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RESEARCH BRIEF ON

SHORTAGE OF HEALTH CARE WORKERS

Nevada is experiencing significant shortages of qualified, competent health care workers in virtually every health care profession including nurses, pharmacists, physicians, medical coders, radiology technologists, laboratory technologists, and health information technicians. The situation in Nevada reflects a national phenomenon and the shortage is of great concern to many because it compromises access to quality patient care.

OVERVIEW OF THE HEALTH CARE WORKFORCE SHORTAGE IN NEVADA

Nevada ranks among the lowest states for the number of health care professionals per 100,000 residents. With regard to nurses, the largest group of health care professionals in 2000, Nevada ranked 50th among states in the number of registered nurses (RNs) per 100,000 residents. Nevada has approximately 514.4 RNs per 100,000 residents, which is significantly lower than the national average of 780.2.ⁱ Also in 2000, Nevada ranked 47th among states in the number of nurse practitioners (NPs) per 100,000 residents. Nevada has approximately 15.2 NPs per 100,000 residents, which is significantly lower than the National Average of 33.7.ⁱⁱ

The *2005 Statewide Survey of Licensed Registered Nurses in Nevada* estimated the State has 548 RNs per 100,000 population. This figure represents an improvement over the data reported for 2000.

However, regional variations demonstrate major shortages in the distribution of the RNs across the State.

- 530 RNs per 100,000 population in southern Nevada (Clark County);
- 702 RNs per 100,000 population in northern Nevada (Carson City, Douglas, and Washoe Counties); and
- 337 RNs per 100,000 population in rural and frontier Nevada (the remaining 13 counties).ⁱⁱⁱ

During 2005, Nevada's schools of nursing had approximately 1,442 qualified applicants to the Nevada System of Higher Education (NSHE) institutions. The NSHE programs of nursing were able to accept only 576 of those students that qualified.^{iv}

The physician-to-population ratio in Nevada ranks the State 47th in the nation with 172 physicians per 100,000 residents. The national median is 222 physicians per 100,000 residents.^v

In 2003, the national average for physician generalists was 31 per 100,000 residents, while the average in Nevada was 23. Additionally, Nevada had 154 physician specialists per 100,000 residents, well below the national average of 220.^{vi}

EFFORTS TO ADDRESS THE HEALTH CARE WORKFORCE SHORTAGE IN NEVADA

Recognizing the impact the shortage of nurses would have on the health care system in Nevada, the 2001 Legislature requested that the NSHE double the capacity for enrollment in the nursing programs by the conclusion of the 2006-2007 academic year. The estimated cost was approximately \$12 million during the 2003-2005 biennium.

Due to fiscal constraints facing the State, in 2003 the plan for doubling capacity was revised in cooperation with the Nevada Hospital Association. The revised plan included the following components:

1. State funding for summer school programs in 2004 and 2005, which included essential faculty and associated costs;
2. Institutional funding to provide additional faculty to support nursing programs during the regular fall and spring semesters;
3. "In kind" supplemental funding for critical equipment to expand the clinical component of the nursing programs facilitated through the Nevada Hospital Association; and
4. Funding to renovate existing clinical laboratory facilities at community colleges.

The goal of the program was to increase the number of undergraduate nursing students by 650 with an additional 39 faculty positions. The *Nursing Student Enrollment Report* prepared by the NSHE indicated that in the 2000-2001 academic year, 623 students were enrolled in associate or baccalaureate level nursing programs. By the 2004-2005 academic year, the actual enrollment in those programs was 1,570 students.

In 2005, the Legislature funded nursing initiatives over the 2005-2007 biennium for a total of \$4 million. These initiatives include an improved nursing ratio of faculty to students, a summer session in 2006, a bachelor of science degree in nursing at the Great Basin College, and expansion of the doctoral degree program at the University of Nevada, Las Vegas (UNLV). In addition, the Legislature approved a new pilot

program, which will match funds from the University Medical Center (UMC) in Las Vegas with State funds for five nursing professional slots; a two-year practice obligation at the UMC will be required.

With regard to other health care professionals, the Legislature funded 26.5 new full time equivalent positions at the UNLV School of Dental Medicine enabling the dental school to increase anticipated enrollment from 225 students to 300 students in FY 2005-2006. Additionally, the 2005 Legislature approved funding to expand the number of physician trainees by 17 per year (34 total) in the School of Medicine's residency and fellowship training programs. Finally, the 2005 Legislature appropriated \$4.3 million to the University of Nevada School of Medicine for enrollment and other enhancements. ^{vii}

**HEALTH CARE PROFESSIONAL
WORKFORCE PLANNING
IN NEVADA**

In 2003, Nevada's Legislative Committee on Health Care appointed a subcommittee to conduct an interim study concerning staffing matters associated with Nevada's health care delivery system.

Citing Nevada's population growth rate, the study noted that the State has an increasing number of persons over the age of 65, had the highest rate of death due to firearms in the country in 1999, and was above the national rates of death due to cancer and heart disease. In addition, in 2000, Nevada had the fewest health workers per capita in the country (2,788 per 100,000 people versus 4,030 per 100,000 people nationally).

