# MINUTES OF THE
# SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

## Eighty-second Session
## February 23, 2023

The Senate Committee on Health and Human Services was called to order by Chair Fabian Doñate at 3:33 p.m. on Thursday, February 23, 2023, in Room 2134 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412E of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Exhibit A is the Agenda. Exhibit B is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

**COMMITTEE MEMBERS PRESENT:**

Senator Fabian Doñate, Chair
Senator Rochelle T. Nguyen, Vice Chair
Senator Roberta Lange
Senator Robin L. Titus
Senator Jeff Stone

**STAFF MEMBERS PRESENT:**

Destini Cooper, Policy Analyst
Eric Robbins, Counsel
Norma Mallett, Committee Secretary

**OTHERS PRESENT:**

Paul J. Hauptman, M.D., Dean, School of Medicine, University of Nevada, Reno; Chief Academic Officer, Renown Health
Marc J. Kahn, M.D., Dean, Kirk Kerkorian School of Medicine, University of Nevada, Las Vegas; Vice President for Health Affairs, University of Nevada, Las Vegas
Kallie Griffin, Medical Student, University of Nevada, Reno
Vishuaas Rauikuman, Medical Student, University of Nevada, Las Vegas
Mackenzie Montero, Medical Student, University of Nevada, Reno
Dafhney Ferrer, Medical Student, University of Nevada, Las Vegas
Jennifer Vanderlaan, Assistant Professor, School of Nursing, University of Nevada, Las Vegas
John Phoenix

Cameron Duncan, Interim Dean, Orvis School of Nursing, University of Nevada, Reno; Vice President, Nevada Advanced Practice Nurses Association
Maya Holmes, Healthcare Research Manager, Culinary Health Fund
Helen Foley, Nevada Association of Health Plans
Valerie Haskin, Rural Regional Behavioral Health Policy Board

CHAIR DOÑATE:
We will start with presentations from both the University of Nevada, Reno, School of Medicine, and the University of Nevada, Las Vegas School of Medicine.

PAUL J. HAUPTMAN, M.D. (Dean, School of Medicine, University of Nevada, Reno; Chief Academic Officer, Renown Health):
We will discuss our common interests in educating and training the next generation of physicians and physician assistants for Nevada. We share the same goals to improve healthcare quality and access and to move forward toward achieving a healthy Nevada. In May 2023, the University of Nevada, Reno, School of Medicine (UNR Med) will be celebrating the fiftieth reunion of its first class of 1973. These accomplished graduates will be opening a time capsule they placed in one of our science buildings. The class of 2023 will be there to celebrate alongside the alumni and will place objects in their own time capsule to be opened fifty years hence.

We are proud of this history, the continuity and our educational record. At UNR Med, we have averaged 70 matriculated medical students with a current enrollment of 277, and 24 physician assistant students per year with a current enrollment of 46 as shown on page 1 of the Informational Document (Exhibit C). In its first 50 years and as Nevada's first public medical school, we have educated more than 3,600 students, residents and fellows. In our State, 90 percent of our students have graduated from a Nevada high school or a four-year Nevada institution or have strong ties to the State. The remaining students come from the surrounding western states.

In the class of 2026, 58 students are the first in their families to be in medicine; 26 percent live in or were raised in a rural area; 51 percent in the 2026 class are females; 3 percent are Veterans; and 63 percent graduated from the Nevada System of Higher Education institutions. While a significant portion of the physician assistant students remains in the State, many in rural and underserved

areas, only 13 percent or 18 of our current 132 medical residents and fellows, are graduates of UNR Med.

We have programs in family, sports, and internal medicine; geriatrics, hospice and palliative medicine; and child and adult psychiatry, Exhibit C. We have been tasked with producing more doctors, but with budget cuts and lack of meaningful increases in federal support since 1996, we are limited in our ability to sustain Graduate Medical Education (GME). The data are clear. Increasing medical school class size alone will only work if there are increased opportunities for those students to train as residents, fellows and in GME programs.

