

PPC WORK SESSION - RECOMMENDATIONS

*****ONGOING DISCUSSION*** (UPDATED 10/16/24)**

In coordination with the Chair, Commission staff of the PPC have prepared a “Work Session Document” (WSD) to assist the Commission in determining which recommendations it may want to include in the next report statutorily required pursuant to NRS 439.918. The WSD contains a summary of recommendations presented during Commission meetings, through communication with individual Commissioners, or through correspondence submitted to the Commission members or staff. The members of the Commission do not necessarily support or oppose the recommendations in this WSD. Commission staff compiled and organized the proposals so that Commissioners may review them and decide whether they want to accept, reject, modify, or take no action on the recommendations. The WSD groups the proposals by topic, and they are not preferentially ordered. It should also be noted that any potential recommendations listed may or may not have a fiscal impact. Any potential fiscal impacts have not been determined by staff at this time. Commission staff, at the direction of the Chair, may coordinate with interested parties to obtain additional information for information to be included in the Commission’s report.

Recommendation	Source Link
Identify ways to recruit and retain a more diverse health care workforce. Lack of diversity may deter prospective medical graduates from completing GME in Nevada. Results from a recent JAMA study suggest that additional efforts are needed to increase the representation of Black, Hispanic, and Native American people in the health care professions; measuring and reporting on representation of these groups in the health care workforce and educational pipeline may encourage these efforts.	Fitzhugh Mullan Institute for Health Workforce Equity Trackers JAMA - Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce
Continue to develop workforce incentives focused towards recruiting occupations in undersupply and target rural or underserved communities to improve access to care.	Summary of Workforce Solicitation Recommendations (nv.gov) Response to Nevada Patient Protection Commission Request for Recommendations (nv.gov)
Reduce or cap the amount of interest issued by insurers on medical education loans. High cost and interest rates on educational loans is a barrier to attracting and retaining providers, especially in rural and underserved areas.	HR 4122 (2021) AMA Ltr. HR4122 Medical Student Education Loans (aamc.org)
In order to aid in workforce retention and provider wellness, establish a Physician Wellness Program in Nevada to allow physicians and other health care providers to access a confidential wellness program. Recommend DHHS offer grant funding to an eligible 501 (c)(3) nonprofit, such as the Nevada Physician Wellness Coalition to administer the Program statewide. The Program must support physicians and other health care providers through evidence-based wellbeing initiatives. The program must provide a statewide physician and physician family resource line, online wellness resources and training.	Arizona HB 2429 (2022) SF 3531 Minnesota (2024) Patient Protection Committee Proposal with Wellbeing Recommendations no Attachments (nv.gov)
Request licensure boards, hospitals, health systems and the Nevada Division of Insurance remove intrusive mental health questions from physician and other health care provider licensure and credentialing applications. Supporting physician well-being in turn supports patient well-being. It's critical that we work towards destigmatizing mental health for physicians and other providers to create an environment that encourages voluntary self-disclosure and help-seeking behavior. According to the Dr. Lorna Breen Heroes' Foundation, overly invasive mental health questions in licensing and credentialing applications prevent health workers from seeking support and increase the risk of suicide. Such questioning tends to be broad or stigmatizing, such as asking about past mental health care and treatment, which has no bearing on a health worker's ability to provide care and violates the Americans with Disabilities Act.	Remove Intrusive Mental Health Questions from Licensure and Credentialing Applications Patient Protection Committee Proposal with Wellbeing Recommendations no Attachments (nv.gov) RECORD NUMBER OF LICENSURE BOARDS AND HOSPITALS TAKE ACTION TO PREVENT SUICIDE FOR THE HEALTHCARE WORKFORCE
Require each health care occupational licensing board to offer a temporary or provisional license to health professionals while documentation and DPS background checks are pending. For example, the Nevada State Board of Nursing issues a temporary license to all applicants who meet certain criteria while background checks and other documentation are being processed.	NRS: CHAPTER 632 - NURSING (state.nv.us)
Recommend single state authority over all health care occupational licensing boards. Request licensing boards report and be held accountable for certain metrics (i.e. duration of time from application to licensure). A single authority will ensure uniform standards and reduce unnecessary duplication in requirements that can create barriers and delays to entering the workforce.	NRS: CHAPTER 232 - STATE DEPARTMENTS 2023-2024 SOR: Joint Interim Standing Committee on Health and Human Services (state.nv.us)
Develop public-private partnerships to fund health care workforce initiatives, leveraging resources from both sectors to maximize impact. Expand federal, state, public, and private funding investments into Graduate Medical Education (GME) residency and fellowship programs. For example, SB 369 (2023) failed to pass, but would have established tax credits for certain businesses who donate money to assist in establishing graduate medical education residency or fellowship programs.	SB369.pdf (state.nv.us) Summary of Workforce Solicitation Recommendations (nv.gov)

