

Good morning Chair Khan and members of the Patient Protection Commission.

I am Steve Messinger, Policy Director for the Nevada Primary Care Association. We represent the state's Federally Qualified Health Centers, known as FQHCs or Community Health Centers. Our members provide high quality primary care integrated with behavioral and dental services to more than 116,000 Nevadans in medically underserved areas and populations. This network serves more than 45,000 Medicaid patients, making our health centers one of the largest providers of primary care in the program. You may know FQHCs from your Commissioner Walter Davis, CEO of Nevada Health Centers.

We are grateful for this body's recognition of the need for additional investment in the health workforce. Here are our recommendations for your proposal:

1. Investment should prioritize the production of primary care providers.
  - Nevada is ranked at the bottom of population to provider measures, and it shows in measures of access, management of chronic disease, cancer screening, and vaccination rates.
  - We as consumers, patients, and constituents perceive overall access to care based on the availability of primary care to us—it is the key to the engagement that drives better outcomes and lowers costs.
  - Primary care providers need your help to get out of the compounding burden of working in such a profound shortage. There can be no fruit from the promise of primary care while unending demands on the providers do not meet the need of even the most acute patients.
  - A final critical note about primary care—we believe it is the path towards greater health equity when it ensures every member of the community has a trusted provider to ensure their access to every part of the health care system.
2. State investment in health workforce training should be directed to facilities that serve Nevadans with existing barriers to access such as type of insurance, income, language, or geography. Community Health Centers are ideal because they are mission driven and focused on integrated primary care. This is the most innovative model that a provider could train in while specializing in primary care, and we believe a program could be enacted that is very attractive to potential trainees.
3. Programs should be set up end to end so that training takes place in primary care practices in Nevada.
4. And this is crucial—any investment should go beyond the production of physicians to include the other primary care providers. Advanced Practice Nurses and Physicians' Assistants are the more important, economical, and available components of Nevada's primary care health workforce, and any proposal should prioritize resources to expand training opportunities for them.
5. Covering the Costs
  - We suggest commissioning a program proposal from the existing stakeholders
    - Schools of Medicine and Nursing
    - Area Health Education Centers

- Schools of Public Health and Workforce offices such as the Office of Statewide Initiatives
  - Facility representatives such as NVPCA and NRHP
  - Nevada Medicaid
- These stakeholders could be funded to propose a plan that covers costs for
  - The trainee
  - The education
  - The training facility
- Stakeholders should work together to maximize available federal match in design and implementation, and they should propose an investment package to the 2027 Legislature.

Thank you for your important work and please invest in primary care!