

Conceptual Policy Proposal #1

Submitted by: Blayne Osborn, Nevada Rural Hospital Partners
2/15/24

Description:

As American Rescue Plan Act (ARPA) funding is expiring, the Nursing Apprenticeship Program is expected to end in February 2025. Since March of 2022 (23 months), more than 670 nursing students have been nurse apprentices in 44 different non-profit and/or critical access hospitals and skilled nursing facilities in Nevada. The program has supported the direct hiring of more than 165 nurses upon their graduation from Nevada nursing programs. I am respectfully requesting additional funding allocated to the Division of Public and Behavioral Health (DBPH) for the FY25-26 biennium to continue the program. Operation of the program is currently averaging \$500,000 per month. The program supports salary reimbursement for the nurse apprentice's time working in the facility, a salary stipend for the required supervising nurse, travel reimbursements for nurse apprentices willing to work in a facility more than 50 miles away (rural), and a retention bonus for the full-time employment of the nurse apprentice.

Intent:

To continue to support the Nursing Apprenticeship Program in the State of Nevada as the most effective nursing pipeline in the State of Nevada.

Sections within NRS:

This request is for a budget appropriation. NAC 632.120 outlines abilities of apprentice nurses.

Background

In February 2022, the Interim Finance Committee (IFC) approved Work Program #22FR321601 which allowed the Division of Public and Behavioral Health (DBPH) to invest \$20 million in American Rescue Plan Act (ARPA) funding into a Nursing Apprenticeship Program (NAP) to operate from March of 2022 through February of 2025.

Model Legislation

N/A

Conceptual Policy Proposal #2

Submitted by: Blayne Osborn, Nevada Rural Hospital Partners

2/15/24

Description:

Currently, Nevada Medicaid does not cover surgical implants with the exception of Cochlear implants and Long-Acting Reversible Contraceptives (LARCs), separately from the cost of providing the service. One Nevada Critical Access Hospital loses an average of \$10,000 per surgical case for Medicaid beneficiaries for hip, knee, and other orthopedic surgeries. This is due to the rising cost of these devices and Medicaid coverage of these as a bundled payment

The Nevada Medicaid rate for the replacement/reconstruction of a knee joint, kneecap replacement, elbow joint, elbow replacement, wrist replacement, wrist joint, jaw joint, etc. is set at \$6,233.72. Compare that with the implant of a cochlear device where the rate is \$22,342.35. These rates have not kept pace with inflation and the cost of these devices. For hospitals to provide these services to Medicaid beneficiaries, they must absorb the costs of these devices.

Intent:

For Nevada Medicaid beneficiaries, Nevada Medicaid needs budget authority to cover the rising costs of surgical implants separately from the services. With a separate reimbursement for the cost of these surgical implants and devices, Nevada's hospitals and Ambulatory Surgical Centers will be better able to serve Nevada's Medicaid beneficiaries.

Sections within NRS:

NRS422