MEETING MINUTES
NEVADA PATIENT PROTECTION COMMISSION (PPC)
JULY 19, 2024

The Nevada Patient Protection Commission (PPC) held a public meeting pursuant to NRS 241.020(3)(a) online and by phone on Friday, July 19, 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 9:00 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
Jalyn Behunin
Dr. Bayo Curry-Winchell
Walter Davis
Marilyn Kirkpatrick, Vice Chair
Dr. Andria Peterson
Bethany Sexton
Wendy Simons
Flo Khan

Commission Members Absent

Advisory Commission Members Present
Scott Kipper, Insurance Commissioner; Richard Whitley, Director, Nevada Department of Health and Human Services (DHHS); Celestena Glover, Executive Officer, Public Employees Benefits Program (PEBP); Russell Cook, Executive Director, Silver State Health Insurance Exchange

Staff Present
Joseph Filippi, Executive Director, PPC; Madison Lopey, Policy Analyst, PPC; Meybelin Rodriguez, Executive Assistant, PPC

Others Present
Gabriel D. Lither, Senior Deputy Attorney General, Attorney General; Lauren M. Driscoll, Deputy Attorney

General, Attorney General; Maria Tello Magana, Executive Assistant, DHHS; Lindsey Miller, Constituent Services, Governor's Office; Stacie Weeks, Administrator, DHCFP; Jennifer Krupp, Deputy Administrator, DHCFP; Ann Jensen, Agency Manager, DHCFP; Jeremey Hays, Management Analyst IV, DHCFP; Kimberly Adams, Admin Services Officer III, DHCFP; Jack Childress, Insurance Actuarial Analyst III, DOI; Janel Davis, Chief Operations Officer, Silver State Health Insurance Exchange; Kareen Filippi, Management Analyst III, WIC; Andrea Gregg, CEO, High Sierra Area Health Education Center (AHEC); Aaron William; Allison Genco; Amy Shogren; Amanda Brazeau; Annette Logan; April Corbin Girnus; Areli Alarcon; Brian Evans; Belz and Case Government Affairs; Charles Greenberg; Chris Bosse; Dan Musgrove; David L Carlson; Donna Laffey; Elissa Secrist; Elyse Monroy-Marsala; Eric R. Schmacker; Esther Badiata; Fred Olmstead; Gabriele McGregor; Galina Tole; Irene Bustamante Adams; Jacqueline L. Nguyen; James Wadhams; Jason Flynn; Jesse Wadhams; Dr. John Packham; Kelsey Avery; Kenneth Kunke; Linda Anderson; Luiza Benisano; Mari Nakashima Nielsen; Marissa Brown; Mark Funkhouser; Michael Hillerby; Michael Willden; Miranda Hoover; Misty Grimmer; Nancy Bowen; Natalie Powell; Nicole M. King; Dr. Nilesh Gokal; Patrick Kelly; Paul Young; Ricardo Elle, Sam Anastassatos; Sarah E. Fox; Sarah Watkins; Shannon Sullivan; Shawna Ross; Shelia A. Bray; Shirish S. Limaye; Stacie Sasso**;** Stephanie A. Woodard; Steve Messinger; Tess Opferman; Tucker Desmond; Duane Young

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).*

Dr. Nilesh Gokal, a Family Physician based in Southern Nevada, is the President of the Nevada Physician Wellness Coalition (NPWC), an autonomous, independent nonprofit formed in 2018 in Northern Nevada by a group of physicians following the suicides of two colleagues. The NPWC, along with the Nevada Chapter of the American College of Physicians, submitted a proposal aligning with PPC objectives to address healthcare workforce shortages. They aim to receive support for removing invasive mental health questions from physician licensure and credentialing applications, enhancing recruitment and retention of a healthy workforce to better serve the growing population. Dr. Gokal pointed out that Nevada currently ranks 48th for board-certified primary care physicians per capita, burdening the healthcare system and correlating with high rates of physician suicide. One in five physicians plans to leave their current practice, and one in three plans to reduce their hours, given that 62.8% of physicians experienced burnout in 2021, up from what was 30% in 2020. Their proposed changes also align with those of the American Medical Association (AMA) and the Lorna Breen Foundation, adopted by 23 states so far, directly addressing the stigma surrounding mental health and improving access to care. Dr. Gokal notes that these 23 states received direct funding, proposing a line item in the Nevada State Budget to support the NPWC. He emphasizes that these changes will help achieve the statewide goal of retention and as a result, positively impact patient safety, health outcomes, and access to care.

