

Joe Lombardo
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
PATIENT PROTECTION COMMISSION
Helping People. It's who we are and what we do.



Joseph Filippi
Executive Director

Dr. Ikram Khan
Commission
Chairman

MEETING MINUTES
NEVADA PATIENT PROTECTION COMMISSION (PPC)
August 16, 2024

The Nevada Patient Protection Commission (PPC) held a public meeting pursuant to NRS 241.020(3)(a) online and by phone on Friday, August 16, 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
Dr. Andria Peterson
Dr. Bayo Curry-Winchell
Bethany Sexton
Walter Davis
Wendy Simons

Commission Members Absent

Marilyn Kirkpatrick, Vice Chair – Excused
Flo Kahn - Excused
Jalyn Behunin - Excused

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; Lindsey Miller, Constituent Services, Governor's Office; Stacie Weeks, Administrator, DHCFP; Jennifer Krupp, Deputy Administrator, DHCFP; Ann Jensen, Agency Manager, DHCFP; LaTanya Cash-Calhoun, Social Services Program Specialist III, DHCFP; Brooke Maylath, Health Facility Inspector, DPBH; Kareen Filippi, Management Analyst III, WIC; Vance Farrow, Health Industry Specialist, GOED; Andrea Gregg, CEO, High Sierra Area Health Education Center (AHEC); Allison Genco; Amanda Brazeau; Areli Alarcon; Belz & Case Government Affairs; Brain Evans; Brian Lauf; Cathy Dinauer; Cheri Glockner; Cheryl Ledward; Cherylyn Rahr-Wood; Chris Boose; Dan Musgrove; Dorothy Edwards; Eric Schmacker; Esther Badiata; Farzad Kamyar; Jamelle Nance; Jay Cafferata; Jessica Longstreth; Kelsey Avery; Kendra Edwards; Kerrie Kramer; Kimberly Arguello; Kristina Kovacs; Lea Case; Linda Anderson; Lisa Pacheco; Maya Holmes; Marcia Turner; Marisa Sandoval; Michael Willden; Nadine Kienhoefer; Nancy Bowen; Patrick Kelly; Regan Comis; Sabrina Schnur; Shawna Ross; Sheryl Bennett; Stephanie Woodard; Steve Messinger; Tamara Pachak; Tom Clark; Tom McCoy; Tucker Desmond.

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. Kristina Kovacs, Chief Clinical Officer for Behavioral Health Solutions, commented on a recent recommendation submitted to the Patient Protection Commission (PPC) regarding the Behavioral Complex Care Program (BCCP), a state program that provides additional reimbursements for complex behavioral patients in nursing homes. Dr. Kovacs noted that the recommendation had inaccurate data. While the recommendation claimed that BCCP did not provide adequate services, Dr. Kovacs argued that the program offers extensive services, including psychiatric medication management, one-on-one patient interactions, care planning with caregivers, and person-centered interventions. Stating that these services have enabled the successful transition of previously difficult patients out of hospitals and into low-cost transition settings. Dr. Kovacs highlighted that data shows patients enrolled in BCCP are hospitalized 72% less frequently than those with similar psychiatric diagnoses not enrolled in the program, demonstrating the program's effectiveness in improving patient quality of life.

Dr. Lisa Marie Pacheco, a member of the Executive Board of the Nevada Action Coalition for the Future of Nursing, commented on the national nursing crisis, highlighting that the shortage of bedside nurses leads to patient safety concerns and needs to be addressed. She noted that one of the most effective practices in improving nursing conditions has been the establishment of State Nurse Workforce Centers. These centers have, for over a decade, worked on professional education, coaching, and retention through resilience and recovery efforts. In 2023, the Nevada nursing workforce center joined 40 other states in developing a state nurse workforce initiative. In 2022, Dr. John Packham and his team released a report titled "Addressing Nevada's Nursing Workforce Shortage: A Call to Action," which recommends funding and supporting a statewide Nevada Nurse Workforce Center. Dr. Pacheco emphasized that now is the time to invest in nursing and establish a sustainable nurse workforce center for Nevada.

