The second meeting of the Nevada Legislature’s Legislative Committee on Health Care was held on Wednesday, January 8, 2014, at 9 a.m. in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada and to Room 31, Griswold Hall, University of Nevada School of Medicine, Area Health Education Center, 701 Walnut Street, Elko, Nevada. A copy of this set of “Summary Minutes and Action Report,” including the “Meeting Notice and Agenda” (Exhibit A) and other substantive exhibits, is available on the Nevada Legislature’s website at http://www.leg.state.nv.us/interim/77th2013/committee/. In addition, copies of the audio record are available through the Legislative Counsel Bureau’s (LCB) Publications Office (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835).

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

- Senator Justin C. Jones, Chair
- Assemblywoman Marilyn Dondero Loop, Vice Chair
- Senator Joseph (Joe) P. Hardy, M.D.
- Senator Joyce Woodhouse
- Assemblyman James Oscarson

COMMITTEE MEMBER PRESENT IN CARSON CITY:

- Assemblywoman Teresa Benitez-Thompson

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

- Marsheilah D. Lyons, Supervising Principal Research Analyst, Research Division
- Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division
- Eric Robbins, Deputy Legislative Counsel, Legal Division
- Sally Trotter, Principal Administrative Assistant, Research Division
OPENING REMARKS

- Chair Jones welcomed members, presenters, and the public to the second meeting of the Legislative Committee on Health Care (LCHC).

PUBLIC COMMENT

- Patricia Theresa Brushfield, private citizen, Las Vegas, Nevada, testified that she is licensed by the Bureau of Health Care Quality and Compliance (BHCQC), Division of Public and Behavioral Health, Department of Health and Human Services. She asked for the Committee’s assistance with three issues regarding the BHCQC: (1) surveys and deficiencies; (2) salaries for caregivers; and (3) requirements for contracts to care for mentally ill patients.

- Chair Jones commented that the focus of the LCHC meeting in February would be on mental health. He stated that the LCHC would look into the issues brought forward by Ms. Brushfield.

PRESENTATION CONCERNING HEALTH CARE WORKFORCE NEEDS IN NEVADA

- Gerald Ackerman, Statewide Director, Area Health Education Center, University of Nevada School of Medicine (UNSOM) testified regarding changes to the health care workforce and its demand due to the Affordable Care Act (ACA). He provided a Microsoft PowerPoint presentation (Exhibit B) that included information regarding:
  
  o Projected insurance coverage expansion by 2020;
  o Associated increase in health workforce demand;
  o Overall growth in health care employment;
  o Nevada’s projected primary care physician demand;
  o Projected demand for health care workers by industry;
  o High demand health occupations in Nevada through 2020;
  o Health care workforce supply in Nevada;
  o Health workforce rankings by medical specialty;
  o Number of family practice medical doctors per 100,000 population;
  o Number of medical and surgical specialties medical doctors per 100,000 population;
  o Primary care workforce shortages;
  o Oral health workforce shortages;
  o Mental health workforce shortages;
  o Upcoming reports from the UNSOM;
  o Options for meeting future needs;
  o E-consultation; and
  o Project ECHO
Mr. Ackerman discussed medical student’s rotation program options for rural areas. He pointed out that cuts to loan repayment programs and scholarships and community barriers hinder efforts to recruit students from other states. Dr. Ackerman shared a video on Project ECHO, a program that uses video links to provide rural physicians access to specialists for case consultation. He submitted a report titled “Health Workforce in Nevada” and appendices to the Report (Exhibit B-1 and Exhibit B-2).

Discussion ensued between Senator Hardy and Mr. Ackerman regarding retired physicians entering the workforce.

- Senator Jones commented that it was his understanding that the UNSOM had collected data regarding the retiring workforce.

In response to Assemblyman Oscarson’s inquiry regarding the implementation of a psychiatric residency telemedicine clinic in July 2014, Mr. Ackerman stated that the clinic would be working with pediatric psychiatry residents. He added the clinic would be held twice a week and aired statewide, with supervision provided by a psychiatrist.

Responding to Senator Jones’s query regarding data on numbers of resident physicians that return to rural communities, Mr. Ackerman stated when the Area Health Education Center’s program first started there was one graduate from the UNSOM in Elko. He reported that today there are approximately eight graduates, including some who have gone through the residency program. Mr. Ackerman offered to provide that data.