Kenneth Kunke, a practicing pharmacist since 2003, is a representative advocating for lower out-of-pocket costs and improved patient access in Nevada, a workgroup consisting of healthcare professionals, healthcare and patient associations, and businesses. Mr. Kunke submitted a PDF highlighting concerns about Pharmacy Benefit Managers (PBMs), available on the PPC webpage or by clicking here. He states that the lack of transparency with PBMs can increase patient out-of-pocket costs and limit access to medications. Mr. Kunke argues that the high prices are driven by price points set by PBMs, who control nationwide data. While other states have taken steps to legislate transparency in this part of the drug supply chain, Nevada lags behind. PBMs are identified as the primary cause of these issues, and Mr. Kunke recommends two proposed bill draft requests to address these concerns.

3. **For Possible Action: Review and Approve Meeting Minutes from June 21, 2024**
By: Dr. Ikram Khan, Chairman

Chairman Khan motioned for the approval of the June 21, 2024, meeting minutes. Commissioner Marilyn Kirkpatrick motioned to approve the minutes as presented, and Commissioner Wendy Simons seconded the motion. The motion carried, and the June 21, 2024, meeting minutes were approved unanimously.

4. Nevada Medicaid Overview and Policy Opportunities to Address Provider Workforce Shortages
By: Stacie Weeks, Administrator, Nevada Division of Health Care Financing and Policy (DHCFP)

Stacie Weeks, Administrator of Nevada's Division of Health Care Financing and Policy, gave a presentation on Nevada Medicaid Opportunities to Address Health Workforce Shortages. This presentation is available on the PPC webpage or by clicking here. It sheds light on Nevada Medicaid as a program funded jointly by state and federal sources. She emphasized the distinction between Medicare, managed at the federal level, and Medicaid, which involves joint management by the state and the Centers for Medicare & Medicaid Services (CMS). In discussing Nevada's Medicaid financing, Administrator Weeks highlighted that the program operates with an average federal funding share of 60%, while the state contributes 40%. This funding structure supports a total approved spending of $15.7 billion for the 2023-2025 biennium. Notably, only 3% of this budget is allocated to administrative expenses, with most of the program's focus on provider reimbursement and coverage for Nevadans. She then went on detailing the base rates—which represent typical fee schedules per service based on funding levels or provider cost reports. She explained that supplemental payments, commonly seen in hospitals, supplement these base rates and are influenced by funding availability, often disbursed annually or quarterly. Additionally, bonus payments serve as incentives tied to funding levels and provider performance outcomes. Administrator Weeks addressed the Quadrennial Rate Review (QRR) occurs every four years, currently finalizing its Behavioral Health report, which will be released soon. It's crucial to note that the QRR is advisory and does not automatically lead to rate increases. State budget authority for funding adjustments occurs biennially, posing challenges when providers advocate for reimbursement increases. She pointed out that the QRR often doesn't get enough data from providers about notices and costs. This makes it hard to compare the actual costs of services with the reimbursement rates, and they often end up with a small sample size. Nevada ranks 7th nationally in Medicaid reimbursement rates, which are higher compared to Medicare rates. However, despite these rates, providers may feel differently due to variations in healthcare costs and commercial reimbursement rates in the state. To raise Medicaid provider reimbursement rates, we must boost the state's general fund allocation for Medicaid medical expenses. This involves submitting a CMS 64 for every claim showing Medicaid paid 40 cents for every dollar, which complicates the process. She noted that there are only three levers: rates, cutting eligibility, or reducing services, none of which are beneficial. Finally, she emphasized that increasing Medicaid rates alone won't solve access to care issues and attracting more providers should not compromise system quality.

