

There are several policies we recommend regarding Nevada Medicaid and how it will address the health care workforce shortage. These items are intimately linked to improving access to quality primary care services in Nevada.

1. Nevada's Public Option bill, SB420, is a step in the right direction as it requires that Advanced Practice Registered Nurses (APRNs), aka Nurse Practitioners (NPs) be reimbursed the same as physicians for providing the same service for Medicaid fee-for-service (FFS) patients. Unfortunately, there are limitations to payment parity as the bill leaves room for interpretation "to the extent that money is available" and not including Medicaid managed care programs. Per the bill language:

Sec. 27. 1. To the extent that money is available, the Director shall include in the State Plan for Medicaid a requirement that, except as otherwise provided in subsection 2, the State must provide reimbursement for the services of an advanced practice registered nurse, including, without limitation, a certified nurse-midwife, to the same extent as if the services were provided by a physician.
2. The provisions of subsection 1 do not apply to services provided to a recipient of Medicaid who receives health care services through a Medicaid managed care program." (Cannizzarro et al, 2023).

Payment parity across all Medicaid is important to recruit all types of primary care providers including NPs as well as Physician Assistants (PAs). NPs and PAs have been shown to provide high-quality care including primary care and specialty services to patients, so it is essential that reimbursement reflects this work. This strategy would incentivize and reward for better quality and value for the taxpayer dollar in addition to incentivize NPs and PAs to be recruited and retained to work in Nevada.

2. Administrative hurdles that create barriers to recruiting health care providers to Nevada are numerous. Fortunately, NPs in the state of Nevada have had full practice authority since 2013 (VanBeurge & Walker, 2014), however, attempts at passing bills for Nevada to become part of the Nurse Compact failed in 2023. This creates a burdensome process for both registered nurses (RNs) and NPs to apply for and obtain Nevada licensure. Although there is no compact for NPs, every NP must obtain individual RN state licensure. The Nurse Compact decreases the barriers for this process. There is an ongoing need and desire for flexibility for nurses (which then extends to NPs) to practice across state borders (Zhong, et al. 2024). PAs in the state of Nevada have more restrictive practice requirements than NPs which creates barriers for PAs to be able to practice independently (State law chart, 2018). Ongoing work must be done to decrease barriers to PA care as has been done for many years to decrease NP barriers. Again, NP and PA care has been shown to be similar in quality and outcomes to physician care.
3. Additional administrative hurdles that create unnecessary burdens for all types of healthcare professionals include prior authorizations for medically necessary medications and specialty referrals. Bills have passed from the last legislative session including SB 439 and SB 163 to help ensure we, as healthcare providers, can properly provide medically necessary care to our patients.

- a. For example, per SB 439 Nevada's statute for Medicaid NRS 422.4025 lists drugs excluded from restrictions from prior authorizations (NRS: Chapter 422, n.d.). HIV prevention medications are on this list. Therefore, it seems that requiring prior authorizations (restrictions) for Descovy or Apretude is in violation of the Medicaid NRS 422.4025. This medication and care are documented in the patient chart as necessary for the prevention of HIV, otherwise known as pre-exposure prophylaxis or PrEP. Despite this statute, we continue to run into the burdensome process of prior authorizations especially with Medicaid plans. Due to lack of reimbursement and lengthy prior auth processes, some patients are not able to access crucial HIV prevention care in the state of Nevada. As healthcare providers who work in HIV prevention and HIV care, these barriers are real and ongoing for quality patient care and disproportionately impact people of color (Sullivan, 2024). The uptake of PrEP is also inequitable in Nevada and the United States (Sullivan, 2024) and therefore we need to decrease these insurance denials so we can better prevent new cases of HIV. Additionally, medications that are lifesaving for people living with HIV oftentimes require prior authorization and are challenging to access for patients. Healthcare providers spend a great deal of time and energy trying to work around these barriers to provide quality care.
 - b. Certain Medicaid plans are not reimbursing visits for medically necessary gender affirming care. SB 163 was passed during the last legislative session and outlines that gender affirming care (GAC) must be covered by health insurance policies including Medicaid policies for “the medically necessary treatment of conditions relating to gender dysphoria and gender incongruence” (Sheible, Harris, & Spearman, 2023) However, some Medicaid plans report that they will not cover visits for gender affirming care and they are declining claims. This is discriminatory as well as against the SB 163 law. Additionally, some insurances require that only certain prescribers (i.e. endocrinologists or WPATH certified providers) are able to get coverage for hormone therapy. The SB 163 bill outlines all the providers who can provide & prescribe which is more inclusive than what insurance is requiring. Medicaid companies should be held accountable for these discrepancies.
4. Telehealth is increasingly beneficial for patients and providers. Many folks in Nevada are traveling long-distances to Las Vegas for care. This is especially true for people living with HIV who may want to keep their status private from their community, or who cannot access proper care in rural areas. Telehealth is an excellent option for these patients; however, we do run into barriers as some Medicaid plans do not want to reimburse for these visits. This creates a barrier to offering more telehealth services as well as limited access for patients in rural areas, or even those who reside in Las Vegas but have transportation barriers.

All Nevadans, whether Medicaid recipients or not, deserve quality and comprehensive healthcare. These recommendations are a step forward in helping to make that goal a reality. The sooner we begin their implementation, the better will be the healthcare environment for Nevada patients as well as Nevada providers.

Respectfully,

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