

Legislative Committee on Health Care



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LEGISLATIVE COMMITTEE ON HEALTH CARE

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SUMMARY OF RECOMMENDATIONS

This summary presents the recommendations approved by the Legislative Committee on Health Care (*Nevada Revised Statutes* [NRS] 439B.200) at its August 10, 2006, meeting. The Committee submits the following proposals to the 74th Session of the Nevada State Legislature:

1. Draft legislation that appropriates \$2,007,353 over the biennium from the State General Fund to the Division of Health Care Financing and Policy (DHCFP), Department of Health and Human Services (DHHS), to fund Nevada Medicaid's traumatic brain injury (TBI) request. **(BDR S-309)**
2. Draft legislation authorizing the creation of a Legislative Committee on Child Welfare and Juvenile Justice. With regard to child welfare, the Committee may review topics including, but not limited to, child welfare service programs, licensing, reimbursement for foster care providers, mental health services, and compliance with federal requirements. Additionally, the Committee may review juvenile justice topics concerning, but not limited to, coordination of juvenile justice community-based programs and services; the availability of treatment programs, and programs for after care and reintegration; representation and treatment of minority youth in the juvenile justice system; gender-specific services; and the quality of care provided in State institutions. The Committee will consist of six members appointed by the Legislative Commission (three members of the Assembly and three members of the Senate). The chairmanship will rotate between both houses of the Nevada State Legislature. **(BDR 17-310)**
3. Draft legislation authorizing the creation of a Legislative Committee on Senior Citizens and Veterans. **(BDR 17-310)**
4. Draft legislation that authorizes certified nursing assistants (CNAs) who meet certain training requirements (complete certified medication assistant training) to administer medications in a facility for intermediate care and a facility for skilled nursing under the direction of a registered nurse or a licensed practical nurse. Additionally, require the State Board of Nursing to approve and certify a certified medication assistant program. Additionally, the State Board of Nursing will certify that CNAs meet the program requirements. Currently, NRS 453.375 and NRS 454.213 list professionals and entities that may possess and administer controlled substances and dangerous drugs. This list does not include CNAs under the supervision of a registered nurse or licensed practical nurse. **(BDR 40-302)**
5. Draft legislation that amends NRS 629.071 to require that a bill from a provider of health care be provided to the patient no later than 120 days after the charge is incurred. Currently, NRS 629.071 requires each provider of health care to itemize all charges on

each bill in terms the patient is able to understand, and requires the bill to be provided in a timely manner after the charge is incurred at no additional cost to the patient. Also, amend the provisions of NRS 629.071 to ensure that the provisions only apply to hospitals when they are billing independently for services provided by a provider of care. **(BDR 54–303)**

6. Draft legislation to rewrite certain provisions of the certificate of need (CON) process as defined in NRS 439A.100 to provide greater clarity for the DHHS. Specifically, three revisions were approved:
 - a. Increase the new construction threshold noted in NRS 439A.100 from \$2 million to \$4.5 million;
 - b. Establish a two-year limit for construction to begin. In the event construction does not begin within the statutorily defined timeframe, the CON expires; and
 - c. Add an exemption to the CON process if the facility/service being considered is a “new service” to the community in question. The DHHS will define “new service” in regulation.

According to the DHHS, the fiscal note associated with these changes is estimated at less than \$5,000, the cost of promulgating new regulations. **(BDR 40–304)**

7. Draft legislation regarding the privacy of electronic medical records that revises certain provisions related to the transfer (confidentiality) of medical records in NRS, and provides for the establishment of uniform privacy and confidentiality laws for the transfer of electronic medical records in compliance with the Health Insurance Portability and Accountability Act (HIPAA). **(BDR 40–305)**
8. Draft legislation that appropriates \$3 million from the State General Fund to be distributed by the State’s Committee on Emergency Medical Services as grants to providers of nonprofit emergency medical services and hospital emergency departments serving rural counties and rural areas of urban counties. These grants will be used to purchase equipment and fund training programs. **(BDR S–311)**
9. Draft legislation that revises NRS 433A.165 to require medical screening to occur before an allegedly mentally ill person is admitted to a mental health facility. In addition, clarify the statute to specify that, for the purposes of the medical screening provisions, “mental health facility” does not include a community triage center. **(BDR 39–306)**
10. Draft legislation to implement the following recommendation to establish a coordinated statewide health care planning effort by:
 - a. Revising certain health care planning statutes;

- b. Adding responsibilities and resources to the DHHS:
 - i. Create the Office of Health Planning, Analysis, and Policy Support which, in addition to other duties, collects and disseminates information regarding health care quality and performs community health care assessments;
 - ii. Create an Advisory Committee to the Office of Health Planning, Analysis, and Policy Support; and
 - iii. Conduct a special project on Health Information Technology (HIT) and Health Information Exchange (HIE);
 - c. Adding resources to the Nevada System of Higher Education (NSHE):
 - i. Consolidate certain functions related to health care professionals; and
 - ii. Enhance health care workforce resources; and
 - d. Adding resources to the Legislative Committee on Health Care to establish a subcommittee to conduct a study regarding health care workforce regulation. **(BDR 40-307)**
11. Draft legislation to implement the following recommendations to expand funding among safety net providers by:
- a. Providing a biannual appropriation of \$10 million from the State General Fund for the creation of a grant program to support the expansion of federally qualified health centers (FQHCs), FQHC look-alikes, and rural health care centers as defined by the federal government. The funding may be used to assist with capital or operational costs that enhance or expand the ability for the health care centers to provide primary care services, including dental services;
 - b. Providing an annual appropriation of \$1 million from the State General Fund to the DHHS for the support of an access to health care shared responsibility pilot program in Nevada. The pilot program will be evaluated by the Legislative Committee on Health Care during the interim following the 2009 Session. The program:
 - i. Creates a pilot program that consists of a medical discount plan as defined by NRS 695H.050. Participants in the program must be: (1) employed but not offered insurance by their employer; (2) within 100 to 250 percent of the federal poverty level; and (3) not eligible for any other State or local health insurance program;

- ii. Authorizes the pilot program to collect fees for the administration of the pilot program from participants in the medical discount plan and their employers. The fee collected for participation in this medical discount plan is \$300 per year (\$250 covered by the employer and \$50 covered by the employee). Additionally, the contribution by the employer shall be considered an allowable modified business tax deduction pursuant to NRS 363B.115;
 - iii. Designates that funding to the pilot program pursuant to the appropriation and the collection of fees for participation which are not expended at the end of State Fiscal Year (SFY) will be placed in a “member care fund” to be used to cover major health care costs for pilot program participants that have exhausted their resources. Select criteria for the use of this fund will be established by the administering body of the pilot program in consultation with the DHHS;
 - iv. Commences in Clark and Washoe Counties as soon as practicable, and a portion of the administration fees must be utilized to develop a plan to expand the program to additional areas in Nevada with special emphasis on the rural areas; and
 - v. Requires that the pilot program provide a quarterly performance and fiscal report to the DHHS. **(BDR S-311)**
12. Draft legislation that consolidates the Board of Examiners for Marriage and Family Therapists, the Board of Examiners for Social Workers, and the Board of Examiners for Alcohol, Drug Abuse, and Gambling Counselors into one Board of Examiners for Behavioral Health. In addition, establishes the Licensed Professional Counselor (LPC) credential in Nevada. Licensed Professional Counselors are trained and licensed to provide a broad range of services including substance abuse and mental health counseling. **(BDR 54-308)**

STATEMENTS OF SUPPORT

The Legislative Committee on Health Care directed staff to provide statements of support in this Report for the following issues:

- 13. Reduction of the number of individuals currently on waiting lists for the Disability Rx program and/or Senior Rx program administered by the DHHS.
- 14. Expansion and initiation of programs that will improve the overall health status of Nevadans through focusing on prevention and wellness by:
 - a. Providing funding to the DHHS for the enhancement of the statewide immunization registry;

- b. Providing funding to the DHHS for the expansion of certain prenatal services through new outreach and education initiatives. The funds shall be used to expand the existing media campaign that informs women about the necessity of prenatal care, encourages them to access care, and directs them to providers. An expanded outreach campaign that targets the African American and Hispanic populations shall also be launched;
 - c. Providing funding to the DHHS to fund the State Dental Health Officer. Pursuant to NRS 439.272, the State Dental Health Officer's duties include: determining the needs of the residents of Nevada for public dental health; providing the Health Division, DHHS, with advice regarding public dental health; making recommendations to the Health Division and the Legislature regarding programs for public dental health in Nevada; supervising the activities of the State Public Health Dental Hygienist; and seeking information and advice from the dental school of the NSHE as is necessary to carry out these duties; and
 - d. Providing funding to the DHHS for the expansion of wellness programs to prevent chronic diseases through State funding for statewide initiatives. Any additional funding provided shall be used to provide technical assistance and grants to community organizations, school districts, coalitions, task forces, and employers; assist communities in establishing prevention programs; conduct chronic disease screening and educational activities; and engage in outreach at public events to promote awareness. The funded entities shall be required to present concrete spending plans before funding is provided and the programs must be branded statewide. Finally, as a part of the expansion, one full-time equivalent employee shall be designated to work on chronic disease prevention issues in the Office of Minority Health.
15. Support the implementation of the NSHE nursing plan for 2006, which doubles the capacity for enrollment of students in nursing programs within the NSHE institutions.
16. Provide State funding for the support of the following actions to address certain substance abuse services in Nevada:
- a. Developing a pilot program that provides a long-term residential treatment facility for substance abusers, with an emphasis on providing comprehensive prevention and treatment services and programs. The program will provide intensive case management and wrap-around services to be administered by a community- or faith-based organization. It is the expectation of the Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse pursuant to Assembly Bill 2 (Chapter 1, *Statutes of Nevada 2005, 22nd Special Session*) that such a pilot program will provide outcomes that will help establish best practices for residential treatment and prevention services in the State;

- b. Development of a comprehensive post-incarceration treatment program within Nevada's Department of Corrections to enable nonviolent offenders to successfully transition back into society. The appropriation would allow 100 individuals to receive treatment during the transition process by providing the opportunity to be paroled sooner and receive treatment while on parole. Funding mechanisms that can be used in the Department of Corrections' budget to increase funding for treatment should be explored so that cost savings will be maximized.
- c. Continued support to the Division of Mental Health and Developmental Services for Nevada's two existing community triage centers.

LETTERS

- 17. Send a letter to Governor Kenny C. Guinn supporting the inclusion of certain items in the DHHS's proposed budget to be presented to the 2007 Nevada State Legislature, including: expedited Medicaid eligibility (concerning Supplemental Security Income [SSI], pregnant women, and children), Medicaid outreach, revisions to rates paid to health care professionals and facilities, and increased funding for certain behavioral health services.
- 18. Send a letter to Governor Kenny C. Guinn and the NSHE's Board of Regents supporting certain items listed in the NSHE's budget to be presented to the 2007 Nevada State Legislature, including: operation enhancements, such as the University of Nevada School of Medicine (UNSOM) expansion; funding for the academic Health Sciences Center; additional Graduate Medical Education (GME) funding; additional Area Health Education Center (AHEC) funding; and capital investments necessary to expand the UNSOM and nursing schools.
- 19. Send a letter to the following medical groups: the School of Medicine at the University of Nevada, Reno (UNR); residency programs in family practice, pediatrics, and obstetrics/gynecology in Nevada; the Clark County Medical Society, the Washoe County Medical Society, and the Nevada State Medical Association; entities offering continuing education credits; and other relevant groups. The letter will: (1) emphasize the Committee's strong support for children to have access to diagnosis and therapy for fetal alcohol spectrum disorder (FASD); (2) highlight the need for additional professionals qualified to diagnose FASD in Nevada; (3) emphasize the importance of FASD prevention; and (4) encourage the groups to educate their members on how to diagnose FASD so that doctors in Nevada will be knowledgeable and comfortable diagnosing the disorder. The Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse heard testimony that there is a long waiting list in Nevada for children and adults to be diagnosed with FASD. This has resulted in delayed therapy, and a foster or adoptive parent is not eligible to qualify for additional funding unless their child has been diagnosed as having a special need. The wait for diagnosis is long because there is only one geneticist in Nevada who specializes in

diagnosing FASD. It was suggested to the Subcommittee that the Legislature should fund another geneticist at the School of Medicine, UNR, but the members decided that funding one more geneticist would not sufficiently reduce the enormous waiting list that exists.

20. Send a letter to the DHHS recommending that the budget request for the Bureau of Alcohol and Drug Abuse (BADA) includes a formula for caseload growth in funding substance abuse treatment and prevention programs. The Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse heard testimony that treatment programs are not able to grow with the demand for services because funding for substance abuse treatment through BADA has never included a formula for caseload growth.
21. Send a letter to the Assembly Committee on Judiciary and the Senate Committee on Judiciary emphasizing the concerns of the Legislative Committee on Health Care and its Subcommittee related to substance abuse treatment services for incarcerated persons. The letter will emphasize the Committee's concern for the health of inmates, and acknowledge that related issues fall within the jurisdiction of the judiciary committees. The letter will encourage the judiciary committees to examine the following concerns: (1) the treatment programs for incarcerated persons that have lost federal funding; (2) the need for treatment to be comprehensive and of adequate time to include both in-custody and transitional services; (3) the recommendation to increase the number of inmates that receive treatment to better serve the growing number in need; (4) the recommendation for the system of corrections to make the treatment for substance abuse a priority; and (5) the need to expand comprehensive post-incarceration treatment and explore funding options that consider cost savings.
22. Send a letter to members of the 2007 Legislature in both houses to encourage their support of, and participation in, substance abuse prevention coalitions in their communities. The Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse heard extensive testimony about the dedicated community coalitions that are fighting methamphetamine use and substance abuse throughout the State, and the Subcommittee believes the coalitions' efforts should be supported.
23. Send a letter to members of the Senate Finance Committee and Assembly Committee on Ways and Means encouraging the allocation of funds to support the Nevada 2-1-1 statewide health and human services telephone information program.

**REPORT OF NEVADA'S LEGISLATIVE COMMITTEE ON HEALTH CARE
TO THE 74th SESSION OF THE NEVADA STATE LEGISLATURE**

I. INTRODUCTION

The Legislative Committee on Health Care, in compliance with *Nevada Revised Statutes* (NRS) 439B.200 through 439B.240, oversees a broad spectrum of issues related to the quality, access, and cost of health care for all Nevadans. The Committee was established in 1987 to provide continuous oversight of matters relating to health care.

The Legislative Committee on Health Care for the 2005-2006 interim was comprised of six members. The members of the Committee were as follows:

Senator Maurice E. Washington, Chairman
Assemblywoman Sheila Leslie, Vice Chairwoman
Senator Joe Heck
Senator Steven A. Horsford
Assemblyman Joe Hardy
Assemblywoman Kathy McClain

The following Legislative Counsel Bureau (LCB) staff members provided support for the Committee:

Marsheilah D. Lyons, Senior Research Analyst
Amber J. Joiner, Senior Research Analyst
Leslie K. Hamner, Principal Deputy Legislative Counsel
Andrew K. Min, Deputy Legislative Counsel
Erin DeLong, Senior Research Secretary

The Committee met 11 times, and a subcommittee of the Committee met three times, for a total of 14 meetings. Thirteen of these public hearings were conducted through simultaneous videoconferences between the two meeting locations in Carson City and Las Vegas, Nevada; one of the Committee meetings was held in rural Nevada, in the City of Elko.

At the 11th meeting, the Committee members conducted a work session at which they adopted 12 recommendations for legislation. The recommendations concern the following issues: (1) funding for Nevada Medicaid's traumatic brain injury (TBI) program; (2) creating a Legislative Committee on Child Welfare and Juvenile Justice; (3) creating a Legislative Committee on Senior Citizens and Veterans; (4) authorizing certified nursing assistants (CNAs) to administer medications; (5) requiring timeliness of billing by certain health care providers; (6) updating the certificate of need (CON) program; (7) establishing uniform privacy of electronic medical records; (8) funding for emergency medical services in rural Nevada; (9) requiring medical screening for persons suspected of having mental illnesses; (10) coordinating a statewide health care planning effort; (11) expanding funding for safety net

providers; and (12) consolidating certain behavioral health professional licensing boards, as well as establishing a Licensed Professional Counselor credential in Nevada. In addition, the members authorized the chairman to send seven letters on behalf of the Committee, and members also directed staff to include four specific statements of support in this Report.

This Report provides background information addressing the 2005-2006 interim activities of the Legislative Committee on Health Care. Activities of the Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse pursuant to Assembly Bill (A.B.) 2 (Chapter 1, *Statutes of Nevada 2005, 22nd Special Session*) and certain recommendations (Nos. 16 and 19 through 22 from the preceding list of recommendations) are included in a separate report for the Subcommittee, [Bulletin No. 07-3](#).

II. REVIEW OF COMMITTEE FUNCTIONS

The primary responsibilities of the Legislative Committee on Health Care are established pursuant to NRS 439B.220 through 439B.240. These responsibilities include: (1) reviewing and evaluating the quality and effectiveness of programs for the prevention of illness; (2) reviewing and comparing the costs of medical care among communities in Nevada with similar communities in other states; and (3) analyzing the overall system of medical care in the State. In addition, members strive to avoid duplication of services and achieve the most efficient use of all available resources. The Committee may also review health insurance issues, as well as examine hospital-related issues, medical malpractice issues, and the health education system. See **Appendix A** for the statutes that govern the Committee.

Further, certain entities are required by statute to submit reports to the Committee. They are:

- An annual report of the activities and recommendations of the Advisory Committee on Traumatic Brain Injuries as required by NRS 426A.060. This report provides information on the programs for TBI patients and statistics from the head trauma registry.
- A report of the activities and operations of the Division of Health Care Financing and Policy (DHCFP), Department of Health and Human Services (DHHS), concerning the review of health care costs. The report must be submitted on or before October 1st of each year (A.B. 342 [Chapter 418, *Statutes of Nevada 2005*]).
- A quarterly report from the Health Division, DHHS, regarding its finding in the study concerning the cause of excessive waiting time for a person to receive emergency services and care from a hospital after being transported to the hospital by a provider of emergency medical services (Senate Bill 458 [Chapter 382, *Statutes of Nevada 2005*]).
- A quarterly report from the DHHS concerning program benefits provided through the Health Insurance Flexibility and Accountability (HIFA) waiver. The reporting requirement only applies if such a waiver is approved by the federal government (A.B. 493 [Chapter 412, *Statutes of Nevada 2005*]).

III. DISCUSSION OF TESTIMONY AND RECOMMENDATIONS FOR THE STATE OF NEVADA

A variety of issues were addressed at the meetings of the Legislative Committee on Health Care. This section provides background information and discusses only those issues for which the Committee made recommendations. These issues relate to:

- A. Health care planning;
- B. Public health and publicly-funded health care;
- C. Health care safety net providers;
- D. Mental health and substance abuse services; and
- E. Health care professionals and professional education.

A. HEALTH CARE PLANNING

Assembly Bill 342 (Chapter 418, *Statutes of Nevada 2005*), in addition to other items, requires the Committee to develop a comprehensive plan concerning the provision of health care in the State. Specifically, the study requires that the Committee review: (1) the health care needs in the State as identified by State agencies, local governments, providers of health care, and the general public; and (2) the capital improvement reports submitted by hospitals pursuant to subsection 2 of NRS 449.490.

