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NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

The Health Care Workforce Working Group (HCWWG)

Meeting Agenda

December 19, 2024

1:00 P.M. To Adjournment

Location:

10375 Professional Circle
Third Floor – Walker Room
Reno, NV 89521

Microsoft Teams meeting

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Note: Agenda items may be taken out of order, combined for consideration, or removed from the agenda at the chairperson's discretion.

1. Call to Order and roll call:

Members: Dr. John Packham, Victoria Erickson, Cathy Dinauer, Frank DiMaggio, Edward Cousineau, Dr. Tejpal Juhl, Dave Wuest, Sarah Restori, Joelle McNutt, Jose Melendrez, Dr. Antonina Capurro, Dr. Mitch DeValliere, Joseph Filippi, Steve Messinger, Dr. Tyree Davis

2. Public Comment:

Public comment may be presented in-person, by computer, phone, or written comment. No action may be taken upon a matter raised under public comment unless the matter itself has been specifically included on an agenda as an action item. To provide public comment telephonically, dial [775-321-6111](tel:775-321-6111). When prompted to provide the Meeting ID, enter 996 274 502#. Due to time considerations, each individual offering public comment will be limited to not more than five (5) minutes. A person making comment will be asked to begin by stating their name for the record and to spell their last name. A person may also have comments added to the minutes of the meeting by submitting them in writing either in addition to testifying or in lieu of testifying. Written comments may be submitted electronically before, during, or after the meeting by emailing Mitch DeValliere at bdevalliere@health.nv.gov. You may also mail written documents to the Division of Public and Behavioral Health, 4150 Technology Way, 3rd. Floor, Carson City, NV 89706.

3. For Possible Action:

Approval of October 17, 2024, Meeting Minutes - Dr. John Packham, Chair

4. Informational:

Introduction of new members– Dr. John Packham, Chair

5. Informational:

Health Workforce Data Collection in Nevada through the licensure renewal process– Dr. John Packham, Chair

6. For Possible Action:

Discussion and possible action to establish a health care provider database per NRS 439A.116- Dr. John Packham, Chair

7. For Possible Action:

Discussion and possible action to establish meeting schedule and future agenda items- Dr. John Packham, Chair

8. Public Comment:

9. Adjournment:

Dr. John Packham, Chair

Note: Unless a specific time is noted, items on the agenda may be taken in any order and any agenda items not covered at this meeting may be placed on the agenda for the next scheduled meeting.

This body will provide at least two (2) public comment periods in compliance with the minimum requirements of the Open Meeting Law prior to adjournment. No action may be taken on a matter raised under public comment unless the item has been specifically included on the agenda as an item upon which action may be taken. The Chair retains discretion to only provide for the Open Meeting Law's minimum public comment and not call for additional item-specific public comment when it is deemed necessary by the chair to the orderly conduct of the meeting.

Please be advised that at the discretion of the Chair, public comments may be limited to five (5) minutes.

Members of the public who are living with a disability and require accommodations or assistance at the meeting are requested to notify the Commission Secretary in writing at: Division of Public and Behavioral Health, 4150 Technology Way, 3rd Floor, Carson City, NV 89706, or by calling Mitch DeValliere (775)431-7144 no later than three (3) working days prior to the meeting date.

Supporting material for this meeting can be obtained at: Division of Public and Behavioral Health, 4150 Technology Way, Suite 210, Carson City, NV 89706, or by calling Mitch DeValliere (775)431-7144 or via email at bdevalliere@health.nv.gov.

NOTICES OF PUBLIC MEETINGS HAVE BEEN POSTED AT THE FOLLOWING LOCATIONS:

This notice and agenda have been posted on or before 9 AM on the third working day before the meeting at the following locations:

Division of Public and Behavioral Health – 4150 Technology Way, 1st Floor, Carson City

The agenda may be viewed electronically at the following websites:

Division of Public and Behavioral Health website:

<https://dpbh.nv.gov/Boards/HCWWG/hcwwg-information/>

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https://teams.microsoft.com/l/meetup-join/19%3ameeting_NzkyZjY2ZDctMmE4Yi00NjBhLTg0MWYtODE4ZTcxMjdkNmQ4%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%2274a090ee-3b27-47a6-b5b0-98c1cfa1aea6%22%7d

HEALTH CARE WORKFORCE WORKING GROUP MINUTES

October 17, 2024

1:00 PM

The Health Care Workforce Working Group held a public meeting on 10/17/2024, beginning at 1:01 PM, held over Microsoft Teams.