Make an appropriation of funding to the Division of Public and Behavioral Health (DPBH) within the Department of Health and Human Services (DHHS) to continue the Nurse Apprenticeship Program over the 2026-2027 biennium. The Nevada Nurse Apprenticeship Program has proven to be a successful and innovative 'earn while you learn' model for Nevada to recruit and retain nursing students and address the nursing shortage.	Nevada Nurse Apprentice Program PPC Workforce 8.16.24 final (nv.gov)
In order to ensure statewide workforce development strategies and investments are utilized to support and grow the supply of health care personnel, recommend the Governor's Office of Workforce Innovation (GOWINN) prioritize workforce development for the health care industry. Recommend GOWINN and the GWDB prioritize available funding, including federal funding reserved for statewide workforce investment activities from WIOA, on health care workforce training, education initiatives and apprenticeships to increase health care provider supply. Recommend GOWINN collaborate with the Department of Health and Human Services (DHHS), Nevada Area Health Education Centers (AHECs) and representatives of the health care industry during implementation of AB 428 (2023) to ensure health care career pathways are developed to interest a person to enter or advance in health occupations in high need areas.	https://gowinn.nv.gov/boards-commissions/ AB 428 (2023) Summary of Workforce Solicitation Recommendations (nv.gov) NV Health Force DPBH
Create more opportunities for high school students to receive exposure to health care careers, and be provided with opportunity to receive college credits and go into health care facilities with various health care professionals.	AL House Bill 163AL House Bill 163AL House Bill 163AL House Bill 163 PPC Workforce 8.16.24 final (nv.gov) Summary of Workforce Solicitation Recommendations (nv.gov) Hawaii HB 1827 - High School Health Care Workforce Certificate Program Alabama lawmakers vote to create new high school focused on healthcare, science
Establish a single health care workforce development resource center. The State has many health care workforce initiatives and resources aimed at addressing workforce development. It would be helpful to have a single resource for public and stakeholders to refer. A great example is the health care workforce website being developed by the Division of Public and Behavioral Health which exposes visitors to career opportunities, provides educational and training resources, connects visitors to partners.	NV Health Force DPBH
Align occupational licensure training requirements and facility training requirements to remove duplication or unnecessary requirements.	Summary of Workforce Solicitation Recommendations (nv.gov)
Recommend Nevada Medicaid review prior authorization (PA) data and requirements to simplify and streamline the process for health care providers as applicable. Recommend Nevada Medicaid establish a data dashboard to support the transparency and review of PA data. Following the establishment of such a data dashboard, Nevada Medicaid should review which PAs should and can be removed without undue risk of increasing fraud, waste and abuse. In addition, Nevada Medicaid should report to the Legislature each biennium regarding the Division's findings related to PA data and activities made to reduce provider administrative burden.	Nevada Medicaid (nv.gov) response to governor EO (nv.gov)
Conduct regular assessment of the effectiveness of existing State programs to determine where changes can be made to improve the capacity of the healthcare workforce. Ensure investments in State programs have high return on investment and provide the most value for the taxpayer dollar.	Summary of Workforce Solicitation Recommendations (nv.gov)
Prioritize health care workforce investments on producing more primary care providers. Training programs should be expanded to grow and retain more physicians, APRNs and PAs. Consumers often perceive overall access to care based on availability and affordability of primary care services. Increasing the number of primary care providers will increase access to more affordable primary care services for Nevada patients.	Nevada Primary Care Association - Public Comment https://www.unitedhealthgroup.com/newsroom/posts/2019-07-22-high-cost-emergency-department-visits.html
Increase state funding to support Nevada Area Health Education Centers (AHEC) to enhance health care workforce development pipeline efforts statewide. Nationally, AHECs are organizations dedicated to serving underserved and rural populations across the nation. In Nevada, there are three AHECs – High Sierra, Desert Meadows, and Frontier. AHECs have proven to be successful partners in Nevada and other states in implementing health care workforce development	NV AHEC Presentation to PPC

