MEETING MINUTES
NEVADA PATIENT PROTECTION COMMISSION (PPC)
October 18, 2024

The Nevada Patient Protection Commission (PPC) held a public meeting pursuant to NRS 241.020(3)(a) online and by phone on Friday, October 18, 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 9:08 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
Dr. Andria Peterson
Dr. Bayo Curry-Winchell
Flo Kahn
Jalyn Behunin
Walter Davis
Wendy Simons

Commission Members Absent
Bethany Sexton – 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; Janel Davis, Operations Manager on behalf of Russell Cook, Executive Director, Silver State Health Insurance Exchange

Staff Present
Joseph Filippi, Executive Director, 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; Sandie Ruybalid, Deputy Administrator, DHCFP; Ann Jensen, Agency Manager, DHCFP; Dylan Malmlov, Intern Contractor, DHCFP; Kayla Hammond, Family Services Specialist 1; DHHS; Adam Plain, Insurance Regulation Liaison, DOI; Erik Jimenez, Senior Deputy, Office of the State Treasurer; Ahmad Brooks, Office of the State Treasurer; J; Meagan Ranson, Silver Sage Health Insurance Exchange; Kareen Filippi, Management Analyst III, WIC; Vance Farrow, Health Industry Specialist, GOED; Cathy Dinauer, NSBN; Andrea Gregg, CEO, High Sierra Area Health Education Center (AHEC); Alberto Quintero; Alexandria Cannito; Areli Alarcon; Barry Cole; Belz & Case Government Affairs; Brian Evans; Cherylyn Rahr-Wood; Courtney Canova; Dan Musgrove; Davis Florence; Dave Wuest; Debra Collins; Eileen Colen; Elissa Secrist; Elyse Monroy-Marsala; Fred Olmstead; Jackie Lheureux; Jacob Keeperman, Jacqueline Nguyen; Jay Cafferata; Jerry Reeves; Jimmy Lau; Kamyar Farzad; Kenneth Kunke; Lea Case; Lisa Marie Pacheco; Lisa Tripp; Mari Nakashima Nielsen; Maya Holmes; Nancy Kuhles; Natalie Emerson; Natalie Powell; Nicholas Chiang; Nilesh Gokal; Reagan Hart; Ricardo Rubalcaba Paredes; Sabrina Schnur; Sabrina Elvrum; Sam Anastassatos; Sarah Daniel; Spencer Gabe; Tave Kuckhoff; Tori Supple; Tray Abney; Valerie Cauhape.

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).*

Valerie Cauhape, a rural regional Behavioral Health Coordinator, wanted to point out that whenever funding or resources are allocated toward Nevada AHECs, it has been extremely successful in rural Nevada. Ms. Cauhape also stated that Assembly Bill 37, which was passed during the last legislative session, created the Behavioral Health Education, Retention, and Expansion Network of Nevada (BeHERE). She noted that this success was achieved by utilizing existing resources provided by Nevada AHEC. The work of AHECs is heavily influenced by many other items listed in the PPC Recommendations Work Session Document, and she emphasized that any opportunity to advocate for funds and resources is very beneficial to rural Nevada.

Natalie Powell, the Director of the Nevada Certification Board (NCB), established in 2016, provides peer prevention certifications through International Certification (IC) and Reciprocity Consortium (RC). She made a public comment stating that since 2020, NCB has collaborated with High Sierra AHEC to offer Nevada Cultural Competency Training for all of their certifications, as well as other AHEC educational opportunities that aim to address and reduce health disparities in Nevada. Ms. Powell noted that NCB is also working to address the underrepresentation in the healthcare workforce at every level, given Nevada's healthcare shortages. She mentioned that hundreds of students have gone through the program created with High Sierra AHEC and emphasized that it would be a shame to lose that opportunity. Ms. Powell also credited Nevada AHEC for proactively seeking improvements in their curriculum and programming.

3. For Possible Action: Review and Approve Meeting Minutes from September 20, 2024
By: Dr. Ikram Khan, Chairman

Chairman Khan motioned for the approval of the September 20, 2024, meeting minutes. Commissioner Wendy Simons motioned to approve the minutes as presented, and Vice Chair Marilyn Kirkpatrick seconded the motion. The motion carried, and the September 20, 2024, meeting minutes were approved unanimously.