- Debra Scott, M.S.N., R.N., F.R.E., Executive Director, State Board of Nursing (SBN), provided a document that indicated the number of total active licensees and certificate holders as of June 2013; five-year comparisons of total active licensees and certificate holders; and five-year comparisons of total active advanced practice registered nurses (APRNs) in Nevada (Exhibit C). She predicted by June 30, 2014, there would be over 1,000 licensed APRNs practicing in the State. Ms. Scott commented the SBN has nearly one year of information received from nurses who were surveyed and it would be provided to the LCHC at a future date.

- Stacy M. Woodbury, M.P.A., Executive Director, Nevada State Medical Association, provided remarks on policy solutions for physician shortages in rural areas (Exhibit D). She testified that two-thirds of rural residents and one-third of Nevada’s urban residents live in health care professional shortage areas. Ms. Woodbury supports:
  - Increased development of graduate medical education (GME);
  - Enactment of laws preserving the doctor/patient relationship and access to care;
  - Legislative adoption of an “any willing provider” clause within the State insurance statutes;
  - Expansion of access to care in rural and medically underserved areas;
  - Expansion of the J1-Visa program; and
  - Preservation of a business friendly environment.
In response to Senator Hardy’s inquiry regarding State funding, Ms. Woodbury replied it costs $100,000 a year to fund a residency.

There was discussion between Senator Hardy and Ms. Woodbury regarding opportunities for out-of-network physicians. Ms. Woodbury said some physicians are opening concierge practices, such as clinics in retail facilities, or private practices. She remarked there are limited options without funding.

PRESENTATION CONCERNING HEALTH EDUCATION AND EXPANSION OF MEDICAL SCHOOL PROGRAMS

- Marcia Turner, Ph.D., Vice Chancellor of Health Sciences, Nevada System of Higher Education (NSHE), provided a general overview of the health-related programs offered by the NSHE (Exhibit E). Her presentation focused on the degree-granting program and included the following:
  
  - Health science-related degrees and certificates offered at NSHE institutions;
  - Certificates and degrees by award type;
  - Four key program highlights—nursing, mental health, community health workers, and the Health Care and Medical Services Sector Council;
  - Nursing degrees and certificates;
  - An RN to BSN Program;
  - The Robert Wood Johnson Foundation Future of Nursing Grant;
  - Mental health-related degrees; and
  - Community health workers’ pilot program

Ms. Turner announced that the NSHE had just received approval for a $150,000 matching “Future of Nursing Grant.” She thanked the Nevada Hospital Association for their $10,000 donation.

Responding to Senator Hardy’s inquiry regarding the community health care workers’ pilot program, Ms. Turner said the first step would be creating the definition, scope of practice, and curriculum focus. She commented they had obtained samples of curriculums from other states. Ms. Turner said they would also research other states’ programs.

In response to Assemblyman Oscarson’s question regarding programs to retain nurses in rural areas, Ms. Turner affirmed the grant would include programs for rural areas. Ms. Turner voiced support for programs to retain nurses in rural areas.

- Thomas L. Schwenk, M.D., Professor of Family Medicine, Dean, UNSOM, Vice President, Division of Health Sciences, University of Nevada, Reno (UNR), provided an overview of the history of the UNSOM. He testified that roughly
19 percent of the UNSOM budget is paid by the State. Dr. Schwenk pointed out the following issues relative to expanding public medical education in Nevada:

- Funds and expense to expand;
- Commitment from a large group of supporters; and
- Clinical teaching capacity and the ability to provide a full education program.

He provided a brief overview of the current program, commenting on:

- Number of residency positions in the State;
- Two-year education program in Reno;
- Program completion in Las Vegas;
- Major partners (University Medical Center in Las Vegas, Veterans Hospitals in Las Vegas and Reno, and Renown Health in Reno); and
- How long a medical education takes to complete.

Dr. Schwenk pointed out a Memorandum of Understanding (Exhibit F) among UNR, the University of Nevada, Las Vegas, UNSOM, and NSHE that provides endorsement of expanding public medical education in Nevada. Dr. Schwenk stated successful development of the campuses in Las Vegas and Reno would require (1) State support; (2) expansion of hospital partners; (3) development of new training programs; and (4) recruitment of faculty members.