Working Group Members Present

Chair John Packham, PhD, Associate Dean, University of Nevada, Reno School of Medicine
Victoria "Vikki" Erickson, LCSW, Executive Director, Board of Examiners for Social Workers
Cathy Dinauer, MSN, RN, Executive Director, Nevada State Board of Nursing
David Wuest, Executive Secretary, Nevada State Board of Pharmacy
Sarah Restori, Administrative Director, Nevada Board of Psychological Examiners
Joelle McNutt, MA. Ed., Executive Director, State of Nevada Board of Examiners for Marriage and Family Therapists & Clinical Professional Counselors
Dr. Antonina Capurro-Peled, Medical Epidemiologist, Division of Child and Family Services
Dr. Mitch DeValliere, Agency Manager, Division of Public and Behavioral Health
Edward Cousineau, J.D., Executive Director, Nevada State Board of Medical Examiners
Joseph Fillipi, Jr., Executive Director, Patient Protection Commission, Department of Health and Human Services
Steve Messinger, MS, Policy Director, Nevada Primary Care Association
Jose Melendrez, MSW, Executive Director, University of Nevada, Las Vegas, School of Public Health
Frank DiMaggio, Executive Director, Nevada State Board of Osteopathic Medicine

Working Group Members Not Present

Dr. Tejpal Johl, Secretary-Treasurer, Nevada State Board of Dental Examiners

Department of Health and Human Services Staff Present

Julie B. Knight, Department of Health and Human Services (DHHS)
Meybelin Rodriguez, DHHS
Michael Yoder, Division of Welfare and Supportive Services

Others Present

Sabrina Schnur, Belz & Case
Fred Olmstead, General Counsel, Nevada State Board of Nursing
Nicole K Mwalili

Sara Hunt, BeHERE Nevada
Michael Willden, The Perkins Company
Esther Badiata
Chris Bosse, Renown
Amy Hyne-Sutherland, PhD, Public Health Coordinator, Nevada Association of Counties,
(NACO)
Jacqueline Nguyen
Nicole M. King, Silver Summit Health Plan

MEETING NOTES

1. CALL TO ORDER, INTRODUCTIONS, AND VERIFY TIMELY POSTING OF AGENDA

Roll call was taken and determined a quorum of the Health Care Workforce Working Group (HCWWG) was present, per Nevada Revised Statute (NRS) 439.518.

2. PUBLIC COMMENT

Chair John Packham read the public comment script.
Chair Packham asked for public comment.
None heard.

3. INFORMATIONAL: INTRODUCTION OF MEMBERS

Chair Packham asked for each member of the HCWWG to introduce themselves.
Chair Packham gave a brief background of health workforce research, and the need for health workforce data through licensure renewal.
Dr. DeValliere notified attendees the meeting is being recorded, and how to use the hand raise feature when they would like to speak.
Chair Packham resumed introductions.
Victoria Erickson indicated she prefers to go by Vikki and is the Executive Director and Administrator of the Board of Social Workers for the State of Nevada. She is also an instructor at the University of Nevada, Reno in the School of Social Work.

Cathy Dinauer indicated she is the Executive Director for the Board of Nursing and has been in the position for about eight years.

Chair Packham attempted to introduce Frank DiMaggio, Edward Cousineau, and Dr. Johl. Mr. DiMaggio and Mr. Cousineau were having some technical difficulties and Dr. Johl was not in attendance.

David Wuest introduced himself as the Executive Secretary of the Board of Pharmacy and has been so for approximately eleven or twelve years.

Sara Restori indicated she is the Administrative Director for the Nevada Board of Psychological Examiners and has been with the board for a little under a year.

JoElle McNutt introduced herself as a representative of the Nevada Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselor, and that she has been with the board for five years.

Dr. Antonina Capurro introduced herself as the representative from the Division of Child and Family Services. Dr. Capurro also explained how she worked on the HCWWG project from the beginning.

Dr. Mitch DeValliere introduced himself as the Agency Manager for the Division of Public and Behavioral Health. He also notified the Chair that Edward Cousineau was on the line but was having technical difficulties and would not be able to identify himself.

Joseph Fillipi introduced himself as the Executive Director of the Nevada Patient Protection Commission and indicated that the Governor has asked the Commission to look at and address the healthcare workforce shortages in the state. He is looking forward to utilizing the data to address the shortages that we have in the state and to plan accordingly.

