Please see below a transcript of the public comment I plan to make during your meeting scheduled for July 19, 2024, at 9:00 AM:

For the record, my name is Annette Logan-Parker:

Thank you for the opportunity to provide public comment, I specifically wish to comment on addressing healthcare workforce shortages in Nevada- as it relates to retaining and recruiting specialists and sub-specialists. I have been a dedicated member of the local healthcare community for nearly three decades. As the Founder of Cure 4 The Kids Foundation and the current Chair of the Nevada Rare Disease Advisory Council, I am deeply invested in improving healthcare for our state.

On June 4th of this year, I submitted a comprehensive list of recommendations to the PPC, supported by relevant background information, pertinent bills, and model legislation from other states. However, today, I would like to focus specifically on the Medicaid Fee-For-Service (FFS) physician-administered drug fee schedule implemented in 2023.

I urge the PPC to conduct a thorough review of the new PAD fee schedule's financial impact on physician offices and its potential effects on patient care for Medicaid beneficiaries. The current fee schedule has introduced significant financial challenges for many practices, particularly those administering high-cost drugs in an outpatient setting. Nevada's oncology, rheumatology, gastroenterology, hematology, infectious disease, and immunology providers, among others, often face reimbursements well below the acquisition cost for lifesaving drugs. These specialties, which routinely provide outpatient drugs under the buy-and-bill system, are some of the same specialists known to be underrepresented within the state.

The state is facing the dual challenge of retaining our current specialists while also recruiting new ones to practice in Nevada. There is an opportunity for Nevada to establish a more equitable method of drug reimbursement in these cases. If we fail to address the long-term impact of the current reimbursement method for outpatient physician-administered oncolytic and other high-cost drugs, it will not only further de-incentivize providers who are willing to offer these services but also significantly hinder the recruitment of additional specialists and ultimately limit patient access to receiving necessary treatment locally.

Ensuring equitable reimbursement practices is crucial to maintaining and improving the quality of healthcare for all Nevada residents.

Thank you in advance for your attention to this critical issue.



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