He reported that Nevada ranks high in the percentage of residency graduates that stay in the State to practice and the proportion of those graduates that practice primary care in Nevada.

Responding to Chair Jones’s query regarding where UNR medical students would complete their graduate education, Dr. Schwenk remarked although there will be two separate schools it would be valuable to continue a “sharing” between the north and the south. He commented on the value of students training in Las Vegas due to its unique medical education experiences.

In response to Assemblyman Oscarson’s inquiry regarding the development of residency programs similar to Winnemucca, Dr. Schwenk opined this program could be retrofitted to other hospitals, possibly in Elko or Ely. He commented there are two issues to consider with regard to enhancement of rural care: (1) identifying students who have an interest in returning to rural areas; and (2) supporting those students once they are in practice, with Project ECHO and loan repayment plans.

Discussion ensued between Dr. Schwenk and Assemblyman Oscarson regarding Project Medical Education Nevada, a pilot program hosted by UNSOM that Assemblyman Oscarson attended.
Responding to Senator Hardy’s question about programs in North Dakota and other states with small populations, Dr. Schwenk replied that North Dakota has statewide partnerships where students are placed. He emphasized his interest in developing Nevada’s medical program by maximizing partners and a convergence of vision around medical school expansion, especially GME.

In response to Chair Jones’s query regarding hospital partnerships, Dr. Schwenk stated most are public hospitals. He opined as private for-profit hospitals realize the need for more physicians, there could be an increased interest to engage in hospital partnerships.

- Mitchell D. Forman, D.O., FACR, FACOI, FACP, Dean and Professor, Nevada Touro University (Touro), College of Osteopathic Medicine (COM) introduced former Congresswoman Shelley Berkley, Senior Provost and Chief Executive Officer (CEO) of Touro. He provided a Microsoft PowerPoint presentation on the Undergraduate Medical Education program at Touro (Exhibit G). Dr. Forman outlined Touro University’s: (1) variety of programs; (2) community outreach; (3) GME program at Valley Hospital; (4) community collaboration; (5) campus statistics; (6) programs offered; and (7) sources of funding.

Dr. Forman pointed out that Touro receives no funding from the State. He explained the difference between Osteopathic and Allopathic medicine programs. Dr. Forman provided national enrollment figures for Osteopathic medical schools. He discussed patient care and community service provided at Touro Health Center and plans to build an Active Aging Center. In conclusion, Dr. Forman drew attention to Touro’s impact on the State of Nevada.

- Senator Hardy disclosed he is an associate professor at Touro University, COM. He discussed the importance of collaborative relationships and quality of education.

- Senator Woodhouse thanked Dr. Forman and CEO Shelley Berkley for the opportunity to visit Touro. She opined that Touro’s partnerships are a model for other institutions. Senator Woodhouse expressed interest in touring other universities.

- Assemblyman Oscarson said he is very interested in Touro’s free clinic programs. He asked if there were any plans to expand those programs to Nevada’s rural areas.

- Dr. Forman affirmed Touro’s plans to expand to rural communities and opportunities for practice in clinical situations in rural health centers.

- Mark A. Penn, M.D., M.B.A., Chancellor, Roseman University of Health Sciences, South Jordan Campus, and founding dean of the University’s COM, discussed the need for a team approach to health care education and the delivery of health care. He commented on the distribution of the physician workforce. Dr. Penn provided background information on Roseman University. He reported that Roseman University would apply to the Liaison Committee of Medical Education to obtain applicant status.
with plans for the first class of 60 medical students in the summer of 2017. He read Roseman University’s mission statement. Dr. Penn stated Roseman University recognizes the need for more training slots for GME and looks forward to further conversation and action on GME expansion in Nevada.

Responding to Senator Hardy’s query regarding population base requirements for an undergraduate medical school, Dr. Penn stated that he did not have that information.

- Assemblyman Oscarson commented on Roseman’s work in rural areas.
- Renee E. Coffman, BS Pharm, Ph.D., President and Co-Founder, Roseman University of Health Sciences, provided a brief history of the pharmacy program at Roseman University. She pointed out a health care-focused Master of Business Administration (MBA) program. Dr. Coffman stated that Roseman University specializes in the education and training of health care professionals. She commented on: (1) additions of a research base in Henderson; (2) four new research groups; (3) an orthodontic clinic in Henderson; (4) involvement in health fairs and screenings in southern Nevada; and (5) a drug abuse awareness team. Dr. Coffman testified that Roseman University does not receive any State funding. She invited members to visit the campus.

