that this is a step forward in improving children's health. Dr. Morelli also pointed out that while children represent 20% of Nevada's population, they are 100% of its future, stressing the importance of continued investment in children's health to ensure the state's future success.

Renee Ruiz, a representative of the National Nurses United, National Nurses Organizing Committee, and California Nurses Association, spoke on behalf of over 200,000 nurses nationwide, including more than 3,000 in Nevada. Ms. Ruiz expressed strong opposition to all licensure compacts, specifically the Nurse Licensure Compact, asserting that her stance reflects the interests of bedside nurses. She argued that Nevada does not have a nursing shortage, stating that there are enough licensed RNs in the state to fill every open position, including those set to be open. Ms. Ruiz emphasized that the issue is not the lack of licensed RNs but the challenge of retaining nurses at the bedside. She pointed to multiple studies and evidence her team has presented to the legislature over the years, highlighting the impact of workplace violence, which nurses and healthcare workers face daily. She argued that addressing this issue, along with implementing safe staffing guidelines, would encourage more nurses to return to bedside care. Ms. Ruiz noted that states that have

adopted safe staffing guidelines have seen nurses returning to bedside positions in significant numbers. She concluded her public comments by asserting that adopting a Nurse Licensure Compact would only serve to lower the standards of nursing in Nevada. Ms. Ruiz stated that her organization plans to take further action in opposition to the compact if necessary.

Elizabeth Bickle, a nurse with over 18 years of experience, also expressed her opposition to the Nurse Licensure Compact, stating that it is unnecessary since Nevada already has an endorsement process in place. This process allows nurses to work with a temporary license while their application for full endorsement is being processed. She noted that temporary licenses are issued within seven to ten business days and are valid for six months. Ms. Bickle emphasized that her primary concern is the weaker licensing requirements in some compact states, which she argued jeopardize patient care. She highlighted that many states do not require 30 hours of continuing education for each renewal period, as Nevada does. For example, Arizona, a compact state, requires zero hours of continuing education. Ms. Bickle also referenced a 2023 multi-state investigation by the Department of Health and Human Services, which uncovered a scheme to sell fraudulent nursing degree diplomas and transcripts. This allowed individuals to sit for the National Nursing Board Examination without proper qualifications. Warrants were issued in several compact states, including Delaware, New Jersey, Florida, Texas, and New York. She claimed that in Florida, the Board of Nursing sold credentials to over 7,600 individuals who never attended classes or clinical rotations, and approximately 2,800 of them passed the NCLEX examination. Ms. Bickle stated that dozens of these fraudulent licenses have since been revoked, but many states are still conducting investigations. She argued that the purpose of a nursing license is to protect the public from harm by establishing minimum qualifications and competencies for nurses. The failure of these boards to uphold these standards undermines the integrity of nursing licenses, endangers patient health and safety, and insults the nursing profession.

Mark Ellis, representing the Communication Workers of America Local 9413 and serving as an Executive of the AFL-CIO, also voiced strong opposition to the Nurse Licensure Compact. Mr. Ellis stated that this bill has been repeatedly rejected, emphasizing that Nevada does not support it. He noted that while Nevada ranks low in education, the state is ranked high in nursing. Mr. Ellis argued that the Nurse Licensure Compact would lower the state's standards, allowing less-qualified nurses to practice in Nevada. He claimed that this bill primarily benefits for-profit hospitals, not the residents of the state. He urged the committee to stop advocating for the compact and instead start listening to the voices of the people.