Steve Messinger introduced himself as the Policy Director for the Nevada Primary Care Association. He indicated that they represent the State's Federally Qualified Health Centers and that he has been in the role for nine years.

4. INFORMATIONAL: DISCUSSION OF HEALTH CARE WORKFORCE WORKING GROUP (HCWWG) NRS 439A 111- 122, PURPOSE ROLES AND RESPONSIBILITIES

Chair Packham stated this agenda item was informational and that the Nevada Revised Statutes (NRS) pertaining to the working group was in the packet the working group received. He provided background information about how this was an issue that originated out of the attendance of a group of participants from Nevada who were at a conference convened by the National Governors Association. The meeting was to educate and provide information to states, such as Nevada, that do not collect data through the licensure renewal process. Dr. Capurro was part of the group, and Steve Messinger was also involved. He indicated that the genesis of the working group was the long-standing concerns about the difficulty of capturing consistent data on Nevada's health workforce. Chair Packham indicated how there is a lot of data collected by the licensing boards, through the Nevada Department of Employment Training, the Department of Rehabilitation, the U. S Department of Labor and other groups. However, the data provides a somewhat limited foundation for the ability to estimate current and future or projected health workforce supply and demand in this state. One example he cited was how his office has worked with each of the licensing boards represented on the work group for a number of years to get data. On current licensees, those with active licensees, when they become licensed in Nevada and when they renew that license, and where that license is mailed.

But beyond that, they have very little information on where individuals practice, what the race and ethnicity or the socio-cultural composition of the workforce. Chair Packham indicates that he did a study about 20 years ago on the nursing workforce and one of the things he found is only about 10% of those that were surveyed got to the nurse's address. They got their license mailed to a different county within which they actually worked or practiced. Chair Packham reiterated the need for better data for evidence-based policy making and that a possible solution is health workforces data collection through licensure renewal process. This would be overseen by the two dozen plus licensing boards in collaboration with the Department of Health and

Human Services and it is an opportunity for Nevada to begin thinking about how we standardize that type of data collection across different health professions. The data needs to inform public policy making and evaluate public policy making. For close to the past 10 years, the state has set up a grant process for helping underwrite the establishment and sustainability of graduate medical education programs. That is to say, residency and fellowships in Nevada and part of what that is aimed at is, of course, physician workforce development in the state. What we could use better data on though is seeing if that type of expenditure is doing what it's supposed to do and that is producing more physicians who stay in Nevada and physicians that address specialty needs in this case: primary care, surgical medical specialties and so forth. There is a lot of public policy around workforce that could use the data to inform the development of that policy and then seeing if the policy is working.

Chair Packham informed the group about the information in the meeting packet and about the type of data that would be collected as it was developed by SB 379 in the 2021 legislative session. He shared some of the basic information that will be collected through this process including primary language spoken by the applicant, specialty area, the county in which an individual spends the majority of his or her working hours, the address of the that location, and the type of practice. Chair Packham indicated that New Mexico has the county level data that Nevada could collect for all behavioral health providers including psychiatrists, psychologists, clinical social workers, and marriage and family therapists.

Chair Packham also informed the group about the roles and responsibilities of the work group, how Director Whitley identified him to serve as Chair, and that he was honored to do so. He then related the information about the different types of representatives in the working group. He mentioned the importance of the representatives from the licensing boards and how they can assist in the collection of the data through the licensure renewal process.

Cathy Dinauer mentioned how the Board of Nursing licenses close to 70,000 individuals and they are very familiar with workforce nursing groups. She also stated

that nursing organizations are very familiar with the workforce data and that they value and use it. She raised her concern about if a licensee would be prevented from receiving their license if they didn't complete the form. One solution is to fill out the form and also include some voluntary questions because making it all mandatory would be a bit challenging.

Chair Packham stated that during the brain-storming session about this issue, there was never a desire to slow down the licensure of an individual for even one minute. He also indicated that ethically he doesn't want to be part of anything that would compromise the anonymity or the confidentiality. He stressed that the information to be collected is non-controversial and that for small counties that have a handful of licensees, he wants to do everything to safeguard them and feels that this should be voluntary. He also indicated that the collection of data is every two years. Chair Packham also recognized the Nursing Board for providing a great model of how this can be accomplished.

Joesh Fillipi asked Cathy Dinauer if she had any data to show the response rate on how many licensees take the time to answer those additional questions now.