planning and other initiatives. Nevada AHECs provide education and training for students studying to become health professionals and engage with K-12 schools. Current funding constraints hinder opportunities for service expansion and innovation to meet the needs of each regional AHEC.	PPC Workforce Concepts Alignment (nv.gov)
Recommend Nevada Medicaid pilot a virtual "Hospital at Home" program to increase access to care in rural and frontier areas. Care models such as the Emergency Department in Home (EDiH) and Hospital at Home (HaH) provide in-home care for patients who qualify and would normally receive services in an emergency department or inpatient settings. The pilot program would seek to increase access to emergency, outpatient and inpatient care options in rural areas, support the EMS system by reducing avoidable ED transports, decrease hospital overcrowding in urban settings, and better allocate available health care workforce resources. The pilot program will include the combination of in-person clinicians (paramedics) with remote physicians and nurses, to provide emergency level, in-patient and primary care for patients who can safely be treated at home in rural areas. Rather than removing patients from their own communities to access care, eligible patients would be able to opt-in to receiving necessary care at their home. The pilot will allow an innovative opportunity for Nevada to share key learnings about safety, quality, and cost to inform future health care regulatory and payment policy.	Advanced Care at Home - Overview - Mayo Clinic House committee greenlights telehealth, hospital-at-home extension bill HaH Presentation to PPC - Tripp Hollander Advisors
Recommend each health care occupational licensing board, including the Board of Medical Examiners and Board of Osteopathic Medicine, provide licensure reciprocity for health care providers seeking licensure in this state. Require the licensing boards to provide for a temporary or provisional license allowing a provider to practice while fulfilling requirements needed to qualify for endorsement in this state, or while awaiting verification of documentation supporting such an endorsement. Require the licensing boards to issue temporary or provisional license based on an affidavit from the applicant that the information provided on the application is true and that the verifying documentation has been requested. This process exists for nurses and military spouses already and could be expanded more broadly to streamline the licensure process and avoid unnecessary delays that prevent providers from practicing in Nevada.	https://medboard.nv.gov/uploadedFiles/medboardnvqov/content/Forms/EO_2012-11.pdf Section 12 of AB89 (2015) as introduced would have allowed regulatory bodies in health professions to create reciprocity agreements with other states.
Recommend establishing an agency or taskforce to lead statewide health care workforce efforts, conduct a comprehensive needs assessment, and be responsible for convening state leaders and other health care industry stakeholders to develop and maintain a health care workforce strategic plan. Several states have taken steps to more holistically assess their healthcare workforce. For example, as part of its annual budget, Virginia policymakers directed the Virginia Health Care Workforce Development Authority to conduct a study of primary care, behavioral, and nursing health care workforce issues. In Vermont, legislation was passed which created an advisory group to develop and maintain a current health care workforce development plan.	Virginia Health Workforce Development Authority - Health Workforce Study Vermont Health Care Workforce Development Plan (2021) VT Act 155 (2020) Virginia Budget Bill - HB30
Create a funding source to provide incentives for healthcare workers such as expanding the loan repayment program or creating a housing assistance program. Investing in these incentive programs will encourage healthcare professionals to practice in Nevada.	State Health Workforce Toolkit - National Governors Association (nga.org) Workforce Solutions: Recruitment and Retention Strategies in the Wake of the COVID-19 Pandemic AHA
Recommend funding and sustainably supporting a Nevada Nurse Workforce Center to serve as a hub to advance nursing education, practice, leadership, workforce development, and policy. State Nursing Workforce Centers use an evidence-based strategy for nursing workforce planning. They utilize data-driven insights and expert consultation at community, regional, and state levels to foster meaningful discussions about the real challenges facing the nursing workforce and practical solutions to address them.	NAC- NV nurse workforce center request 5. PACKHAM MCHAB 12-16-22.pdf (nv.gov)
(WITHDRAWN) To recruit and retain healthcare providers, Nevada could benefit from modernizing the physician associate/assistant (PA) practice act by removing barriers that limit PA practice. PAs play a crucial role in providing high-quality, cost-effective care while maintaining patient safety. In Nevada, PAs face more restrictive practice requirements than nurse practitioners (NPs), who gained full practice authority in 2013, even though both professions offer similar access to quality care. States like Utah, Idaho, Arizona, Wyoming, and North Dakota have already addressed these barriers by modernizing or eliminating the supervisory relationship mandates between certain PAs and physicians, allowing PAs to practice to the full extent of their education, training, and experience. This modernization allows healthcare systems greater flexibility to form the best-suited healthcare teams to meet community needs while ensuring that PAs, physicians, and other professionals continue to collaborate on safe, high-quality care. Modernizing Nevada's PA practice laws will position the state as a leader in healthcare innovation and help address current challenges in healthcare access and workforce shortages by attracting a robust, adaptable healthcare workforce.	PPC NAPA Letter.pdf (nv.gov) https://le.utah.gov/~2021/bills/static/SB0027.html AB364 Overview (state.nv.us) PA Practice in Nevada Public Comment (nv.gov) PA Practice in Nevada Public Comment (nv.gov)