Chairman Khan commented on Nevada's low ranking in healthcare quality and highlighted a longstanding issue: most extended care facilities, like nursing homes and long-term acute rehab centers, do not accept Fee for Service (FFS) Medicaid patients due to low provider reimbursement rates. This issue has been debated in the legislature for years. He emphasized that hospitals are reluctant to accommodate Medicaid patients, often reserving only three to four beds for them. Chairman Khan stressed the ongoing need to address these multiple challenges in ongoing discussions. He later asked about the availability of providers to care for these patients due to low reimbursement rates affecting Pediatric Intensive Care Unit physicians. Administrator Weeks stated that data shows no need to send children out of state due to a shortage of pediatric physicians.

Commissioner Walter Davis thanked Administrator Weeks for her comprehensive overview. He asked whether the 60%/40% funding split is consistent across all states or specific to Nevada, and whether the 3% allocation for administrative costs on average is typical. Administrator Weeks clarified that funding structures vary by state based on per capita income, with the federal government always contributing at least 50%. She noted that Nevada's administrative cost allocation is lower compared other states but emphasized the need for increased

funding to better serve the people they support.

Commissioner Flo Kahn asked Administrator Weeks about improving data access through an all-claims database to inform rate decisions, given challenges with data from commercial plans and providers. She also inquired whether streamlining prior authorization processes requires legislative changes or can be managed internally. Administrator Weeks mentioned the upcoming system to enhance data access, which will take about a year to implement, improving insights into healthcare access and dynamics in Nevada. She confirmed that streamlining prior authorization can be achieved internally but highlighted the need for better vendor support to effectively reduce unnecessary prior authorizations.

Commissioner Bethany Sexton asked Administrator Weeks whether the 3% allocated for administrative costs includes expenses incurred by Managed Care Organizations (MCOs). Administrator Weeks clarified that it does not, as it is part of the 97% focused on provider reimbursement. Commissioner Sexton then inquired about Graduate Medical Education (GME). Administrator Weeks indicated they would cover GME in more detail later in the meeting but briefly mentioned the potential to secure funds annually to invest in state dollars, which could reduce costs and support medical residents to serve as staff for providers.

Commissioner Marilyn Kirkpatrick thanked Administrator Weeks for her presentation, stating that it was one of the most comprehensive Medicaid presentations she had seen in 20 years. She mentioned that behavioral health was not covered and asked if it was addressed separately. Administrator Weeks explained that due to finalizing the QRR report, not all information was yet available. However, she did mention that some information had already been presented to the Interim Finance Committee regarding the increase in rates for residential treatment centers to $800 a day, with bonus payments tied to value.

Commissioner Andria Peterson inquired about any additional needs regarding loan repayment options. Administrator Weeks acknowledged that it would be beneficial to track where these loan repayment receipts are going, stating that tying loan repayments to people staying in the state is necessary.

5. Nevada Medicaid Considerations from Provider Perspective
By: Nevada Hospital Association, Nevada Rural Hospital Partners, Nevada State Medical Association

Patrick Kelly, President of the Nevada Hospital Association, shared a presentation on Nevada Medicaid considerations from the provider perspective. The presentation is available on the PPC webpage or by clicking here. Mr. Kelly began by explaining the historical perspective of Medicaid reimbursement to hospitals, noting a 5% increase in reimbursements over the past 21 years. However, he highlighted a significant disparity, with hospital costs per adjusted inpatient day rising by 57% during the same period. Mr. Kelly then discussed the Private Hospital Medicaid Provider Fee Program, where 42 private Nevada hospitals agreed to self-tax, with the funds sent to the federal government and matched by the federal medical assistance percentage assigned to Nevada Medicaid. He noted that this initiative generated a net benefit of $362 million in SFY 2024 for these hospitals. Despite this, he emphasized that it has not sufficiently addressed the issue of unreimbursed care, which remains substantial due to the earlier 5% and 57% gap. In SFY 2022, larger hospitals in Nevada provided over $1.2 billion in unreimbursed health care costs, leaving $838 million in unreimbursed care after deducting the net benefit. Blayne Osborn, President of the Nevada Rural Hospital Partners, then addressed rural hospitals. He mentioned Senate Bill (SB) 241, passed in 2023, which mandates Medicaid payments to public Critical Access Hospitals at cost-based rates for outpatient services. He emphasized that increasing Medicaid reimbursement rates is crucial for ensuring adequate patient access to care.

