



August 12, 2024

Senator Fabian Donate
401 South Carson Street
Carson City, NV 89701

Dear Senator Donate and members of the committee:

On behalf of High Sierra AHEC, I appreciate the opportunity to provide comments on the work session document and thank you for your commitment to addressing and prioritizing our state's healthcare workforce needs. Our mission is to **address Nevada's healthcare workforce shortages by recruiting, training, and placing diverse healthcare professionals into rural and underserved communities to improve access to quality care.** The following proposals align with our educational objectives and our commitment to developing the next generation of healthcare professionals in Nevada:

1. Emergency Medical Services (EMS)

Allowing mid-sized counties with populations between 100,000 and 700,000 to administer emergency medical services (EMS) like larger counties offers significant healthcare workforce benefits. It can lead to improved coordination and efficiency, enabling quicker decision-making and better resource allocation. With greater control, these counties can enhance training standards, creating more job opportunities and fostering career advancement for EMS professionals. This tailored approach to workforce development, supported by increased funding and resources, can attract skilled talent and integrate EMS more effectively with public health initiatives, ultimately strengthening the healthcare workforce across the state.

From an educational standpoint, the recommendation proposed by Senator Donate offers a unique opportunity to introduce young people to the healthcare field early in their academic journey. By allowing students to obtain licensure as EMTs while still in high school, we can provide hands-on experience and practical skills that complement their classroom learning. This aligns with High Sierra AHEC's focus on early career exploration and experiential learning, which are critical for nurturing interest in healthcare careers, especially in rural and underserved communities.

Any legislation or regulation that makes it easier for students to participate in Career and Technical Education (CTE), earn a credential, or engage in work-based learning is highly



beneficial to our students and schools. By providing students an earlier opportunity to enter the healthcare field, this proposal not only helps fill a critical need across the state but also encourages students to pursue additional education in other healthcare fields as they transition from high school to the workforce or postsecondary education.

2. Tribal Health Care

High Sierra AHEC appreciates the importance of the proposed legislative measure to establish the Tribal Health Authority Council and related initiatives, as presented by Director Angie Wilson of the Reno-Sparks Tribal Health Center. This proposal reflects a commitment to addressing the specific healthcare needs of American Indians and Alaska Natives, which is essential to ensuring equitable access to health services across diverse populations.

From an educational perspective, the establishment of the Tribal Health Authority Council could have a significant impact on the development of healthcare workforce pathways that are inclusive of tribal communities. By addressing barriers to care and fostering collaboration between state and tribal health entities, the Council could contribute to the creation of more accessible and culturally competent healthcare education and training programs. This, in turn, could enhance the representation of tribal students within healthcare professions, an area of focus for High Sierra AHEC.

The proposed initiatives, including the ability for tribal health benefit coordinators to determine Medicaid eligibility and the creation of a tribal reinvestment program, align with broader efforts to improve health equity. These measures could serve as a foundation for developing targeted educational and professional opportunities that support the advancement of tribal students in healthcare careers.

While High Sierra AHEC does not take a position on specific legislative proposals, we recognize the potential impact of these initiatives on the healthcare landscape and the importance of ensuring that tribal communities are adequately represented and supported in the healthcare workforce. We welcome continued dialogue on how best to integrate these efforts with ongoing educational and workforce development programs to promote a more diverse and equitable healthcare system in Nevada.

3. Public Health Improvement Fund

High Sierra AHEC appreciates the opportunity to provide comments on the proposed Public Health Improvement Fund and Public Health Interoperability measure. This proposal represents a significant effort to enhance public health infrastructure across Nevada and introduces several key elements that could have meaningful impacts on the state's public health landscape.



First, we would like to express our gratitude for the commitment to public health improvement demonstrated through previous legislative efforts. The \$15 million one-time State General Fund allocation provided through Senate Bill (SB) 118 was a groundbreaking first step in Nevada, addressing critical gaps in the delivery of core public health services and supporting the development of local public health infrastructure. Building upon this progress, the allocation of \$30 million per biennium of the Insurance Premium Tax to this Account is a commendable step towards securing sustainable resources for public health initiatives. This funding can play a pivotal role in enhancing the capacity of Nevada's public health system to respond to current and future challenges, including the ongoing need for a well-trained and diverse public health workforce.

4. Social Work Apprentices

The proposed program offers several key benefits that resonate with our goals. By allowing social work students to gain practical experience through apprenticeships, this program addresses a critical gap in workforce training. High Sierra AHEC's educational programs emphasize the importance of hands-on learning and experiential training, and the apprenticeship model will provide valuable real-world experience that complements academic studies, helping to better prepare students for their future roles in the field.

The inclusion of diverse apprenticeship sites, including medical facilities, public schools, and state or local agencies, mirrors our approach to offering varied and comprehensive training experiences. We would like to suggest that rural settings be a top priority. This diversity ensures that social work students will be exposed to a broad range of settings, enhancing their ability to address different community needs effectively. Moreover, the requirement for students to be supervised by licensed professionals ensures that they receive high-quality guidance and support, aligning with our commitment to maintaining high standards in training and professional development.

The proposed funding and reimbursement mechanisms are also crucial for the program's success. By providing financial support for apprenticeship sites and supervisors, and offering incentives for retention and successful licensure, the program will help ensure that social work apprenticeships are both feasible and attractive for participating facilities. Additionally, we appreciate the program's potential to include remote-employing facilities and support apprentices in these areas, addressing disparities in access to social work services.

5. Priority Review of Health Care License or Certificate Applications

This proposal aligns well with our mission to enhance access to quality healthcare in underserved areas and to support the development of a diverse and capable healthcare



workforce. By expediting the licensure or certification process for individuals who demonstrate a commitment to working in these communities, we can address critical healthcare shortages and improve health outcomes for populations in need.

Historically underserved communities often face significant barriers to accessing healthcare services, and the availability of qualified healthcare professionals is a key factor in overcoming these barriers. This priority review process will help ensure that these communities are better served by attracting and retaining skilled practitioners who are dedicated to making a meaningful impact.

In addition, we recommend that strategies be developed to foster better connections and handoffs between academic partners and licensure boards. Providing a comprehensive service to students that allows them to initiate the licensure or certification process prior to the completion of their program—and certainly after their final testing—would greatly benefit both the applicants and the communities they intend to serve. Such strategies could include streamlined communication channels, pre-licensure workshops, and support services that bridge the gap between academic training and professional licensure.

Thank you to you and the committee for your continued service and dedication to improving Nevada's healthcare workforce development needs.

With appreciation,

Andrea Gregg, CEO

For over 40 years, the Nevada AHEC Program has been a lifeline for rural and underserved communities by recruiting, training, and placing healthcare professionals dedicated to essential care. We build a diverse and skilled workforce, address Nevada's provider-to-patient ratio disparities, and ensure that even the most vulnerable populations receive the care they deserve. Together, we drive lasting change and advance health equity across Nevada.

Mission Statement:

High Sierra AHEC addresses Nevada's healthcare workforce shortages by recruiting, training, and placing diverse healthcare professionals into rural and underserved communities to improve access to quality care.

Counties Served:

Washoe, Carson City, Douglas, Storey, Churchill, and Lyon