Data concerning the diversity of the workforce noted that the following workplace factors contribute to certain health workforce shortages:

- Physically and emotionally demanding work;
- Noncompetitive wages and benefits;
- Poor job design and working conditions;
- Too much paperwork and lack of information systems; and
- Poorly trained managers.

In response to some of the workplace concerns expressed by many nurses and nursing assistants employed by medical facilities, the 2005 Legislature prohibited a medical facility or its agent or employee from retaliating against a nurse or nursing assistant who refuses to provide services to a patient, in accordance with certain established policies, if the nurse reports to his supervisor that he does not possess the knowledge, skill, or experience to comply with an assignment. A nursing professional who believes he has been retaliated against may file an action in court for appropriate relief.

To ensure that Nevada has an adequate, well-trained medical workforce to meet the needs of the residents of the State, the Medical Education Council of Nevada was established by the Nevada Legislature in 2003. In addition to other items, this body is charged with: (1) determining the workforce needs for the provision of health care services in Nevada; (2) investigating and making recommendations to the University of Nevada School of Medicine and the Legislature on the status and need of health practitioners, other providers of health care, and other personnel of health care facilities or programs in Nevada; and (3) determining methods for reimbursing institutions that sponsor practitioners, other providers of health care, or other personnel of health care facilities or programs.

During the 2006-2007 Interim, the Legislative Committee on Health Care developed a comprehensive plan concerning the provision of health care in the State. Specifically, the Committee was charged with the review of: (a) the health care needs in the State as identified by State agencies, local governments, providers of health care, and the general public; and (b) the capital improvement reports submitted by hospitals pursuant to subsection 2 of *Nevada Revised Statutes* 449.490.

As the statewide health care plan developed, issues surrounding the health care workforce were presented. These issues include: (1) establishing an office of health care professional workforce development; (2) reviewing policies related to reciprocity for health care professionals licensed in other states; (3) several proposals to expand the University of Nevada School of Medicine; (4) expanding public nursing school programs; (5) expanding scholarship opportunities for students seeking graduate and undergraduate degrees in certain health care professions; and (6) maximizing Medicaid funding for graduate medical education. During the 2007 Legislative Session, various measures were introduced to implement these recommendations. However, due to financial considerations many of the proposals were not implemented.

To address the issue of reciprocity for health care professionals licensed in other states and related licensing issues, the Legislative Committee on Health Care created the Subcommittee to Review Laws and Regulations Governing Providers of Health Care, the Use of Lasers and Intense Pulsed Light Therapy, and the Use of Injections of Cosmetic Substances (Senate Bill 4, [Chapter 4] *Statutes of Nevada, 23rd Special Session*).

Also during the 2006-2007 Interim, Governor Kenny C. Guinn convened the Commission on Medical Education, Research, and Training. The Commission has the mission of creating a plan and timeline to achieve nationally recognized leadership in medical and health care education, research, and training in Nevada, as well as locally recognized improved health outcomes and community satisfaction with academic medical care. Additionally, the Commission is charged with:

- a. Establishing medical and health care education, research and training programs, funding priorities and procedures, and offering suggestions on academic health care policy;
- b. Fostering a culture and business environment which leads to the attraction, retention, and success of superior academic medical, health care, and research professionals; and
- c. Identifying and promoting successful, sustainable collaborative relationships and models between the public and private sector, which address the needs of the academic health care system in Nevada.

The Commission recommended that the State:

1. Make health care education, research, and training a top priority for public policy on a sustained basis.
2. Establish a Nevada Academy of Health to help coordinate and evaluate the varied programs in the State.
3. Support the integrated expansion of health care professional education across public and private settings and in areas of demonstrated need.

4. Increase health care professional training and recruitment in a way that safeguards quality while recognizing the best and brightest professionals across the global spectrum.
5. Create a unique statewide biomedical/health research effort that encourages economic development, technology transfer, and education opportunities for a more competitive workforce.

The 2007 Legislature created the Nevada Academy of Health and charged it with the responsibility of assisting in the coordination of efforts to improve health care in Nevada. The Academy is directed to survey the State's health resources, identify needs and potential duplication of services, and to make recommendations. The Legislative Committee on Health Care provides direction to and coordinates with the efforts of the Nevada Academy of Health.



ⁱ *State Health and Attendant Work Force Profiles, 2004*. Health Resources Administration, U. S. Department of Health and Human Services.

ⁱⁱ *Ibid.*

ⁱⁱⁱ *2005 Statewide Survey of Licensed Registered Nurses in Nevada*, John Packham, Tabor Griswold, Medical Education Council of Nevada, University of Nevada School of Medicine.

^{iv} "The 'State' of the Nursing Profession in Nevada," Lisa Black, M.S., R.N., Legislative Coordinator and Health Policy Advisor, Nevada Nurses Association. Presented at the January 10, 2006, meeting of the Legislative Committee on Health Care.

^v *Physician Characteristics and Distribution in the U.S., 2006*. American Medical Association.

^{vi} *State Profiles: Reforming the Health Care System, 2005, 13th Edition*, AARP Public Policy Institute.

^{vii} *2005 Appropriations Report*, Fiscal Analysis Division, Legislative Counsel Bureau.