The development of a comprehensive statewide health care plan was proposed during the regular 2005 Legislative Session. Testimony regarding the hospital sector and overall health care costs indicated a need to review health care trends including cost, access, and growth, and to consider long-term health care planning in an effort to appropriately frame policy discussions and decisions.

During the 2005-2006 interim, the Committee reviewed the following six components of the health care system in Nevada, emphasizing how each monitors and improves the quality of care provided to patients, and patients' access to care and/or service:

1. Health care facilities;
2. Health care professionals;
3. Medical coverage;
4. Pharmacy coverage;
5. Health educators; and
6. The public health system.

In order to review Nevada's current health care system, and to develop the comprehensive statewide strategic health care plan, the Committee:

- Selected EP&P Consulting, Inc. as the health care planning organization to assist the Committee in the development of the comprehensive statewide health care plan;
- Received testimony from representatives of each component of the health care system and allowed them to present information regarding the status of their industry, as well as discuss upcoming trends that may have an impact on their respective industry. In addition, the Committee solicited recommendations from industry representatives to address identified areas of concern, including the possible need for legislative changes, and estimated costs to implement the proposed recommendations;
- Reviewed health care data including current health status indicators and reports, such as the 2005 edition of *The Nevada Study of Uninsured Populations*, and strategic health care plans developed by the DHHS to determine statewide health status and health care needs;
- Received testimony from the general public and various advocacy groups concerning health care needs and the provision of health care in the State. The Committee also solicited recommendations from the general public and advocacy groups to address identified areas of concern; and
- Reviewed capital improvement reports submitted by hospitals pursuant to subsection 2 of NRS 449.490, and received an analysis of the reports from EP&P Consulting, Inc.

As a result of the study, the Committee developed recommendations in several areas including: (1) coordination of health care planning efforts; (2) creation of additional legislative committees to address the needs of children and senior citizens; (3) revisions to the CON process; and (4) revisions related to the transfer of electronic medical records. Additional data and information prepared by EP&P Consulting, Inc. in the development of Nevada's comprehensive statewide strategic health care plan is available online at the following Web site: http://www.burnshealthpolicy.com/nevada_docs.htm.

Additionally, the Committee charged EP&P Consulting, Inc. with the responsibility of providing a written report that outlines the strategic health care plan adopted as a result of the efforts during the 2005-2006 interim. The strategic health care planning document, scheduled to be released at the beginning of the 2007 Legislative Session, will provide additional information regarding the health care planning process.

1. Coordination of Health Care Planning Efforts

Testimony indicated that health care planning in Nevada is primarily headed by the DHHS, in collaboration with the Nevada System of Higher Education (NSHE).

a) The Department of Health and Human Services (DHHS)

Nevada Revised Statutes Chapter 439A establishes the DHHS as the primary agency in State government for health care planning with four priorities:

- (1) Providing for the effective use of methods for controlling increases in costs;
- (2) Providing for the adequate supply and distribution of resources;
- (3) Providing for equal access to care of good quality at reasonable costs; and
- (4) Providing education to the public on proper personal health care and effective use of available health services.

Numerous statutes require the DHHS to develop and administer plans that impact the health care of Nevada's citizens. Examples include: the Nevada Medicaid State plan, the child health insurance State plan, and the State plan to meet the needs of older persons. Additionally, grants administered by the DHHS require planning activities such as grants for the Bureau of Alcohol and Drug Abuse, mental health, suicide prevention, minority health, et cetera. Many of these efforts are not considered to be long-term strategic plans, but rather a review of the services offered and how those services are delivered.

Nevada Revised Statutes 232.320 requires the DHHS, after considering advice from local government and non-profit organizations that provide social services, to adopt a "master plan" for the provision of human services. This plan is included in the report titled *Perspectives: A Biennial Report*, and is in the Executive Budget.

The two primary agencies within the DHHS charged with health care planning functions are the DHCFP and the Health Division. The Committee received testimony regarding the roles of each agency in health care planning efforts.

(i) *The Division of Health Care Financing and Policy (DHCFP), DHHS*

Pursuant to NRS 439A.082, the DHHS, through the DHCFP, is required to contract with the NSHE to collect and analyze information from health facilities and purchasers of health care to:

- Respond to requests for information from the Legislature;
- Provide technical assistance to purchasers of health care;
- Provide the DHHS with information necessary to carry out its statutorily defined duties related to health care planning (NRS Chapter 439A); and
- Provide other persons with information relating to the costs of health care.

The DHHS is also required to submit a report to the Governor and the Legislature identifying statutes, regulations, and standards which add to the costs of health care.

Nevada Revised Statutes 439B.320 requires the DHHS to compute hospital requirements to provide care for proportionate share of indigent patients. This report is also prepared by the DHCFF.

The DHCFF produces a wide variety of reports including: summary utilization reports, hospital quarterly reports, budget reports, Medicaid and Medicare cost reports, census and charge comparisons, various hospital data sets, and diagnoses-related group analyses.

(ii) *The Health Division, DHHS*

Under the Health Division of the DHHS, within the Bureau of Health Planning and Statistics, NRS 439A.086 creates the position of Chief Research and Statistical Analyst. The Bureau produces a variety of reports and publications including: *Healthy People Nevada 2010*, the Nevada Behavioral Risk Factor Surveillance System survey report, vital statistics reports, HIV/AIDS reports, cancer reports, trauma reports, a report on sepsis, managed care reports, and various mortality reports.

The Primary Care Development Center, a program of the Health Division, works to improve the health care infrastructure through the designation of health care professional shortage areas, medically underserved areas for primary health care, and administration of the J-1 Visa Waiver Program.

b) The Nevada System of Higher Education (NSHE)

As in other states, the system of higher education also plays a role in health care planning in Nevada. Several entities within the NSHE that work with the DHHS are the Center for Health Information Analysis (CHIA), the Nevada Office of Rural Health, and the Medical Education Council of Nevada (MECON).

(i) *The Center for Health Information Analysis (CHIA)*

The CHIA is a research center under the Office of the Vice President of Research and Graduate Studies at the University of Nevada, Las Vegas, and works under contract with the DHCFF, DHHS, for the State of Nevada. As previously mentioned, the CHIA makes available specific hospital-related data in Nevada to both the private and public sectors. The CHIA seeks to provide meaningful data to help research organizations in developing utilization patterns, health status information, and related issues.

(ii) *The Nevada Office of Rural Health*

The Nevada Office of Rural Health is established within the UNSOM pursuant to NRS 396.906. The Office is responsible for the administration of matters relating to the delivery of health care services to the rural and frontier areas of Nevada. To fulfill this mission, the Nevada Office of Rural Health shall:

- (1) Evaluate the need for programs concerning the delivery of health care services to the rural and frontier areas in this State and make recommendations to the UNSOM and the Legislature to carry out such programs; and
- (2) Establish, administer, and coordinate programs which affect the delivery of health care services to the rural and frontier areas in this State, including, without limitation, programs relating to:
 - The education and training of providers of health care who provide services in the rural and frontier areas;
 - The needs of the rural and frontier areas for health care services and the manner in which such health care services may be effectively delivered;
 - The delivery of health care services to the rural and frontier areas;
 - The financing of the delivery of health care services to the rural and frontier areas; or
 - The collection of data necessary for the Nevada Office of Rural Health to carry out its duties concerning the delivery of health care services to the rural and frontier areas.

(iii) *The Medical Education Council of Nevada (MECON)*

Pursuant to NRS 396.908, the MECON is established within the UNSOM to ensure that Nevada has an adequate, well-trained health care workforce to meet the needs of the residents of this State. The MECON is charged with the responsibility of:

- (1) Determining the workforce needs for the provision of health care services in this State;
- (2) Determining the number and types of positions of employment for which funding appropriated to the MECON may be used, including, without limitation, positions for practitioners, other providers of health care, and other personnel to staff health care facilities and programs;

- (3) Investigating and making recommendations to the UNSOM and the Legislature on the status and needs of practitioners, other providers of health care, and other personnel of health care facilities or programs;
- (4) Determining a method for reimbursing institutions that sponsor practitioners, other providers of health care, or other personnel of health care facilities or programs;
- (5) Preparing and submitting a formal application, to the extent authorized by federal law, to the Centers for Medicare and Medicaid Services (CMS) of the United States (U.S.) Department of Health and Human Services for the purpose of receiving and dispersing federal funding for graduate medical education expenses;
- (6) Distributing a portion of any funding it receives for graduate medical education expenses in a manner that:
 - (a) Prepares postgraduate medical and dental residents, as defined by the Accreditation Council for Graduate Medical Education, to provide inpatient, outpatient, and hospital services in various communities and in geographically diverse settings;
 - (b) Encourages the coordination of interdisciplinary clinical training by practitioners and other providers of health care to such postgraduate medical and dental residents; and
 - (c) Promotes funding for accredited clinical training programs provided by practitioners or other providers of health care to such postgraduate medical and dental residents;
- (7) Applying for grants, gifts, and donations from public and private sources, including the federal government, to carry out the objectives of the MECON;
- (8) Initiating a cooperative agreement with the DHHS to promote the intergovernmental transfer of funds for the purposes of receiving and dispersing funds to carry out the objectives of the MECON; and
- (9) Distributing additional financial resources to training programs for practitioners, other providers of health care, or other personnel of health care facilities or programs in the State.

In addition to the efforts of the MECON, the Committee discussed options to review the licensing and regulation of health care professionals in Nevada. The health care planning process revealed the necessity to review the operation of health care professional licensing boards, to determine the need for maintaining separate licensing boards and barriers to licensing. Additionally, the Committee was

encouraged to review statutes regarding the scope of practice for licensed health care professionals.

Following a review of the current process and input from stakeholders including agency, industry, and advocacy representatives, the Committee determined that a more comprehensive and coordinated method of planning for the health care needs of the State is necessary (see **Appendix B**).

After deliberations on this topic, members of the Committee adopted the following recommendation:

Draft legislation to implement the following recommendation to establish a coordinated statewide health care planning effort by:

- a. Revising certain health care planning statutes;**
- b. Adding responsibilities and resources to the DHHS to:**
 - i. Create the Office of Health Planning, Analysis, and Policy Support which, in addition to other duties, collects and disseminates information regarding health care quality and performs community health care assessments;**
 - ii. Create an Advisory Committee to the Office of Health Planning, Analysis, and Policy Support; and**
 - iii. Conduct a special project on Health Information Technology (HIT) and Health Information Exchange (HIE);**
- c. Adding resources to the NSHE to:**
 - i. Consolidate certain functions related to health care professionals; and**
 - ii. Enhance health care workforce resources; and**
- d. Adding resources to the Legislative Committee on Health Care to establish a subcommittee to conduct a study regarding health care workforce regulation. (BDR 40-307)**

2. Creation of a Legislative Committee on Senior Citizens and Veterans

Based on the latest U.S. Census Bureau estimates, the State's population of 2.2 million is up 12.2 percent since 2000. In addition, the Census Bureau notes that one of the greatest areas of growth is among the senior citizen population. Although Nevadans who are 85 and older are only 1 percent of the State's total population, they showed the largest increase in population growth, rising 30 percent over the past three years. The Census Bureau projections further indicate there will be more than 34,000 seniors in Nevada over the age of 85 by the year 2030. Since 2000, almost 50,000 more people older than 65 call Nevada home; seniors continue to make up about 11 percent

of the State's population. Considering this growing population, the Committee deliberated the need for a legislative body able to coordinate and champion senior citizens' issues.

Following discussion, the Committee agreed to:

Draft legislation authorizing the creation of a Legislative Committee on Senior Citizens and Veterans. (BDR 17-310)

3. Creation of a Legislative Committee on Child Welfare and Juvenile Justice

The Nevada State Legislature has addressed child welfare and juvenile justice issues in a variety of forums, including efforts through the Legislative Committee on Health Care. In the most recent interims, child welfare issues were addressed by the Legislative Committee on Children, Youth and Families (NRS 218.53723). However, the Legislative Committee on Children, Youth and Families expired June 30, 2005, and was not reauthorized during the 2005 Legislative Session. During the 2005-2006 interim, the Subcommittee to Oversee the Consultant to Study the Health, Safety, Welfare, and Civil and Other Rights of Children in the Care of Certain Governmental Entities or Private Facilities (A.B. 580, 2005 Legislative Session) focused on certain child welfare issues. Additionally, during the 2003-2004 interim, a legislative study committee was created to review the juvenile justice system in Nevada.

Testimony indicated that, due to recent ongoing concerns of the Legislature regarding the children of Nevada who are under the care of governmental entities and certain private facilities, a need existed to create a legislative body to continue to monitor child welfare and juvenile justice issues during the interim.

Consequently, the Committee agreed to:

Draft legislation authorizing the creation of a Legislative Committee on Child Welfare and Juvenile Justice. With regard to child welfare, the Committee may review topics including, but not limited to, child welfare service programs, licensing, reimbursement for foster care providers, mental health services, and compliance with federal requirements. Additionally, the Committee may review juvenile justice topics concerning, but not limited to, coordination of juvenile justice community-based programs and services; the availability of treatment programs, and programs concerning after care and reintegration; representation and treatment of minority youth in the juvenile justice system; gender-specific services; and the quality of care provided in State institutions. The Committee will consist of six members appointed by the Legislative Commission (three members of the Assembly and three members of the Senate). The chairmanship will rotate between both houses of the Nevada State Legislature. (BDR 17-310)

4. Revisions to the Certificate of Need (CON) Process

An additional planning function of the DHHS is the CON program. *Nevada Revised Statutes* 439A.100 requires that, for counties with less than 100,000 in population, health facility construction projects in excess of \$2 million must obtain approval from the DHHS before they can be constructed. The CON process is managed by the Bureau of Health Planning and Statistics, Health Division, DHHS.

Information provided to the Committee by the DHHS indicated that construction costs have been very high over the past several years in Nevada; consequently the \$2 million threshold does not adequately represent the same level of costs as when the limit was first established in 1995. Additionally, it was indicated several entities that received CON did not begin construction for long periods of time. In those instances, the community may be deprived of a needed service, because the DHHS must remove the initial CON before another entity may apply to receive a new CON. Finally, the DHHS indicated that CON may be required even in instances when the service is new to the community.

Following deliberations concerning this issue, the Committee moved to:

Draft legislation to rewrite certain provisions of the certificate of need (CON) process as defined in NRS 439A.100 to provide greater clarity for the DHHS. Specifically, three revisions were approved:

- a. Increase the new construction threshold noted in NRS 439A.100 from \$2 million to \$4.5 million;**
- b. Establish a two-year limit for construction to begin. In the event construction does not begin within the statutorily defined timeframe, the CON expires; and**
- c. Add an exemption to the CON process if the facility/service being considered is a “new service” to the community in question. The DHHS will define “new service” in regulation. (BDR 40–304)**

5. Revisions Related to the Transfer of Electronic Medical Records

Health care records are defined in NRS 629.021 to include “any reports, notes, orders, photographs, x-rays, or other recorded data or information whether maintained in written, electronic or other form which is received or produced by a provider of health care, or any person employed by him, and contains information relating to the medical history, examination, diagnosis or treatment of the patient.” According to NRS 629.051, a provider of health care must maintain these records for a period of five years after their receipt or production. Provisions of Nevada law that govern inspection of medical records are contained in NRS 629.061.

Testimony indicated that the Health Insurance Portability and Accountability Act passed by Congress in 1996 established a national minimum of basic protections for the privacy of certain individually identifiable health data, referred to as protected health information (PHI). Covered entities, which include health plans, health care clearinghouses, and health care providers, who transmit information electronic form in connection with certain transactions, were required to comply with the privacy rule by April 14, 2003.

According to information provided by the federal Department of Health and Human Services, the privacy rule preempts only those contrary state laws relating to the privacy of PHI that have less stringent requirements or standards than those outlined within the privacy rule. This regulatory standard allows for more stringent laws in Nevada, as well as in other states, to remain in effect. Recognizing the growing trend toward improved use of health information technology both nationally and across Nevada, and the need to establish a framework for a more unified system, the Committee agreed to:

Draft legislation regarding the privacy of electronic medical records that revises certain provisions related to the transfer (confidentiality) of medical records in NRS, and provides for the establishment of uniform privacy and confidentiality laws for the transfer of electronic medical records in compliance with the Health Insurance Portability and Accountability Act (HIPAA). (BDR 40-305)

B. PUBLIC HEALTH AND PUBLICLY-FUNDED HEALTH CARE

In an effort to be comprehensive in health care planning efforts, the Committee received a myriad of testimony regarding public health and publicly-funded health care, including Medicaid, the State Child Health Insurance Program (SCHIP), and the Senior Rx and Disability Rx programs.

1. Public Health Care Initiatives

To determine certain priorities in the development of the comprehensive statewide health care plan, EP&P Consulting, Inc., at the direction of the Committee, held a health care summit in Las Vegas, Nevada. In addition to other items, certain public health priorities were established. These priorities include: (1) enhancing a statewide immunization registry; (2) expanding certain prenatal services; (3) increasing the emphasis on dental health; and (4) expanding wellness programs to help prevent chronic diseases.

a) The Statewide Immunization Registry

According to the Health Division, DHHS, Nevada's Immunization Program also supports a statewide immunization registry to improve the overall immunization coverage level of preschool children in the State by recalling/reminding families when children are due for their vaccinations. Nevada's Information Network for Public Health Officials (INPHO) Project provides partial funding for this immunization registry and funding to create a public health warehouse of information via the Internet. The Robert Wood Johnson Foundation's All Kids Count program awarded a two-year grant to the State of Nevada in 1998 to establish an online immunization information system. In 2003, following the onset of several problems implementing the system, the State revamped the system and went online in 2004.

Testimony indicated that funding from the Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, is a primary source of support for the immunization project. According to testimony, the CDC funding will be cut by 5 percent in calendar year 2006, and by another 5 percent in calendar year 2007. The Committee deliberated the possibility of allocating funding specifically for the immunization registry.

b) Expansion of Certain Prenatal Services

Through the health care planning process, the Committee was provided information regarding access to prenatal care in Nevada. Nevada ranks 41st in the nation for adequate prenatal care, according to the National Center for Health Statistics. Further, African Americans and Hispanics have the lowest percentage of mothers receiving prenatal care. Testimony indicated that a strong relationship exists between prenatal care and birth outcomes and weights. Further testimony indicated that a lack of information regarding the need for prenatal care and where the care may be accessed are major factors in whether or not pregnant women obtain prenatal care.

The Committee deliberated the need for expanding the media campaign to inform women of the necessity for prenatal care, and venues to receive prenatal care.

c) Dental Health Care

Testimony indicated that Nevada established an Oral Health Initiative in 1999. The program was funded by the Maternal and Child Health Block Grant and continues to receive funding and support from a variety of federal programs, volunteer services, and private sector donations. However, the program does not receive funding from the State General Fund. Some of the current statewide activities include oral health surveillance, applying dental sealants, and various consumer awareness programs.

Testimony noted that the current system, although necessary, is not the most effective because it focuses on providing individual treatment to a small number of individuals. Testimony indicated that a State Dental Health Officer acts as an advocate for dental health in a regulatory and administrative environment leading to population-based improvements to oral health. Information provided to the Committee indicated that Nevada has not had a State Dental Health Officer for more than 12 years.

d) Wellness Programs to Prevent Chronic Diseases

Testimony presented by EP&P Consulting, Inc. indicated that, based on current population statistics, almost half of all Nevadans will develop at least one chronic disease, and one in five will have two or more chronic diseases. Prevention and education were presented to the Committee as the best strategies for reducing the costs associated with chronic diseases. Testimony further indicated that the most effective tactics for developing prevention and education programs are achieved by creating partnerships with communities to support and develop prevention and wellness programs. Additional testimony specified that many health disparities exist along racial and ethnic lines. To provide a greater impact on minority communities impacted by chronic diseases and other health concerns, the Committee discussed providing greater staff support for the Office of Minority Health, Health Division, DHHS.

