

August 6, 2024

Sent electronically to: jfilippi@dhhs.nv.gov

RE: Workforce

Dear PPC Commissioners:

Thank you for addressing Nevada's critical healthcare workforce shortages. As stated during the last meeting, Nevada needs to build a strong "workforce bench." We would like to share some thoughts, observations, and recommendations with you as you consider the workforce challenges.

Physicians

Nevada ranks 45th among the states for active physicians. We are below the national average in 33 of 39 physician specialties. The number of practicing physicians has not kept pace with the state's growing population.

Recommendations:

1. Develop more Graduate Medical Education (GME) programs in the state, especially fellowship programs. Statistics show that Nevada medical school graduates who receive all their GME in Nevada are more likely to stay in Nevada. The state should consider providing a stipend to Nevada medical school graduates who complete all their GME in Nevada. The extra money may encourage graduates to choose a Nevada residency or fellowship over an out-of-state program.
2. Young physicians (and many older physicians) forego the private practice of medicine. They are not interested in operating a small business. They want a work-life balance and choose to be employed.

Hospitals recruit and employ physicians and seek to keep them in their communities. Some special-interest groups want to prohibit hospitals from employing physicians. If a hospital in Nevada does not employ a physician, a hospital in another state will. To be competitive in recruiting and retaining physicians, Nevada should make a variety of

private practice and employment options available to physicians. Nevada should permit hospitals to employ physicians.

Nurses

Nevada nurses are among the highest paid in the country at an average salary of \$97,700 for RNs and \$66,580 for LPNs, yet the state has a shortage.

Nevada needs 3,126 RNs and 3,284 LPNs to meet the national average. However, Nevada's nursing shortage may be worse than projected.

During the pandemic, Nevada's healthcare facilities hired thousands of traveling nurses from around the country. These nurses had to obtain the standard two-year Nevada nursing license to work in Nevada, and many still maintain that license even though they do not practice in the state.

Today, about 40% of Nevada's licensed RNs have an out-of-state address. Our elevated number of licensed RNs may be masking the true number of nurses our state needs.

Recommendations:

1. Develop permanent funding for the nurse apprenticeship program to help train and support new nurses. In the end, this program will help us retain nurses in the state.
2. Expand the number of nursing school slots for students in the state. Each year, nursing programs turn away hundreds of qualified students because no class slots are available.
3. Create a pool of applicants within NSHE rather than require students to apply to individual nursing programs. Students can be notified about the programs with openings.
4. Provide funding for nursing schools to increase the number of nurses trained who want to remain in Nevada
 - a. Accept more in-state students. Out-of-state students pay more in tuition, and that may be an economic necessity for some schools to survive. However, in-state students are more likely to remain in Nevada after graduation.
 - b. Pay faculty a fair salary for their work.
 - c. Hire support staff so faculty can manage larger class sizes.

- d. Increase the size of nursing classes and allow experienced nurses to teach or proctor students in clinical settings.
5. Create and expand educational bridge programs for:
 - a. military medics to RNs
 - b. paramedics to RNs
 - c. CNAs to LPNs
6. Provide incentives for nursing students to remain in Nevada. Example: loan reimbursement programs.
7. Encourage the growth of “Virtual Nursing.”

Nurse Licensure Compact

Nurse Licensure Compact (NLC) nurses can quickly cross state lines to assist during patient surges and disaster relief. For example, during the uptick in respiratory viruses in the fall of 2022, Nevada needed pediatric nurses. Job opportunities in Nevada were not attractive to traveling nurses because traveling nurses could start working immediately in a compact state and not pay any fees. In Nevada, traveling nurses had to complete paperwork, wait several days for the paperwork to be processed, pay a fee for a Nevada license, and lose wages while waiting. Nevada was not an attractive option. Here is another example: On October 1, 2017, a mass casualty incident occurred in Clark County. Hospitals were overwhelmed. Through the NLC, nurses could have been brought into the state within hours to care for patients.

The NLC also helps nurses who frequently move from state to state. Those nurses include military spouses.

Forty states and two U.S. territories have adopted the NLC.

Opponents of the NLC assert that it is a mechanism to break strikes. That is incorrect. Unions are required under federal law to give hospitals ten days’ notice of a strike. Healthcare providers can contract with companies that are able to supply hundreds of nurses immediately. Those nurses can be licensed in Nevada in about four days.

Recommendation:

1. Adopt the Nurse Licensure Compact.

Other Health Care Professionals

Workforce shortages exist in a variety of healthcare positions.

A need exists for entry-level clinical positions, such as phlebotomists, Certified Nursing Assistants, and medical assistants. One- and two-year certificate holders, such as radiation, pharmacy, and surgical techs, also are in demand.

Recommendations:

1. Assure that certification programs covering all healthcare specialties are available in all areas of the state.
2. Develop programs for middle school and high school students to learn about opportunities available in their local healthcare facilities.
3. Create a cyber healthcare facility where students can virtually explore and learn about different career opportunities.
4. Explore the development of tuition-free high schools focusing on healthcare careers.

Administrative Burden

Administrative expenses in the U.S. healthcare system are a significant part of the cost of healthcare. Between 2022 and 2031, they are projected to grow faster than expenditures for hospital care. *(Source: America's Hospitals and Health Systems Continue to Face Escalations Operational Costs ... American Hospital Association, May 2024.)*

Consumers and patients are affected, too. The complexity of claims processing leads to higher insurance premiums and higher out-of-pocket expenses. Patients experience confusion and frustration, especially when dealing with denied claims. Most importantly, managing claims means less time and resources available for patient care.

Recommendation:

1. Create a uniform process for claims submission, improve the process for eligibility determinations, streamline prior authorizations, and improve the appeals process for disputed claims.



Thank you again for your important work on these issues. Please contact me if I can be of assistance.

Sincerely,

Patrick D. Kelly
President & CEO
Nevada Hospital Association