4. Update on the Establishment of the Student Loan Repayment for Providers of Health Care in Underserved Communities Program created by Assembly Bill 45 (2023) and codified in NRS 226.458
By: Erik Jimenez, Chief Policy Deputy, Nevada State Treasurer's Office

Erick Jimenez, Chief Policy Deputy Director at the Nevada State Treasurer's Office presented on the Student Loan Repayment Program for Providers of Health Care in Underserved Communities' Program. The presentation is available on the PPC webpage or by clicking here. He explained that this program was made possible through the passage of Assembly Bill 45 (2023) receiving $2.5 million each fiscal year as an automatic statutory trigger

from the Abandoned Property Trust Account. Eligible providers such as physicians, physician assistants, licensed nurses, optometrists, psychologists, and social workers, etc., who are successfully approved for this program can receive up to $120,000 in exchange for practicing in an underserved community in Nevada. To be considered, eligible providers must be current Nevada residents, actively licensed in good standing, committed to practicing in an underserved community, and must commit to clinical practice for a period of five years. The goal of this program is to attract new providers to work in underserved areas and to retain those currently practicing there. Providers are eligible to change their residence or location of practice and may work at multiple locations. Mr. Jimenez then explained what constitutes underserved communities, including low-income census tracts, those scoring higher on the CDC Social Vulnerability Index, communities with over 20% of households that are non-English proficient, tribal communities, rural counties with fewer than 100,000 residents, and areas subjected to redlining, segregation, and other discriminatory practices. This program is expected to launch in January 2025 and a request for applications will be open for 30 days. 30 days prior to the program launch, the State Treasurer's Office will release a copy of the application and scoring rubric. Mr. Jimenez stated that they are prioritizing two specific types of providers: those offering primary care for sexual and reproductive health services and behavioral health care providers, though other provider types are still encouraged to apply. Once a provider submits their application, they will receive an automated letter confirming that their application has been received and is under review. A final determination will be communicated via email notification no later than 30 days after the application window closes.

Commissioner Walter Davis thanked Mr. Jimenez for his presentation and inquired about the risks for a provider who does not complete their five-year commitment, as well as the process if they are later found to be a poor fit for the organization and program. Mr. Jimenez explained that they expect the approved provider to sign a student loan repayment contract, which outlines the corrective actions the state could take for recoupment. He mentioned that the state is actively working on a provision that accounts for unforeseen hardships, which would allow a provider to be exempt from their five-year obligation. Depending on the circumstances, providers may have the option to relocate if the organization is not a good fit, before any grounds for termination are determined. Commissioner Davis followed up with a question regarding whether there are requirements for the employer of the provider to give notice to the organization prior to termination. Mr. Jimenez acknowledged that this is still being developed, but stated that ultimately, it is the recipient who must notify the organization of any changes and added that the employer will need to complete an employment verification form for the provider, outlining relevant factors, which must be submitted annually.

Commissioner Flo Kahn asked if they plan to conduct any systematic measures to identify the retention rate of providers after their 5-year obligation is up. She also inquired about the limitations of funds and whether that will continue to prohibit underserved individuals from being eligible to enter the program, given the restrictions on how much can actually be repaid. Mr. Jimenez reiterated that the program has not yet launched but assured that they do plan to collect data during and after the process, noting that one method will be regular surveys or exit surveys. Mr. Jimenez acknowledged the structural barriers and stated that the state has had multiple discussions regarding either a lump sum payment or spreading payments over time, emphasizing their expectation of running out of funds and the need to preserve them. He also mentioned that they have implemented a language proficiency scoring system, where providers practicing in a certain demographic area who also speak that language will receive a higher score. He noted that while there is still much work to be done, they will use the first year as a metric to adjust plans as needed.

Chairman Khan commented on the historical challenge of retaining physicians after they complete their residency and inquired about the incentives this program can provide to ensure that providers do not leave after their 5-year obligation. Mr. Jimenez acknowledged these concerns and stated that the state has limited tools in place to ensure retention. However, he noted that adding special clauses to the regulations could help retain

providers. While he acknowledged that there may not be a definitive right or wrong answer at this moment, he expressed hope that they will learn more as they progress through the first cohort.

5. Possible Action: Work Session – Discussion and Possible Action on Recommendations to Address the Health Care Workforce Shortage in the State of Nevada
By: Joseph Filippi, Executive Director, PPC

Mr. Filippi prepared and presented a work session document to assist the Commission in determining recommendations to include in the next statutorily required report, whether by accepting, rejecting, modifying, or taking no action on the recommendations. The presentation is available on the PPC webpage or by clicking here. He noted that any potential recommendations with fiscal impacts have not been determined at this time. This work session document included 23 recommendations and five letters of support for the Commission to consider, which will be presented in the following slides. Mr. Filippi then proceeded to read each recommendation, depicting the member survey results that ranged from support to indifferent, opposed, or unsure/additional information needed.