Following deliberation on these issues, the Committee members agreed to:

Draft a statement indicating the Committee's support for the expansion and initiation of programs that will improve the overall health status of Nevadans through focusing on prevention and wellness by:

- **Providing funding to the DHHS for the enhancement of the statewide immunization registry;**
- **Providing funding to the DHHS for the expansion of certain prenatal services through new outreach and education initiatives. The funds shall be used to expand the existing media campaign that informs women about the necessity of prenatal care, encourages them to access care, and directs them to providers. An expanded outreach campaign that targets the African American and Hispanic populations shall also be launched;**
- **Providing funding to the DHHS to fund a State Dental Health Officer. Pursuant to NRS 439.272, the State Dental Health Officer's duties include: determining the needs of the residents of the State of Nevada for public dental health; providing the Health Division with advice regarding public dental health; making recommendations to the Health Division and the Nevada State Legislature regarding programs for public dental health in**

Nevada; supervising the activities of the State Public Health Dental Hygienist; and seeking information and advice from the dental school of the NSHE as is necessary to carry out these duties; and

- **Providing funding to the DHHS for the expansion of wellness programs to help prevent chronic diseases through State funding for statewide initiatives. Any additional funding shall be used to provide technical assistance and grants to community organizations, school districts, coalitions, task forces, and employers; assist communities in establishing prevention programs; conduct chronic disease screening and educational activities; and engage in outreach at public events to promote awareness. The funded entities shall be required to present concrete spending plans before funding is provided, and the programs must be branded statewide. Finally, as a part of the expansion, one full-time equivalent employee shall be designated to work on chronic disease prevention issues in the Office of Minority Health.**

e) **The Statewide Health and Human Services Telephone Information Service (2-1-1)**

The 2-1-1 service is a three-digit telephone number that connects callers to free information about critical health and human services available in their community. According to information provided by Nevada 2-1-1, the 2-1-1 program is spearheaded nationally by United Way of America and the Alliance of Information and Referral Systems (AIRS). In July 2000, the Federal Communications Commission established 2-1-1 as the nationwide number for nonemergency information and referrals. The 2-1-1 service is currently operating in 32 states and serves approximately 139 million Americans—over 46 percent of the U.S. population. Each state is responsible for planning and operating its own 2-1-1 system.

In Nevada, HELP of Southern Nevada and Crisis Call Center (in northern Nevada) serve as the Nevada 2-1-1 information and referral centers. These centers are staffed by live information and referral specialists. Additionally, information and referrals are available online at: www.nevada211.org. As a statewide collaborative effort, United Way of Northern Nevada and the Sierra administers the community database, and United Way of Southern Nevada maintains the Web site.

During the 2005 Legislative Session, \$200,000 from the State General Fund was appropriated to support the program; however, the funding is not ongoing.

As a result of a request for support on this issue, the Committee recommended the following:

Send a letter to the members of the Senate Finance Committee and Assembly Committee on Ways and Means encouraging the allocation of funds to support the Nevada 2-1-1 statewide health and human services telephone information program.

2. Publicly-Funded Health Care Programs

a) Medicaid

(i) *The Traumatic Brain Injury (TBI) Program*

Data from the Nevada Trauma Registry indicates that over 2,700 Nevadans each year are hospitalized as the result of TBI and, according to the Registry, males outnumber females 2 to 1 for the incidence of traumatic head injuries, regardless of cause.

The TBI program is administered by the Office of Disability Services, DHHS. The actual services for persons with TBI are provided by contract with the Nevada Community Enrichment Program. Among other items, the services provided include outpatient treatment, facility-based care with limited supervision, care provided in the home, and instruction in the skills required for independent living.

Representatives of the People with Disabilities Strategic Plan Accountability Committee indicated that gaining support for Nevada Medicaid's TBI request is a priority. Testimony provided by the DHHS indicated that the TBI request provides for the addition of long-term, community-based, residential habilitation and behavioral adult day care services for certain Medicaid recipients diagnosed with TBI. In addition, information provided by the DHHS emphasized that if funding cannot be obtained, patients will have to be placed in neurobehavioral, long-term care facilities, none of which exist in Nevada.

Following deliberation on these issues, the Committee members agreed to:

Draft legislation that appropriates \$2,007,353 over the biennium from the State General Fund to the DHCFP, DHHS, to fund Nevada Medicaid's TBI request. (BDR S-309)

(ii) *Other Medicaid Expansions*

Testimony indicated that eligibility for the Medicaid program in Nevada is relatively restrictive compared to other states. Background presented by EP&P Consulting, Inc. further noted that the State of Nevada has among the lowest-qualifying income levels, and only a limited number of optional eligibility categories.

Several strategies to improve the effectiveness of the Medicaid program were presented to the Committee by a majority of stakeholders involved in the health care planning process. The program improvements roughly offered revisions in the following categories: (1) outreach and eligibility; (2) rates to providers; and (3) home- and community-based services.

(1) Outreach and Eligibility

Background testimony provided with regard to eligibility requirements in Nevada indicated improvements are necessary in the areas of outreach to eligible individuals and the eligibility determination process. According to testimony, a large percentage of individuals, especially children, are eligible for Medicaid or the SCHIP but are not enrolled in the programs. Data presented by EP&P Consulting, Inc. indicated that Nevada's Medicaid program covers 7 percent of the State's population, while the national average is 13 percent of the population for Medicaid coverage in other states. Information provided by the DHHS estimates that 108,021 Nevada children (17.4 percent) are uninsured, and 69 percent of these uninsured children are eligible but not enrolled in Medicaid or the SCHIP.

Testimony indicated that improvements in the enrollment process such as using a single application for the SCHIP and Medicaid, using online applications, providing assistance in filling out applications at community locations, and coordinating enrollment efforts with the business community and schools are critical methods and can help to reach individuals that may qualify for assistance. Proponents noted that direct marketing is necessary to reach a larger segment of the population. The Committee was encouraged to support efforts to expand outreach efforts and continue to improve the eligibility process.

In particular, advocates stressed the need to continue to improve the process for expediting applications for pregnant women and children. Representatives of Nevada's hospital industry, disability advocates, and other stakeholders across a broad spectrum offered support for implementing a Medicaid eligibility program which is frequently referred to as the "210 Option." The 210 Option allows for coverage to be provided by a state for individuals who meet the eligibility requirements for Supplemental Security Income (SSI) under the *Code of Federal Regulations* 42 CFR 435.210.

Under the 210 Option, a state conducts evaluations of applicants to make preliminary determinations regarding their eligibility for SSI. If the state determines that an individual has a high probability of being eligible for SSI, the applicant is tentatively enrolled in the Medicaid program pending a formal determination (on SSI eligibility) from the Social Security Administration (SSA). Testimony indicated that eligibility determinations from the SSA have been known to take up to ten months. However, favorable eligibility determinations at the state level are expected to be completed in less than two months.

(2) Medicaid and the State Child Health Insurance Program (SCHIP)
Provider Rates

With regard to Medicaid rates paid to health care providers, the Committee heard testimony from the DHHS indicating areas where reimbursement issues are preventing access to health care. Testimony indicated that many provider rates have been reviewed and changed based on the recommendations and methodology adopted by the Nevada Provider Rates Task Force and the DHCFP. In addition, the DHCFP considered additional areas for rate increases in the Medicaid program in the areas of professional fee schedules and facility reimbursement.

Concerning professional fee schedules, potential options presented to the Committee include:

- Adopting the Medicare 2007 fee schedule to pay professionals;
- Paying the same rate to all providers delivering the same services regardless of their licensing;
- Increasing payments for providers in rural settings by 20 percent above the rates set for urban providers;
- Providing rate increases to home health agencies; and
- Allowing for the reimbursement of certain telehealth services.

In the area of facility reimbursement, potential options presented to the Committee include:

- Increasing hospital inpatient rates to cover costs and providing updates based on the CMS Health Care Indicators;
- Reimbursing critical access hospitals the full cost of outpatient hospital services as is already done for inpatient hospital services; and
- Paying enhanced rates to free-standing, in-state nursing facilities to care for behaviorally-challenged Medicaid recipients in order to avoid out-of-state placement.

(3) Home- and Community-Based Services

Information provided by EP&P Consulting, Inc. indicated that, in comparing Nevada's home- and community-based waiver programs to other states' programs in 2002, the Kaiser Commission on Medicaid and the Uninsured (2005) found that:

- Nevada had a low number of clients participating in its waiver programs (47th nationally);
- Nevada’s total expenditures for the waiver programs were the lowest of all of the states;
- Nevada’s average expenditure per waiver participant (waiver services only) was below the national average:

Waiver	Nevada	National
Mentally Retarded and Developmentally Disabled	\$23,132	\$34,581
Aged	\$ 4,450	\$ 6,181
Physically Disabled	\$ 3,522	\$13,433

- Twenty-two states had separate home- and community-based waivers for persons with TBIs and spinal cord injuries, 20 states had waivers for children with special needs, and 15 states had waivers for persons with HIV/AIDS; Nevada had none of these waivers.

As a result of testimony on this issue, the Committee agreed to:

Send a letter to Governor Kenny C. Guinn supporting the inclusion of certain items in the DHHS’s proposed budget to be presented to the 2007 Nevada State Legislature, including: expedited Medicaid eligibility (concerning SSI, pregnant women, and children), Medicaid outreach, revisions to rates paid to health care professionals and facilities, and increased funding for certain behavioral health services.

b) The Senior Rx and Disability Rx Programs

Senior Rx and Disability Rx are State programs that provide specified Nevadans with relief from the high costs of prescription medications. Both are administered through the Director’s Office of the DHHS. Senior Rx was created during the 1999 Legislative Session and serves individuals who are age 62 and older. Disability Rx was created during the 2005 Legislative Session and serves individuals ages 18 through 61 with verifiable disabilities. Both programs are funded primarily with tobacco settlement funding. Disability Rx began enrollment on January 1, 2006.

According to testimony provided by the DHHS, the current income limits for both programs are \$23,175 for single individuals and \$30,168 for married couples. These limits change on July 1st of each year based on the Consumer Price Index. To be eligible for Senior Rx or Disability Rx, candidates must have lived in the State for 12 continuous months preceding the date of application. There is no asset test associated with either program. Testimony also indicated that Senior Rx and Disability Rx offer two benefit packages. Participation is linked to eligibility for Medicare Part D, the federal prescription drug benefit implemented by the CMS on January 1, 2006.

Senior Rx and Disability Rx members who are not eligible for prescription drug coverage under the Medicare Part D plan participate in a cost-sharing program that has no premiums, no deductibles, and copayments of \$10 for generic drugs and \$25 for preferred or medically necessary brands. Members who are eligible for prescription coverage under Medicare Part D are required to enroll in a Part D plan and also utilize federal low-income subsidies, if eligible. If these conditions are met, members may receive up to \$23.46 toward the monthly Part D premium (minus any help Medicare may already be providing with this expense), and may also receive 100 percent coverage of prescription medications during the Part D coverage gap. These benefits are described as Part D “wrap-around coverage.”

According to testimony from the DHHS, as of May 1, 2006, the total Senior Rx active enrollment was 8,533. According to data received from the CMS, 7,884 of those members were Medicare-eligible and 649 (7.6 percent) were not. As of May 1, 2006, Disability Rx active enrollment was 105 members. According to data received from the CMS, 95 of those members were Medicare-eligible and only 10 (less than 1 percent) were not. Testimony indicated that once individuals still pending eligibility/enrollment are activated, the program will be at capacity.

The DHHS representatives also indicated that, based on projections, the Fiscal Year (FY) 2006 Senior Rx prescription budget (approximately \$8 million) will most likely meet the needs of up to 9,559 members. However, the FY 2006 Disability Rx prescription budget (approximately \$450,000) will most likely meet the needs of no more than approximately 147 members. The Committee discussed the impact of maintaining waiting lists and the fluctuation of tobacco settlement funding.

Following deliberation on this issue, the Committee members recommended the following:

Draft a statement to indicate the Committee’s support for the reduction in the number of individuals currently on waiting lists for the Disability Rx program and/or Senior Rx program administered by the DHHS.

C. HEALTH CARE SAFETY NET PROVIDERS

The U.S. Census Bureau estimated that in 2003-2004, almost 46 million people were uninsured. Additionally, the Congressional Budget Office estimated that 60 million people were without insurance at some time during 2003. Studies conducted at both national and state levels indicated that the vast majority of those uninsured come from working families. Also in 2003-2004, two-thirds of all uninsured persons were low-income Americans (incomes less than 200 percent of the federal poverty level, or about \$39,000 per year for a family of four).

According to the *Kaiser Commission on Medicaid and the Uninsured* (2005 edition), 19 percent of Nevada's nonelderly residents were uninsured in 2003-2004, compared to the national average of 16 percent. Also in 2003-2004, Nevada ranked sixth highest in the nation for the percentage of noninsured persons under the age of 65. Great Basin Primary Care Association, the federally-designated primary care association for Nevada, estimates that over 400,000 people in Nevada are uninsured.

Safety net health care providers deliver basic health services to medically-underserved people, including the uninsured. Other medically-underserved populations include: low-income families, certain ethnic minority groups, Nevada migrant workers, and homeless people. The Committee heard testimony regarding options that allow the State to offer support to the health care provider safety net system. Among the options presented were: (1) providing certain financial support to FQHCs, (2) establishing a health care services discount program; and (3) funding to aid the emergency health care system in rural Nevada.

1. Federally Qualified Health Centers (FQHCs)

Federally Qualified Health Centers (FQHCs) are nonprofit, consumer-directed corporations that provide quality care and cost-effective treatment to the underserved and the uninsured. These centers include community health centers, migrant health centers, health care for the homeless programs, public housing primary care programs, and urban Indian and tribal health centers. There are approximately 722 FQHCs and 4,059 health center delivery sites in the United States. These centers are supported by federal health center grants, Medicaid, Medicare, private insurance payments, and state/local contributions.

According to the federal Bureau of Primary Health Care, health centers are characterized by five essential elements that differentiate them from other providers:

- They must be located in, or serve, a high need community, i.e., “medically underserved areas” or “medically underserved populations”;

- They must provide comprehensive primary care services as well as supportive services, such as translation and transportation services, that promote access to health care;
- Their services must be available to all residents of their service areas, with fees adjusted upon a patient's ability to pay;
- They must be governed by a community board, with a majority of members that are health center patients; and
- They must meet other performance and accountability requirements regarding their administrative, clinical, and financial operations.

An FQHC look-alike is an organization that meets all of the eligibility requirements for FQHC designation, but does not receive federal grant funding designated to FQHCs.

Nevada has two FQHC grantees operating in 30 service delivery sites, 50 percent of which are in rural areas of Nevada. Testimony provided by a representative of the Great Basin Primary Care Association indicated that the cost of care by these health centers ranks among the lowest, and that the care provided by the centers reduces the need for more expensive hospital inpatient and specialty care. According to the National Association of Community Health Centers, Inc. in 2004, FQHCs served as the family doctor and medical home for over 55,000 individuals in the State of Nevada.

Testimony indicated that Medicaid is the largest source of funding for Nevada's community health centers. Presenters indicated that health centers expect to continue to see cuts in funding received through Medicaid. Representatives of the Great Basin Primary Care Association opined that these Medicaid cuts, coupled with the population growth in Nevada, make it difficult for health centers to meet the demands of the uninsured and indigent patients. Citing various studies, presenters indicated that health centers have been associated with the reduction of inappropriate emergency use, improved health outcomes, and lower incidence of unmanaged chronic diseases and ensuing disabilities.

Additional testimony encouraged the Committee to consider providing financial support for the expansion of FQHCs, noting that 36 states currently provide direct funding to support health centers.

2. The Health Care Services Discount Program

The Committee heard testimony regarding a model for access to health care for Nevada's working uninsured. Proponents for the pilot program indicated that the proposal is based on model programs that have been implemented in other states. Specifically, the program establishes a medical discount card program for certain

uninsured individuals. Testimony clarified that discount health care cards do not provide health insurance; rather, the cards allow consumers who pay a fee for the discount cards to purchase health care products and services from specific providers at reduced rates. Further testimony regarding the program indicated that participants in the program must be: (1) employed but not offered insurance by their employer; (2) within 100 to 250 percent of the federal poverty level; and (3) not eligible for any other State or local health insurance program. Additionally, testimony indicated that administration for the program will be supported with fees collected by the program's administrator from participants and their employers, and State funding.

Subsequently, following deliberations concerning safety net health care providers, the Committee members agreed to:

Draft legislation to implement the following recommendations to expand funding among safety net providers by:

- a) **Providing a biannual appropriation of \$10 million from the State General Fund for the creation of a grant program to support the expansion of federally qualified health centers (FQHCs), FQHC look-alikes, and rural health care centers as defined by the federal government. The funding may be used to assist with capital or operational costs that enhance or expand the ability for the health centers to provide primary care services, including dental services;**
- b) **Providing an annual appropriation of \$1 million from the State General Fund to the DHHS for the support of an access to health care shared-responsibility pilot program in Nevada. The pilot program will be evaluated by the Legislative Committee on Health Care during the interim following the 2009 Legislative Session. The program:**
 - i) **Creates a pilot program that consists of a medical discount plan as defined by NRS 695H.050. Participants in the program must be: (1) employed but not offered insurance by their employer; (2) within 100 to 250 percent of the federal poverty level; and (3) not eligible for any other State or local health insurance program;**
 - ii) **Authorizes the pilot program to collect fees for the administration of the pilot program from participants in the medical discount plan and their employer. The fee collected for participation in this medical discount plan is \$300 per year (\$250 covered by the employer and \$50 covered by the employee). Additionally, the contribution by the employer shall be considered an allowable modified business tax deduction pursuant to NRS 363B.115;**

- iii) **Designates that funding to the pilot program pursuant to the appropriation and the collection of fees for participation which are not expended at the end of the SFY will be placed in a “member care fund” to be used to cover major health care costs for pilot program participants that have exhausted their resources. Select criteria for the use of this fund will be established by the administering body of the pilot program in consultation with the DHHS;**
- iv) **Commences in Clark and Washoe Counties as soon as practicable, and a portion of the administration fees must be utilized to develop a plan to expand the program to additional areas in Nevada with special emphasis on the rural areas; and**
- v) **Requires that the pilot program provide a quarterly performance and fiscal report to the DHHS. (BDR S-311)**

3. Emergency Health Care in Rural Nevada

The Committee considered a variety of issues related to access to health care in rural Nevada. A primary issue deliberated was the emergency medical system in the rural areas. Testimony indicated that much of the rural emergency medical system is operated by volunteers who serve sizeable geographic areas with extremely limited resources. Rural health care representatives opined that some of the most pressing concerns regarding the emergency medical system relate to transportation and communication needs. Representatives noted several recent newspaper articles that pointed out the severity of the challenges of providing emergency medical services (EMS) in rural Nevada. Testimony indicated that ambulances are sometimes unsafe and have broken down while on emergency runs; additionally, outdated communication equipment is frequently not operable between counties.