PRESENTATION CONCERNING GRADUATE MEDICAL EDUCATION (GME) AND RESIDENCY PROGRAMS

- Miriam E. Bar-on, M.D., Associate Dean for GME, UNSOM, submitted a packet of information (Exhibit H) and pointed out a “Primer on GME Financing.” She addressed the financial assessment and the three areas researched that would facilitate rapid development. Dr. Bar-on discussed priorities that were developed based on the needs of the State. She remarked that more medical students who leave the State are returning to practice sub-specialty medicine. Dr. Bar-on pointed out a financial assessment “Primer on GME Financing” and commented that GME is expensive. She stated that the net annual cost to UNSOM for GME is $15.7 million.

In response to Chair Jones’s inquiry regarding schools in comparable states, Dr. Bar-on testified that some programs are funded through endowments and cap reallocation. She mentioned that most hospitals pay over the amount reimbursed by Centers for Medicare and Medicaid Services (CMS) to residency programs. Dr. Bar-on described other states’ efforts to raise taxes for funding. She pointed out the importance of funding to expand health care and provide better treatment for Nevada’s patients.

- Dr. Bar-on reiterated the importance of retaining students and attracting high quality candidates from outside of the State to grow its health care workforce.

There was discussion among Chair Jones, Senator Hardy, and Dr. Bar-on regarding the time it takes to implement and complete a residency program.
Discussion ensued between Senator Hardy and Dr. Bar-on regarding moonlighting and restrictions on licensing. Dr. Bar-on stated that in Nevada you could not receive an unrestricted license until you have two years and six months of residency training.

- Concluding, Dr. Bar-on announced that it is match day for several fellowships and both sports medicine and child psychiatry fellowships were filled.

- Mitchell D. Forman, previously identified, discussed creative funding for GMEs. He proposed expanding existing programs instead of starting a new program. Dr. Forman shared a presentation on GME residents and the services they provide (Exhibit I). He said that doctors stay where they complete their GME. He outlined GME, residency, and training programs at Valley Hospital. Dr. Forman encouraged the State to invest in the development and expansion of GME programs in Nevada.

Responding to Chair Jones’s request for Dr. Forman to discuss establishing new residency programs, he clarified that it depends on the hospital. He remarked that the DO program is less burdensome and noted that most programs can be developed between 12 and 18 months.

- Bill M. Welch, President and Chief Executive Officer (CEO) Nevada Hospital Association, provided a Microsoft PowerPoint presentation on Nevada Hospitals GME (Exhibit J). His presentation included:
  - A history of residency programs in Nevada;
  - Nevada GME programs by hospital;
  - Costs hospitals incur (direct and indirect);
  - How hospitals get reimbursed;
  - Impact of health care reform;
  - How Nevada can develop GME programs;
  - Elements to consider when establishing GME programs; and
  - Barriers and how Nevada can overcome those barriers.

Mr. Welch pointed out the increase in full-time equivalents (FTEs) over the last ten years. He explained the allocations were received from other states and programs were added in the State. Mr. Welch testified that currently there are over 400 FTE slots available. He mentioned that St. Rose Dominican hospital developed an orthodontics residency and those FTEs are not restricted.

In response to Chair Jones, Mr. Welch affirmed that the 18.35 orthodontics FTEs are non-capped positions (see Exhibit J).

Continuing, he explained that Nevada hospitals incur approximately $25.9 million annually in direct expenses for GME programs. He explained there continues to be an increase in demand for medical services but limits on government funding have created
a decrease in supply. Mr. Welch asked legislators to oppose the government cuts and redistribution of FTEs. He encouraged reinstatement of Medicaid funding for GMEs and services.

Responding to Chair Jones’s inquiry regarding which hospital would be the most likely candidate for a GME program, Mr. Welch stated the one hospital in the State that meets all of the criteria is MountainView Hospital. He opined there are not many hospitals in the State that have a financial incentive to develop and expand residency programs.

There was discussion between Senator Hardy and Mr. Welch regarding the consortium model of GME. Mr. Welch stated that he could research the possibility of hospitals being grouped under this model to meet certain residency training program criteria.