Data from the State and the University of Nevada, Reno (UNR), Nevada Office of Statewide Initiatives, demonstrate the likelihood of retaining physicians through GME programming would almost double. Of 50 states, Nevada ranks 45 in the number of physicians we have per 100,000 population; 48 in terms of the number of primary care physicians per 100,000 population; and 49 in terms of the number of general surgeons per 100,000 population. The good news is that of the physicians completing GME in Nevada, 55 percent will stay in the State; that ranks us sixth. If a physician has attended a public medical school in the State and completed a GME Program, the likelihood of them staying and practicing in Nevada is 77 percent and would rank eighth in the Country. We would also like to think that our residencies and fellowships in Reno and Las Vegas can serve as destination programs. Unfortunately, budget constraints make it extremely difficult to grow GME.

We need support for resident faculty salaries as well as administrative support, which is a key element in training residents when it comes to the doctor shortage and our mission: If you build GME programs in Nevada, physicians will practice in Nevada—depending on the type of residency and fellowship program and teaching hospital readiness, start-up costs for a new GME program in Nevada range from $1 million to $2 million. The estimated annual cost for sustaining a GME program range from $2 million to $3 million, depending on the type of program and the number of residents being trained. To ensure viability, the financial support of GME requires not only start-up funds but a stepwise increase in funding as a program adds residents during the three- to five-year training period. It also needs the ability to prove financial sustainability to the Accreditation Council for GME. We emphasize that loan repayment programs are critical to attract and retain physicians in Nevada.

MARC J. KAHN, M.D. (Dean, Kirk Kerkorian School of Medicine, University of Nevada, Las Vegas; Vice President, Health Affairs, University of Nevada, Las Vegas):
My colleague, Dr. Hauptman, described the state we are in regarding access to care and the number of providers we have in the State. As a matter of course at the University of Nevada, Las Vegas (UNLV), the Kirk Kerkorian School of Medicine, we are much younger. Our third class is about to graduate and two of my students are accompanying me today. We currently have 60 students per class with plans to increase our class size to 90 per class by 2030, assuming we get adequate funding. Increasing the number of medical students will not increase the number of physicians we have in our State, so we desperately need to increase the number of GME positions.

The Centers for Medicare and Medicaid Services (CMS) predominantly fund Nevada GMEs. Those positions are capped by a bill that was passed in 1996 and went into effect in 1997. We have been capped at a little over 400 slots compared to New York, which has almost 20,000 slots. Although there is a difference in population, the ratio is still much smaller for Nevada and our State is vastly different than it was in 1996. Expansion of GME is essential and it is not likely that we are going to get much federal support.

The need to look for other sources to increase the number of physicians and the distribution of physicians in our State is critical. The economics of this also affects much more than health care because when new businesses come into a state, the two things they look for are education and health care. Providing adequate GME is important because these people provide health care and often to the most vulnerable populations in our State. Not only are we expanding the number of physicians, but we also are providing economic stability and diversification for our economy. Dr. Hauptman and I stand united in the need to increase GME for our State so we can best care for our population.

DR. HAUPTMAN:
Two students from UNR Med are here today. They are in their second year, and Dr. Kahn has two fourth-year students, on the cusp of finding out where they will be doing their internships.

KALLIE GRIFFIN (Medical Student, University of Nevada, Reno):
I am a second-year medical student at UNR Med and grateful to be a medical student here in Nevada. I do not take that lightly and would love to stay in

Nevada. I am not from Nevada; however, Nevada is drawing people from California and providing an opportunity for students from other states to stay here. I would love to come back; however, I will be leaving for residency. It is powerful what you can do at this time for the future health care of Nevada.

VISHUAAS RAUIKUMAN (Medical Student, University of Nevada, Las Vegas):
I am a fourth-year student at the Kirk Kerkorian School of Medicine at UNLV. I was born in India but grew up in Carson City. I spent the first 18 years of my life in Reno schools and am now in Las Vegas for medical school. Nevada is a special place to me. I consider it my home and my parents still live here. It is wonderful that we have these two medical schools in Nevada. My brother graduated from UNR too, so I do appreciate that school as well.

There has been great progress, and I want to reemphasize and echo the Dean's call for expansion of our GME. As much as our undergraduate medical education is expanding, it would be wonderful to have more resources available at the GME level. I am interested in pursuing a career in hematology-oncology; we do not have that fellowship in this State yet. It would be great to have something like that; there are plans in the pipeline to have that in the future. The more we can have, the more physicians we can keep in our State.