A rural hospital representative further indicated that the equipment used for emergency transportation and the hospital’s equipment are frequently not compatible. This has resulted in loss of valuable time when transferring patients from ambulatory care to hospital care.

Citing the limited resources available from local governments in rural areas, rural health care advocates requested that the Committee establish a fund to help support EMS in rural Nevada (see **Appendix C**).

Following deliberation on this issue, the Committee agreed to:

Draft legislation that appropriates \$3 million from the State General Fund to be distributed by the State’s Committee on Emergency Medical Services as grants to providers of nonprofit emergency medical services and hospital emergency departments serving rural counties and rural areas of urban counties. These grants will be used to purchase equipment and fund training programs. (BDR S-311)

D. MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Several Committee recommendations related to substance abuse were addressed by the Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse pursuant to A.B. 2 (Chapter 1, *Statutes of Nevada 2005, 22nd Special Session*). Specifically, Recommendation Nos. 12, 16, and 19 through 22 from the Committee's list of recommendations are included in the report for the Subcommittee, [Bulletin No. 07-3](#). As a result, Recommendation No. 9 regarding medical screening for allegedly mentally ill persons is the only recommendation reviewed in this section of the Report.

1. Medical Screening

In an effort to comply with Nevada's requirement that allegedly mentally ill persons be screened to determine that there are no physical conditions, as opposed to mental conditions warranting their behavior or symptoms, emergency transporters and law enforcement officials have routinely transported these individuals to hospital emergency departments for medical clearances. Due to a variety of factors, this has frequently contributed to overcrowding in emergency rooms, particularly in Las Vegas.

Citing a legal opinion issued by staff of the Legal Division, LCB, concerning the statutory requirements as they relate to medical screening of an allegedly mentally ill person, members of the Committee concluded that a medical screening must be performed by a physician, a physician assistant, or an advanced practitioner of nursing; the screening can be done at any location where such a person may perform the examination; and it must be conducted prior to transporting the person to a mental health facility.

To address the emergency room crisis in Las Vegas, a working group proposed two statutory changes: (1) require medical screening to occur before an allegedly mentally ill person is admitted to a mental health facility, rather than being initially transported to such a facility; and (2) specify that the definition of "mental health facility" does not include a community triage center.

Testimony indicated that the statutory changes would allow medical screenings to be conducted at community triage centers and mental health facilities instead of at hospital emergency rooms.

As a result of testimony on this issue, the Committee agreed to:

Draft legislation that revises NRS 433A.165 to require medical screening to occur before an allegedly mentally ill person is admitted to a mental health facility. In addition, clarify the statute to specify that, for the purposes of the medical screening provisions, "mental health facility" does not include a community triage center. (BDR 39-306)

E. HEALTH CARE PROFESSIONALS AND PROFESSIONAL EDUCATION

Testimony from a broad spectrum of presenters stressed the health care workforce shortage. The State of Nevada is experiencing significant shortages of qualified, competent health care workers in virtually every health care profession including nurses, pharmacists, and physicians. The situation in Nevada reflects a national phenomenon and the shortage is of great concern because it compromises access to quality patient care. With regard to nurses, the largest group of health care professionals, Nevada ranked 50th among all of the states in the year 2000 for the number of registered nurses per 100,000 residents, and 47th in the number of nurse practitioners. 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.

As the Committee worked to develop a statewide health care plan, issues surrounding the health care workforce were presented. These issues include: (1) establishing an office of health care professional workforce development; (2) reviewing policies and regulations related to licensing and reciprocity for health care professionals licensed in other states; (3) reviewing several proposals to expand the UNSOM; (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.

The Committee attempted to address each of these issues by developing statements or letters of support, or requesting the drafting of legislation that addresses the health care workforce shortage. In addition to the health care planning efforts related to workforce retention and development, the Committee adopted recommendations to: (1) broaden the scope of practice of certain certified nursing assistants; (2) require providers to bill patients in a timelier manner; (3) expand nursing programs within the NSHE; and (4) support and expand other health care training programs within the NSHE.

1. Certified Nursing Assistants (CNAs)

Testimony asserted that, considering the health care workforce shortage in Nevada, the State must evaluate how each professional can be most effectively utilized to meet patients' needs, while at the same time maintaining patient safety. To review this issue on a larger scale, the Committee included a component within the health care planning proposal to evaluate the licensing and regulation process for health care professionals. However, certain long-term care proponents indicate that an immediate need exists to expand the scope of practice of certified nursing assistance to address the current workforce crisis.

Testimony indicated that several states have implemented changes in the process of delivering medications to patients and allow CNAs to administer medications. These CNAs administer medications under the supervision of registered nurses or other

health care professionals. Most states that have implemented such a program work through the state's nurse licensing board to develop an "add on" training program that emphasizes certain skills and knowledge the board deems is necessary for CNAs to administer medications safely. In addition, the CNAs must pass an examination upon completion of this training.

Proponents indicated that initiating such a program in Nevada will help to meet the demands for direct care workers. Additionally, it was emphasized that, under certain current consumer directed care options and in certain group home and assisted living settings, medications are already being delivered to patients by unlicensed and unregistered personnel.

Following deliberations on this issue, the Committee members agreed to:

Draft legislation that authorizes CNAs who meet certain training requirements (complete certified medication assistant training) to administer medications in a facility for intermediate care, and a facility for skilled nursing under the direction of a registered nurse or a licensed practical nurse. Additionally, require the State Board of Nursing to approve and certify a certified medication assistant program. Additionally, the State Board of Nursing will certify that CNAs meet the program requirements. Currently, NRS 453.375 and NRS 454.213 list professionals and entities that may possess and administer controlled substances and dangerous drugs. This list does not include CNAs under the supervision of a registered nurse or licensed practical nurse. (BDR 40-302)

2. Timely Billing by Health Care Providers

A representative of the Office for Consumer Health Assistance, Office of the Governor, testified that current legislation is vague as it relates to provider billing. Currently, NRS 629.071 requires each provider of health care to itemize all charges on each bill in terms the patient is able to understand, and requires the bill to be provided in a timely manner after the charge is incurred, at no additional cost to the patient. This provision does not give a certain time frame in which a consumer should have received a bill from a health care provider.

Testimony indicated that consumers, including the uninsured, have been contacting the Office for Consumer Health Assistance to request help in addressing health care bills received a year or more after the services were rendered. In addition, these consumers were sometimes notified of bills only after the bills were turned over to collection agencies.

The Committee deliberated the time frame, considering recommendations for 60, 90, and 120 days for a patient to receive an itemized bill from a provider. After considering testimony received by health care providers and consumer advocates, the Committee agreed to:

Draft legislation that amends NRS 629.071 to require that a bill from a provider of health care be provided to the patient no later than 120 days after the charge is incurred. Currently, NRS 629.071 requires each provider of health care to itemize all charges on each bill in terms the patient is able to understand, and requires the bill to be provided in a timely manner after the charge is incurred at no additional cost to the patient. Also, amend the provisions of NRS 629.071 to ensure that the provisions only apply to hospitals when they are billing independently for services provided by a provider of care. (BDR 54-303)

3. The Nevada System of Higher Education (NSHE) Nursing Plan

Noting the expansion process that began in 2001, a representative of the NSHE indicated that the NSHE, with support from the Legislature and in collaboration with the Nevada Hospital Association, was able to exceed its set goal. The goal of the program was to increase the number of undergraduate nursing students by 650, with an additional 39 faculty positions. *The NHSE Nursing Student Enrollment Report for 2004-2005* indicates 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.

Representatives of the NSHE also indicated that, even when considering the most recent expansions during 2005, Nevada's schools of nursing had approximately 1,442 qualified applicants for the NSHE institutions. However, the NSHE nursing programs were only able to accept 576 of those students that qualified. To address this issue, the Committee requested that the NSHE provide information concerning doubling the capacity for enrollment in the nursing programs.

The NSHE presented its "2006 Nursing Plan" to the Committee for consideration. The Plan includes estimates of the cost to include enrollments, faculty, equipment, space, and clinical sites necessary to double the nursing programs by the 2012-2013 academic year. The budget estimate provided by the NSHE to implement the plan is approximately \$22 million in 2007-2009 (see **Appendix D**).

Following deliberation on this issue, the Committee agreed to include in this Report the following:

Draft a statement of the Committee's support for the implementation of the NSHE's nursing plan for 2006, which doubles the capacity for enrollment of students in nursing programs within the NSHE's institutions.

4. Additional NSHE Health Care Professional Education Expansions

Testimony provided by representatives of the NSHE and the UNSOM indicated that, in addition to working with the Committee, the NSHE was in the process of reviewing its health care education programs to better address the overall shortage of health care professionals in Nevada. To obtain assistance, the NSHE hired LarsonAllen, a Minnesota-based consulting firm, to review and make recommendations concerning the role of Nevada's university and medical school health care education. LarsonAllen met with more than 70 stakeholders across the State and reviewed data from a variety of sources to complete a review of the NSHE health care education programs.

According to information provided by the NSHE, LarsonAllen found that Nevada's medical school has high quality in terms of its existing educational programs and the research of the faculty; however, the limited size of the school is insufficient to meet the State's growing health care needs.

To improve access to care for Nevada's growing and aging population, LarsonAllen recommended that the School of Medicine and the State's other health care professional education programs grow significantly and work together to form a Health Sciences Center. In its strategic vision and plan presented to the Board of Regents, the NSHE defines the University of Nevada Health Sciences Center (UNHSC) as "a University-based, integrated set of health professional education and biomedical research programs, aligned with supportive patient care programs." The UNHSC plan calls for:

- Increasing class size and the scope of the Graduate Medical Education (GME) program, strengthening community relationships and partnerships, and increasing faculty depth and breadth in the UNSOM;
- Expanding programs for nursing and other areas of the health care professional workforce by increasing the class size and scope of programs;
- Establishing a School of Pharmacy, increasing faculty, and expanding community relationships;
- Improving State health outcomes and community health by enhancing community health education, research and service initiatives; focusing efforts across the UNHSC on distinct education, research and service initiatives, and the needs of Nevada; and collaborating with other agencies; and
- Increasing research and economic development by focusing research investments, increasing faculty depth and breadth, building community partnerships, and using the UNHSC as an integrating vehicle.

EP&P Consulting, Inc. noted that considerable support for the concept of a Health Sciences Center existed among stakeholders that participated in the health care planning process. The recommendations that resulted from the Committee's health care planning process are in concert with many of the recommendations brought forward through the development of the UNHSC plan.

Specifically, the following strategies were developed by EP&P Consulting, Inc., based on recommendations supported by a majority of stakeholders that participated in the health care planning process:

- a) Expand the UNSOM and the GME program by:
 - i) Increasing core faculty;
 - ii) Expanding the GME program; and
 - iii) Increasing the enrollment in the School of Medicine;
- b) Expand public nursing school programs by:
 - i) Increasing faculty salaries;
 - ii) Doubling the enrollment at the public nursing schools;
 - iii) Funding necessary capital expenditures; and
 - iv) Funding preceptor and clinical support;
- c) Start a School of Pharmacy and Pharmaceutical Services;
- d) Maximize Medicaid funding for the GME;
- e) Expand scholarship opportunities to fund students seeking graduate and undergraduate degrees in the health care professions; and
- f) Expand State funding for the Area Health Education Centers (AHECs) to support the education of health care professionals.

Following deliberations of these recommendations, the Committee agreed to:

Send a letter to Governor Kenny C. Guinn and the NSHE Board of Regents supporting certain items listed in the NSHE budget to be presented to the 2007 Nevada State Legislature, including: operation enhancements such as the UNSOM expansion, funding for an academic Health Sciences Center, additional GME funding, additional AHEC funding; and capital investments necessary to expand the UNSOM and nursing schools.

IV. CONCLUSION

This Report presents a summary of the bill drafts requested by the Legislative Committee on Health Care members for discussion before the 2007 Nevada State Legislature. In addition, this Report provides information identifying certain other issues that were addressed during the 2005-2006 interim. Persons wishing to have more specific information concerning these issues may find it useful to review the “[Summary Minutes and Action Reports](#)” and related exhibits for each of the meetings of the Committee.

V. APPENDICES

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Appendix A

Nevada Revised Statutes 439B.200,
Legislative Committee on Health Care

Appendix A

Nevada Revised Statutes 439B.200, Legislative Committee on Health Care

NRS 439B.200 Creation; appointment of and restrictions on members; officers; terms of members; vacancies; annual reports.

1. There is hereby established a Legislative Committee on Health Care consisting of three members of the Senate and three members of the Assembly, appointed by the Legislative Commission. The members must be appointed with appropriate regard for their experience with and knowledge of matters relating to health care.

2. No member of the Committee may:

(a) Have a financial interest in a health facility in this state;

(b) Be a member of a board of directors or trustees of a health facility in this state;

(c) Hold a position with a health facility in this state in which the Legislator exercises control over any policies established for the health facility; or

(d) Receive a salary or other compensation from a health facility in this state.

3. The provisions of subsection 2 do not:

(a) Prohibit a member of the Committee from selling goods which are not unique to the provision of health care to a health facility if the member primarily sells such goods to persons who are not involved in the provision of health care.

(b) Prohibit a member of the Legislature from serving as a member of the Committee if:

(1) The financial interest, membership on the board of directors or trustees, position held with the health facility or salary or other compensation received would not materially affect the independence of judgment of a reasonable person; and

(2) Serving on the Committee would not materially affect any financial interest he has in a health facility in a manner greater than that accruing to any other person who has a similar interest.

4. The Legislative Commission shall select the Chairman and Vice Chairman of the Committee from among the members of the Committee. Each such officer shall hold office for a term of 2 years commencing on July 1 of each odd-numbered year. The chairmanship of the Committee must alternate each biennium between the houses of the Legislature.

5. Any member of the Committee who does not return to the Legislature continues to serve until the next session of the Legislature convenes.

6. Vacancies on the Committee must be filled in the same manner as original appointments.

7. The Committee shall report annually to the Legislative Commission concerning its activities and any recommendations.

(Added to NRS by 1987, 863; A 1989, 1841; 1991, 2333; 1993, 2590)

Appendix B

The State Health Care Planning Recommendations, dated July 27, 2006
Presented at the August 10, 2006, Work Session
of the Legislative Committee on Health Care

Appendix B

The State Health Care Planning Recommendations

Prepared for
Senator Maurice E. Washington
July 27, 2006

In General

- 1) Revise certain health care planning statutes:
 - a) Chapter 439A of *Nevada Revised Statutes* [NRS](see attached) should be revised to separate the health planning function from the health facilities (and medical helicopters) review and approval process; and
 - b) Health planning functions (purposes) are outlined in NRS 439A.020
 - i) Certain functions are assigned to Department of Health and Human Services (DHHS) in NRS 439A.081. This assignment should be reviewed for its appropriateness and changes made as necessary.
- 2) Overview of other recommendations:
 - a) Add responsibilities and resources to the DHHS:
 - i) Create the Office of Health Planning, Analysis, and Policy Support, which in addition to other duties collects and disseminates information regarding health care quality and performs community health care assessments; and
 - ii) Special Project on Health Information Technology (HIT) and Health Information Exchange (HIE);
 - b) Add responsibilities and resources to the Nevada System of Higher Education (NSHE):
 - i) Consolidate certain functions into the Health Care System Resource Center; and
 - ii) Enhance health care workforce responsibilities and resources; and
 - c) Add resources to the Legislative Committee on Health Care:
 - i) Conduct a study regarding health care workforce regulation.

The Department of Health and Human Services (DHHS) Enhanced Functions

- 1) Overview: The DHHS Enhanced Functions
 - a) Create an Office of Health Planning, Analysis, and Policy Support;
 - b) Develop a program for collecting and reporting quality data, as well as, cost data on the health care system in Nevada; and
 - c) Add a temporary specific charge to undertake a preliminary planning activity on health information technology and health information exchange in the State.
- 2) Office of Health Planning, Analysis, and Policy Support
 - a) The primary functions of this Office are to:
 - i) Develop, maintain, and monitor a statewide health care strategic plan;
 - ii) Identify and analyze significant health policy and health care issues affecting the State and make recommendations to the Legislative Committee on Health Care (LCHC) and the Governor on matters relating to health policy, health care issues, and health care policy priorities;
 - iii) Support the DHHS in responding to Legislative requests and in the evaluation of significant health care policy initiatives;
 - iv) Perform (or have performed) studies of significant health policy and health care issues as requested by the Governor or the Legislature;
 - v) Support reform initiatives in the health care programs administered by the DHHS;
 - vi) As determined by the DHHS:
 - (1) Conduct analysis on known issues relating to health care and the delivery of health care services in the State;
 - (2) Identify current health issues and emerging health care trends that will affect the State; and
 - (3) Assess and report on the status and issues confronting the health care professional workforce employed by the DHHS;
 - vii) Collect and disseminate information and indicators to the public, practitioners, and healthcare administrators on:
 - (1) Utilization;
 - (2) Outcomes; and
 - (3) Racial and ethnic health care disparities;
 - viii) Collect and disseminate information to the public and purchasers of health care on health care costs, including costs of insurance and health care coverage provided by health maintenance organizations;
 - ix) Issue special reports on issues of quality and costs in the Nevada health care system;

- x) Perform and update community needs assessments throughout Nevada that identify:
 - (1) Community demographics;
 - (2) Community health status;
 - (3) Community health care resources;
 - (4) Health care financial resources available in the community;
 - (5) Gaps in health care services;
 - (6) Disparities among populations; and
 - (7) Health care issues unique to a community or the community's region;
 - xi) Develop and recommend a system of community health care benchmarks to measure changes in the health care system in Nevada; and
 - xii) Prepare a biennial report on the status of the Nevada health care system and priorities for improvements as revealed by the completed community assessments.
- b) Duties:
- i) Adopt an annual work plan for the activities of the Office;
 - ii) Seek review and input on the work plan from the LCHC;
 - iii) Seek review and input on the work plan from an Advisory Committee appointed by the Director of DHHS;
 - iv) Issue an annual report of its activities;
 - v) At least annually receive and review applicable health care reports prepared by or for the:
 - (1) Department of Health and Human Services; and
 - (2) Nevada System of Higher Education's Health Care System Resource Center;
 - vi) Subject to the availability of funds, commission studies, and reports on significant health policy and health care issues affecting the State from the DHHS, NSHE's Health Care System Resource Center, other qualified individuals or groups, or federal, state or local entities; and
 - vii) Transmit a report, by June of each year, of all findings and recommendations that are consistent with the strategic plan to the Governor and each regular session of the Legislature.
- c) Location:
- i) The Office will be attached to the Office of the Director.
- d) Staff and Budget:
- i) Placeholder staffing and budget: 8 FTE; \$1,040,000 annually; and
 - ii) Placeholder budget of \$800,000 for one-time studies for redesign, waivers, or Deficit Reduction Act (DRA) options for long-term care and behavioral health services.