Kim McFarland, a Physician Assistant licensed in Utah and Idaho and working for the virtual practice ConnectCare, noted that he was able to practice virtually in Nevada during the COVID-19 pandemic. However, this option was eliminated when the emergency proclamation ended. While Nurse Practitioners can provide care in Nevada, Physician Assistants cannot, due to restrictive regulations that do not align with those in neighboring states. States like Utah, Idaho, Arizona, Wyoming, Oregon, and Montana all have less restrictive practice environments for PA's compared to Nevada. Mr. McFarland suggested that Nevada consider similar legislation to expand PA practice, which could enhance patient care and address the national healthcare shortage.

Steve Messinger, Policy Director for the Nevada Primary Care Association (NVPCA), represents the State Federally Qualified Health Centers (FQHCs) that provide high-quality primary care integrated with behavioral and dental services in medically underserved areas and populations. Mr. Messinger provided several policy recommendations to the commission, stating that investments should prioritize the production of primary care providers, as Nevada is ranked at the bottom for population-to-provider ratios. He argued that poor access to chronic disease management, cancer screening, and vaccination rates are direct causes of this issue. Primary care providers need support to alleviate the compounding burden of working in such a profound shortage. Mr. Messinger recommended an investment in health workforce training needs to be directed to facilities that serve Nevadans with existing barriers to access, such as insurance type, income, language, or geography, including FQHCs. Mr. Messinger argued that FQHCs are mission-driven and focused on integrated primary care, making them ideal candidates for this investment. He also mentioned that training programs should be established in primary care practices in Nevada and that investments should extend beyond the production of physicians to include other primary care providers, such as advanced practice nurses and physician assistants, who are crucial to Nevada's primary care workforce. Mr. Messinger's final recommendation is to propose a program developed by existing stakeholders, including schools of medicine and public health, nursing programs, education centers, and facility representatives such as NVPCA, Nevada rural hospital partners, and Nevada Medicaid. He suggested that stakeholders and the Commission work together to maximize funding opportunities, including federal matching funds, and propose an investment package for the 2027 legislature.

3. For Possible Action: Review and Approve Meeting Minutes from July 19, 2024
By: Dr. Ikram Khan, Chairman

Chairman Khan motioned for the approval of the July 19, 2024, meeting minutes. Commissioner Wendy Simons motioned to approve the minutes as presented, and Commissioner Andria Peterson seconded the motion. The motion carried, and the July 19, 2024, meeting minutes were approved unanimously.

4. For Possible Action: Review, Discuss and Approve BDR Topics for Submission to Nevada Legislature
The Executive Director will provide and update on the Commission's currently selected bill draft requests (BDR) topics. The Commission will have the opportunity to review drafted language and vote to approve, modify or pursue a different topic in preparation for submitting its BDRs, due to the Nevada Legislative Counsel Bureau by September 1, 2024.
By: Dr. Ikram Khan, Chairman

Mr. Filippi provided a presentation that is available on the PPC website or by clicking [here](#). He gave the commission the opportunity to review, discuss, and approve three Bill Draft Request (BDRs) topics to submit to the 2025 legislative session. The first BDR topic was discussed and approved during the previous PPC meeting and would establish a Medicaid Health Care Workforce Development Fund with an intent to establish funding for Graduate Medical Education (GME) programs that could leverage Medicaid federal funds to support the expansion of these programs in support of access to care for Medicaid recipients. Mr. Filippi noted the draft language was developed in coordination with the Division of Health Care Financing and Policy (DHCFP).

Commissioner Andria Peterson commented on the draft language, suggesting that verbiage to ensure adequate staffing within Medicaid be added and inquiring if this had been previously discussed. Mr. Filippi mentioned that the collaboration with DHCFP had not included this but noted that it could be added by DHCFP to the fiscal note during the 2025 legislative session to highlight the need for additional staffing funding.

Commissioner Simons expressed support for the proposed recommendation but suggested that adding fiscal notes to a bill might lead to a veto. She recommended incorporating the need for additional staffing funding directly into the language to show the Commission's serious consideration of the issue. Mr. Filippi thanked Commissioner Simons for her input and noted that perhaps an additional sentence or verbiage could be

included to highlight this concern. Attorney General Gabriel Lither clarified that once a motion is presented for the added language, it could be included even if it doesn't have the exact verbiage. He also mentioned that, as a representative of Nevada Medicaid, he appreciates this added motion or language, as Medicaid duties have expanded significantly over the years, putting stress on staff.