- Brian G. Brannman, CEO, University Medical Center (UMC) of Southern Nevada, provided a brief overview of the UMC. He testified about training programs for nurses and the lack of funding for non-physician training. Mr. Brannman discussed the discrepancy between the FTEs’ GME slots and UMC’s cap. He explained that the $95,000 cost per FTE is reimbursed at $59,000 per FTE, with the balance paid by Clark County taxpayers. Mr. Brannman discussed difficulties encountered to recruit physicians to meet the needs of the State. He reported that UMC provides $25 million to the UNSOM for faculty and student support. He stated that contracted services to private physicians would roll to orthopedics training programs. Mr. Brannman pointed out that without any additional revenue sources and a $20 million cut in Medicaid reimbursement it will be difficult for expansion.

In response to Chair Jones’s question regarding creative ways to deal with FTE caps, Mr. Brannman responded the CMS does not allow the cap to be reset.

PRESENTATION CONCERNING OVERCOMING REGULATORY BARRIERS TO HEALTH CARE WORKFORCE DEVELOPMENT

- Barbara Longo, C.M.B.I., Executive Director, State Board of Osteopathic Medicine testified the goal of licensing is to ensure the safety of Nevada residents. She provided licensing statistics and an internal checklist for processing applications (Exhibit K and Exhibit K-1). Ms. Longo discussed the time it takes to obtain a full osteopathic or physician’s assistant license versus endorsement (reciprocity). She shared the Board does not require the credentialing process for endorsements so the licensing times are shorter. Ms. Longo stated that the licensing times are not a barrier to health care workforce development.

Responding to Chair Jones’s query regarding the frequency of license by endorsement applications, Ms. Longo provided the requirements for license by endorsement and stated that endorsement applicants account for approximately 25 percent. They discussed collection of data. Ms. Longo stated any information and statistics would be provided to the Committee.
There was discussion between Senator Hardy and Ms. Longo regarding endorsement licensees and how many actually practice in Nevada. Ms. Longo stated that she would provide more information to Senator Hardy.

- Douglas C. Cooper, C.M.B.I., Executive Director, Board of Medical Examiners (BME) read from NRS 630.003, which outlines the requirements for the Board. He provided information regarding: (1) the types of licenses the BME offers; (2) comparison of population with in-state active physicians; (3) tables indicating where doctors practice by county; (4) comparison of licensed physicians per population in western states; and (5) six western state-specific licensing times. (See Exhibit L.)

Mr. Cooper remarked, in response to a previous question raised by Senator Hardy, if a physician provides an in-state home or practicing address, they are considered an in-state physician. He testified the average licensing time for Nevada is 60 calendar days (or 43.33 working days). Concluding, he noted statistics for licensing from 2010-2013 were provided at the request of Marsheliah Lyons, Supervising Principal Research Analyst, Research Division, LCB.

In response to Chair Jones’s query, Mr. Cooper stated that licensing time frame information received from the other western states was provided by Physician Licensing Services in Utah (www.physicianservices.com). He clarified the licensure time begins at the receipt of the application with payment and ends at the time of issue.

Discussion ensued between Chair Jones and Mr. Cooper regarding license by endorsement and other special license processes and recruitment. Mr. Cooper explained that the current process is expedient. He opined there is no need for a special endorsement to speed up the process. He voiced support for allowing retired doctors to provide care under a special license process. Mr. Cooper testified the BME does not have a recruitment program in place. He stated that the BME is charged with licensing, disciplining, and public safety. Mr. Cooper remarked it is the duty of the medical associations to recruit physicians.

- Chair Jones requested the BME provide additional facts received from doctor surveys for data collection for the Legislature.

Discussion continued regarding surveys. Mr. Cooper remarked that the BME is working on a survey to provide to every doctor upon license renewal. He reported renewals are due April 1, 2015, and the data would be available immediately upon the last day of licensure, June 30, 2015.

There was discussion between Senator Hardy and Mr. Cooper regarding burden of proof for obtaining original verification documents. Senator Hardy noted challenges with the availability of old records. Mr. Cooper testified that in the event records are not available, other documents would be acceptable and concessions would be made for those circumstances.
• Senator Hardy commented that Nevada is one of two states with a 36-month continuous residency requirement. He wondered if the quality of care would decrease if the requirement were changed.