3) Special Project – Health Information Technology and Health Information Exchange

- a) The primary functions of this Special Project are to:
 - i) Provide staffing and administrative support to a Governor-appointed Nevada Health Technology Steering Committee;

- b) The mission of the Nevada Health Technology Steering Committee is:
 - i) Create a vision for HIT and HIE in Nevada;
 - ii) Perform a preliminary inventory of HIT and HIE initiatives;
 - iii) Identify barriers to implementation of HIT and HIE in the State;
 - iv) Determine if there is a role for the State or another central entity to guide and encourage the development of HIT and HIE in Nevada; and
 - v) Develop a high level plan that will guide the implementation over a seven to ten-year period;

- c) Duties of the Special Project:
 - i) Adopt a work plan for the activities of the Special Project such that the report of the Steering Committee is presented to the Governor, the LCHC, and the State Health Planning Commission by June 2008;
 - ii) Seek review and input on the work plan from the LCHC and the State Health Planning Commission;
 - iii) Secure the services of such experts as necessary to guide the Steering Committee and to perform limited data collection and analysis; and
 - iv) Prepare and issue the final report of the Project;

- d) Location:
 - i) The Special Project will be located in the Director’s Office of the DHHS; and

- e) Staff:
 - i) Placeholder staffing and budget: 1 FTE; \$350,000 one time.

The Nevada System of Higher Education (NSHE) Enhanced Functions

1) Overview: The NSHE Enhanced Functions

- a) Consolidate certain functions assigned to the Board of Regents/University of Nevada School of Medicine into a Nevada Health Care System Resource Center at either the proposed Academic Health Sciences Center or at the System Office;

- b) Within the Health Care System Resource Center, add responsibilities and resources to:
 - i) Enhance analysis and planning for health care workforce development; and
 - ii) Administer certain incentive programs for the attraction and retention of health care professionals.

2) Primary Responsibilities – Enhancement of health care workforce development

- a) Consolidate responsibilities and functions of the following programs at either proposed Academic Health Sciences Center or the System Office in order to encompass a broad range of health professionals. Revise statutory provisions as necessary:
 - i) Medical Education Council of Nevada (NRS 396.908);
 - ii) Area Health Education Centers (NRS 396.907);
 - iii) Nevada Office of Rural Health (NRS 396.906);
 - iv) Program to provide loans to nursing students (NRS 396.890 et seq.);
 - v) Nevada Health Service Corps (NRS 396.899 et seq.); and
 - vi) Obstetrical access program (NRS 396.905);

- b) Enhance analysis and planning functions for health care workforce development:
 - i) With the enhancement, the following responsibilities are added to the NSHE:
 - (1) Support the LCHC in the evaluation of significant health care workforce initiatives;
 - (2) Perform (or have performed) studies of significant health care workforce issues and policies as requested by the State Health Planning Commission;
 - (3) Develop links with the health education programs within the NSHE, private educational entities, relevant state departments, and other public and private entities to ensure that an adequate health care workforce exists in Nevada;
 - (4) Collect, maintain, and provide an analysis of health care workforce data;
 - (5) Issue reports and commission studies related to the health care workforce issues and needs in Nevada;
 - (6) Monitor developments at the federal level and in other states relating to health care workforce issues;
 - (7) Research and apply for grant opportunities; and
 - (8) Issue a biennial report on the status of and issues confronting the Nevada health care workforce;
 - ii) Duties:
 - (1) Adopt an annual work plan for the analysis and planning functions for health care workforce development;
 - (2) Seek review and input on the work plan from the LCHC and the State Health Planning Commission; and
 - (3) Issue an annual report of its activities;
 - iii) Location:
 - (1) The enhanced functions relating to health care workforce development will be located in the Health Care System Resource Center; and
 - iv) Budget:
 - (1) Placeholder budget: \$1,200,000 annually;

- c) Enhance incentive programs to attract or retain health care professionals:
 - i) With the enhancement, the following responsibilities are added to the NSHE:
 - (1) Develop and maintain an inventory of incentive programs to attract or retain health care professionals;
 - (2) Administer in a coordinated manner the state sponsored/funded programs to attract or retain health care professionals – except those programs administered by the DHHS;
 - (3) Collect, maintain, and provide an analysis of the effectiveness of incentive programs in this state in attracting or retaining health care professionals;
 - (4) Monitor developments at the federal level and in other states relating to attraction and retention of health care professionals;
 - (5) Research and apply for grant opportunities; and
 - (6) Issue an annual report on the status of and issues confronting the attraction or retention of health care professionals;
 - ii) Duties:
 - (1) Adopt an annual work plan for the attraction and retention of health care professionals;
 - (2) Seek review and input on the work plan from the LCHC; and
 - (3) Issue an annual report of its activities;
 - iii) Location:
 - (1) The Office will be located in the Health Care System Resource Center; and
 - iv) Budget:
 - (1) Placeholder budget: \$500,000 annually.

The Legislative Committee on Health Care – Study Regarding the Regulation of Health Care Professionals

- 1) Study Regarding the Regulation of Health Care Professionals in Nevada
 - a) The primary function of this study is to prepare a report to the Legislature that includes a review of the:
 - i) Advisability of maintaining separate health care professional licensing boards;
 - ii) Operation of the boards with respect to barriers to licensing; and
 - iii) Statutes concerning scopes of practice for the various licensed professionals;
 - b) Duties necessary to conduct the study:
 - i) Adopt a work plan for the study such that the report is presented to the Governor and the Legislature by June 2008;
 - ii) Secure the services of such experts as are necessary; and
 - iii) Prepare and issue the final report of the study;
 - c) Budget:
 - i) No permanent staff: \$300,000 one time.

Appendix C

The Rural Emergency Health Care Grant Program
Outline: EMS Proposal, dated August 1, 2006
Presented at the August 10, 2006, Work Session
of the Legislative Committee on Health Care

August 1, 2006

Outline: EMS Proposal

Background: During the Healthcare Committee's meeting on April 12, 2006 access to healthcare in rural Nevada was discussed from many perspectives. Of note was recognition that much of the rural emergency medical system is operated by volunteers who serve vast geographic areas with very limited resources. These conditions pose special risks to those in need of emergency care, whether they are rural residents, or tourists traveling on Nevada's thousands of isolated highway miles. Specific concerns with regard to rural Emergency Medical Systems stem from their small size and lack of critical mass, their lack of adequate funding, their dependence on volunteers, the age and condition of ambulances and the equipment they carry, outdated communication equipment, volunteer turnover, and the need for accessible, robust on-going training programs. The possibility of establishing a permanent fund to address these needs was discussed at the April meeting and again at the July 11, 2006 meeting. At that time Chairman Washington instructed Robin Keith, President of Nevada Rural Hospital Partners to work with the Committee's Counsel to develop a proposal for the Committee to consider at the work session scheduled for August 10, 2006.

Data: At the July Committee meeting, Assemblywoman Sheila Leslie noted the need for factual data upon which to base a request for one-time funding. A simple survey intended to help quantify the extent of the need for EMS assistance was conducted in July with the help of the Nevada Office of Rural Health and the office of the State EMS Coordinator. The survey asked for the age, mileage and condition of ambulances, the age and condition of major equipment, and the single most pressing EMS equipment need currently being faced by each EMS service.

The results are summarized briefly as follows:

One hundred and two (102) surveys were distributed to rural EMS services. 47 were returned, for a return rate of 46.1 percent. Rural areas in all seventeen Nevada counties are represented in the survey responses. Clark and Lincoln County responses are limited due to wild fires which required the attention of local fire/EMS personnel.

Respondents reported owning 108 ambulances. Respondents reported 44% of those ambulances are at or below the median indicator for condition. Further breakdown of the results indicates that 28.4% are in the categories reflecting poor and below average condition, and 30% are in the average condition. Based on a survey return rate of 46 percent, it can be inferred that there are 245 ambulances serving rural Nevada and 108 are in below average or poor condition.

Forty-seven (47) EMS services reported that ambulance replacement was their most pressing need. Assuming a cost of \$200,000 – 250,000 per vehicle, the survey suggests that 10-12 million dollars could be spent on ambulances alone for just those who responded to the survey and reported an ambulance as their most pressing need. In addition to ambulances, the survey respondents identified various major equipment needs. They listed many types of equipment and indicated condition. In general, communications equipment was reported to be in the worst condition. It has not yet been possible to quantify the cost of replacing the equipment listed by survey respondents. It is sufficient to say that the needs exceed local resources by far, and help from the state would make a major difference in the quality of rural Emergency Medical Services, and the outcomes for victims of accidents and sudden illness.

Proposal for Legislation: Create a Committee Bill Draft Request establishing a one-time fund to be used to support rural Emergency Medical Services' needs for equipment and training.

Funding: Appropriation in the amount of \$ 3,000,000 to be used for grants for rural EMS equipment and training

Eligibility: (1) Non-profit Emergency Medical Systems serving rural counties and rural areas of urban counties as defined by the Nevada Office of rural health, and (2) public and non-profit rural hospital emergency departments seeking to (a) ensure equipment compatibility between the local Emergency Medical Service and the hospital emergency department, and/or (b) additions to EMS infrastructure intended to support access to emergency services such as (but not limited to) decontamination facilities, or assistance with helipad construction.

Match: A 25% cash or in-kind match is required from the grantee.

Allowable uses: Grants for ambulances and the major equipment on them, EMS communications equipment, equipment purchased to ensure rural hospital emergency department equipment is compatible with EMS equipment, capital investment in EMS infrastructure, and programs designed to increase access to training programs for rural EMS volunteers.

Program administration: Program to be administered by the State EMS Committee through an advisory committee appointed by the Administrator of the Health Division, and composed of:

- Two Representative(s) from the State EMS Committee
- Critical Access Program EMS Coordinator
- Nevada Rural Hospital Flexibility Program Director
- Two rural EMS services representatives and one alternate (alternate to be involved in the event of a conflict of interest involving another member of the committee)
- Nevada Rural Hospital Partners

Subcommittee responsible for developing the program, the application format, screening applications, and making recommendations to the State EMS Committee concerning funding.

Program duration: Two years starting July 1, 2007 and ending June 31, 2009. Include standard funding reversion language.

Appendix D

The Nevada System of Higher Education
2006 Nursing Plan, dated September 2006



Nevada System of Higher Education

*University of Nevada,
Las Vegas*

*University of Nevada,
Reno*

*Nevada State College
at Henderson*

*Community College of
Southern Nevada*

Great Basin College

*Truckee Meadows
Community College*

*Western Nevada
Community College*

*Desert Research
Institute*

2006 NURSING PLAN

*A plan to double the capacity of NSHE's
nursing programs by 2012-2013*

*Revised with updated
formula funding drivers
as of 8/31/06*

September 2006

Prepared by the Office of the Chancellor

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Introduction

At the request of the Legislative Committee on Health Care (*Nevada Revised Statutes* 439B.200), the Nevada System of Higher Education (NSHE), in partnership with the Nevada Hospital Association, developed a plan to double the capacity of nursing programs across the System by 2012-13. This aggressive plan is intended to help address the future workforce demands of the State of Nevada for qualified nurses. Under this initiative, the NSHE is committed to increasing the enrollment of students in its nursing programs from 1,570 in 2004-05 to 3,140 in 2012-13. This plan will require additional resources in terms of faculty, facilities, clinical training space, equipment, and operating funds. This report outlines the resources necessary to meet the aforementioned enrollment goals.

As the NSHE and the Legislature proceed to evaluate this proposal, it is important to recall prior initiatives of this nature that have successfully and substantially increased the System's nursing program capacity. Following is a brief summary of the 2003 Nursing Initiative and its resulting enrollment increase.

History – 2003 Nursing Initiative

Under Assembly Bill 378 (Chapter 580, *Statutes of Nevada 2001*), the Nevada State Legislature mandated that the Board of Regents develop a plan for doubling the capacity of the undergraduate nursing programs of the then named University and Community College System of Nevada, hereafter to be referred to as the Nevada System of Higher Education or NSHE. The original plan to double the capacity of the NSHE's nursing programs intended to do so by the 2006-2007 academic year. The cost associated with the implementation of the original plan for the 2004-2005 biennium was approximately \$12 million, which did not include dollars for space or pre-requisite course costs.

Early during the 2003 Session of the Nevada Legislature it became apparent that, due to the fiscal challenges facing the State at that time, it would not be possible to secure the \$12 million necessary to fund the original plan to double the capacity of NSHE nursing programs. Therefore, work began to revise the original nursing plan in a manner that would reduce the projected cost, but still enable the NSHE to double its enrollment capacity for nursing students. The 2003 Legislature, in conjunction with the Chancellor's office, and the Nevada Hospital Association developed a revised plan at a substantially lower cost to the State. As required under the revised nursing plan, the NSHE committed to increase its undergraduate nursing student enrollment capacity from 623 students in 2000-2001 to 1,333 in 2004-2005 with an additional 39 faculty positions. The 2003 Nursing Initiative successfully met and exceeded its mandate increasing enrollment to 1,570 in 2004-05.

In general, the 2003 plan to double nursing enrollments included the following elements:

- Increasing the number of undergraduate nursing students enrolled by 650 with an additional 39 faculty positions.
- Establishing state funding for summer school undergraduate nursing programs that includes essential faculty and associated costs for a period of two summers, commencing in Summer 2004 and continuing to Summer 2005. Summer school provides the opportunity for students to matriculate outside of the traditional fall and spring semesters, decreasing the time to degree completion.
- Requiring UNLV, UNR, CCSN, and TMCC to “carve out” funding from their approved new formula dollars to provide additional faculty to support nursing programs during the regularly scheduled fall and spring semesters. The lower growth institutions (NSC, WNCC, and GBC) received modest appropriations outside of the formula funding to support nursing programs during the fall and spring semesters.
- Providing the critical equipment necessary to expand the clinical component of the nursing programs offered at the NSHE institutions with “in-kind” supplements made available through vendor donations facilitated through the Nevada Hospital Association.
- Renovating existing clinical laboratory facilities at TMCC and GBC in order to accommodate additional students.
- Partnering with the Nevada Hospital Association who provided over \$250,000 in cash and equipment for NSHE nursing programs.

According to the United States Bureau of Labor Statistics, among all occupations, registered nurses have the largest projected 10-year job growth. Across the country, the demand for nurses in the year 2012 is expected to be 2.9 million, up from 2.3 million in 2002. The total job openings, including new jobs and replacing nurses who no longer are practicing, will be more than 1.1 million from 2002 to 2012. Although NSHE’s nursing programs grew substantially in the past several years, there is still a shortfall in faculty, classrooms and facilities to accommodate all applicants and meet the state’s workforce demand for qualified nurses. With adequate resources, the NSHE is committed to again doubling the capacity of its nursing programs.

2006 Plan to Double Nursing Enrollments

The Nevada System of Higher Education is committed to playing a key role in addressing the state's healthcare needs by providing quality nursing programs with the mission to graduate nurses for employment in Nevada. To meet the state's growing need for qualified nurses, the NSHE will increase the capacity of its nursing programs to at least 3,140 students through academic year 2012-13, an increase of 1,570 students over the next three biennia. Substantial resources are required to accomplish this goal.

The purpose of this report is to delineate the resources necessary to properly execute this plan to double the capacity of NSHE's nursing programs. At the time of this publication, it is estimated that approximately \$21.2 million is required to initiate the first biennium (2007-09) of this plan. This initiative cannot be accomplished without the support of the Nevada Legislature and the health care community. The NSHE welcomes the opportunity to again work with the Nevada Legislature and partner with the Nevada Hospital Association in executing this aggressive initiative to double the capacity of our nursing programs by 2012-13.

Following is a synopsis of the key elements of the plan, including a brief summary on how the budget for certain elements of the plan was derived, to increase NSHE's nursing enrollments by 2012-13:

Enrollment – The NSHE will increase the number of nursing students enrolled by 1,570 by 2012-13. This figure includes graduate nursing students in an effort to create a pipeline of faculty to sustain future program growth. The Board of Regents approved UNLV's Nursing PhD program that focuses on nursing education. The first nursing doctoral students were admitted in Fall 2004. The UNLV Nursing PhD program will prepare leaders in nursing education as well as scholarly researchers who will advance knowledge regarding nursing education.

The 2003 Nursing Initiative did not address the need for or include graduate student figures in the enrollment data. Therefore, the 2004-05 baseline figure from which the current plan is derived does not include graduate students; however, in the future graduate students will be accounted for in all NSHE enrollment reporting. For budget calculations it is assumed that one headcount equates to one FTE.

Operating – The operating budgets included herein are prepared using the methodology adopted by the NSHE following the recommendation of the Committee to Study the Funding of Higher Education (Senate Bill 443, Chapter 505, *Statutes of Nevada 1999*) using fiscal year 2007 funding drivers at 100 percent. This formula captures items like salary, support staff, and regular (non-nursing specific) operating expenses at existing global NSHE funding levels.

Traditionally, the formula does not immediately recognize increases in FTE, and depending on when the increase occurs, it could be two or three years before the regular

NSHE formula fully accommodates the projected enrollment changes in nursing. Given the aggressive increase in nursing enrollments, it will be necessary to appropriately fund the programs in the year of the increase. Therefore, these budgets anticipate 100 percent of new enrollment funding as an enhancement in the years those new enrollments *actually* occur. The NSHE will then back out the difference in subsequent year's enhancements as the formula begins to acknowledge the FTE in future biennia. Total operating cost for nursing departments (including additional dollars for "Special Operating" and "Special Equipment") is \$13.7 million for the first biennium of the initiative.

Faculty – Increasing the number of nursing faculty is critical to the success of this initiative. Further, additional faculty will be necessary to meet the increased demand for the science-based pre- and co-requisite courses that nursing students must complete prior to entering a nursing program. Specifically, 165 additional nursing faculty and 40.59 faculty for science-based prerequisites will be required to meet the course demands of the increased enrollment. The costs associated with the additional nursing faculty and science faculty are delineated in the Nursing Department Operating Costs (Section 1) and the Science-Based Pre-Requisite Costs (Section 3) of each campus budget.

In addition to the standard formula driven new nursing faculty costs derived under this plan, \$302,343 also is requested to increase the 60 percent full-time / 40 percent part-time (60/40) faculty ratio for new nursing faculty at the community colleges is to 100 percent full-time.

New nursing faculty FTE are calculated based on the 8:1 nursing funding ratio and rounded to the nearest whole FTE. This is separate from the NSHE's 2007-09 budget request to fully fund the community colleges existing nursing programs at 8:1. The additional FTE for faculty teaching science-based pre- and co-requisite courses is calculated using a campus specific ratio of course requirements to new student FTE, resulting in un-rounded FTE figures.

This budget does not include additional dollars for aligning faculty salaries with industry nursing salaries. The System is currently in the process of evaluating this issue. However, the matter of adequate faculty salaries is of critical importance to the success of NSHE nursing programs and their ability to recruit faculty. Therefore, the System will continue to review this matter and will appropriately inform the Legislature of its findings and recommendation.

Recruitment and Advising – Effective college recruitment starts early. It is not uncommon for some students to start receiving information about specific schools and programs as early as the freshman year in high school. This initiative requires aggressive recruiting of potential nursing students to ensure an adequate pipeline of qualified students for NSHE's nursing programs. Recruiting efforts that target students early will afford potential nursing students adequate time to take the high school courses necessary to prepare them for the rigors of college-level coursework. In addition, proper advising for nursing students will be an important element to ensure their academic success.

Additional funding, beyond the formula-generated funding, for recruitment and advising and other related expenses is addressed in the “Special Operating” line item of each campus budget. For the 2007-09 biennium, \$2.2 million is requested to address these costs.