In no particular order, recommendation one seeks to identify ways to recruit and retain a more diverse health care workforce. This recommendation focuses on how the 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. This recommendation received unanimous support, and no discussion occurred.

Commissioner Flo Kahn questioned all 23 recommendations and asked whether they are part of the Bill Draft Requests (BDRs) that were recently approved by the Commission. Mr. Filippi clarified that these are not BDRs and that the Commission has already voted on the three allowed to be submitted to the legislature. If approved, these recommendations would be included in the report due to the Legislature and the Governor in January 2025. He reiterated that the Commission is responsible for providing recommendations every six months to address issues related to healthcare access, quality, and affordability.

Chairman Khan expressed concern about reviewing all 23 recommendations at once and suggested that, in the interest of time, it might be beneficial to compile those that received unanimous support. Deputy Attorney General Gabriel Lither appreciated the idea of compiling these but emphasized the importance of reading each recommendation individually to facilitate discussion among the commissioners. Mr. Lither advised moving through all the recommendations slide by slide, allowing for consensus or discussion, and then opening it up for a final vote at the end.

Recommendation two requests that the state continue to develop workforce incentives aimed at recruiting occupations in undersupply and targeting rural or underserved communities to improve access to care. This would offer financial incentives to providers, such as stipends, loan repayment options, and higher reimbursement rates, which have been proven effective. This recommendation received unanimous support, and no discussion took place.

Recommendation three requests that the state reduce or cap the amount of interest charged by insurers on medical education loans. High costs and interest rates on education loans can be barriers to attracting and retaining providers, especially in rural and underserved areas. The significant debt that medical students face is further compounded during low-paying residency and fellowship training. According to the survey, there were 7 commissioners in support, 1 indifferent, and 1 unsure, with additional information needed. Mr. Lither asked if the commissioner who was unsure had received the necessary information for this recommendation. Vice Chair

Kirkpatrick indicated that she had and now feels comfortable with it. Mr. Filippi assured that he made efforts to ensure that all commissioners who voted as unsure received additional information regarding the respective recommendation.

Recommendation four seeks to establish a Physician Wellness Program in Nevada, allowing physicians and other healthcare providers to access a confidential wellness program. It recommends that 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 healthcare providers through evidence-based wellbeing initiatives and provide a statewide resource line for physicians and their families, as well as online wellness resources and training. The commission showed a majority of support for this recommendation, and no discussion was made.

Recommendation five would recommend aligning licensure and facility training requirements to remove duplication, reduce administrative burdens and expedite onboarding. This recommendation received unanimous support, and no discussion was made.

Recommendation six would request licensure boards, hospitals, health systems and the Nevada Division of Insurance to remove intrusive mental health questions from physician and other health care provider licensure and credentialing applications. This recommendation would support physician well-being and in turn support patient well-being and safety by destigmatizing mental health care for providers. Commissioner Flo Kahn pointed out that while it's important not to stigmatize mental health issues, we also need to know if a provider is capable of practicing, especially if they need help. She questioned how to balance those concerns and what really counts as an intrusive mental health question. Chairman Khan added that if someone discloses mental health issues, it might lead the licensing board to ask for medical records, which raises HIPAA concerns and could create more problems. Dr. Nilesh Gokal, President of the Nevada Physician Wellness Coalition, noted that burnout is linked to negative outcomes, mentioning that over 40% of physicians in a national survey said they wouldn't answer truthfully because of existing culture of silence and fear of repercussions. He also pointed out that sharing history of basic psychotherapy needs can become invasive, leading to a lot of paperwork if applicants answer 'yes' to certain questions during the licensing process. Dr. Gokal stated the Nevada Physician Wellness Coalition's proposal would be to emphasize the importance of patient safety and quality outcomes, while also ensuring the physician is well. Dr. Gokal stated asking invasive questions about a provider's mental health issues should be removed as a barrier to physicians having the ability to seek necessary care. The recommendation would be to include questions about current active conditions that may impact an individual's ability to practice. The Commission indicated they had no further questions regarding the recommendation.

Recommendation seven would require each healthcare occupational licensing board to offer a temporary or provisional license to health professionals who meet certain criteria while documentation and background checks are pending. Some licensing boards in the state are currently offering this, and the Nevada State Board of Nursing issues a temporary license to all applicants who meet certain criteria while their background checks and other documentation are processed. The commission showed a majority of support for this recommendation, and no discussion was held.

Recommendation eight would recommend establishing a single state authority over all health care occupational licensing boards. The recommendation would request licensing boards report and be held accountable for certain metrics (i.e. duration of time from application to licensure). A single authority will help establish uniform standards, metric reporting and reduce unnecessary duplication in requirements that can create barriers and delays to entering the workforce. The commission showed a majority of support for this recommendation, and no discussion was held.