	response to governor EO (nv.gov)
Support direct care workers by strengthening career pipelines, expanding training and educational opportunities throughout the state, and increasing wages and benefits for the existing workforce. Direct care workers, categorized as Certified Nursing Assistants, Home Health Aides, and Personal Care Aides, provide essential services in a variety of settings including home and community based settings. There has been an increase in demand paired with high turnover rates, so strengthening this workforce will ensure Nevadans have access to the assistance they need for daily tasks.	PCAN PPC Submission 8.1.24 (nv.gov) PCC workforce shortage recommendation - Google Docs (nv.gov) https://ppc.nv.gov/uploadedFiles/ppcnvqov/content/Meetings/2024/ADA%20Public%20Comment_Nevada%20PPC%20Written%20Testimony.pdf Summary of Workforce Solicitation Recommendations (nv.gov)
Commission to support the prompt payment law BDR 57-367 developed by the Nevada Commission on Minority Affairs (NCMA). These measures aim to establish a reliable and prompt reimbursement system for healthcare providers, thereby fostering a conducive environment for the growth of medical practices and improving healthcare access for Nevada residents, with a specific focus on reducing disparities in minority communities.	NCMA BDR Prompt Payment Law
Commission to support BDR-352 developed by the Joint Interim Standing Committee on Health and Human Services, which establishes the Social Work Apprenticeship Program. The program is modeled from the successful nurse apprentice program and will create a long-term social work development pipeline that will aid the state in recruiting and retaining social work professionals.	JISCHHS - Summary of Recommendations NPHF Solutions (nv.gov)
Commission to support BDR-354 developed by the Joint Interim Standing Committee on Health and Human Services that requires all entities that license or certify health care professions in the state to develop a process to expedite the license or certification process by giving priority review status to the application of an applicant for a license or certificate who demonstrates that he or she intends to practice in historically underserved community as defined by NRS 704.78343. This will increase access to care and prioritize licensure and onboarding for providers who wish to serve in rural and underserved areas.	JISCHHS - Summary of Recommendations
Commission to support the recommendation submitted by the Nevada Silver Haired Legislative Forum to the Nevada System of Higher Education and the Sandford Center for Aging, University of Nevada, Reno, School of Medicine to include courses in basic geriatric care for all health care training programs in Nevada. This will help the state address the growing deficit in geriatricians providing care for older adults and support clinicians, especially family medicine and general practitioners, who will be providing the majority of care to older adults.	Summary of Recommendations - Nevada Silver Haired Legislative Forum Within the next twenty years, the U (americangeriatrics.org)
Commission to support BDR-456 developed by the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs that establishes a system of care for the diagnosis and care of Nevadans with dementia called the Nevada Memory Network. The network will be responsible for expanding capacity at memory assessment clinics and expand the workforce in Nevada by hiring or contracting with neurologists, neuropsychologists, and geriatricians to provide services to patients with dementia as well as four community health workers that specialize in dementia to perform necessary duties.	Summary of Recommendations - Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs (BDR -456)
<p>(WITHDRAWN) Request from Nevada Pharmacy Alliance for Commission to support two BDRs that would support pharmacists in Nevada and increase access to care. Pharmacists are highly educated health care professionals and often underutilized.</p> <p>1. This BDR will allow pharmacist to continue doing services that they have been doing throughout the pandemic, ordering lab work, serving as exempt laboratory directors, and administering medications. (Sponsors—Assemblyman Orenthlicher and Senator Stone)</p> <p>2. This BDR will allow pharmacists to bill for clinical services through Medicaid that they are already allowed to perform according to Nevada law. Currently, pharmacists do not have a pathway for billing for clinical services that they provide for patients. This prevents pharmacists from being used more often in team-based care in Nevada, such as in primary care clinics. (Sponsor—Senator Stone)</p>	<p>NV Pharmacy Alliance – Suggestions for pharmacist patient care (nv.gov)</p>