• Lynnette L. Daniels, Chief of Licensing, BME, stated if a candidate applies who has completed one year of training in a field and then continues the next two years in some other program, it would still be considered 36 months of progressive training. She added if a candidate moves from one school to another, it does not hinder them in any way.

Discussion ensued between Senator Hardy and Ms. Daniels, regarding Assembly Bill 349 (2013) and its intent to provide licensing endorsement for veterans and military physicians. Senator Hardy asked the BME to work with the LCHC to provide legislation similar to A.B. 349 to ease the transition for military physicians and physicians from other states to practice in Nevada.

• Ms. Daniels commented on Chair Jones’s request for the BME to collect data. She stated that the BME has provided information to a data share group for the last three renewal cycles to Health Policy Research, UNSOM.

• Debra Scott, previously identified, discussed: (1) streamlining the application process; (2) exploring methods to streamline licensing for veterans; (3) A.B. 170 (Chapter 383, Statutes of Nevada 2013), which allows full practice authority to APRNs in Nevada; and (3) nurse residencies provided by Nevada’s hospitals and the NHA (Exhibit M). She commented that nursing school graduates stay in the State due to the ease of documentation to license. Ms. Scott pointed out that between 80 and 90 percent of applicants come to Nevada from other states through the endorsement process. She stated the National Council of State Boards of Nursing (NCSBN) maintains a database that includes all of the licensing information for nurses in every state. Ms. Scott reported that temporary licenses are issued on an average of 5.7 days for 80 percent of the licensees. She stated that in June 2014 there would be over 1,000 APRNs licensed and practicing in Nevada.

Responding to Chair Jones’s query regarding implementation of the survey and data reporting, Ms. Scott responded that the NCSBN provided financial compensation and implementation took six months.

There was discussion among Vice Chair Dondero Loop, Assemblyman Oscarson, and Ms. Scott regarding background checks and digital fingerprints. Ms. Scott noted that the time frame for a temporary license was increased to six months. She commented that electronic results were coming back earlier. Assemblyman Oscarson asked if there were plans to collaborate with the Department of Public Safety to use digital fingerprints in the rural areas. Ms. Scott discussed the use of vendors for electronic capture. She testified
there was no charge for electronic capture because the machines were purchased with grant money and the reporting fee was paid for by the applicant.

CONSIDERATION OF REGULATIONS PROPOSED OR ADOPTED BY CERTAIN LICENSING BOARDS PURSUANT TO NRS 439B.225

LCB File No. R088-13, State Board of Pharmacy
LCB File No. R114-13, State Board of Nursing

- Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau, provided copies of the proposed regulations, which the LCHC is required to review pursuant to NRS 439B.225. (See Exhibit N and Exhibit N-1.)

- Assemblyman Oscarson asked if any public comment was received on the proposed regulations.

- Ms. Lang stated that public comment is received during hearings on the regulations.

- Paul Edwards, General Counsel, State Board of Pharmacy, said a period for public comment had just closed and no comments were received.

In response to Senator Hardy, Mr. Edwards stated that the new regulation would be consistent with the statutes.

Discussion ensued between Senator Hardy and Debra Scott, previously identified, regarding proposed regulation R114-23. Ms. Scott clarified that the SBN does not license specific specialties and explained the process to license an APRN.

- Chair Jones pointed out that written comment was provided by Stacy M. Woodbury, previously identified, for the record (Exhibit O).

- Ms. Scott commented that the proposed regulations were changed after comments received at workshops and Ms. Woodbury had been made aware of them.

PUBLIC COMMENT

- Chair Jones called for public comment; however, no testimony was presented.
ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 1:55 p.m.

Respectfully submitted,

__________________________________________
Sally Trotter
Principal Administrative Assistant

__________________________________________
Marsheilah D. Lyons
Supervising Principal Research Analyst

APPROVED BY:

__________________________________________
Senator Justin C. Jones, Chair

Date: ________________________________
LIST OF EXHIBITS

**Exhibit A** is the “Meeting Notice and Agenda” provided by Marsheilah D. Lyons, Supervising Principal Research Analyst, Research Division, Legislative Counsel Bureau (LCB).