Recommendation nine would develop public-private partnerships to fund health care workforce initiatives by leveraging resources from both sectors to maximize impact. This includes expanding federal, state, public, and private funding investments into Graduate Medical Education (GME) residency and fellowship programs. The commission showed a majority of support for this recommendation, and no discussion was held.

Recommendation ten would 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 Commission showed a majority of support for this recommendation, and no discussion was held.

Recommendation eleven would recommend the Governor's Office of Workforce Innovation (GOWINN) and Governor's Workforce Development Board (GWDB) prioritize workforce development for the health care industry. Prioritize available funding, including federal funds reserved for statewide workforce investment activities under the Workforce Innovation and Opportunity Act (WIOA) State Plan, on health care workforce training, education and apprenticeships to increase health care provider supply. Additionally, it would 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. The Commission showed a majority of support for this recommendation, and no discussion was held.

Recommendation twelve requests Nevada to create more opportunities for high school students to gain exposure to health care careers. One example would be allowing Nevada students to earn college credits while in high school by taking health-related classes. Chairman Khan emphasized the importance of recognizing this credit for students. The Commission requested to modify the language to include a call for Nevada medical schools, nursing schools, and other health care-related programs to offer potential credit to students who participate in health care classes or certifications.

Recommendation thirteen would request to establish a health care workforce development resource center. The State has many health care workforce initiatives and resources aimed at addressing workforce development and 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, and connects visitors to partners. Commissioner Flo Kahn pointed out that this recommendation overlaps with some others discussed and suggested combining them into one clear point, especially since organizations like the Nevada Health Education Centers are already tackling similar issues. Vice Chair Kirkpatrick highlighted the need to focus on these initiatives, especially with a third of the legislature turning over. She proposed changing the language to include 'maintaining' a Healthcare Workforce Development Resource Center and stressed the importance of ongoing funding.

Recommendation fourteen suggests that Nevada Medicaid review prior authorization (PA) data and requirements to simplify and streamline the process for healthcare providers where applicable. It recommends that Nevada Medicaid establish a data dashboard to support transparency and review of PA data. Following the establishment of such a dashboard, Nevada Medicaid should assess which PAs can be removed without unduly increasing the risk of fraud, waste, and abuse. Additionally, Nevada Medicaid should report to the Legislature every biennium regarding the Division's findings related to PA data and efforts made to reduce the administrative burden on providers. Chairman Khan commented on this recommendation and asked whether it would apply to both Managed Care Organizations (MCOs) and Fee-for-Service (FFS). Stacie Weeks, Administrator at the Division of Healthcare Financing and Policy, confirmed that it would apply to both. She mentioned her

intention to create a quality "gold card" similar to what the private market offers for high-quality providers engaged in certain program integrity activities. Given the challenges of fraud in Medicaid, she hopes to balance these concerns, believing that implementation could improve the process by aligning timelines and requirements for providers across FFS and MCO plans. No further discussion was held.

Recommendation fifteen would conduct regular assessments 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. The commission showed a majority of support for this recommendation, and no discussion was held.

Recommendation sixteen would prioritize health care workforce investments on producing more primary care providers (physicians, APRNS, PAs, nurses). 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. The commission showed a majority of support for this recommendation, and no discussion was held.

Recommendation seventeen would 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 planning and other initiatives. Nevada AHECs provides 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. Commissioner Jalyn Behunin asked if this is related to Recommendation 12, which focuses on creating more opportunities for high school students. Mr. Filippi noted that this recommendation specifically supports the Nevada AHECs, building on the previous one since they already offer many opportunities for high school students to explore different health care careers. While the recommendations are related, they are also distinct because there are various ways to introduce high school students to healthcare careers. No further discussion was held.

Recommendation eighteen would request the state to 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 (ED) 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, such as 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.

Vice Chair Kirkpatrick stressed the importance of ensuring patients are not billed as if they had a hospital emergency room (ER) visit, aiming to provide care without turning it into a money grab and notes that high activation fees and excessive charges can be avoided. Chairman Khan agreed with Vice Chair Kirkpatrick and shared the same concerns. Administrator Weeks agreed that ER billing is not the solution and stated that if a new model is developed it will include public input and innovative approaches to health care. Vice Chair Kirkpatrick suggested to modify the recommendation language to include regulations for financial and clinical

standards to ensure comprehensive care.