Commissioner Kirkpatrick thanked them and asked about the 5% and 57% disparity, particularly regarding factors driving hospital costs. She stressed the importance of addressing primary care to prevent emergency rooms from becoming primary care providers. Mr. Kelly mentioned statistical factors contributing to the disparity and stated hospital wages and drug costs as significant cost increases.

Commissioner Khan asked whether the costs of unreimbursed care have been rising or have stabilized now that more Nevadans have insurance under the Affordable Care Act. Mr. Kelly responded that with more insured individuals, the costs tend to decrease. However, he noted that there is still unreimbursed care due to people with high-deductible plans who cannot afford to pay or meet their deductibles, thereby increasing unreimbursed costs.

Jacqueline Nguyen, policy director for the Nevada State Medical Association (NSMA), presented on Nevada Medicaid: Physician Perspectives. The presentation is available on the PPC webpage or by clicking here. Established in 1875, NSMA's mission is to advocate for high-quality healthcare for all Nevadans. Physicians are the only Medicare providers not receiving an annual inflationary update; from 2001 to 2024, Medicare physician payments have lagged 20% behind inflation rates. Ms. Nguyen highlighted the impact of Nevada Medicaid payments on access to care. For CPT code 99213 (established patient office visit), commercial insurance pays $127.36, Medicare non-facility pays $91.15, NV Medicaid pays $35.79, and Utah Medicaid pays $66.08. This significant difference is a key reason why physicians hesitate to accept Medicaid patients, as it is unsustainable for practices to incur losses on each 99213 visits if patients are on Medicaid. Closing the gap between Medicaid and Medicare reimbursements can reduce disparities in access to care for everyone. Ms. Nguyen also addressed administrative challenges, noting that prior authorizations are burdensome and billing Medicaid involves more obstacles compared to commercial insurance. She cited national average losses on Medicaid claims due to processing costs and risks of claim abandonment, amounting to about 18%, compared to 4.7% for Medicare and 2.4% for commercial insurance. She emphasized that fixing prior authorization processes is a priority. A survey revealed additional challenges faced by physicians when accepting Medicaid clients, including delayed payments, difficulties in obtaining patient resources like medications, and higher rates of patient no-shows. Ms. Nguyen warned that Nevada physician practices may close if reimbursement rates remain low, exacerbating physician shortages and causing economic impacts. In conclusion, Ms. Nguyen called for a dual approach: increasing Medicaid reimbursement rates and simplifying administrative burdens.

Chairman Khan thanked Ms. Nguyen for her presentation. He commented on the low reimbursement rates, stating that it is unacceptable for NV Medicaid to reimburse only $37.79 to a medical professional. He emphasized that the state needs to take these low reimbursement rates more seriously, considering that physicians spend over 10 years receiving education and attending residency. He also commented on the burden that prior authorizations cause, noting specifically that patients in acute rehab in long-term care facilities or nursing homes often stay at these facilities while waiting for prior authorizations to be reviewed. He mentioned that the turnaround time is usually 48-72 hours. When denied, the turnaround time extends to 8-10 days, by which time patients have often improved and are ready to be released. Chairman Khan stated that these statistics are something that should be addressed by the insurance commissioner.

Commissioner Bayo Curry-Winchell also commented on the effects of low reimbursement rates, noting that as a physician, she often cannot refer her patients to necessary care because providers are not participating with Medicaid. This stopped care leads to delays in diagnosis and patient complications, ultimately contributing to the unreimbursed healthcare costs.

Commissioner Kirkpatrick asked a couple of questions: whether one of her slides displayed national data, and if she had reached out to Administrator Weeks or sat down with them to discuss the administrative burden of prior authorizations. Ms. Nguyen clarified that Slide 3 on Medicare data was sourced from the AMA, while Slide

4 on Medicaid reimbursable rates for CPT codes was specific to Nevada data. She also mentioned they recently met and plan to collaborate to streamline prior authorizations effectively. They intend to hold quarterly meetings with NSMA providers to focus on various specialists and their interactions with Medicaid.