MACKENZIE MONTERO (Medical Student, University of Nevada, Reno):
I am a second-year medical student at UNR Med. I grew up in Dayton, Nevada. I then attended UNR on the BS-MD Pathway Program, which is a pipeline program leading directly into the med school here. I received a master's degree in business administration prior to attending medical school. To echo what everyone has said, Nevada holds a special place in my heart. To continue my education and attend the residencies I hope to attend, I will have to leave the State. This is forcing our hands to be able to develop those residencies and contribute to our education during our third year. During our third year of clinical rotations, when we are rotating through the hospitals, having an established home program for some of these residencies would contribute greatly to our education and help retain physicians moving forward.

DAFHNEY FERRER (Medical Student, University of Nevada, Las Vegas):
I am a fourth-year medical student at the Kerkorian School of Medicine and was born in Hawaii but raised in Las Vegas. I did my undergrad at UNLV and then continued to medical school at UNLV. Nevada is close to my heart. As a fourth-year medical student, expanding the GME is important. I have many

classmates who want to stay home and take care of the community they grew up in; unfortunately, there is no position here for them. I support expanding GME so that many of us can return home and take care of our families.

CHAIR DOÑATE:
We talk about GME and what it would take our State to fully build that capacity. It is important for us to know what areas are a priority and what residencies we should be looking at immediately to solve the gaps.

DR. KAHN:
It is essential to address the needs of an aging population and we do not have training programs in ophthalmology or neurology. We are about to start a training program in hematology-oncology, but we only have preliminary funding. Certainly, those are areas that directly address the needs of an aging population.

We live in the sunbelt and there are no training programs in dermatology. The State trains ten pediatricians a year and, fortunately, my colleagues at UNR Med are about to start a second pediatrics residency. We need that in-house growth, in addition to the growth of new programs, to address the needs of an aging population.

DR. HAUPTMAN:
It is difficult to determine our priorities because the calculus also depends on our hospital partners and the type of physicians and faculty present. That is one of the reasons why the runway tends to be a bit long to establish who the faculty will be. We would like to set up obstetrics and gynecology residencies and fellowships in addiction medicine, pulmonary and critical care, and general surgery.

CHAIR DOÑATE:
We have given lump sums here and there and it has not been consistent. We must come to the reality that for GME, we need to create some level of sustainable funding. Do you have an estimate of how much we would need in the near term to start building that capacity for some of the programs you are looking for?

DR. KAHN:
In the short term, we estimate $50 million. It is a big number, but it is going to take that for us to catch up with states of our size.

DR. HAUPTMAN:
We appreciate the support and Governor Lombardo's inclusion of $8.6 million in his proposed budget. When you consider the cost of these programs and the need to prove sustainability, we would advocate at least doubling or tripling that amount in the near term and then devising a plan for more sustained funding. We are concerned from the standpoint of accreditation. If we cannot show we have a mature plan that will cover the program for five to ten years, we may be putting our accreditation at risk.

SENATOR STONE:
You mentioned a lot of these GME slots are funded by the CMS, is that correct? Is there a matching program if the State comes up with funds? Can we leverage our money to provide more GME slots?

DR. HAUPTMAN:
Those matches are not available unless it is a brand-new program in a new hospital that has not had CMS funding for GME for at least a decade or more; therein lies part of the problem. There are efforts at the federal level to increase funding. There was an attempt to include it as a rider to the Inflation Reduction Act, with 15,000 new slots, but that did not get included in the final passage of the bill.

As part of one of the COVID-19 relief packages, 1,000 new slots were funded for CMS, or 200 slots per year for 5 years. Both medical programs at UNR and UNLV received one of those slots. However, that is 200 slots across the entire U.S. The emphasis of that funding was for rural, remote and underserved areas, which is great for us. That is why we can get some of that funding, but it is sadly inadequate.

SENATOR STONE:
If I heard you correctly, we have 400 slots in Nevada, and New York has 20,000 slots. I assume that is a federal formula. Tell us about that formula and whether it is based on population. How do we boost the number of slots?

DR. KAHN:
Those slots are historic. Prior to 1996, hospitals were able to apply for an increased number of residency slots, basically at will. As part of the Omnibus Balanced Budget Reconciliation Act, those slots and positions were frozen. We

are locked into where we were in 1996 without any adaptation for population growth or need.