Dr. Jacob Keeperman, an emergency physician and practitioner of a hospital-at-home, provided public input stating he believes this initiative can be implemented safely and financially responsibly. In other EDiH home programs, patients are seen by a board-certified emergency medicine physician using high-quality audio-visual technology and all evaluations and treatments are properly prescribed. Vice Chair Kirkpatrick stated that if emergency medical technicians (EMT)s are paid through this pilot in rural areas, they would need to be compensated similarly to urban EMTs, making it hard to address these challenges given the difficulty in recruiting volunteers. Dr. Keeperman stated that a key aspect of the program's development is ensuring critical access hospitals remain open and optimize their services, as these hospitals are essential partners in the local rural workforce. This initiative could provide funding to better support EMTs, allowing them to respond to time-critical emergencies and assist with EDiH home visits and he will continue working with the state for this pilot.

Commissioner Flo Kahn stated in rural areas, funding is a major issue. We need to provide more access to providers without creating a program that ends up costing more than what already exists, as that would further limit access. While there might be some short-term benefits for individuals, it could ultimately depress resources and take money away from others in those regions. As we make this recommendation, ensure there's a clear benefit to the community and should include protections against increasing costs and focus on maintaining affordability. Commissioner Davis states that resources in rural areas are extremely scarce, and as we explore these models, we need to consider the overall workforce situation, including how to support or employ volunteers. He states that it's difficult to address the cost aspect over time but that can't let concerns about costs prevent us from moving forward.

Administrator Weeks recommended to include language stating that Medicaid will bring back models and ideas regarding the benefit structure for the PPC to review. This way, the Commission can provide feedback and have a more engaging discussion as it could help everyone feel more comfortable and involved in the process.

Chairman Khan inquired about the additional training that paramedics would be expected to undergo. Dr. Keeperman confirmed that there will be additional training, often referred to as mobile integrated health care, which typically requires individuals to have a few years of paramedic experience before entering these programs. The duration of this training can vary from 3 months to a year. Chairman Khan then asked whether they have documentation of the quality metrics illustrating the required training standards. Dr. Keeperman noted that this is typically developed when the program starts and emphasized that it is part of the implementation stage of the program.

Recommendation nineteen would 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. The recommendation would also, 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. Additionally, the recommendation seeks to 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 recommendation received unanimous support, and no discussion was held.

Recommendation twenty would 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. The survey showed three commission in support and six were indifferent. No discussion was held.

Recommendation twenty-one seeks to create a funding source to provide incentives for health care workers such as expanding existing loan repayment programs or creating a housing assistance program. Investing in these incentive programs will encourage healthcare professionals to practice in Nevada. The Commission showed a majority of support for this recommendation, and no discussion was held.

Recommendation twenty-two would 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. Nationally, 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. The survey showed that four Commissioners were in support and five were indifferent. No discussion was held.

The final recommendation would request the state to 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. With an increase in demand paired with high turnover rates, strengthening this workforce will ensure Nevadans have access to the assistance they need for daily tasks. The commission showed a majority of support for this recommendation, and no discussion was held.

Mr. Filippi then discussed the following letters of support for the Commission to consider sending. The first letter supports 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 health care providers, fostering an environment conducive to the growth of medical practices and improving health care access for Nevada residents, with a specific focus on reducing disparities in minority communities. The majority of the Commission was in support of sending a letter regarding this BDR, and no discussion was held.

The second letter of support would allow for the Commission to support BDR-352 developed by the Joint Interim Standing Committee on Health and Human Services, which establishes the Social Work Apprentice 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. The majority of the Commission was in support of sending a letter regarding this BDR, and no discussion was held.

The third letter of support would allow for the 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. The majority of the Commission is in support of sending a letter regarding this BDR, and no discussion was held.

The fourth letter of support would allow for the 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. The majority of the Commission is in support of sending a letter regarding this BDR, and no discussion was held.

The final letter of support would allow for the 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. The majority of the Commission is in support of sending a letter regarding this BDR, and no discussion was held.

Chairman Khan motioned to approve the recommendations as discussed, including any modifications to the recommendation language. The final recommendations will be included in the next report due to the the Governor and the Legislature in January 2025. Commissioner Simons made a motion to approve the recommendations as presented and modified and Commissioner Andria Peterson seconded. The motion passed unanimously, and the recommendations, along with the discussed modifications, were approved.

6. 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).*

Jacqueline Nguyen, representing the Nevada State Medical Association, thanked the Patient Protection Commission for their hard work in preparing the Bill Draft Requests, recommendations, and letters of support. Ms. Nguyen expressed strong support for several of these initiatives and stated that the NSMA offers its physician and physician assistant members as collaborative partners to the PPC to help improve access to quality health care in Nevada.

7. Adjournment
By: Dr. Ikram Khan, Chairman

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

Meeting adjourned at 11:04 AM.