In an effort to recruit qualified students for NSHE nursing programs, separate from this initiative the Board of Regents is requesting a bill draft for the 2007 Session of the Nevada Legislature that will establish the Nevada Nursing Scholarship. This *need-based* scholarship will target students enrolled in a nursing program at a NSHE community college, or juniors and seniors enrolled in a nursing program at the state college or a university. To qualify, a student must be a Nevada resident enrolled in an NSHE institution, maintain a cumulative 3.0 grade point average, and be admitted to a nursing program. The award is \$4,000 a year. If the program of study requires more than four years, the student may also apply for an additional \$4,000 in the fifth and final year. If awarded, the recipient must begin full-time employment as a licensed practical or registered nurse within six months of graduating and remain employed for a period equivalent to the educational time supported by the scholarship. If the recipient terminates studies or fails to become employed, he or she will be required to repay the full scholarship amount, plus 7 percent interest per year. If more students apply than the number of scholarships available, preference will be given to students in the last year of their program. These scholarships will be in addition to Millennium Scholarship support.

Equipment – Nursing programs require a substantial investment in equipment needed to train nursing students in realistic laboratory settings. For example, it is common practice for programs to utilize training simulators that provide a cost-effective and safe manner in which to train nursing students. A patient simulator provides simulation education to challenge and test a student’s clinical and decision-making skills during realistic patient-care scenarios. Extremely realistic, yet affordable and portable, many simulators are specifically designed to meet the scenario-based training needs of nursing programs. In addition to simulators, campuses will require other equipment to furnish labs including IV pumps, blood pressure cuffs, diagnosis-prescription simulation software, etc. This initiative requires \$2.1 million for equipment needs. Through the allotted “Special Equipment” budgets each campus will be afforded discretionary dollars for equipment.

Space – One of the greatest challenges facing NSHE institutions in increasing their nursing enrollment capacity is that of adequate space. To some extent, future space needs will be addressed through the NSHE Capital Improvement Project priorities, which will be included in the NSHE biennial budget request that is separate from this plan. Specifically, the 2007-09 NSHE biennial budget request includes \$49.25 million for design and construction of a Nursing and Science Building at Nevada State College (Board CIP priority #3). In addition, the request includes \$8.0 million for the relocation of UNLV’s nursing program to the Shadow Lane campus (Board CIP priority #17) where needed additional space will be available for UNLV’s nursing program.

However, immediate space demands must be addressed to provide sufficient space required for the additional enrollment. The exact space needs for each campus resulting from their respective enrollment increases were unknown at the time of this publication, but have been estimated for budgeting purposes. At this time, it is assumed that all additional space needs will be addressed through leasing options at approximately \$2 per square foot per month (not including operational and maintenance expenses) resulting in approximately \$5.2 million for leasing space in the first biennium of the plan.

Public/Private Partnerships – The Nevada Hospital Association (NHA) was instrumental in providing needed equipment for the 2003 Nursing Initiative. The Association indicated its willingness to work with hospitals in providing classroom space and clinical sites for the 2006 Nursing Initiative. At the time of this publication, the exact space needs of each campus are unknown. The extent to which it is viable to utilize classroom space provided through the NHA will be fully explored. As the NSHE and NHA proceed in developing this partnership details will be forthcoming.

Budget Notes

Calculations were prepared using FY 2007 Formula-driven amounts at 100% using 2007 dollars. Budgeted amounts are presented as incremental changes by year, not inclusive of prior year's increases. Increases such as future CPI and COLA are not included. Salary calculations were prepared using existing Board of Regents' approved salary schedules. The Chancellor's office is currently reviewing nursing salary equity and adequacy, and nursing salaries may be adjusted as a result of this review. In addition to the dollars generated using regular formula drivers, the budget includes five formula exceptions as follows:

1. Special Operating dollars of \$3,000 per incremental new student FTE at each campus (distributed) over the three-biennium life of the plan. These are considered discretionary dollars that the campuses may use for advising, recruitment, administrative support, etc. as determined by the institution.
2. Special Equipment dollars of \$1,250 (on average) per new student that may be used at the institution's discretion for special equipment needs such as simulation models (Sim Man), software, and other clinical equipment.
3. Teaching Assistants (TAs) are included at the undergraduate level at both universities. These are calculated at \$1,000 per student FTE.
4. Space needs are expected to be significant at a number of campuses. Using the square footage requests and estimated costs provided by the campuses, the plan assumes an average cost for lease space of \$2 per square foot. Note that is amount is for bare space only and does not include operational and maintenance expenses that will be addressed separately in the O&M formula.
5. 60 percent full-time / 40 percent part-time (60/40) faculty ratio for new nursing faculty at the community colleges is increased to 100 percent full-time.

SUMMARY TABLES

NEVADA SYSTEM OF HIGHER EDUCATION

2006 Plan to Increase Nursing Enrollments

Unduplicated Headcount of Nursing Students

	ENROLLMENT TARGET																					
	BASE YEAR			2004-05		2005-06		2006-07		2007-08		2008-09		2009-10		2010-11		2011-12		2012-13		Cumulative Increase
	Actual	Projected	Increase																			
UNLV																						
UG	284	298	14	300	2	320	20	335	15	350	15	365	15	380	15	385	5					101
Grad		55	55	100	45	120	20	140	20	160	20	180	20	200	20	220	20					220
UNR																						
UG	259	289	30	290	1	320	30	340	20	360	20	380	20	390	10	399	9					140
Grad		40	40	56	16	72	16	88	16	104	16	120	16	136	16	152	16					152
CCSN	532	541	9	550	9	600	50	650	50	700	50	740	40	780	40	814	34					282
GBC	55	58	3	61	3	63	2	65	2	67	2	69	2	72	3	74	2					19
TMCC	142	149	7	155	6	180	25	200	20	210	10	220	10	230	10	250	20					108
WNCC	98	103	5	107	4	120	13	132	12	144	12	156	12	156	12	168	0					70
NSC	200	210	10	220	10	280	60	390	110	500	110	560	60	620	60	678	58					478
TOTAL	1,570	1,743	173	1,839	96	2,075	236	2,340	265	2,595	255	2,790	195	2,964	186	3,140	164					1,570

Definition: unduplicated headcount of student enrollment in associate, baccalaureate, and graduate level nursing programs at anytime throughout the academic year (includes only students who are official accepted and enrolled within a nursing program); used to measure progress toward meeting NSHE's initiative to double the number of nursing students.

New Nursing Faculty FTE/Science-based Nursing

																		Cumulative Increase					
	Prerequisite Faculty FTE																						
UNLV																							
UG							3 / .64			2 / .67			2 / .67			2 / .67			1 / .22			1 / .22	11 / 3.09
Grad							3			2			3			2			3			2	15
UNR																							
UG							4 / .85			3 / .85			2 / .85			3 / .43			1 / .38			1 / .38	14 / 3.74
Grad							2			2			2			2			2			2	12
CCSN							7 / 1.9			6 / 1.9			6 / 1.52			5 / 1.52			5 / 1.3			4 / 1.3	33 / 9.44
GBC							1 / .11			0 / .11			0 / .11			0 / .16			1 / .11			0 / .11	2 / .71
TMCC							4 / .9			2 / .45			1 / .45			2 / .45			1 / .90			2 / .90	12 / 4.05
WNCC							2 / .67			2 / .67			1 / .67			2 / .67			1 / 0			0 / 0	8 / 2.68
NSC							8 / 4.07			14 / 4.07			13 / 2.22			8 / 2.22			7 / 2.15			8 / 2.15	58 / 16.88
TOTAL							34 / 9.14			33 / 8.72			30 / 6.49			26 / 6.12			22 / 5.06			20 / 5.06	165 / 40.59

Budget Summary

												2007-09 Total											
UNLV																							
UG							\$1,876,447			\$1,753,080			\$1,753,080			\$1,753,080			\$1,590,764			\$1,550,764	\$4,085,041
Grad							\$386,556			\$277,704			\$386,556			\$277,704			\$386,556			\$277,704	\$1,030,416
UNR																							
UG							\$1,374,488			\$1,394,094			\$1,410,579			\$1,512,324			\$1,314,383			\$1,351,223	\$3,348,785
Grad							\$265,704			\$265,704			\$265,704			\$265,704			\$265,704			\$265,704	\$783,512
CCSN							\$1,339,118			\$942,218			\$1,613,662			\$1,195,814			\$1,745,535			\$1,372,893	\$3,084,235
GBC							\$213,001			\$88,706			\$103,706			\$118,180			\$206,441			\$114,041	\$392,551
TMCC							\$871,112			\$530,632			\$596,641			\$559,048			\$688,451			\$685,490	\$1,850,031
WNCC							\$358,695			\$351,695			\$367,320			\$399,695			\$364,375			\$144,000	\$950,952
NSC							\$2,263,045			\$2,239,642			\$2,672,710			\$1,354,713			\$1,736,261			\$1,123,860	\$5,730,709
TOTAL							\$8,948,166			\$7,843,475			\$9,169,958			\$7,436,262			\$8,298,470			\$6,885,679	\$21,256,232

CAMPUS BUDGET SUMMARY

Section 1) Student Totals:								
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	Increase Totals	% Inc over 05
UNLV UG	20	15	15	15	15	5	101	36%
UNLV GA	20	20	20	20	20	20	220	
UNR UG	30	20	20	20	10	9	140	54%
UNR GA	16	16	16	16	16	16	152	
CCSN	50	50	50	40	40	34	282	53%
GBC	2	2	2	2	3	2	19	35%
TMCC	25	20	10	10	10	20	108	76%
WNCC	13	12	12	12	12	0	70	71%
NSC	60	110	110	60	60	58	478	239%
Totals	236	265	255	195	186	164	1570	100%

Section 2) Nursing Department Specific Salary/ Operating Costs (including specialized nursing operating and equipment):									
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2007-09 Biennium	2009-11 Biennium	2011-13 Biennium
UNLV UG	\$563,836	\$437,002	\$437,002	\$437,002	\$330,167	\$290,167	\$1,380,940	\$1,134,072	\$793,969
UNLV GA	\$386,556	\$277,704	\$386,556	\$277,704	\$386,556	\$277,704	\$1,030,416	\$1,030,416	\$1,030,416
UNR UG	\$678,837	\$541,003	\$433,169	\$541,003	\$295,334	\$292,334	\$1,713,977	\$1,236,240	\$739,103
UNR GA	\$265,704	\$265,704	\$265,704	\$265,704	\$265,704	\$265,704	\$783,512	\$783,512	\$783,512
CCSN	\$1,132,291	\$656,249	\$1,097,916	\$541,874	\$958,541	\$439,499	\$2,481,563	\$2,262,038	\$1,919,514
GBC	\$130,295	\$6,000	\$21,000	\$6,000	\$98,295	\$6,000	\$219,790	\$33,000	\$183,990
TMCC	\$562,499	\$228,750	\$264,375	\$198,750	\$264,375	\$228,750	\$1,176,548	\$570,699	\$600,699
WNCC	\$307,750	\$204,750	\$220,375	\$204,750	\$220,375	\$0	\$706,649	\$538,699	\$347,550
NSC	\$1,663,795	\$1,640,391	\$2,246,792	\$928,795	\$1,535,195	\$922,795	\$4,178,581	\$4,674,778	\$3,286,386
Totals	\$5,691,562	\$4,257,551	\$5,372,887	\$3,401,580	\$4,354,542	\$2,722,953	\$13,671,974	\$12,263,454	\$9,685,138

Section 3) Space Needs:									
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2007-09 Biennium	2009-11 Biennium	2011-13 Biennium
UNLV UG	\$1,232,856	\$1,232,856	\$1,232,856	\$1,232,856	\$1,232,856	\$1,232,856	\$2,465,712	\$2,465,712	\$2,465,712
UNLV GA Incl in undergrad									
UNR UG	\$603,792	\$761,232	\$885,552	\$925,392	\$977,712	\$1,017,552	\$1,365,024	\$1,810,944	\$1,995,264
UNR GA Incl in undergrad									
CCSN	\$84,000	\$146,400	\$384,000	\$508,800	\$643,200	\$789,600	\$230,400	\$892,800	\$1,432,800
GBC	\$74,640	\$74,640	\$74,640	\$100,080	\$100,080	\$100,080	\$149,280	\$174,720	\$200,160
TMCC	\$239,472	\$267,312	\$297,696	\$325,728	\$354,936	\$387,600	\$506,784	\$623,424	\$742,536
WNCC	\$0	\$96,000	\$96,000	\$144,000	\$144,000	\$144,000	\$96,000	\$240,000	\$288,000
NSC	\$217,920	\$217,920	\$217,920	\$217,920	\$0	\$0	\$435,840	\$435,840	\$0
Totals	\$2,452,680	\$2,796,360	\$3,188,664	\$3,454,776	\$3,452,784	\$3,671,688	\$5,249,040	\$6,643,440	\$7,124,472

Section 4) Science based nursing prerequisites (generated from new nursing enrollment):									
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2007-09 Biennium	2009-11 Biennium	2011-13 Biennium
UNLV UG	\$79,755	\$83,223	\$83,223	\$83,223	\$27,741	\$27,741	\$238,389	\$245,135	\$81,712
UNLV GA	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
UNR UG	\$91,859	\$91,859	\$91,859	\$45,929	\$41,336	\$41,336	\$269,784	\$223,854	\$121,403
UNR GA	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CCSN	\$122,827	\$139,569	\$131,746	\$145,140	\$143,794	\$143,794	\$372,272	\$398,270	\$422,575
GBC	\$8,066	\$8,066	\$8,066	\$12,100	\$8,066	\$7,961	\$23,481	\$27,515	\$23,376
TMCC	\$69,140	\$34,570	\$34,570	\$34,570	\$69,140	\$69,140	\$166,699	\$100,634	\$201,269
WNCC	\$50,946	\$50,946	\$50,946	\$50,946	\$0	\$0	\$148,303	\$148,303	\$0
NSC	\$381,331	\$381,331	\$207,999	\$207,999	\$201,065	\$201,065	\$1,116,288	\$608,885	\$588,588
Totals	\$803,925	\$789,564	\$608,408	\$579,906	\$491,144	\$491,038	\$2,335,216	\$1,752,597	\$1,438,922

Section 5) Total Costs									
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2007-09 Biennium	2009-11 Biennium	2011-13 Biennium
UNLV UG	\$1,876,447	\$1,753,080	\$1,753,080	\$1,753,080	\$1,590,764	\$1,550,764	\$4,085,041	\$3,844,919	\$3,341,392
UNLV GA	\$386,556	\$277,704	\$386,556	\$277,704	\$386,556	\$277,704	\$1,030,416	\$1,030,416	\$1,030,416
UNR UG	\$1,374,488	\$1,394,094	\$1,410,579	\$1,512,324	\$1,314,383	\$1,351,223	\$3,348,785	\$3,271,038	\$2,855,769
UNR GA	\$265,704	\$265,704	\$265,704	\$265,704	\$265,704	\$265,704	\$783,512	\$783,512	\$783,512
CCSN	\$1,339,118	\$942,218	\$1,613,662	\$1,195,814	\$1,745,535	\$1,372,893	\$3,084,235	\$3,553,108	\$3,774,889
GBC	\$213,001	\$88,706	\$103,706	\$118,180	\$206,441	\$114,041	\$392,551	\$235,235	\$407,525
TMCC	\$871,112	\$530,632	\$596,641	\$559,048	\$688,451	\$685,490	\$1,850,031	\$1,294,758	\$1,544,504
WNCC	\$358,695	\$351,695	\$367,320	\$399,695	\$364,375	\$144,000	\$950,952	\$927,003	\$635,550
NSC	\$2,263,045	\$2,239,642	\$2,672,710	\$1,354,713	\$1,736,261	\$1,123,860	\$5,730,709	\$5,719,502	\$3,874,974
Totals	\$8,948,166	\$7,843,475	\$9,169,959	\$7,436,262	\$8,298,470	\$6,885,679	\$21,256,231	\$20,659,491	\$18,248,532

**NEVADA SYSTEM OF HIGHER EDUCATION
Preliminary Plan to Increase Nursing Enrollments
Incremental costs associated with proposed growth**

Unduplicated Headcount of Nursing Students

UNLV Undergraduate Incremental costs associated with proposed growth	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	Totals (New)	2007-09	2009-11	2011-13
	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected		Biennium Funding Enhancement	Biennium Funding Enhancement	Biennium Funding Enhancement
Total Headcount:	298	300	320	335	350	365	380	385				
Incremental Headcount Change 1 HC = 1 FTE		2	20	15	15	15	15	5	87	100% FY 07	100% FY 07	100% FY 07
Section 1) Nursing Department Specific Salary/ Operating Costs:												
Faculty FTE		Budgeted	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed				
New Faculty FTE @ 8:1 (rounded to nearest full FTE)		0	3	2	2	2	2	1				
Cumulative New Faculty FTE @ 8:1 (rounded to nearest full FTE)		0	3	5	7	9	10	11				
Faculty Salary (\$63,774 = Associate Professor B contract - Midpoint of Q1 and Q2 FY 07)		\$0	\$191,232	\$127,488	\$127,488	\$127,488	\$63,744	\$63,744		\$509,952	\$382,464	\$191,232
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty)		\$0	\$44,109	\$29,406	\$29,406	\$29,406	\$14,703	\$14,703		\$117,624	\$88,218	\$44,109
Support Staff (5:1 faculty)(=28,021+6,417+6,002=\$40,440)		\$0	\$24,264	\$16,176	\$16,176	\$16,176	\$8,088	\$8,088		\$64,704	\$48,528	\$24,264
Teaching Assts/ Grad Assistants (\$1000/ Student FTE) (FORMULA EXCEPTION)			\$20,000	\$15,000	\$15,000	\$15,000	\$15,000	\$5,000		\$55,000	\$45,000	\$35,000
Operating (\$6829 faculty FTE/ \$2618 classified FTE)		\$0	\$22,058	\$14,705	\$14,705	\$14,705	\$7,353	\$7,353		\$58,821	\$44,116	\$22,058
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)		\$0	\$20,400	\$13,600	\$13,600	\$13,600	\$6,800	\$6,800		\$34,000	\$27,200	\$27,200
Ongoing Technology Equipment/ Workstation (\$5919 faculty FTE/ \$1138 classified FTE)		\$0	\$18,440	\$12,293	\$12,293	\$12,293	\$6,147	\$6,147		\$49,173	\$36,880	\$18,440
Special Operating (ex: clinical supplies)		\$0	\$60,000	\$45,000	\$45,000	\$45,000	\$45,000	\$15,000		\$165,000	\$135,000	\$105,000
Special Equipment - One Time (ex: Sim-Man, IV Stands)		\$0	\$163,333	\$163,333	\$163,333	\$163,333	\$163,333	\$163,333		\$326,666	\$326,666	\$326,666
Section Total:			\$563,836	\$437,002	\$437,002	\$437,002	\$330,167	\$290,167		\$1,380,940	\$1,134,072	\$793,969
Section 2) Space Needs:												
Space Needs (Square Feet):			NEW	NEW	NEW	NEW	NEW	NEW				
Gross SF need			51369	51369	51369	51369	51369	51369				
Est lease cost/ sf/ month			2	2	2	2	2	2				
Total			1232856	1232856	1232856	1232856	1232856	1232856		\$2,465,712	\$2,465,712	\$2,465,712
Section 3) Science based nursing prerequisites (generated from new nursing enrollment):												
New basic sci FTE (assuming 1 year in advance of nursing enrollment)		0.00	11.50	12.00	12.00	12.00	4.00	4.00				
Faculty FTE		Budgeted	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed				
New Faculty FTE		0	0.64	0.67	0.67	0.67	0.22	0.22				
Cumulative New Faculty FTE @ ratio - see below		0	0.64	1.31	1.97	2.64	2.86	3.08				
Faculty Salary (\$63,774 = Associate Professor B contract - Midpoint of Q1 and Q2 FY 07)		\$0	\$40,725	\$42,496	\$42,496	\$42,496	\$14,165	\$14,165		\$123,947	\$127,488	\$42,496
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty)		\$0	\$9,394	\$9,802	\$9,802	\$9,802	\$3,267	\$3,267		\$28,589	\$29,406	\$9,802
Support Staff (5:1 faculty)(=28,021+6,417+6,002=\$40,440)		\$0	\$5,167	\$5,392	\$5,392	\$5,392	\$1,797	\$1,797		\$15,727	\$16,176	\$5,392
Teaching Assts/ Grad Assistants (\$1000/ Student FTE) (FORMULA EXCEPTION)		0	11500	12000	12000	12000	4000	4000		\$35,000	\$36,000	\$12,000
Operating (\$6829 faculty FTE/ \$2618 classified FTE)		\$0	\$4,697	\$4,902	\$4,902	\$4,902	\$1,634	\$1,634		\$14,297	\$14,705	\$4,902
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)			\$4,344	\$4,533	\$4,533	\$4,533	\$1,511	\$1,511		\$8,878	\$9,067	\$3,022
Ongoing Technology Equipment/ Workstation (\$5919 faculty FTE/ \$1138 classified FTE)			\$3,927	\$4,098	\$4,098	\$4,098	\$1,366	\$1,366		\$11,952	\$12,293	\$4,098
Section Total:			\$79,755	\$83,223	\$83,223	\$83,223	\$27,741	\$27,741		\$238,389	\$245,135	\$81,712