Commissioner Walter Davis asked for confirmation on whether the topic of eligibility for GME also includes a teaching healthcare center program for additional funding to support the establishment of such programs for healthcare center organizations. Mr. Filippi stated that the intention behind this BDR topic is to keep it broad but mentioned that there could be funding allocated if the programs are accredited teaching healthcare center programs. He reiterated that this BDR is meant to establish funds for the state to invest in various types of GME programs.

Mr. Filippi then made a motion to approve the language as drafted, with the condition that he work with DHCFP to ensure any necessary staffing funding is incorporated into the BDR before its submission to the legislature on September 1st. Commissioner Simons moved to approve the motion. Commissioner Davis seconded the motion, and the motion was approved unanimously.

Mr. Filippi then discussed the second BDR topic, which is to increase Medicaid reimbursement rates with a targeted approach. There are several intents within this BDR topic. First, to increase Medicaid reimbursement rates for physicians and Advanced Practice Registered Nurses (APRN) by 5%, including an additional 3% increase for rural services and an added 3% for physicians and APRNs who participate in value-based payment models. The BDR also requires DHCFP to seek federal authority to establish accountable care payment models that promote high-quality and coordinated primary care. Lastly, this BDR mandates that DHCFP issue a survey every biennium to all providers of health care, requesting recommendations on how to improve the provider billing experience and increase provider utilization with Nevada Medicaid.

Commissioner Peterson pointed out that one significant aspect not being addressed is the impact on managed care. Mr. Filippi noted that, to his understanding, managed care organizations could be included in the value-based payment models as long as they enroll to receive these benefits. Commissioner Peterson emphasized the need for further clarification in the draft language regarding this impact and followed up with additional questions. She pointed out that the BDR draft language is focused on physicians and APRNs and inquired whether other provider types are being considered. She also asked if there has been any discussion on the potential impact on the budget. Mr. Filippi responded that this BDR would involve a substantial investment from the state, up to \$100 million, as a similar increase for physicians of around 5% was implemented in the previous session. He noted that while several provider types would benefit from increased reimbursement rates, physicians and APRNs are currently the most in need.

Chairman Khan noted that Medicaid has outsourced a significant portion of its services to managed care organizations (MCOs). He emphasized that this BDR should support MCOs, as the majority of the Medicaid population is insured through these organizations. He highlighted that the intent of this BDR seems to lean more towards MCOs, while the Medicaid fee-for-service (FFS) population is comparatively smaller. Commissioner Bethany Sexton added that incorporating MCO providers could be challenging. She explained that the funds allocated to MCOs are capitated actuarial amounts on a per member per month (PMPM) basis, which means MCO providers must negotiate rates with individual providers.

Stacie Weeks, Administrator for DHCFP, clarified that the majority of the funds will be directed towards the provider fee schedule, requiring Medicaid MCOs to pay the negotiated fees outlined in that schedule. Commissioner Peterson inquired whether the intent to impact MCOs is covered by the current language or if additional verbiage is needed. Administrator Weeks indicated that additional verbiage will be added for clarity

and to address future needs. Commissioner Sexton then asked if the fee schedule rates would be adjusted actuarially to ensure that the funds are also appropriately allocated to the MCOs and that providers are not reluctant to accept the minimum payments. Administrator Weeks confirmed that implementing a fee schedule would affect the cap rate and reiterated that this would need to be addressed in the budget bill.

Chairman Khan agreed that additional verbiage should be included but emphasized the importance of ensuring the BDR covers all types of physician providers in Nevada. Mr. Filippi responded that there is a detailed list of all physician and APRN providers covered by this BDR, and he will share this document with the Commission. Administrator Weeks noted that during the last legislative session, a 5% increase in physician reimbursement rates was implemented, which amounted to \$37 million in state general funds. She emphasized that while 5% might seem low, it represents a significant investment. Chairman Khan agreed, stating that healthcare should be a state priority, especially in underserved areas where providers are reluctant to accept Medicaid patients due to low reimbursement rates.

Commissioner Bayo Curry-Winchell referenced the rural community highlighted in the BDR draft language and suggested that the commission should take a more historical view of the offerings for APRNs and other clinicians when considering improvements or increased access. Commissioner Curry-Winchell pointed out that past increases in access did not focus on primary care or the Medicaid population. She emphasized that the increased reimbursement rates should target providers and APRNs who are in primary care and serve the Medicaid population. She noted that historically, improvements in access have been directed towards different provider specialties, rather than focusing on the provider population that needs it the most.