Commissioner Kirkpatrick also inquired of the insurance commissioner, Scott Kipper, about ongoing studies or separate dialogues concerning insurance rates. Commissioner Kipper agreed, emphasizing the necessity of a separate dialogue to thoroughly explore this issue, which is crucial for the overall health of the insurance marketplace. Mr. Filippi added that if the commission unanimously supports further discussions on this matter, a future meeting with the Division of Insurance could be scheduled.

Commissioner Peterson brought up the topic of loan repayment programs, wondering if they're effective or if there's more that's needed. She's hesitant to recommend what's already in place. Ms. Nguyen said she'd like to be part of this discussion and plans to ask her members who've used these repayment options how it has affected their decisions to stay in Nevada.

Commissioner Davis mentioned that Federally Qualified Health Centers (FQHCs) rely on loan repayments, acknowledging they provide some help. However, he emphasized that these repayments alone aren't sufficient to retain providers in the state. Once providers receive forgiveness for their loans, they often leave, highlighting the need for further efforts to address this issue.

6. Policy Considerations for Expanding Graduate Medical Education (GME) in Nevada
By: Mercer Government Human Services Consulting

William Aaron from Mercer Government Human Services Consulting provided an overview of Policy Considerations for Expanding Graduate Medical Education (GME) in Nevada. The presentation is available on the PPC webpage or by clicking here. Mr. Aaron explained that GME is a vital component of formal medical education, primarily sponsored by hospitals. It includes internships, residencies, subspecialty, and fellowship programs essential for state licensure and board certification. He noted that funding for GME is divided into two categories: startup costs, which are not reimbursable by Medicaid, and ongoing costs such as salaries, which Medicaid can reimburse. This underscores Medicaid's potential role in supporting and fostering GME growth in Nevada. Mr. Aaron highlighted an increase in physicians completing primary care GME in Nevada over the past 12 years. Charles Greenberg then discussed their multi-state review and GME roles in Nevada. Mercer examined Medicaid-focused GME programs across seven states, identifying commonalities and differences. Examples included New Mexico, Florida, and Massachusetts, each implementing unique innovations like new state boards, grant programs, Medicaid-funded startup bonuses, and Medicaid support for GME resident loan repayments. Mr. Greenberg discussed challenges Nevada faces in expanding GME programs, particularly the costs of hiring program directors and coordinators, especially in rural areas where providers are hesitant to practice. He emphasized the importance of aligning initiatives with the state's priorities for success. Looking ahead, he suggested exploring Florida's approved startup bonuses and addressing complexities in Medicaid funding for student loan repayments but notes that it requires careful cost-saving strategies to maintain sustainability.

Chairman Khan asked Mercer if they have data on how many doctors and residents graduate from UNLV and UNR and stay in Nevada after their residency. Mr. Aaron stated that they do have some data, but it varies year to year, averaging slightly less than half. Chairman Khan expressed concern that if fewer than half stay, expanding GME might not be such a priority if many providers leave the state. Mr. Aaron agreed but mentioned that this retention issue is common nationwide. Mr. Filippi added that Administrator Weeks talked about possibly requiring residents to stay in Nevada after their training, with loan forgiveness as an incentive.

Commissioner Peterson asked about the initiatives seen in Florida and whether they were driven by legislation or initiated through Medicaid. Mr. Greenberg indicated that he believed these initiatives originated from

legislation or budget allocations. He assured the commission that they would investigate further and provide more information.

Commissioner Flo Khan asked if there is a possibility of utilizing the Federal Department of Education or if they have ever funded GME programs. Mr. Aaron mentioned they had explored this possibility but wasn't entirely certain if there was any involvement from them. He will further be investigating this matter. Commissioner Khan also suggested considering the Labor Department as another potential department to explore.

Administrator Weeks added that if Medicaid funds were to play a role in the residency program, it could address challenges providers often face, such as salaries. She suggested exploring a potential five-year obligation to stay in Nevada as a solution. Chairman Khan also mentioned that the Military healthcare program requires a 12-year service obligation after education or residency completion and agreed with Administrator Weeks that it could lead to better provider retention.