**Exhibit B** is a Microsoft PowerPoint presentation titled “Health Workforce Needs in Nevada,” dated January 8, 2013 (sic), by Gerald Ackerman, M.S., Statewide Director, John Packham, Ph.D., and Evan Klass, M.D., Office of Statewide Initiatives, University of Nevada School of Medicine (UNSOM).

**Exhibit B-1** is a report titled “Health Workforce in Nevada, 2013 Edition,” furnished by Gerald Ackerman, M.S., UNSOM.

**Exhibit B-2** is a document titled “Health Workforce in Nevada, 2013 Edition, Appendices, submitted by Gerald Ackerman, M.S., UNSOM.

**Exhibit C** is a document titled “Agenda Item III: Healthcare Workforce Needs in Nevada,” submitted by Debra Scott, MSN, RN, FRE, Executive Director, Nevada State Board of Nursing.

**Exhibit D** is a document furnished by Stacy M. Woodbury, MPA, Executive Director, Nevada State Medical Association, dated January 8, 2014, titled “Policy Solutions for Physicians Shortages in Nevada.”

**Exhibit E** is a Microsoft PowerPoint presentation titled “Nevada System of Higher Education, Health Sciences-Related Program Overview,” dated January, 2014, offered by Marcia Turner, Ph.D., Vice Chancellor of Health Sciences, Nevada System of Higher Education.

**Exhibit F** is a document titled “Memorandum of Understanding,” dated November 6, 2013, provided by Thomas L. Schwenk, M.D., Professor of Family Medicine, Dean, UNSOM, Vice President, Division of Health Sciences, University of Nevada, Reno (UNR).

**Exhibit G** is a Microsoft PowerPoint presentation titled “Touro University Nevada, Undergraduate Medical Education, Making a Difference in Nevada,” furnished by Mitchell D. Forman, D.O., FACP, FACOI, FACP, Dean and Professor, Nevada Touro University, College of Osteopathic Medicine.

**Exhibit H** is a packet of information submitted by Thomas L. Schwenk, M.D., Professor of Family Medicine, Dean, UNSOM, Vice President, Division of Health Sciences, UNR and Miriam E. Bar-on, M.D., Associate Dean, GME, UNSOM, which includes the following documents:

- University of Nevada School of Medicine Facts and Figures 2013-2014;
- University of Nevada School of Medicine’s Response to the Legislative Committee on Health Care;
• A Primer on GME Financing;
• Funding for Graduate Medical Education;
• Graduate Medical Education;
• Proposal for Expanding Graduate Medical Education in Nevada;
• Table 1 – Graduate Medical Program Growth Financial Assessment; and
• Table 2 – State Needs by Specialty and Subspecialty.

Exhibit I is a Microsoft PowerPoint presentation titled “Touro University Nevada, Undergraduate Medical Education, Making a Difference in Nevada,” offered by Mitchell D. Forman, D.O., FACR, FACOI, FACP, Dean and Professor, Nevada Touro University, College of Osteopathic Medicine.

Exhibit J is a Microsoft PowerPoint presentation titled “Nevada Hospitals Graduate Medical Education,” provided by Bill Welch, President and CEO, Nevada Hospital Association, Reno.

Exhibit K is a document titled “Osteopathic Board Licensing Stats 2010-current,” furnished by Barbara Longo, C.M.B.I., Executive Director, State Board of Osteopathic Medicine (BOM).

Exhibit K-1 is a table titled “Internal Processing Checklist,” offered by Barbara Longo, C.M.B.I., Executive Director, BOM.

Exhibit L is a document containing information regarding licensing provided by Douglas C. Cooper, C.M.B.I., Executive Director, Board of Medical Examiners.

Exhibit M is a document titled “Agenda Item VI: Overcoming Regulatory Barriers to Health Care Workforce Development,” submitted by Debra Scott, MSN, RN, FRE, Executive Director, Nevada State Board of Nursing.

Exhibit N is the Digest and Proposed Regulation of the State Board of Pharmacy, LCB File No. R088-13, dated November 22, 2013, furnished by Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division, LCB.

Exhibit N-1 is the Digest and Proposed Regulation of the State Board of Nursing, LCB File No. R114-13, dated November 22, 2013, provided by Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division, LCB.


This set of “Summary Minutes and Action Report” is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits and other materials distributed at the meeting are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the Library online at www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm or telephone: 775/684-6827.