**NEVADA SYSTEM OF HIGHER EDUCATION
Preliminary Plan to Increase Nursing Enrollments
Incremental costs associated with proposed growth
Unduplicated Headcount of Nursing Students**

UNR Undergraduate Incremental costs associated with proposed growth	2005-06 Projected	2006-07 Projected	2007-08 Projected	2008-09 Projected	2009-10 Projected	2010-11 Projected	2011-12 Projected	2012-13 Projected	Totals (New)	2007-09 Biennium Funding Enhancement @ 100% FY 07 \$	2009-11 Biennium Funding Enhancement @ 100% FY 07 \$	2011-13 Biennium Funding Enhancement @ 100% FY 07 \$
Total Headcount:	289	290	320	340	360	380	390	399	110			
Incremental Headcount Change	1 HC = 1 FTE	1	30	20	20	20	10	9				
Section 1) Nursing Department Specific Salary/ Operating Costs:												
Faculty FTE	Budgeted	Proposed										
New Faculty FTE @ 8:1 (rounded to nearest full FTE)	0	4	3	2	3	1	1					
Cumulative New Faculty FTE @ 8:1 (rounded to nearest full FTE)	0	4	7	9	12	13	14					
Faculty Salary (\$63,774 = Associate Professor B contract - Midpoint of Q1 and Q2 FY 07)	\$0	\$254,976	\$191,232	\$127,488	\$191,232	\$63,744	\$63,744			\$701,184	\$446,208	\$191,232
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty)	\$0	\$58,812	\$44,109	\$29,406	\$44,109	\$14,703	\$14,703			\$161,734	\$102,921	\$44,109
Support Staff (5:1 faculty)=(28,021+6,417+6,002=\$40,440)	\$0	\$32,352	\$24,264	\$16,176	\$24,264	\$8,088	\$8,088			\$88,968	\$56,616	\$24,264
Teaching Assts/ Grad Assistants (\$1000/ Student FTE) (FORMULA EXCEPTION)	\$0	\$4,000	\$3,000	\$2,000	\$3,000	\$1,000	\$1,000			\$11,000	\$7,000	\$3,000
Operating (\$6829 faculty FTE/ \$2618 classified FTE)	\$0	\$29,410	\$22,058	\$14,705	\$22,058	\$7,353	\$7,353			\$80,879	\$51,468	\$22,058
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)	\$0	\$27,200	\$20,400	\$13,600	\$20,400	\$6,800	\$6,800			\$47,600	\$34,000	\$34,000
Ongoing Technology Equipment/ Workstation (\$5919 faculty FTE/ \$1138 classified FTE)	\$0	\$24,586	\$18,440	\$12,293	\$18,440	\$6,147	\$6,147			\$67,613	\$43,026	\$18,440
Special Operating (ex: clinical supplies)	\$0	\$90,000	\$60,000	\$60,000	\$60,000	\$30,000	\$27,000			\$240,000	\$180,000	\$87,000
Special Equipment - One Time (ex: Sim-Man, IV Stands)	\$0	\$157,500	\$157,500	\$157,500	\$157,500	\$157,500	\$157,500			\$315,000	\$315,000	\$315,000
Section Total:		\$678,837	\$541,003	\$433,169	\$541,003	\$295,334	\$292,334			\$1,713,977	\$1,236,240	\$739,103
Section 2) Space Needs:												
Space Needs (Square Feet):		NEW	NEW	NEW	NEW	NEW	NEW					
Gross SF need		25158	31718	36898	38558	40738	42398					
Est lease cost/ sf/ month		2	2	2	2	2	2					
Total		603792	761232	885552	925392	977712	1017552			\$1,365,024	\$1,646,784	\$1,810,944
Section 3) Science based nursing prerequisites (generated from new nursing enrollment):												
New basic sci FTE (assuming 1 year in advance of nursing enrollment)	0.00	15.33	15.33	15.33	7.67	6.90	6.90					
Faculty FTE	Budgeted	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed					
New Faculty FTE	0	0.85	0.85	0.85	0.43	0.38	0.38					
Cumulative New Faculty FTE @ ratio - see below	0	0.85	1.70	2.56	2.98	3.36	3.75					
Faculty Salary (\$63,774 = Associate Professor B contract - Midpoint of Q1 and Q2 FY 07)	\$0	\$54,300	\$54,300	\$54,300	\$27,150	\$24,435	\$24,435			\$162,901	\$135,751	\$73,306
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty)	\$0	\$12,525	\$12,525	\$12,525	\$6,262	\$5,636	\$5,636			\$37,574	\$31,312	\$16,909
Support Staff (5:1 faculty)=(28,021+6,417+6,002=\$40,440)	\$0	\$6,890	\$6,890	\$6,890	\$3,445	\$3,100	\$3,100			\$20,669	\$17,224	\$9,301
Teaching Assts/ Grad Assistants (\$1000/ Student FTE) (FORMULA EXCEPTION)	0	\$852	\$852	\$852	\$426	\$383	\$383			\$2,556	\$2,130	\$1,150
Operating (\$6829 faculty FTE/ \$2618 classified FTE)	\$0	\$6,263	\$6,263	\$6,263	\$3,132	\$2,818	\$2,818			\$18,790	\$15,658	\$8,455
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)	\$0	\$5,793	\$5,793	\$5,793	\$2,896	\$2,607	\$2,607			\$11,585	\$8,689	\$5,213
Ongoing Technology Equipment/ Workstation (\$5919 faculty FTE/ \$1138 classified FTE)	\$0	\$5,236	\$5,236	\$5,236	\$2,618	\$2,356	\$2,356			\$15,708	\$13,090	\$7,069
Section Total:		\$91,859	\$91,859	\$91,859	\$45,929	\$41,336	\$41,336			\$269,784	\$223,854	\$121,403

**NEVADA SYSTEM OF HIGHER EDUCATION
Preliminary Plan to Increase Nursing Enrollments
Incremental costs associated with proposed growth**

Unduplicated Headcount of Nursing Students												
Nevada State College	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	Totals (New)	2007-09	2009-11	2011-13
Incremental costs associated with proposed growth	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected		Biennium Funding Enhancement	Biennium Funding Enhancement	Biennium Funding Enhancement
Total Headcount:	210	220	280	390	500	560	620	678	468	@ 100% FY 07 \$	@ 100 % FY 07 \$	@ 100% FY 07\$
Incremental Headcount Change	1 HC = 1 FTE	10	60	110	110	60	60	58				
Section 1) Nursing Department Specific Salary/ Operating Costs:												
Faculty FTE	Budgeted	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed				
New Faculty FTE @ 8:1 (rounded to nearest full FTE)	0	8	14	13	8	7	8					
Cumulative New Faculty FTE @ 8:1 (rounded to nearest full FTE)	0	8	22	35	43	50	58					
Faculty Salary (\$53,100 = Associate Professor B contract - Midpoint of Q1 and Q2 FY 07)	\$0	\$424,800	\$743,400	\$690,300	\$424,800	\$371,700	\$424,800		\$1,593,000	\$1,805,400	\$1,168,200	
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty)	\$0	\$106,001	\$185,502	\$172,252	\$106,001	\$92,751	\$106,001		\$397,505	\$450,505	\$291,503	
Support Staff (5:1 faculty)(=28,021+6,417+6,002=\$40,440)	\$0	\$64,704	\$113,232	\$105,144	\$64,704	\$56,616	\$64,704		\$242,640	\$274,992	\$177,936	
Teaching Assts/ Grad Assistants (NA)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	
Operating (\$5691 faculty FTE/ \$2618 classified FTE)	\$0	\$49,717	\$87,004	\$80,790	\$49,717	\$43,502	\$49,717		\$186,438	\$211,296	\$136,721	
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)	\$0	\$54,400	\$95,200	\$88,400	\$54,400	\$47,600	\$54,400		\$149,600	\$183,600	\$142,800	
Ongoing Technology Equipment/ Workstation (\$5919 faculty FTE/ \$1138 classified FTE)	\$0	\$49,173	\$86,052	\$79,906	\$49,173	\$43,026	\$49,173		\$184,398	\$208,984	\$135,225	
Special Operating (ex: clinical supplies)	\$0	\$180,000	\$330,000	\$330,000	\$180,000	\$180,000	\$174,000		\$690,000	\$840,000	\$534,000	
Special Equipment - One Time (ex: Sim-Man, IV Stands)	\$0	\$735,000	\$0	\$700,000	\$0	\$700,000	\$0		\$735,000	\$700,000	\$700,000	
Section Total:		\$1,663,795	\$1,640,391	\$2,246,792	\$928,795	\$1,535,195	\$922,795		\$4,178,581	\$4,674,778	\$3,286,386	
Section 2) Space Needs:												
Space Needs (Square Feet):												
Gross SF need		9080	9080	9080	9080	new building online						
Est lease cost/ sf/ month		2	2	2	2							
Total		217920	217920	217920	217920				\$435,840	\$435,840	\$0	
Section 3) Science based nursing prerequisites (generated from new nursing enrollment):												
New basic sci FTE (assuming 1 year in advance of nursing enrollment)	0.00	73.33	73.33	40.00	40.00	38.67	38.67					
Faculty FTE	Budgeted	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed					
New Faculty FTE	0	4.07	4.07	2.22	2.22	2.15	2.15					
Cumulative New Faculty FTE @ ratio - see below	0	4.07	8.15	10.37	12.59	14.74	16.89					
Faculty Salary (\$53,100 = Associate Professor B contract - Midpoint of Q1 and Q2 FY 07)	\$0	\$216,333	\$216,333	\$118,000	\$118,000	\$114,067	\$114,067		\$649,000	\$354,000	\$342,200	
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty)	\$0	\$53,982	\$53,982	\$29,445	\$29,445	\$28,463	\$28,463		\$161,946	\$88,334	\$85,390	
Support Staff (5:1 faculty)(=28,021+6,417+6,002=\$40,440)	\$0	\$32,951	\$32,951	\$17,973	\$17,973	\$17,374	\$17,374		\$98,853	\$53,920	\$52,123	
Teaching Assts/ Grad Assistants (NA)	0	0	0	0	0	0	0		\$0	\$0	\$0	
Operating (\$5691 faculty FTE/ \$2618 classified FTE)	\$0	\$25,319	\$25,319	\$13,810	\$13,810	\$13,350	\$13,350		\$75,956	\$41,431	\$40,050	
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)	\$0	\$27,704	\$27,704	\$15,111	\$15,111	\$14,607	\$14,607		\$55,407	\$30,222	\$29,215	
Ongoing Technology Equipment/ Workstation (\$5919 faculty FTE/ \$1138 classified FTE)	\$0	\$25,042	\$25,042	\$13,659	\$13,659	\$13,204	\$13,204		\$75,125	\$40,977	\$39,611	
Section Total:		\$381,331	\$381,331	\$207,999	\$207,999	\$201,065	\$201,065		\$1,116,288	\$608,885	\$588,588	

**NEVADA SYSTEM OF HIGHER EDUCATION
Preliminary Plan to Increase Nursing Enrollments
Incremental costs associated with proposed growth**

Unduplicated Headcount of Nursing Students										Cumulative Annual Totals (New)	2007-09 Biennium Funding Enhancement @ 100% FY 07 \$	2009-11 Biennium Funding Enhancement @ 100 % FY 07 \$	2011-13 Biennium Funding Enhancement @ 100% FY 07\$
CCSN	Incremental costs associated with proposed growth	2005-06 <i>Projected</i>	2006-07 <i>Projected</i>	2007-08 <i>Projected</i>	2008-09 <i>Projected</i>	2009-10 <i>Projected</i>	2010-11 <i>Projected</i>	2011-12 <i>Projected</i>	2012-13 <i>Projected</i>				
Total Headcount:		541	550	600	650	700	740	780	814	273			
Incremental Headcount Change	1 HC = 1 FTE		9	50	50	50	40	40	34				
Section 1) Nursing Department Specific Salary/ Operating Costs:													
Faculty FTE	Budgeted	Proposed											
New Faculty FTE @ 8:1 (rounded to nearest full FTE)		0	7	6	6	5	5	4					
Cumulative New Faculty FTE @ 8:1 (rounded to nearest full FTE)		0	7	13	19	24	29	33					
Faculty Salary (60% FT @ Rk4, Stp 10 = 49726 + 40% PT (60% FT) = 29835) (See Formula Exception)		\$0	\$292,387	\$250,618	\$250,618	\$208,848	\$208,848	\$167,078			\$835,392	\$710,083	\$584,774
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty/ 9.35% PTI)		\$0	\$61,527	\$52,738	\$52,738	\$43,948	\$43,948	\$35,158			\$175,792	\$149,423	\$123,054
Support Staff (5:1 faculty)(=28,021+6,417+6,002=\$40,440)		\$0	\$56,616	\$48,528	\$48,528	\$40,440	\$40,440	\$32,352			\$161,760	\$137,496	\$113,232
Teaching Assts/ Grad Assistants (\$1000/ Faculty FTE)		\$0	\$7,000	\$6,000	\$6,000	\$5,000	\$5,000	\$4,000			\$20,000	\$17,000	\$14,000
Operating (\$5236 faculty FTE/ \$2618 classified FTE)		\$0	\$40,317	\$34,558	\$34,558	\$28,798	\$28,798	\$23,038			\$115,192	\$97,913	\$80,634
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)		\$0	\$47,600	\$40,800	\$40,800	\$34,000	\$34,000	\$27,200			\$88,400	\$81,600	\$74,800
Ongoing Technology Equipment/ Workstation (\$3984 faculty FTE/ \$1138 classified FTE)		\$0	\$29,481	\$25,270	\$25,270	\$21,058	\$21,058	\$16,846			\$84,232	\$71,597	\$58,962
Special Operating (ex: clinical supplies)		\$0	\$150,000	\$150,000	\$150,000	\$120,000	\$120,000	\$102,000			\$450,000	\$420,000	\$342,000
Formula Exception - 100% FT Faculty (no P/T)		\$0	\$55,695	\$47,738	\$47,738	\$39,782	\$39,782	\$31,826			\$159,128	\$135,259	\$111,390
Special Equipment - One Time (ex: Sim-Man, IV Stands)		\$0	\$391,667	\$0	\$441,667	\$0	\$416,667	\$0			\$391,667	\$441,667	\$416,667
Section Total:			\$1,132,291	\$656,249	\$1,097,916	\$541,874	\$958,541	\$439,499			\$2,481,563	\$2,262,038	\$1,919,514
Section 2) Space Needs:													
Space Needs (Square Feet):			NEW										
Gross SF need			3500	6100	16000	21200	26800	32900					
Est lease cost/ sf/ month			2	2	2	2	2	2					
Total			84000	146400	384000	508800	643200	789600			\$230,400	\$892,800	\$1,432,800
Section 3) Science based nursing prerequisites (generated from new nursing enrollment):													
New basic sci FTE (assuming 1 year in advance of nursing enrollment)		0.00	26.67	26.67	21.33	21.33	18.13	18.13					
Faculty FTE	Budgeted	Proposed											
New Faculty FTE		0	1.90	1.90	1.52	1.52	1.30	1.30					
Cumulative New Faculty FTE @ ratio - see below		0	1.90	3.81	5.33	6.86	8.15	9.45					
Faculty Salary (60% FT @ Rk4, Stp 10 = 49726 + 40% PT (60% FT) = 29835)		\$0	\$56,830	\$56,830	\$45,464	\$45,464	\$38,644	\$38,644			\$170,489	\$136,391	\$115,933
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty/ 9.35% PTI)		\$0	\$16,742	\$33,484	\$46,878	\$60,271	\$71,656	\$71,656			\$66,968	\$154,027	\$214,968
Support Staff (5:1 faculty)(=28,021+6,417+6,002=\$40,440)		\$0	\$15,406	\$15,406	\$12,325	\$12,325	\$10,476	\$10,476			\$46,217	\$36,974	\$31,428
Teaching Assts/ Grad Assistants (\$1000/ Faculty FTE)		0	\$1,905	\$1,905	\$1,524	\$1,524	\$1,295	\$1,295			\$5,714	\$4,571	\$3,886
Operating (\$5236 faculty FTE/ \$2618 classified FTE)		\$0	\$10,971	\$10,971	\$8,777	\$8,777	\$7,460	\$7,460			\$32,912	\$26,330	\$22,380
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)		\$0	\$12,952	\$12,952	\$10,362	\$10,362	\$8,808	\$8,808			\$25,905	\$20,724	\$17,615
Ongoing Technology Equipment/ Workstation (\$3984 faculty FTE/ \$1138 classified FTE)		\$0	\$8,022	\$8,022	\$6,418	\$6,418	\$5,455	\$5,455			\$24,066	\$19,253	\$16,365
Section Total:			\$122,827	\$139,569	\$131,746	\$145,140	\$143,794	\$143,794			\$372,272	\$398,270	\$422,575

**NEVADA SYSTEM OF HIGHER EDUCATION
Preliminary Plan to Increase Nursing Enrollments
Incremental costs associated with proposed growth**