Commissioner Curry-Winchell emphasized the significance of provider satisfaction and feeling represented at their workplaces, highlighting Nevada's need to address diversity. She noted that the state should explore ways to diversify its population. From her interactions with medical students, residents, and physicians, she found that many consider Nevada's cultural and diversity offerings when deciding to stay. She then asked Mercer to investigate the Elko residency program, which failed to sustain itself. Understanding the reasons behind this could help develop solutions to prevent similar issues in the future. Mr. Aaron did state that the closure in Elko was ultimately a financial decision.

Commissioner Davis mentioned his deep involvement in the failed Elko residency program, attributing its closure primarily to infrastructure challenges. Faculty and medical residents faced a four-hour commute to reach Elko, which posed a significant obstacle. He also highlighted housing issues, noting that ultimately, lack of resources led to the program's discontinuation.

Commissioner Kirkpatrick highlighted her recent meeting with the Director of Labor, who emphasized that Nevada shouldn't continue building hospitals without ensuring an adequate workforce to support them. She then asked Mercer if they had looked into Rhode Island's initiatives, particularly their efforts to attract healthcare providers. Mr. Aaron responded that he wasn't familiar with Rhode Island's specific initiatives but expressed willingness to research them further.

Commissioner Peterson asked Administrator Weeks if funding support comes from legislation or Medicaid. Administrator Weeks explained that it depends on legislation focused on workforce development and whether the state invests in that fund, which Medicaid might match. She also mentioned using local funds or private donations as options. Director Richard Whitley added that a legislative bill is needed to include funding in Medicaid's budget, allowing them to leverage federal matching funds effectively. He emphasized that matching funds with federal resources is essential for expanding funding opportunities.

Commissioner Khan followed up on Administrator Weeks' and Director Whitley's comments, asking specifically how much funding is required. Director Whitley explained that the bill needs to direct them to leverage funding, including other available funds. He emphasized that he didn't want to restrict the amount of funding, as discussions with Medicaid on how to maximize federal matching funds were still ongoing and depended on the funding's allocation.

Commissioner Sexton asked if they have national data on the percentage of providers who stay in the state where they trained, especially with programs like medical school training, residency, and fellowship, as this information could help determine the best way to use funds. Mr. Aaron noted that reasons for providers staying or leaving are often not well-documented. However, he did highlight that in Nevada, family considerations play a

significant role in provider retention. He expressed his willingness to further explore this data.

Commissioner Kirkpatrick emphasized the importance of Bill Draft Requests (BDR) topics being broad and autonomous to effectively guide agencies and prevent obstacles or setbacks. Allowing Medicaid, the freedom to innovate and be creative, rather than restricting their actions, could expedite significant progress.

Commissioner Simons complimented Administrator Weeks and Director Whitley, highlighting Administrator Weeks' proactive efforts as particularly encouraging in government.

7. Submitted Policy Recommendations to be Reviewed by the PPC
By: Joseph Filippi, Executive Director, Patient Protection Commission

Mr. Filippi presented the submitted policy recommendations for review by the PPC. The presentation can be accessed on the PPC webpage or by clicking here. He emphasized the two public solicitations for recommendations: one concerning the healthcare workforce and the other focused on improving provider experience with Medicaid. Mr. Filippi mentioned that there were few changes from the last PPC meeting but noted an increase in responses related to provider wellness and mental health issues.

Commissioner Kirkpatrick emphasized her priorities: first, examining Medicaid reimbursement; second, addressing GME; and third, breaking down barriers for workforce development. She suggested that by approaching these recommendations with a broader perspective, more goals could be achieved simultaneously.

8. For Possible Action: Review and Discussion of Bill Draft Request (BDR) Topics
By: Joseph Filippi, Executive Director, Patient Protection Commission

Mr. Filippi presented on the review and discussion of BDR topics. The presentation is available on the PPC webpage or by clicking here. He highlighted that the PPC submitted a total of 13 BDR topics for potential consideration. The top three topics include joining the Interstate Nurse Licensure Compact to study its impact on the nursing workforce, increasing Medicaid reimbursement rates for physicians and other medical providers in critical areas, and investing in Graduate Medical Education (GME) to expand primary care residency and fellowship programs statewide. Regarding the top three topics, Mr. Filippi noted that GME and provider rate increases are potentially high-cost areas but could have long-term impacts on both rural and urban healthcare access. In contrast, joining the nurse licensure compact is seen as a lower-cost initiative, with an annual fee of approximately $6,000 to remain in the compact. While it facilitates easier onboarding of nurses, it may not directly increase nurse production or retention. He discussed the pros and cons of each topic. GME could bolster the healthcare workforce and potentially attract federal grant funding for rural residency programs, but it poses fiscal challenges. The nurse licensure compact offers streamlined processes and improved access to care but faces opposition from unions, which has failed in past legislative sessions.