SENATOR STONE:
We are operating on data that is 26 years old. Considering the incredible growth we have seen in Nevada, it is no mystery why we are so far behind. Do you have any ideas for us on how we can encourage federal officials, our delegation, to increase those slots? You are saying it is not going to do us any good to increase slots in our medical schools if we do not have the GME slots for those graduates.

I have been concerned since I have lived in Nevada, because when you are trying to attract industries to come here, they ask questions. They want to know about our schools and the quality of our health care. I see a lot of holes and want to stop this medical exportation to other states. I want to keep that expertise here in Nevada. You mentioned many incredible specialties we need to work on. I would love to learn more from you about how we, as a State, can advocate for additional GME slots. It is vital for the health and safety of our Nevada residents.

DR. KAHN:
To date, there has not been a lot of federal support to expand. My colleague talked about an extra 1,000 slots across the Country over 5 years, which is not very many. There was an increase of another 100 slots for the whole Country over the past few years. With changes in population, there needs to be a modification of the formula. That is going to take legislation and lobbying. We look forward to having a further conversation with you about how to advocate for more GME slots.

DR. HAUPTMAN:
It is my understanding that the Nevada delegation has been supportive of increasing GME slots in the State and across the Country. Most programs involved in GME are over the cap, which means that other funding mechanisms are sought to cover additional costs beyond the amount the federal government will cover. It is increasingly difficult to obtain those funds. At UNR Med, we reached out to donors to help fund our new pediatric program.

DR. KAHN:
Around 1995 or 1996, the Association of American Medical Colleges and others advocated for medical schools and for increasing the number of physicians we graduated by 30 percent. That increase was through new programs, like our school, and it was also through the expansion of existing programs. We met that mark and now graduate 30 percent more doctors than we did in 1996. The problem is there was never a corresponding increase in GME. We are reaching a point where the number of slots is getting closer to the number of graduates and that is concerning.

SENATOR STONE:
The students here today are very bright and we would love for them to stay in Nevada. It is disturbing to hear that the specialties we need and are seeking to acquire are not available in our State. I congratulate these students on their successes and hope they return to Nevada when they are finished with their education. We need them.

SENATOR NGUYEN:
This is a problem we face with the lack of GMEs across the U.S. It seems to be even more so in the west as you move to newer institutions. Is that correct?

DR. KAHN:
That is correct.

SENATOR NGUYEN:
What is the basis for that? Is it because the East Coast has more established hospitals and medical schools and, when they established their GME programs, they had hundreds of openings? Can you explain that a little further?

DR. KAHN:
In 1996 in Nevada, we had one medical school. At that time, we had a limited number of residency positions because there was only one medical school and a much smaller population than we have now. The East Coast had a larger population base and many more hospitals. Several of those hospitals are much older. There are more medical schools and that is why they have the predominance of residency positions. Unfortunately, there has not been a change in 26 years.

DR. HAUPTMAN:
There are obviously well-established programs on the West Coast, such as Stanford, the University of California at San Francisco, the University of Southern California and related institutions. You raise an interesting point about whether there is a relative GME desert in the middle of the Country or as you go into the far west, and it is something that we could look at. Obviously, you would have to base it on population as there have been a lot of shifts in population since 1996.

SENATOR NGUYEN:
We have a deficiency in certain types of specialties, but do we have a deficiency in the existing programs as well?

DR. KAHN:
Yes, there is a lack of specialty programs. As an example, I talked about pediatrics where we have ten graduates a year. We will soon have more when UNR's program comes on board. When looking at our population size, even 20 pediatricians a year is a small number. We need both in-house growth and to grow the programs and specialties we have. We also need to expand into specialties we do not offer.

SENATOR NGUYEN:
There are partnerships with hospitals in determining what these specialties are because agreement is needed to create and start these programs and run them. How are those conversations going with the hospitals about either expanding those programs or introducing other programs if we were given those slots for GMEs?

DR. HAUPTMAN:
As Chief Academic Officer at Renown Health, there is a lot of interest in expanding the residency and fellowship programs. This is a challenging time for hospitals, especially hospitals that can be seen as providing care to the indigent. From a financial standpoint, it is not exactly the best time for a hospital to step up to the plate. I am confident that our respective hospital partners would be more willing to do so if there were more partners in funding such a program. If everyone participated, it would make for a more attractive proposal.