Ms. Dinauer responded that she did not know the response rate, but that she could ask her Director of Licensure and get back to the working group.

Chair Packham understood that the information is not yet available. He stated that if a model is voluntary and knowing what the response rate is then the data could be helpful. With 40,000 to 50,000 licenses on a rolling basis, collecting the information could be tricky.

David Wuest echoed what Cathy Dinauer said and mentioned how their recent survey did not capture the data needed for the workgroup. He stated that they had a response rate of about 30% which is good for a voluntary survey. Mr. Wuest mentioned that there should be some questions about working conditions that affects the workforce. He also mentioned how the Pharmacy Board is willing to participate in any way that the group wants them to. He thinks they may have to make regulations about it or a statute to mandate the collection and that the application and the renewals are set by the board themselves with the Board of Pharmacy, not by the staff.

He mentioned how their real time communication with their licensees, the surveys might be less challenging, but also less timely, than groups that use a rolling renewal process.

Steve Messenger mentioned he would like to express this issue from a different perspective. He demonstrated how providers give much more information during their credentialing process than what the working group will be collecting. He cautioned against going small to minimize the burden but wants us to be aware of how intimate the questions for other things are now.

Dr. DeValliere indicated that there were no other members wanting to comment. Chair Packham suggested the group will come back to this theme over the course of the work group meeting and deliberations, and that there might be common issues needing common solutions. However, differences in renewal processes may be one of the many deliberations.

Dr. DeValliere asked JoElle McNutt to give a brief introduction of herself.

Ms. McNutt indicated that the Marriage and Family Therapy and Clinical Professional Counselors Board has seen great improvements and efficiency and execution of issuing licenses. She is looking forward to fine tune the process to positively impact workforce development and data.

Dr. Packham concluded Agenda Item 4.

5. FOR POSSIBLE ACTION: REVIEW AND APPROVAL OF HCWWG BYLAWS.

Chair Packham asked to make sure the group had the opportunity to read the proposed by-laws and to see if there was any discussion about them. He asked Dr. DeValliere if the bylaws were to be approved in this meeting.

Dr. DeValliere indicated that there is the opportunity to approve the bylaws at this meeting and that they could also be amended at another meeting if necessary. If there were any changes brought forward, those could be voted on, but they would need to be given to the Deputy Attorney General for the working group for them to

approve.

Joseph Fillipi moved to approve the bylaws as written.

David Wuest seconded the motion.

Chair Packham asked for any discussion.

Mr. Messinger pointed out that there was not a process in the bylaws to remove anyone from the group and how important it is to have that mechanism in place.

Chair Packham pointed out that there might be the need for Director Whitley to appoint a Vice-Chair or have an election or nominating process.

Mr. Wuest indicated that it was his understanding that we all serve at the pleasure of Director Whitley and that if he wanted someone removed from the committee, he could do so.

Dr. DeValliere offered to take the concerns of the group to the Deputy Attorney General for their advice on how to resolve these potential issues.

Jose Melendrez asked if the group was going to be around for a while or if it were a temporary group. He said having a Vice Chair position would be important if it is going to be around.

Chair Packham indicated that the working group may meet regularly early on, but then infrequently once established. He then asked for any comments or further discussion. Hearing none, Chair Packham called for a vote. The motion carried unanimously.

6. FOR POSSIBLE ACTION: DISCUSSION AND POSSIBLE ACTION TO ESTABLISH A HEALTH CARE PROVIDER DATABASE PER NRS 439A.116

Chair Packham opened the discussion for establishing a health care provider database. He cautioned against any detailed discussion of this because that could take hours of discussion. He suggested that we move that to the top of the agenda for next time and that the working group members take inventory or collect their thoughts from board to board. They could then share the information

with Chair Packham between now and the next meeting and that the information could be brought back to the group.

Mr. Wuest thought that was a good idea.

Mr. Melendrez also thought that was a good way to go.

Mr. Wuest wanted to go on the record about the number of requests his board receives for data and that it would be a good place for this data to go.

Chair Packham suggested that we develop a very brief questionnaire of three or four questions to find out the issues and concerns that will come up with establishing a provider database and then develop a matrix of the issues and concerns. Chair Packham could then bring this information back to the working group.

Mr. Fillipi thought this is a great initial first step and thought it would be a good idea to see what other states have done. He brought up Vermont as a good example and thought that there were other states for us to research and how some states made the information submission mandatory, not voluntary.