Administrator Weeks stated that Medicaid is seeing significant increases in the utilization of services from physicians, dentists, and APRNs. She noted that the previous 5% increase implemented by the Governor's budget is showing positive results and expressed enthusiasm about seeing the impact of these past efforts.

Chairman Khan thanked and recognized Administrator Weeks, stating that, as someone who has been working with the state legislature for over 40 years, Administrator Weeks is one of the most knowledgeable state representatives.

Chairman Khan entertained a motion to approve the BDR topic proposal, with the draft language to be modified to include the impact on Managed Care Organizations. Commissioner Sexton moved to approve the motion, and Commissioner Davis seconded. The motion carried and was approved unanimously.

Mr. Filippi then addressed the final BDR topic which relates to health care occupational licensure. The intent of this BDR is to reduce barriers for licensed providers to practice in Nevada by authorizing the state to enter into multiple licensure compacts with other states. The goal is to remove unnecessary obstacles to recruiting and retaining health care providers, support relocating military members and their families, improve licensure portability, streamline the onboarding process for essential health providers, enhance access to care, and address health care workforce challenges. Mr. Filippi stated there are several interstate licensure compacts that the Commission could consider including in this BDR, which are the Audiology and Speech-Language Pathology Interstate Compact, Nurse Licensure Compact, Occupational Therapy Licensure Compact, Physical Therapy Licensure Compact, and Physician Assistant Licensure Compact. Mr. Filippi noted that it might be possible to combine multiple state licensure compacts into a single BDR, as they all relate to a common topic.

Chairman Khan noted that to be part of the Interstate Medical Licensure Compact (IMLC), physicians must pay a \$700 fee to join the compact, in addition to the state fees required for a Nevada license. He questioned the additional costs, asking why providers have to pay extra if they are already contributing to the compact. He also inquired about the timeframe for providers to receive their license through the compact, noting that it typically takes an average of three to six months to obtain a license for physicians in the state. Mr. Filippi clarified that

the IMLC allows physicians to be issued a Nevada license within one to three business days. He explained that physician compacts operate differently, as physicians must enroll in the compact and select the states in which they wish to practice. While there is a \$700 joining fee and a separate fee for each state they wish to practice in, these fees might be reduced when applying through the compact. Mr. Filippi added that the Nurse Licensure Compact operates differently. Once a nurse obtains a compact license, they can practice in any compact state without needing to contact the licensing board in each state.

Commissioner Walter Davis emphasized the importance of the credentialing process, noting that while he supports focusing the BDR topic on licensure compacts, the credentialing process remains a significant challenge that should be addressed. Chairman Khan stated that the challenge with direct applicants is that the medical board requires them to ensure all required information is submitted before applying, which often delays the process. Commissioner Davis acknowledged Chairman Khan's response and noted that a common scenario he encounters daily is that once a provider obtains their licensure, they must then wait for their credentials to be approved before they can see patients with different payor sources. He argued that with the current provider shortage, health centers like Federally Qualified Health Centers (FQHCs) cannot afford to lose providers and that there is no time to wait for credentials. This situation leads to providers being able to see only a small number of uninsured patients while still needing to be paid their respective salaries. Commissioner Davis argued that the credentialing process needs to be reworked, as it is very slow and places a significant burden on health care centers. Commissioner Curry-Winchell agreed with Commissioner Davis, adding that once a provider is licensed, it takes 90 to 120 days, and sometimes up to six months, for them to start seeing a variety of insured patients. Commissioner Sexton provided additional clarification from the payor perspective, stating that there are certain requirements providers must meet before being credentialed, which often delays the process.

Chairman Khan added that if the state licensing boards and credentialing payors could reduce the time it takes to receive a license and be credentialed, the process could be expedited. However, he noted that this could only be achieved if reciprocity is allowed. Chairman Khan then asked the Commission for their thoughts on allowing reciprocity. Mr. Filippi suggested that if licensure reciprocity is discussed more and favored over the licensure compact, a motion to focus on reciprocity might be necessary. Commissioner Simons expressed her support for pursuing the licensure compacts as the third and final BDR topic, emphasizing that approximately 40 states have adopted these licensure compacts and urging the Commission to proceed with this topic as presented. Commissioner Sexton agreed with Commissioner Simons, noting that significant thought and effort have already gone into the licensure compact BDR and suggesting that licensure reciprocity could be considered in future discussions. Commissioner Davis agreed, stating that Nevada is currently facing a critical provider shortage and that the Commission must do everything possible to ensure appropriate patient access to care. Commissioner Curry-Winchell supported approving the final BDR topic while also voicing support for licensure reciprocity, suggesting it could help Nevada move forward. Commissioner Peterson expressed hesitation about pursuing this BDR as presented, mentioning the possibility that the BDR might not pass due to previous barriers and noting her concern about the potential for another unsuccessful BDR passing.