DR. KAHN:
Our principal hospital partner, the University Medical Center of Southern Nevada, is currently 50 residents over the cap. That means the hospital pays for 50 residents that they do not get reimbursed for. The University Medical Center of Southern Nevada is a safety-net hospital: it is a public hospital whose mission is not to turn patients away. Its margins are financially small. Funding GME that is not otherwise funded is not sustainable, and to grow new programs becomes challenging. Although they are willing, there are financial realities that make such growth difficult.

DR. HAUPTMAN:
Residency programs do serve as pipelines for hospitals, and they recognize that, which is one of the reasons they are willing to go over the cap.

CHAIR DOÑATE:
I want to pivot away from GME since we have spent most of this presentation talking about that. Are there any other challenges you believe the Committee members should know about? For instance, are you having trouble recruiting faculty? Are there nuances we should be focusing on as university institutions and anything that we can help support?

DR. KAHN:
Yes. One area that is challenging is that Nevada is one of a minority of states that allows our third-party payers, the insurers, to offer exclusivity. That means I could hire five cardiologists to help train my medical students, residents and fellows, but I cannot get them on any insurance panels because they are closed out of participation. I cannot pay them; therefore, I really cannot hire them. Most states have laws that prohibit that type of exclusivity. I know Senator Lange has a bill that would allow medical schools to hire faculty that could not be excluded from such insurance providers. That will allow us to increase the number of physicians we have to train for the next generation of doctors in Nevada.

DR. HAUPTMAN:
The basic science faculty at UNR Med has garnered over $25 million in funding on an annual basis from the National Institutes of Health and the Department of Defense. Five start-ups originated out of UNR medical labs and reflected part of our focus on innovation. However, we need significant deferred maintenance funding to address heating, cooling, electrical and air quality issues. We need

new funding to allow us to expand because we are seeking to attract highly productive research faculty who can be at the forefront of new discoveries and innovation. Biomedical innovation is a big opportunity for Nevada, and we can provide details on those needs.

CHAIR DOÑATE:
There is always room to build capacity for both institutions and we can continue to encourage that.

We will now open the hearing on Senate Bill (S.B.) 146.

**SENATE BILL 146**: Revises provisions relating to health care. (BDR 40-462)

SENATOR ROBERTA LANGE (Senatorial District No. 7):
I am presenting S.B. 146, which revises provisions governing regulations of hospitals and prohibits a healthcare carrier from denying certain healthcare providers from entering into contracts under certain circumstances, along with other provisions.

Nevada faces a persistent shortage of healthcare professionals including doctors, mental health professionals and nurses. The number of healthcare providers per 100,000 population remains well under the national average according to *Health Workforce In Nevada: A Chartbook*. The State would need an additional 307 physicians, 807 nurse practitioners and 4,209 nurses to equal the national per capita rates for each occupation. Many factors influence whether healthcare providers practice in Nevada and whether they choose to stay. These factors include the availability and capacity of health education, training programs, licensing and regulatory practices, recruitment, retention and, in this case, health carrier networks.

Nevada is desperate for quality healthcare providers, and it is important to remove barriers that prevent practitioners from coming to practice in our State and, most importantly, staying in our State. Additionally, it is imperative to provide existing healthcare workers in our State, such as certified nurse-midwives, with more flexibility to perform quality services.

I am going to share with you a brief story about a cardiologist who came to practice at the UNLV School of Medicine. A top-notch doctor wanted him to teach at the medical school and the cardiologist wanted to teach at the medical

school. When he tried to get on a panel of healthcare companies, he was told the panels were full. We lost a quality person to teach at our medical school. This is horrific. By removing these barriers, we increase the pipeline of doctors, nurses, teachers and other important healthcare providers that come to practice in Nevada and stay.

As for increasing the flexibility for our certified nurse-midwives, this bill expands the existing regulation that allows a physician or osteopath to perform a physical examination of a patient to also include certified nurse-midwives. It authorizes them to perform physical examinations and obtain a medical history before or after a patient is admitted to the hospital for childbirth. It slightly, but efficiently, expands their scope of practice.

DR. KAHN:
We have critical access issues in our State and need to remove as many barriers to access as possible. I will let my colleague discuss the nurse-midwifery program, but that is important for providing necessary perinatal and postnatal care for women in our State.