Chair Packham mentioned how eight states mandated the information when they were researching for Senate Bill 379. He mentioned Indiana, although they have a super-board and common licensure renewal processes and data platform. Their process has been very successful.

Chair Packham asked for any further discussion.

Mr. Wuest mentioned the Board of Pharmacy and license verification of the twenty license types they oversee. He indicated that they could pull up and export information into an Excel sheet.

Chair Packham mentioned that there should be a way to not have to ask the same question every two years. Since there was no action taken on Agenda Item 6, Chair Packham suggested to move on to Agenda Item 7.

7. FOR POSSIBLE ACTION: DISCUSSION AND POSSIBLE ACTION TO ESTABLISH MEETING SCHEDULE AND FUTURE AGENDA ITEMS

Chair Packham mentioned how the working group touched on one future agenda item and that is what would be needed to establish that database and some of the mandatory versus voluntary considerations that we need to do as we move this process along. To initiate this discussion, item under item 6, Chair Packham proposed that the group meet one more time before the end of the calendar year to generate a little bit of momentum, and then reconvene after the legislative session. He asked for considerations and comments.

Dr. DeValliere offered to send out a Doodle Poll for a meeting in December. He also noticed that Frank DiMaggio was on the line and offered for him to introduce himself. Mr. DiMaggio indicated he had been on the call but came on after the original roll call. He is the Executive Director of the Nevada State Board of Osteopathic Medicine and looks forward to the group's activities.

Mr. Wuest asked if there was the need to make a motion for the next meeting. Chair Packham did not think that was necessary as a Doodle Poll could help with the next meeting and then the group could decide on subsequent meetings after the legislative session.

Mr. Melendrez suggested that the group decide on a meeting time for December now and suggested December 12, 2024.

Chair Packham noted that was the next IFC meeting and that perhaps December 19, 2024, would be better. The group could then utilize the Doodle Poll for a meeting in June. He suggested Dr. DeValliere could place the calendar invitation for December 19, 2024, and members could indicate if they have a conflict with that time.

8. PUBLIC COMMENT

Chair Packham asked for public comment.

No public comment heard

9. FOR POSSIBLE ACTION: TO ADJOURN

Chair Packham called for a motion to adjourn

Steve Messinger made a motion to adjourn the meeting. Vikki Erickson seconded the motion, which passed unanimously.

The meeting adjourned at 2:02 PM

Health Workforce Data Collection through the Licensure Renewal Process in Nevada

John Packham, PhD

Co-Director, Nevada Health Workforce Research Center

Associate Dean, Office of Statewide Initiatives

University of Nevada, Reno School of Medicine

December 19, 2024



University of Nevada, Reno

School of Medicine

Office of Statewide Initiatives

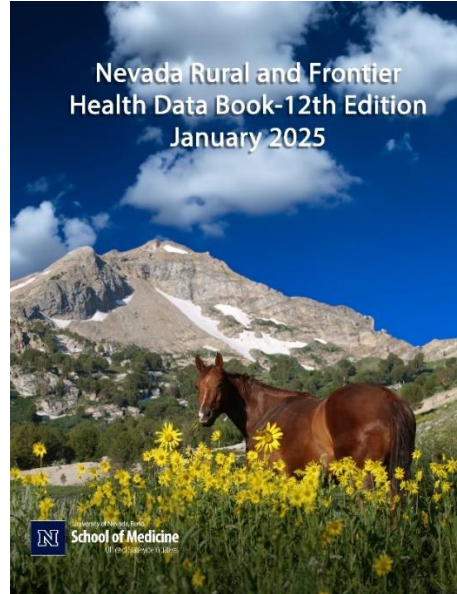
Nevada Health Workforce Research Center

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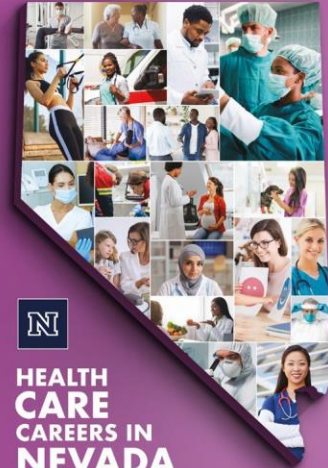
Nevada's County-Level Health Database