Chairman Khan acknowledged that the majority is in favor of pursuing the licensure compact as the final BDR topic. He emphasized that licensure compacts and licensure reciprocity cannot be included in the same BDR, as it would make the proposal redundant. He recognized the concerns some Commissioners might have regarding the licensure compact, given its previous lack of success, and suggested that the Commission should narrow the BDR topic to focus only on the most impactful licensing compacts. He noted that including multiple types of licensing compacts in one BDR might lead to multiple opinions among stakeholders and could jeopardize the BDR's chances of passing. Mr. Filippi mentioned that the five different types of licensure compacts included in the BDR are included to address several provider shortages currently faced in Nevada. He then asked the Commission whether they support moving forward with five compacts earlier presented. Commissioner Simons

expressed support for this BDR as presented, noting that these compacts have more state participation compared to others. Commissioner Sexton inquired whether the BDR will be modified if it goes to the legislature, suggesting that the BDR should garner support to avoid modifications once it reaches legislation. Chairman Khan acknowledged that this is a possibility and a challenge the Commission might face. He stated that while the proposed BDR may be tweaked, modified, or adjusted during the legislative process, the Commission must start somewhere.

Chairman Khan then asked Mr. Filippi for more information regarding the opposition to the nurse licensure compact. Mr. Filippi explained that the nurse licensure compact has previously failed to pass in prior legislative sessions. Ms. Cathy Dinauer, Executive Director of the State Board of Nursing, mentioned that they have tried for over 10 years to get the nurse licensure compact passed, noting that most of the opposition comes from nursing unions. Ms. Dinauer also shared that a 2022 survey of nurses in the state revealed that approximately 92% of state nurses support the nurse licensure compact.

Chairman Khan entertained a motion to approve the final BDR topic regarding health care occupational licensure as presented. Mr. Filippi reiterated that the five compacts included in the BDR are the Audiology and Speech-Language Pathology Interstate Compact, Nurse Licensure Compact, Occupational Therapy Licensure Compact, Physical Therapy Licensure Compact, and Physician Assistant Licensure Compact. He then opened the floor for a motion to approve, modify, or reject the drafted language as presented. Commissioner Simons motioned to approve the BDR topic and draft language as presented. Commissioner Sexton seconded the motion. The motion carried and was approved unanimously.

5. For Possible Action: Discuss the Governor's Executive Order 2024-002 and Proposed Next Steps
By: Joseph Filippi, Executive Director, Patient Protection Commission

Mr. Filippi provided a presentation to discuss the Governor's Executive Order 2024-002 and proposed next steps. The presentation is available on the PPC webpage or by clicking [here](#). Mr. Filippi reiterated his intention to continue pursuing monthly PPC meetings after the three approved BDRs are submitted by September 1st for the 2025 legislative session. He proposed holding meetings monthly until November or December to review different recommendations to address the state's workforce challenges. Mr. Filippi explained his plan for the Commission to conduct a work session in October to review and approve a final list of workforce recommendations to include in their semi-annual final report, for submission on January 1st, 2025. He then noted that the legislative sessions would begin on February 1st, 2025, and asked the Commission if they would prefer to reduce the number of meetings to every other month or hold quarterly meetings. Additionally, Mr. Filippi proposed the idea of developing a sub-committee to focus specifically on workforce issues, while the full Commission could address other areas related to health care, access, quality, and affordability.

Chairman Khan asked Mr. Filippi to reiterate the deadline for the submission of the three BDRs. Mr. Filippi stated that the final draft language and BDR topics are due by September 1st. The Legislative Council Bureau (LCB) will then take about a month to review and return the official draft language. He informed the Commission that November 20th, 2024, is another critical deadline for any bill that needs to be prefiled, which involves confirming with the LCB that the Commission wishes to proceed with the official draft language for the 2025 legislative session.

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).*

No public comment was made. Mr. Filippi thanked and acknowledged the Commission for their outstanding work in finalizing the three BDRs prior to the submission deadline.

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 10:29AM.