Adrielle Hernandez, a regulatory policy specialist for National Nurses United (NNU), provided public comment expressing concerns about the recommendation approved during October's PPC meeting regarding the Hospital-at-Home pilot program. She stated that it was unclear in the September and October meetings what the process for authorizing this pilot would be and inquired whether the intent of the pilot is to proceed as a bill or through some other mechanism. Ms. Hernandez argued that NNU strongly opposes hospital-at-home and similar programs, claiming that they endanger patients by allowing hospitals and healthcare providers to treat patients at home for conditions requiring inpatient-level care. She stated that such programs lower the standard of care by waiving numerous provider requirements and patient safety standards. For example, she noted that if this program is similar to the EMS Acute Hospital Care at Home program, it would waive 24-hour on-premises nursing services and the immediate availability of emergency response, allowing delays of up to 30 minutes, which puts patients at significant risk. Ms. Hernandez argued that instead of addressing the crisis of hospital closures, hospital-at-home programs enable hospitals and healthcare industries to obtain financial benefits by reducing labor and overhead costs while still receiving inpatient-level reimbursement rates. She highlighted similar dangers posed by emergency department and home care programs, which allow 911 dispatchers and paramedics to determine whether patients should be transported to a hospital or deemed eligible for home-based care. While acknowledging the vital role EMS providers play as first responders, she asserted that they

lack the licensing and expertise needed to make such patient assessments. She concluded by stating that Nevada should focus on expanding access to quality, in-person care, particularly for Medicaid patients and other disadvantaged communities, rather than reducing it through programs like hospital-at-home.

Chris Gibson also spoke on the licensure compacts, stating that as a nurse in this state, she is voting against Nevada becoming a compact state. As a practicing bedside nurse in this state, she takes great pride in upholding high standards for nursing regulations and training requirements. She argued that compact states have less stringent licensing requirements than non-compact states, with some not even requiring continuing education for nurses. She stated that this could potentially impact the quality-of-care patients receive. Ms. Gibson also expressed concern that the influx of travel nurses could impact the job market and lead to poor oversight by the state nursing board, as well as issues with license verifications, tracking, and coordinating disciplinary actions. She further argued that this change would affect income generation for the state, as nurses would pay licensing fees to the state where they originally obtained their nursing licenses. She concluded by stating that she prioritizes stringent nursing regulations and education over convenience.

Susan Priestman, President of the Nevada PT Association, provided public comment by clarifying the differences between the various therapy compacts (Physical Therapy, Occupational Therapy, and Speech and Language Pathology). Ms. Priestman stated that they are facing a severe staffing crisis, particularly in rural and underserved communities, across the therapy disciplines in Nevada, noting that the state is ranked 50th out of 51 for Physical Therapists per capita. She emphasized that the Physical Therapy Licensure Compact is stringent and requires to follow all rules and regulations, including continuing education. Ms. Priestman explained that the PT regulatory board is bringing forth this bill. She expressed concern about how the severe staffing shortage in one profession might lead to other professions attempting to meet the community's needs without the proper doctorate-level education required to provide safe and effective care. She also mentioned that the Department of Defense supports recommending compact privileges for Nevada to allow military spouses to practice with much greater fluidity if this compact is passed.

3. For Possible Action: Review and Approve Meeting Minutes from October 18, 2024
By: Dr. Ikram Khan, Chairman

Chairman Khan asked for a motion for the approval of the October 18, 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 October 18, 2024, meeting minutes were approved unanimously.

4. Informational: Update on the Commission's Bill Draft Requests submitted to the 83rd (2025) Legislature.
By: Joseph Filippi, Executive Director

Joseph Filippi provided an informational update on the Commission's three Bill Draft Requests (BDRs), which can be found on the PPC webpage or by clicking [here](#). He reiterated that, per the Governor's Executive Order 2024-002, the Commission has spent the last several months reviewing available data and national best practices to provide additional recommendations for addressing the healthcare workforce shortage in Nevada. Senate Bill 40 aims to establish a Health Care Workforce Account within Nevada Medicaid to enhance the capacity and size of the state's healthcare workforce while increasing access to care for Medicaid recipients. This account would support sustainable funding opportunities for Graduate Medical Education (GME) residency and fellowship programs, as well as apprenticeship and loan repayment programs within the state. Senate Bill 29 focuses on increasing provider reimbursement while incentivizing better quality of care. This bill outlines three main strategies to achieve its goals: requiring Nevada Medicaid to seek federal authority to establish accountable care payment models, increasing Medicaid reimbursement rates for physicians and advanced practice registered nurses (APRNs) to meet the healthcare needs of Nevadans, and requiring Nevada Medicaid to issue a biennial