This bill would allow medical school faculty to be part of panels that are critical, not only for our ability to train the next generation of physicians, but also for our ability to care for our patients. The two public medical schools serve a critical function to serve the most vulnerable patients in our population. If we are limited in our ability to recruit high-quality providers, it limits our ability to provide care to those populations as well. Neither Dr. Hauptman nor I, nor our respective hospital partners, turn a single patient away. We are here to take care of everybody, which becomes difficult when we cannot recruit and hire the necessary cadre of specialists and subspecialists.

DR. HAUPTMAN:
That is relevant in that the predominant hiring of physicians right now will be by Renown, which fully supports this bill. The position Dr. Kahn took is the right one and the right one for our State.

JENNIFER VANDERLAAN (Assistant Professor, School of Nursing, University of Nevada, Las Vegas):
I am a midwife and a professor at UNLV. I support S.B. 146 because it will increase access to midwifery care in Nevada. Nationally, midwives attend about ten percent of births. In Nevada, they attend only four percent of births. One of

the barriers is their inability to admit patients to the hospital for birth. In Nevada, only about 75 percent of midwife-attended deliveries occur in a hospital, but nationally 95 percent of midwife-attended births occur in a hospital. The workaround Nevada midwives are using right now is to have their physician colleagues duplicate their work and redo the admission and discharge charting so a patient can be admitted and discharged from the hospital.

SENATOR LANGE:
We are going to accept a friendly amendment to this bill. I am asking counsel to state the amendment language.

ERIC ROBBINS (Counsel):
The amendment should be phrased so that the provisions of the section requiring insurers to impanel physicians on the faculty of medical schools not be construed to prohibit them from removing physicians from those panels for misconduct.

SENATOR STONE:
We are always trying to find ways to deliver services with our professional shortages. This is a new concept for me regarding nurse-midwives. It is my understanding these are registered nurses. Can you talk about what their postgraduate training is that allows them to specialize in this line of medicine?

MS. VANDERLAAN:
A nurse-midwife is a registered nurse who returns to school for a master's level training in midwifery.

SENATOR STONE:
That is a master's level in delivering a child?

MS. VANDERLAAN:
Yes. The scope of practice for midwives is basic well-woman care; the annual visit, pregnancy delivery and postpartum care, and care of the newborn for up to 28 days.

SENATOR STONE:
Can they work as independent practitioners?

MS. VANDERLAAN:
Yes. Nevada licenses nurse-midwives as advanced practice nurses and they fall under its laws.

SENATOR STONE:
I presume that there would be no problem with physical assessments in their training. Are they doing physical examinations commensurate with an osteopathic or empathic physician?

JOHN PHOENIX:
I am a nurse practitioner in Las Vegas and am sharing my experiences as a person trying to get credentialed with an insurance plan in Nevada. My practice is very specific. It is a family practice within the LGBTQ+ community and 80 percent or more of my patients identify as gay, lesbian, or transgender and I provide gender-affirming care. I provide HIV care for treatment and prevention, as well as family care.

For five years, I sent a letter every six months to the Culinary Health Fund to get credentialed because I provided the service they needed. Every six months for five years, I received a rejection letter and it was always for the same reason—we are already full and do not need more panelists. That is why we are forty-ninth for medical care in the U.S. That is why we need 8,000 nurses, 800 nurse practitioners and over 300 physicians. Yet we get this constant pushback that they are already full.

CAMERON DUNCAN (Interim Dean, Orvis School of Nursing, University of Nevada, Reno; Vice President, Nevada Advanced Practice Nurses Association):
We are in support of S.B. 146. This bill allows certified nurse-midwives to perform an exam that they are trained and educated for and is within their scope of practice to do so. We are in full support of that change.

In support of section 4 of the bill, "provider of health care" should be changed to "clinician." Subsection 2 of section 4 talks about employment from a school of medicine or a school of osteopathic medicine. We encourage the Committee to include language for employment from a school of nursing in this State. Nurse practitioners, advanced practice registered nurses (APRN) and midwives have a minimum number of hours that they must work within a five-year period to maintain their licensure. Many of my faculty members work one day a week in a private agency, so they will also need to be credentialed with these payers.

I own and operate an independent practice in Reno. I have had trouble with multiple insurance companies who have stated the panel is full, yet I meet all the criteria. It is important that APRNs and schools of nursing also be included in the provider-neutral language.