Commissioner Behunin really wants to figure out how to do things differently because of the strong opposition from unions that the nurse licensure compact is up against. She hopes things might move forward if they change how they present things. Commissioner Sexton agreed with Commissioner Behunin, saying they need to figure out if joining a compact has to be done through a law or if licensing boards could handle it internally. Mr. Filippi chimed in, saying that joining a compact does require a law. He wasn't sure if a board could propose a compact or if it has to be done individually. Michael Hillerby, the government affairs representative for the State Board of Nursing, said he's willing to look at different ways on how it can be presented.

Commissioner Kirkpatrick commented on her experience in legislation, she expressed concerns about the difficulty in passing this compact, emphasizing the need to first build support from external stakeholders for a more favorable outcome. She argued that delaying the decision would allow for the establishment of a solid foundation and long-term nursing support. Mr. Hillerby agreed with Commissioner Kirkpatrick, highlighting the

serious nursing shortage faced not only by Nevada but also across the country. He emphasized the importance of engaging middle school students in discussions about pursuing STEM-related education in science and healthcare to bolster and enhance the workforce.

Commissioner Behunin asked Mr. Hillerby if states with strong union opposition, like California, Massachusetts, or New York, have managed to pass similar legislation that includes clauses about strikes. Mr. Hillerby mentioned that there is an updated map on this topic, which will be provided to Mr. Filippi to share with the commissioners. He noted that historically, the East Coast has faced more strong union opposition. Additionally, Mr. Hillerby pointed out that one concern unions have raised is whether such legislation could be used to make it easier to hire strike breakers during a labor shortage.

Chairman Khan suggested that all commissioners draft language to address the ongoing issue with the Nurse Licensure Compact if it is not submitted as a BDR. He proposed that by doing so, it could be pushed as a recommendation for other legislators to consider. Commissioner Peterson then asked if it would be possible to review what has historically been proposed in past legislative sessions. Mr. Filippi noted that this information has been shared with the commission before but is happy to provide it again to everyone.

Commissioner Kirkpatrick suggested that, given the ongoing discussions about Medicaid reimbursement rates, the commission should draft language for a BDR to move forward. She recommended voting on this draft to address future discussions with Administrator Weeks about potential costs, as this might be a concern for the Governor or the legislature. Mr. Filippi noted that another meeting is scheduled before the BDR topics are due. He offered to request additional information from Nevada Medicaid, focusing on potential increases that could address access gaps. This information could then be presented to the commission as a list of provider types to consider for discussion and finalization. Chairman Khan agreed that the topic should be finalized and voted on today, recognizing it as an ongoing issue. He suggested that if the BDR is approved, the commission could vote at the next meeting to adjust the proposed language for final submission. Lauren Driscoll, Deputy Attorney General, asked for clarification on the topic to ensure it is properly recorded before the vote. Commissioner Kirkpatrick stated that the topic is "Medicaid Reimbursements with a Targeted Approach." Chairman Khan then motioned for the final approval of the BDR topic titled "Medicaid Reimbursements with a Targeted Approach." Commissioner Kirkpatrick motioned to approve the topic as presented, and Commissioner Davis seconded the motion. The motion carried, and the BDR topic was approved.

Commissioner Simons highlighted Medicaid's request for flexibility in utilizing federal funds to support GME. She and Commissioner Sexton suggested that this should be included in the BDR proposed language, allowing Medicaid to use its funding for various purposes. Director Whitley agreed, noting that including this in the Medicaid budget would enable leveraging of federal funds. Chairman Khan then motioned for a second BDR topic: providing Medicaid with authorization for budget authority to leverage a variety of funds to expand Graduate Medical Education (GME) in the state. Commissioner Flo Khan second. The motion carried, and the second BDR topic was approved.