survey to in-network providers. Senate Bill 34 seeks to reduce barriers for licensed healthcare providers to practice in Nevada by authorizing the state to join multiple licensure compacts, including the Physician Assistant Compact, Nurse Licensure Compact, Audiology and Speech-Language Pathology Interstate Compact, Physical Therapy Licensure Compact, and Occupational Therapy Licensure Compact. This bill also requires the Department of Health and Human Services to study the impact of each compact on access to care and submit a report to the PPC and the Legislature by 2026. Currently, 13 states have joined the Physician Assistant Compact, with 4 states pending. The Nurse Licensure Compact includes 40 states and 2 territories, while the Occupational Therapy Compact has 31 states enrolled. The Audiology and Speech-Language Pathology Compact has 33 states enrolled, and the Physical Therapy Compact has 38 states enrolled.

Commissioner Davis asked whether the next PPC meeting would be dedicated to discussion or action regarding these BDRs. Mr. Filippi confirmed this, acknowledging an oversight on his part and explaining that the agenda item was unintentionally listed as informational. He clarified that although these bills have already been submitted to the legislature, the Commission will still have the opportunity to discuss or propose amendments during the legislative session for modification if needed. He assured the Commission that this opportunity will be available at the next PPC meeting in January.

Chairman Khan inquired whether any proposed changes or amendments to the bills would need to be addressed at the legislative level or if the commission could suggest amendments as a whole. Deputy Attorney General Gabriel Lither confirmed that the commission can still make formal recommendations to submit to the legislature.

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

Mr. Filippi presented the draft Semi-Annual PPC Report, available on the webpage or by clicking [here](#). NRS 439.918 requires the Patient Protection Commission to submit a report every six months to the Governor and the Legislature. The report must include, without limitation, a description of issues identified as negatively impacting the quality, accessibility, or affordability of health care in Nevada, along with recommendations for legislative or regulatory changes to policies and budgets to address these issues.

Vice Chair Kirkpatrick thanked Mr. Filippi for compiling the report, noting that it was a great summary of everything the PPC discussed. Commissioner Simons agreed and expressed appreciation, stating that the report was very comprehensive and effectively captured the significant amount of work that went into these BDRs in a short period of time. Chairman Khan also acknowledged Mr. Filippi's hard work in preparing the report, adding that the PPC has become highly efficient and proactive.

Commissioner Simons motioned to approve the Semi-Annual PPC Report, and Vice Chair Kirkpatrick seconded the motion. The motion carried, and the Semi-Annual PPC Report was approved unanimously.

6. For possible Action: Discussion and Approval of Future Meeting Dates.
By: Dr. Ikram Khan, Chairman

Mr. Filippi then addressed the future PPC meeting dates, stating that the next scheduled meeting is on January 17, 2025. With the legislative session approaching, Mr. Filippi acknowledged that most commissioners would be busy but emphasized his intent to hold at least one meeting during the session and another shortly after it ends. These meetings would provide updates on the PPC bills, their progress within the session, and other legislation relevant to the Commission's scope. He also mentioned the possibility of holding an in-person meeting, potentially in Las Vegas or Reno.

Commissioner Davis and Commissioner Behunin expressed support for Mr. Filippi's recommendations, stating that they would like to have one in-person meeting next year, potentially in August.

Vice Chair Kirkpatrick encouraged Mr. Filippi to review the calendar for the First House Passage to schedule PPC meetings, noting that some bills with fiscal impacts are likely to go to Ways and Means or Senate Finance. She suggested holding a meeting before the First House Passage, likely in late March or early April. Commissioner Simons agreed, stating that at least one meeting during the legislative session is beneficial to ensure the commission receives an update on progress.

Commissioner Bethany Sexton agreed but noted the need to be cautious when scheduling in March, as some may be on spring break.

Chairman Khan suggested that if the Commission is set to present to the legislature, Mr. Filippi, the executive director, should represent the Commission. Mr. Lither emphasized that while Mr. Filippi can represent the Commission if needed, the Commission should also be available to provide input on any parameters, ideas, details, and suggestions for his conduct with the legislature. Mr. Filippi agreed, noting that he is happy to represent the Commission and will provide meeting information to invite others to attend the hearings.