MAYA HOLMES (Healthcare Research Manager, Culinary Health Fund):
The Culinary Health Fund provides nonprofit labor-management trusts and health benefits for the members of the Culinary Workers Union and their dependents. We cover approximately 130,000 lives. Our primary focus is to ensure that we have access to quality health care and it is affordable for our participants. Physician access is critical and impacts health plans and participants throughout our State. We strive to ensure that we have high-quality networks and deliver high-value care. We support the overall intent of the bill and efforts to increase physician training opportunities.

We spoke with Senator Lange regarding a friendly amendment to ensure medical school physicians must continuously meet planned credentialing requirements. We want to work on the language in the bill because we are not sure if "misconduct" is exactly what we are looking for in the language. We want to ensure that once a physician is credentialed, if there are issues down the road, they address that and that they continuously meet our credentialing requirements.

HELEN FOLEY (Nevada Association of Health Plans):
The Nevada Association of Health Plans is a ten-member organization of commercial health insurance and government programs in Nevada. We did not have a problem with most of the bill; however, we disagree with section 4 in S.B. 146. This section deals with health plans; and any doctor would be able to join that network. The whole notion of any willing provider gives healthcare providers a right that is not given to anyone else in any other service in Nevada.

Schools are not mandated to hire any willing teachers and airlines are not mandated to hire any willing pilots. Physician group practices are not mandated to hire a physician simply because he or she wants to be part of that group. Even hospitals are not mandated to provide opportunities and privileges for physicians, nurses or other healthcare providers just because they want them. There is a delicate balance here. We want to ensure the rights of employment and contract are met. All the members of our organization are extremely pleased about the new School of Medicine in Las Vegas and the great work happening

in northern Nevada with Renown Health. We do not want to do anything that harms them in any way. We want to get the best teachers here to teach in our cardiology divisions and everywhere else. We would like to resolve this issue.

VALERIE HASKIN (Rural Regional Behavioral Health Policy Board):
The current definition of healthcare provider in *Nevada Revised Statutes* (NRS) 687B affects the provider types that may benefit from this bill and section 4 of this bill goes into the provider types. *Nevada Revised Statutes* (NRS) 687B.660 points to the definition of "Provider of healthcare" as described in NRS 695G.070, which is very broad and can be a good thing. In contrast, NRS 629.031 "Provider of health care" is clearly defined, including all behavioral health provider types.

Over the last several months, there have been discussions from behavioral health providers and other stakeholders in rural Nevada communities that have submitted applications to join insurance networks. They, too, were told the network was full and had their applications rejected. These providers are looking to expand their services in known shortage areas for mental health providers, which are also shortage areas for physical health providers.

While there is value in keeping the statute broad, our concern is that insurance networks may use this definition to ignore provider types outside of traditional physical medicine that are also critically needed across the State. We encourage adding or revising language in this bill or NRS 687B so all eligible providers in good standing can join these insurance networks.

SENATOR LANGE:
This bill will only affect the medical schools in Nevada, both public and private, when they are trying to get teachers and clinicians to come and teach in their medical schools. If the bill seems narrow, it is because it is narrow. It is only meant to affect that population, which also includes therapists. I want to reiterate that we have a shortage in Nevada. We are looking for ways to increase the pipeline by getting the doctors we need in the schools and allowing those teachers an opportunity to apply and go through the same application process that everyone else must go through to get on a panel. It ensures that if there are no issues, they will get on the panel.

CHAIR DOÑATE:
The hearing on S.B. 146 is now closed.

Having nothing further to come before the Senate Committee on Health and Human Services, we are adjourned at 4:28 p.m.

RESPECTFULLY SUBMITTED:

Norma Mallett,
Committee Secretary

APPROVED BY:

Senator Fabian Doñate, Chair

DATE:

| EXHIBIT SUMMARY | | | | |
|---|---|---|---|---|
| **Bill** | **Exhibit Letter** | **Introduced on Minute Report Page No.** | **Witness / Entity** | **Description** |
| | A | 1 | | Agenda |
| | B | 1 | | Attendance Roster |
| | C | 2 | Paul J. Hauptman, M.D., Dean / School of Medicine, University of Nevada, Reno | State of Medical Education in Nevada |