Chairman Khan reiterated that the Commission can approve up to three BDRs. He then asked if the third BDR topic, which involves joining the Interstate Nurse Licensure Compact to study its impact on the nursing workforce, should be voted on as the final BDR topic. Commissioner Kirkpatrick disagreed, arguing that it should not be a BDR topic. She suggested that a more general BDR focused on reducing workforce barriers would better align with the PPC's mission. Chairman Khan agreed, proposing that if the topic is not suitable for a BDR, it could be considered as a recommendation from the commission at a later time.

Commissioner Flo Khan shifted back to the second BDR topic and supported Commissioner Simons and Sexton's point, emphasizing that addressing administrative burdens, such as credentialing and prior authorization could

be effectively handled through a BDR. She argued that eliminating these hurdles might be quicker than other recommendations and would align with the PPC's objective of increasing the availability of healthcare providers. She felt that this is precisely the type of issue that a BDR should address. Chairman Khan noted that many of these administrative burdens are managed by the Insurance Commission and suggested collaborating with them to develop a plan to reduce these burdens. Commissioner Kirkpatrick agreed with Chairman Flo Khan, stating that this aligns with her concern about modernizing the billing process. She proposed that this issue could potentially be included under the Medicaid Reimbursement BDR topic, depending on how the proposed language is framed and presented.

Commissioner Sexton agreed with the discussion but noted that Administrator Weeks has mentioned efforts to actively reduce these administrative burdens. She suggested that the topic might be better framed as a recommendation for both Medicaid and the Department of Insurance. Commissioner Khan agreed with the idea but expressed concern about combining too many subtopics into a single BDR, which could complicate the process and potentially conflict with state legal standards. Mr. Filippi proposed that this issue be discussed between now and the next meeting. The commission could then provide specific feedback on which administrative burdens they want to address and determine if these issues can be resolved through regulation or legislation. Commissioner Kirkpatrick agreed with Mr. Filippi's suggestion, adding that this approach should be applied to all three final BDR topics.

Chairman Khan then introduced the topic of unfunded mandates by Medicaid. Mr. Filippi provided additional context based on information received from Nevada Medicaid and Public Employee Benefits Program (PEBP), explaining that the recommendation is to ensure that any state-mandated benefits are included in state-controlled insurance products, such as Medicaid Managed Care Organizations (MCOs) or UMR PEBP. He noted that if a state mandates coverage for a specific benefit, it does not guarantee that the Centers for Medicare & Medicaid Services (CMS) will approve federal funding for this benefit. Consequently, the state would need to cover the costs through general funds, which could lead to increased premium costs for consumers.

Commissioner Kirkpatrick shifted the discussion back to the BDR topic of the Nurse Licensure Compact. While she agreed that the BDR should proceed, she sought clarification on whether her earlier issue regarding a bill to reduce barriers in the workforce was no longer considered a proposed topic. Mr. Filippi acknowledged that there is some hesitation about the Nurse Licensure Compact as a final BDR topic, but he noted that it does address workforce barriers, which is why it was identified as a relevant topic. He assured that the commission could still explore other areas for potential BDRs. Commissioner Kirkpatrick expressed her belief that the bill regarding the Nurse Licensure Compact should be postponed for now, emphasizing the need for a bill focused on modernizing the billing process.

9. **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).*

David Carlson, Associate Dean for Graduate Medical Education at the University of Nevada, Reno, expressed gratitude for the advocacy aimed at potentially including GME in Medicaid’s budget. He emphasized that without GME, the state struggles to retain graduating medical students. Currently, 312 students graduate from various medical schools each year, with about 39.8% remaining to practice in the state. However, with GME, retention increases to 55.2%, highlighting the critical role of GME in retaining medical professionals. Mr. Carlson mentioned that UNR is expanding its GME footprint with a new pediatric program but requires additional operating costs to sustain this and other programs. They are also considering starting an addiction medicine fellowship, which would also need operating costs to be successful and to develop more GME programs.

Chairman Khan thanked Mr. Carlson for his public comment and requested that he submit these comments to Mr. Filippi so they can be presented to the Commission.

10. Adjournment
By: Dr. Ikram Khan, Chairman

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

Meeting adjourned at 12:23PM.