Vice Chair Kirkpatrick asked for clarification on whether Mr. Filippi can brief legislators on behalf of the Commission. Mr. Filippi confirmed that he can speak on behalf of the Commission but noted that he can only represent their discussions and comments made publicly.

Commissioner Sexton inquired whether the Commission's presence is historically needed during the session. Chairman Khan stated that, historically, the executive director has attended on behalf of the commission, but as Mr. Filippi mentioned, the commission is welcome to attend as well. Mr. Lither confirmed this.

Mr. Filippi reiterated that the commission supports the proposed future meeting dates outlined and discussed during the meeting, with the exception of moving April's PPC meeting to March.

7. 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).*

Dr. John Packham, Associate Dean at the UNR School of Medicine and Co-Director of the Nevada Workforce Research Center, shared his frustrations regarding suggestions that Nevada does not currently face a nursing shortage and will not face one for the next five to ten years. He emphasized that this is not only incorrect but also reckless, as it undermines the purpose of having lawmakers if there is no shortage. He stated that his office is more than willing to provide additional information on the scope and severity of shortages in nursing and other fields outlined in the Compact bill, SB 34.

Renee Ruiz, a representative of the National Nurses United, National Nurses Organizing Committee, and California Nurses Association, made another public comment regarding the Nurse Licensure Compact. She stated that the Nurse Licensure Compact is a money-making institution, with much of that money being drawn from nurses in Nevada and urged the commission to take this into consideration. She also noted that the Nurse Licensure Compact is an ironclad contract that is almost impossible to withdraw from. Ms. Ruiz reiterated her stance that there are enough RN licenses to fill every open position currently available. She stated that while there will be a need for nurses in the state, the way to grow the nursing workforce in Nevada is by improving working conditions, such as implementing safe staffing guidelines. She mentioned that there is various evidence supporting this and is happy to provide it to the commission.

Cathy Dinauer, Executive Director for the Nevada State Board of Nursing, thanked the commission for moving forward and supporting the Nurse Licensure Compact. She clarified a few statements from recent comments,

stating that the Nurse Licensure Compact does not generate any income, as it is a licensure tool. She mentioned that while this may not necessarily solve the nursing shortage, it will help. She cited a 2022 survey indicating that 92% of nurses in Nevada, including those who were part of existing unions, supported the Nurse Licensure Compact. The Nurse Licensure Compact Commission is made up of individuals from each compact state, with regular discussions on the nursing compact. Ms. Dinauer stated that this will not lower the standard of nursing care, as there are uniform requirements for all compact states that must be followed.

Valerie Haskin, Rural Regional Behavioral Health Coordinator, shared that she serves on the Rural Regional Behavioral Health Policy Board, which has used its bill this legislative session to enter the Nevada Board of Examiners for Social Workers into the newly formed Social Worker Interstate Licensure Compact through Bill SB 68. She noted that additional language has been added to specify the requirements for each of the four behavioral health licensing boards to create annual data reports. She emphasized the importance of ensuring these reports are consistent, clear, and useful. She is also willing to provide more information about SB 68 if needed.

Commissioner Simons took this opportunity to thank Dr. Packham for his longevity and extensive research over the years regarding Nevada, as well as Cathy Dinauer for her long tenure in her current role and her dedication and passion for improving the quality of the nursing pool.

Elizabeth Bickle provided another public comment regarding some of the points made by Ms. Dinauer. Ms. Bickle stated that in order to become a nurse in the United States, everyone must pass the nursing examination to be licensed, which is why nurses can apply for licensure by endorsement in all 50 states. However, she argued and reiterated that there are other compact states that do not have nearly the same continuing education standards as Nevada. This is one of the reasons of why she is proud to be a nurse in Nevada and fears that, if Nevada joins the compact, the standard of care and continuing education could be diluted.

8. Adjournment
By: Dr. Ikram Khan, Chairman

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

Meeting adjourned at 10:26 AM.