Nevada Rural and Frontier
Health Data Book-12th Edition
January 2025



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2024-2025

med.unr.edu/statewide

SB379: Health Care Workforce Data Collection through the Licensure Renewal Process

- Requires state licensing boards to collection additional data on licensees through the annual or biennial renewal process
- Identifies broad stakeholder roles for developing discipline-specific data elements and supplemental questions
- Authorizes DHHS oversight and management of data for use by public and private stakeholder

Collaborating Agencies

- Nevada Health Workforce Research Center, UNR School of Medicine
- University of Nevada, Las Vegas School of Medicine
- Nevada Department of Health and Human Services (DHHS)
- Nevada Primary Care Association (PCA)
- Nevada Primary Care Office (PCO)
- Division of Health Care Financing and Policy (Nevada Medicaid)
- Nevada Department of Employment, Training, and Rehabilitation (DETR)
- Nevada Governor's Office of Economic Development (GOED)
- Numerous state licensing boards

The Issues

- Lack of consistent and easily accessible source of information on Nevada's health care workforce
- Limited foundation (licensure counts) for estimating current and future health workforce supply and demand in Nevada
- Better data needed for evidence-based policymaking to improve health care access and contain health care costs

A Solution

- Health workforce data collection through the licensure renewal processes overseen by state licensing boards in collaboration with State HHS
- Opportunity to efficiently collect standardized data on sociodemographic and practice characteristics on any health profession licensed or regulated by the State of Nevada

Policy Development and Planning

- Improve the Health Professional Shortage Area (HPSA) designation application and maintenance process in Nevada for primary care, oral health, mental health, and maternal health
- Improve access to care by increasing the number of health professionals and facilities located in designated shortage areas
- Improve the reimbursement to safety net providers and facilities

Policy Development and Planning

- Improved health workforce planning and development, including higher education, Governor's GME Task Force, and industry recruitment and retention efforts
- Ongoing health system capacity assessment, including public health preparedness planning and development

State Health Workforce Data Collection

- Currently, over 30 states collect health workforce data through the licensing and licensure-renewal processes for physicians, nurses, and other health occupations
- At least eight states mandate supplemental information to be collected through licensure renewal process for selected health professions, including the western states of Arizona, New Mexico and Oregon

Key Health Workforce Data Elements

- Current practice and employment, e.g., type and location of places of employment, FTE estimates versus licensure counts
- Social and demographic characteristics of the health workforce, e.g., age, race and ethnicity, languages spoken
- Education and training of health professionals, e.g., licensure in other US state, subspecialty training and experience, telehealth use
- Other potential data points: level of educational debt, provision of care to Medicaid and Medicare recipients, retirement plans

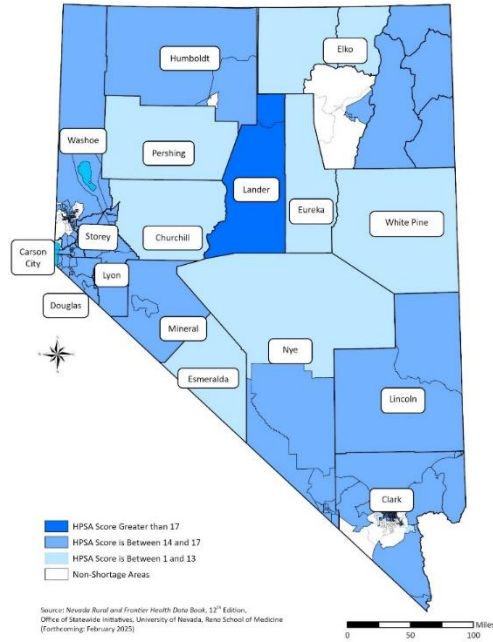
Improving Access to Care through *Better Data*

Improve the accuracy of the HPSA designation process in Nevada affecting provider and facility eligibility for the following:

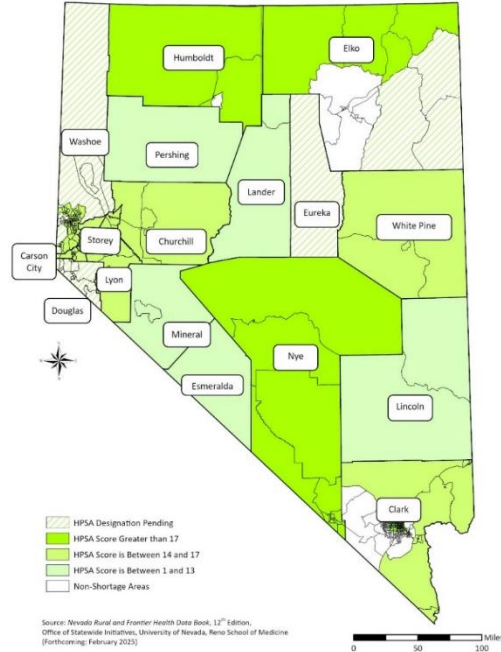
- CAH and RHC designation and related funding/reimbursement
- FQHC designation and related funding/reimbursement
- National Health Service Corps
- Nursing Corps Scholarship Program
- J-1 Visa Waivers
- CMS Bonus Payment Program

Improving Access to Care through *Better* Data

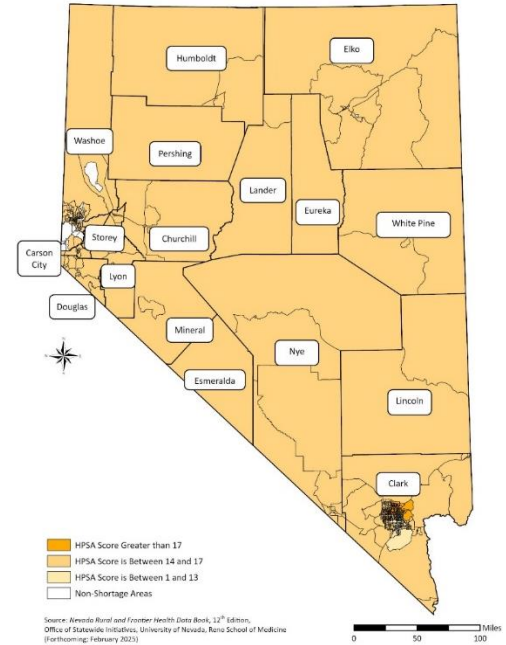
Primary Care Shortages



Oral Health Care Shortages



Mental Health Care Shortages

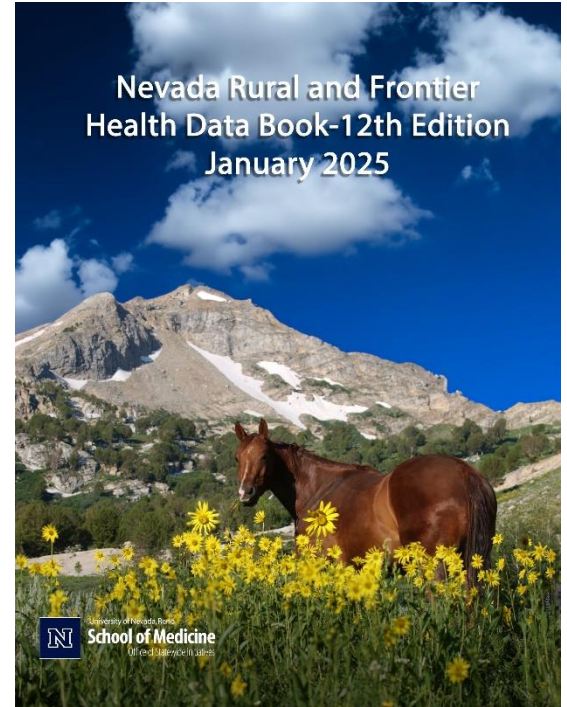


Improving Policymaking through *Better* Data

- Higher education health care education planning
- GME planning and development
- Patient Protection Commission
- Health workforce planning and development
- Assessing network adequacy of private and public insurance
- Evaluating the workforce needed to address current and future population health challenges in Nevada

Recent and Forthcoming Workforce Reports

- *Nevada Rural and Frontier Health Data Book 11th Edition* (January 2023)
- *Health Care Careers in Nevada, 7th Edition* (January 2024)
- *Graduate Medical Education Trends in Nevada – 2024* (October 2024)
- *Nevada Rural and Frontier Health Data Book 12th Edition* (January 2025)
- *Physician Workforce in Nevada: A Chartbook* (February 2024)
- *Health Workforce in Nevada: A Chartbook* (March 2025)
- *Moving the Needle on Health Workforce Shortages in Nevada* (Fall 2025)



Additional Information

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Nevada Health Workforce Research Center

Office of Statewide Initiatives

University of Nevada, Reno School of Medicine

<https://med.unr.edu/statewide>



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