Unduplicated Headcount of Nursing Students

GBC Incremental costs associated with proposed growth	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	Annual Cumulative Totals (New)	2007-09	2009-11	2011-13
	<i>Projected</i>		16	Biennial Funding Enhancement @ 100% FY 07 \$	Biennial Funding Enhancement @ 100 % FY 07 \$							
Total Headcount:	58	61	63	65	67	69	72	74				
Incremental Headcount Change	1 HC = 1 FTE	3	2	2	2	2	3	2				
Section 1) Nursing Department Specific Salary/ Operating Costs:												
Faculty FTE	Budgeted	Proposed										
New Faculty FTE @ 8:1 (rounded to nearest full FTE)		0	1	0	0	0	1	0				
Cumulative New Faculty FTE @ 8:1 (rounded to nearest full FTE)		0	1	1	1	1	2	2				
Faculty Salary (60% FT @ Rk4, Stp 10 = 49726 + 40% PT (60% FT) = 29835) (See Formula Exception)		\$0	\$41,770	\$0	\$0	\$0	\$41,770	\$0		\$83,539	\$0	\$83,539
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty/ 9.35% PTI)		\$0	\$8,790	\$0	\$0	\$0	\$8,790	\$0		\$17,579	\$0	\$17,579
Support Staff (5:1 faculty)=(28,021+6,417+6,002=\$40,440)		\$0	\$8,088	\$0	\$0	\$0	\$8,088	\$0		\$16,176	\$0	\$16,176
Teaching Assts/ Grad Assistants (\$1000/ Faculty FTE)		\$0	\$1,000	\$0	\$0	\$0	\$1,000	\$0		\$2,000	\$0	\$2,000
Operating (\$5236 faculty FTE/ \$2618 classified FTE)		\$0	\$5,760	\$0	\$0	\$0	\$5,760	\$0		\$11,519	\$0	\$11,519
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)		\$0	\$6,800	\$0	\$0	\$0	\$6,800	\$0		\$6,800	\$0	\$0
Ongoing Technology Equipment/ Workstation (\$3984 faculty FTE/ \$1138 classified FTE)		\$0	\$4,132	\$0	\$0	\$0	\$4,132	\$0		\$8,263	\$0	\$8,263
Special Operating (ex: clinical supplies)		\$0	\$6,000	\$6,000	\$6,000	\$6,000	\$9,000	\$6,000		\$18,000	\$18,000	\$24,000
Formula Exception - 100% FT Faculty (no P/T)		\$0	\$7,956	\$0	\$0	\$0	\$7,956	\$0		\$15,913	\$0	\$15,913
Special Equipment - One Time (ex: Sim-Man, IV Stands)		\$0	\$40,000	\$0	\$15,000	\$0	\$5,000	\$0		\$40,000	\$15,000	\$5,000
Section Total:			\$130,295	\$6,000	\$21,000	\$6,000	\$98,295	\$6,000		\$219,790	\$33,000	\$183,990
Section 2) Space Needs:												
Space Needs (Square Feet):		NEW										
Gross SF need		3110	3110	3110	4170	4170	4170	4170				
Est lease cost/ sf/ month		2	2	2	2	2	2	2				
Total		74640	74640	74640	100080	100080	100080	100080		\$149,280	\$174,720	\$200,160
Section 3) Science based nursing prerequisites (generated from new nursing enrollment):												
New basic sci FTE (assuming 1 year in advance of nursing enrollment)		0.00	1.27	1.27	1.27	1.90	1.27	1.27				
Faculty FTE	Budgeted	Proposed										
New Faculty FTE		0	0.11	0.11	0.11	0.16	0.11	0.11				
Cumulative New Faculty FTE @ ratio - see below		0	0.11	0.21	0.32	0.48	0.58	0.69				
Faculty Salary (60% FT @ Rk4, Stp 10 = 49726 + 40% PT (60% FT) = 29835)		\$0	\$4,409	\$4,409	\$4,409	\$6,614	\$4,409	\$4,409		\$13,227	\$15,432	\$13,227
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty/ 9.35% PTI)		\$0	\$928	\$928	\$928	\$1,392	\$928	\$928		\$2,783	\$3,247	\$2,783
Support Staff (5:1 faculty)=(28,021+6,417+6,002=\$40,440)		\$0	\$854	\$854	\$854	\$1,281	\$854	\$854		\$2,561	\$2,988	\$2,561
Teaching Assts/ Grad Assistants (\$1000/ Faculty FTE)		0	\$106	\$106	\$106	\$158	\$106	0		\$317	\$369	\$211
Operating (\$5236 faculty FTE/ \$2618 classified FTE)		\$0	\$608	\$608	\$608	\$912	\$608	\$608		\$1,824	\$2,128	\$1,824
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)		\$0	\$718	\$718	\$718	\$1,077	\$718	\$718		\$1,436	\$1,794	\$1,436
Ongoing Technology Equipment/ Workstation (\$3984 faculty FTE/ \$1138 classified FTE)		\$0	\$445	\$445	\$445	\$667	\$445	\$445		\$1,334	\$1,556	\$1,334
Section Total:			\$8,066	\$8,066	\$8,066	\$12,100	\$8,066	\$7,961		\$23,481	\$27,515	\$23,376

**NEVADA SYSTEM OF HIGHER EDUCATION
Preliminary Plan to Increase Nursing Enrollments
Incremental costs associated with proposed growth**

Unduplicated Headcount of Nursing Students										Annual Cumulative Totals (New)	2007-09 Biennium Funding Enhancement @ 100% FY 07 \$	2009-11 Biennium Funding Enhancement @ 100% FY 07 \$	2011-13 Biennium Funding Enhancement @ 100% FY 07 \$
TMCC	2005-06 Projected	2006-07 Projected	2007-08 Projected	2008-09 Projected	2009-10 Projected	2010-11 Projected	2011-12 Projected	2012-13 Projected	101				
Incremental costs associated with proposed growth													
Total Headcount:	149	155	180	200	210	220	230	250					
Incremental Headcount Change	1 HC = 1 FTE	6	25	20	10	10	10	20					
Section 1) Nursing Department Specific Salary/ Operating Costs:													
Faculty FTE	Budgeted	Proposed											
New Faculty FTE @ 8:1 (rounded to nearest full FTE)		0	4	2	1	2	1	2					
Cumulative New Faculty FTE @ 8:1 (rounded to nearest full FTE)		0	4	6	7	9	10	12					
Faculty Salary (60% FT @ Rk4, Stp 10 = 49726 + 40% PT (60% FT) = 29835) (See Formula Exception)		\$0	\$167,078	\$83,539	\$41,770	\$83,539	\$41,770	\$83,539		\$417,696	\$167,078	\$167,078	
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty/ 9.35% PTI)		\$0	\$35,158	\$17,579	\$8,790	\$17,579	\$8,790	\$17,579		\$87,896	\$35,158	\$35,158	
Support Staff (5:1 faculty)=(28,021+6,417+6,002=\$40,440)		\$0	\$32,352	\$16,176	\$8,088	\$16,176	\$8,088	\$16,176		\$80,880	\$32,352	\$32,352	
Teaching Assts/ Grad Assistants (\$1000/ Faculty FTE)		\$0	\$4,000	\$2,000	\$1,000	\$2,000	\$1,000	\$2,000		\$10,000	\$4,000	\$4,000	
Operating (\$5236 faculty FTE/ \$2618 classified FTE)		\$0	\$23,038	\$11,519	\$5,760	\$11,519	\$5,760	\$11,519		\$57,596	\$23,038	\$23,038	
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)		\$0	\$27,200	\$13,600	\$6,800	\$13,600	\$6,800	\$13,600		\$40,800	\$20,400	\$20,400	
Ongoing Technology Equipment/ Workstation (\$3984 faculty FTE/ \$1138 classified FTE)		\$0	\$16,846	\$8,423	\$4,212	\$8,423	\$4,212	\$8,423		\$42,116	\$16,846	\$16,846	
Special Operating (ex: clinical supplies)		\$0	\$75,000	\$60,000	\$30,000	\$30,000	\$30,000	\$60,000		\$210,000	\$90,000	\$120,000	
Formula Exception - 100% FT Faculty (no P/T)		\$0	\$31,826	\$15,913	\$7,956	\$15,913	\$7,956	\$15,913		\$79,564	\$31,826	\$31,826	
Special Equipment - One Time (ex: Sim-Man, IV Stands)		\$0	\$150,000	\$0	\$150,000	\$0	\$150,000	\$0		\$150,000	\$150,000	\$150,000	
Section Total:			\$562,499	\$228,750	\$264,375	\$198,750	\$264,375	\$228,750		\$1,176,548	\$570,699	\$600,699	
Section 2) Space Needs:													
Space Needs (Square Feet):		NEW											
Gross SF need		9978	11138	12404	13572	14789	16150						
Est lease cost/ sf/ month		2	2	2	2	2	2						
Total		239472	267312	297696	325728	354936	387600			\$506,784	\$623,424	\$742,536	
Section 3) Science based nursing prerequisites (generated from new nursing enrollment):													
New basic sci FTE (assuming 1 year in advance of nursing enrollment)		0.00	12.67	6.33	6.33	6.33	12.67	12.67					
Faculty FTE	Budgeted	Proposed											
New Faculty FTE		0	0.90	0.45	0.45	0.45	0.90	0.90					
Cumulative New Faculty FTE @ ratio - see below		0	0.90	1.36	1.81	2.26	3.17	4.07					
Faculty Salary (60% FT @ Rk4, Stp 10 = 49726 + 40% PT (60% FT) = 29835)		\$0	\$37,792	\$18,896	\$18,896	\$18,896	\$37,792	\$37,792		\$94,479	\$56,687	\$113,375	
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty/ 9.35% PTI)		\$0	\$7,952	\$3,976	\$3,976	\$3,976	\$7,952	\$7,952		\$19,881	\$11,929	\$23,857	
Support Staff (5:1 faculty)=(28,021+6,417+6,002=\$40,440)		\$0	\$7,318	\$3,659	\$3,659	\$3,659	\$7,318	\$7,318		\$18,294	\$10,977	\$21,953	
Teaching Assts/ Grad Assistants (\$1000/ Faculty FTE)		0	\$905	\$452	\$452	\$452	\$905	\$905		\$2,262	\$1,357	\$2,714	
Operating (\$5236 faculty FTE/ \$2618 classified FTE)		\$0	\$5,211	\$2,606	\$2,606	\$2,606	\$5,211	\$5,211		\$13,028	\$7,817	\$15,633	
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)		\$0	\$6,152	\$3,076	\$3,076	\$3,076	\$6,152	\$6,152		\$9,229	\$6,152	\$12,305	
Ongoing Technology Equipment/ Workstation (\$3984 faculty FTE/ \$1138 classified FTE)		\$0	\$3,810	\$1,905	\$1,905	\$1,905	\$3,810	\$3,810		\$9,526	\$5,716	\$11,431	
Section Total:			\$69,140	\$34,570	\$34,570	\$34,570	\$69,140	\$69,140		\$166,699	\$100,634	\$201,269	

**NEVADA SYSTEM OF HIGHER EDUCATION
Preliminary Plan to Increase Nursing Enrollments
Incremental costs associated with proposed growth**

Unduplicated Headcount of Nursing Students										Annual Cumulative Totals (New)	2007-09 Biennium Funding Enhancement @ 100% FY 07 \$	2009-11 Biennium Funding Enhancement @ 100% FY 07 \$	2011-13 Biennium Funding Enhancement @ 100% FY 07 \$
WNCC	2005-06 Projected	2006-07 Projected	2007-08 Projected	2008-09 Projected	2009-10 Projected	2010-11 Projected	2011-12 Projected	2012-13 Projected	65				
Incremental costs associated with proposed growth													
Total Headcount:	103	107	120	132	144	156	168	168					
Incremental Headcount Change	1 HC = 1 FTE	4	13	12	12	12	12	0					
Section 1) Nursing Department Specific Salary/ Operating Costs:													
Faculty FTE	Budgeted	Proposed											
New Faculty FTE @ 8:1 (rounded to nearest full FTE)		0	2	2	1	2	1	0					
Cumulative New Faculty FTE @ 8:1 (rounded to nearest full FTE)		0	2	4	5	7	8	8					
Faculty Salary (60% FT @ Rk4, Stp 10 = 49726 + 40% PT (60% FT) = 29835) (See Formula Exception)	\$0	\$83,539	\$83,539	\$41,770	\$83,539	\$41,770	\$0			\$250,618	\$167,078	\$83,539	
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty/ 9.35% PTI)	\$0	\$17,579	\$17,579	\$8,790	\$17,579	\$8,790	\$0			\$52,738	\$35,158	\$17,579	
Support Staff (5:1 faculty)(=28,021+6,417+6,002=\$40,440)	\$0	\$16,176	\$16,176	\$8,088	\$16,176	\$8,088	\$0			\$48,528	\$32,352	\$16,176	
Teaching Assts/ Grad Assistants (\$1000/ Faculty FTE)	\$0	\$2,000	\$2,000	\$1,000	\$2,000	\$1,000	\$0			\$6,000	\$4,000	\$2,000	
Operating (\$5236 faculty FTE/ \$2618 classified FTE)	\$0	\$11,519	\$11,519	\$5,760	\$11,519	\$5,760	\$0			\$34,558	\$23,038	\$11,519	
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)	\$0	\$13,600	\$13,600	\$6,800	\$13,600	\$6,800	\$0			\$27,200	\$20,400	\$20,400	
Ongoing Technology Equipment/ Workstation (\$3984 faculty FTE/ \$1138 classified FTE)	\$0	\$8,423	\$8,423	\$4,212	\$8,423	\$4,212	\$0			\$25,270	\$16,846	\$8,423	
Special Operating (ex: clinical supplies)	\$0	\$39,000	\$36,000	\$36,000	\$36,000	\$36,000	\$0			\$114,000	\$108,000	\$72,000	
Formula Exception - 100% FT Faculty (no P/T)	\$0	\$15,913	\$15,913	\$7,956	\$15,913	\$7,956	\$0			\$47,738	\$31,826	\$15,913	
Special Equipment - One Time (ex: Sim-Man, IV Stands)	\$0	\$100,000	\$0	\$100,000	\$0	\$100,000	\$0			\$100,000	\$100,000	\$100,000	
Section Total:		\$307,750	\$204,750	\$220,375	\$204,750	\$220,375	\$0			\$706,649	\$538,699	\$347,550	
Section 2) Space Needs:													
Space Needs (Square Feet):	NEW												
Gross SF need	0	4000	4000	6000	6000	6000	6000						
Est lease cost/ sf/ month	2	2	2	2	2	2	2						
Total	0	96000	96000	144000	144000	144000	144000			\$96,000	\$240,000	\$288,000	
Section 3) Science based nursing prerequisites (generated from new nursing enrollment):													
New basic sci FTE (assuming 1 year in advance of nursing enrollment)	0.00	8.00	8.00	8.00	8.00	0.00	0.00						
Faculty FTE	Budgeted	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed						
New Faculty FTE	0	0.67	0.67	0.67	0.67	0.00	0.00						
Cumulative New Faculty FTE @ ratio - see below	0	0.67	1.33	2.00	2.67	2.67	2.67						
Faculty Salary (60% FT @ Rk4, Stp 10 = 49726 + 40% PT (60% FT) = 29835)	\$0	\$27,846	\$27,846	\$27,846	\$27,846	\$0	\$0			\$83,539	\$83,539	\$0	
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty/ 9.35% PTI)	\$0	\$5,860	\$5,860	\$5,860	\$5,860	\$0	\$0			\$17,579	\$17,579	\$0	
Support Staff (5:1 faculty)(=28,021+6,417+6,002=\$40,440)	\$0	\$5,392	\$5,392	\$5,392	\$5,392	\$0	\$0			\$16,176	\$16,176	\$0	
Teaching Assts/ Grad Assistants (\$1000/ Faculty FTE)	0	\$667	\$667	\$667	\$667	\$0	0			\$2,000	\$2,000	\$0	
Operating (\$5236 faculty FTE/ \$2618 classified FTE)	\$0	\$3,840	\$3,840	\$3,840	\$3,840	\$0	\$0			\$11,519	\$11,519	\$0	
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)	\$0	\$4,533	\$4,533	\$4,533	\$4,533	\$0	\$0			\$9,067	\$9,067	\$0	
Ongoing Technology Equipment/ Workstation (\$3984 faculty FTE/ \$1138 classified FTE)	\$0	\$2,808	\$2,808	\$2,808	\$2,808	\$0	\$0			\$8,423	\$8,423	\$0	
Section Total:		\$50,946	\$50,946	\$50,946	\$50,946	\$0	\$0			\$148,303	\$148,303	\$0	

**NEVADA SYSTEM OF HIGHER EDUCATION
Preliminary Plan to Increase Nursing Enrollments
Incremental costs associated with proposed growth**

Unduplicated Headcount of Nursing Students

UNLV Graduate	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	Annual Cumulative Totals (New)	2007-09 Biennium Funding Enhancement	2009-11 Biennium Funding Enhancement	2011-13 Biennium Funding Enhancement
Incremental costs associated with proposed growth	<i>Projected</i>	<i>Projected</i>	<i>Projected</i>	<i>Projected</i>	<i>Projected</i>	<i>Projected</i>	<i>Projected</i>	<i>Projected</i>	165	@ 100% FY 07 \$	@ 100 % FY 07 \$	@ 100% FY 07\$
Total Headcount:	55	100	120	140	160	180	200	220				
Incremental Headcount Change	1 HC = 1 FTE	45	20	20	20	20	20	20				
Section 1) Nursing Department Specific Salary/ Operating Costs:												
Faculty FTE	Budgeted	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed				
New Faculty FTE @ 8:1 (rounded to nearest full FTE)	0	3	2	3	2	3	2	3				
Cumulative New Faculty FTE @ 8:1 (rounded to nearest full FTE)	0	3	5	8	10	13	15					
Faculty Salary (\$63,774 = Associate Professor B contract - Midpoint of Q1 and Q2 FY 07)		\$0	\$191,232	\$127,488	\$191,232	\$127,488	\$191,232	\$127,488		\$509,952	\$509,952	\$509,952
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty)		\$0	\$44,109	\$29,406	\$44,109	\$29,406	\$44,109	\$29,406		\$117,624	\$117,624	\$117,624
Support Staff (5:1 faculty)=(28,021+6,417+6,002=\$40,440)		\$0	\$24,264	\$16,176	\$24,264	\$16,176	\$24,264	\$16,176		\$64,704	\$64,704	\$64,704
Teaching Assts/ Grad Assistants (1:8 Faculty, \$15,903 + \$239)		\$0	\$6,053	\$4,036	\$6,053	\$4,036	\$6,053	\$4,036		\$16,142	\$16,142	\$16,142
Operating (\$6829 faculty FTE/ \$2618 classified FTE)		\$0	\$22,058	\$14,705	\$22,058	\$14,705	\$22,058	\$14,705		\$58,821	\$58,821	\$58,821
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)		\$0	\$20,400	\$13,600	\$20,400	\$13,600	\$20,400	\$13,600		\$34,000	\$34,000	\$34,000
Ongoing Technology Equipment/ Workstation (\$5919 faculty FTE/ \$1138 classified FTE)		\$0	\$18,440	\$12,293	\$18,440	\$12,293	\$18,440	\$12,293		\$49,173	\$49,173	\$49,173
Special Operating (ex: clinical supplies)		\$0	\$60,000	\$60,000	\$60,000	\$60,000	\$60,000	\$60,000		\$180,000	\$180,000	\$180,000
Special Equipment - One Time (ex: Sim-Man, IV Stands)			note : incl in undergrad -----							\$0	\$0	\$0
Section Total:			\$386,556	\$277,704	\$386,556	\$277,704	\$386,556	\$277,704		\$1,030,416	\$1,030,416	\$1,030,416
Section 2) Space Needs:												
			note : incl in undergrad -----									
Section 3) Science based nursing prerequisites (generated from new nursing enrollment):												
New basic sci FTE (assuming 1 year in advance of nursing enrollment)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Faculty FTE	Budgeted	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed				
New Faculty FTE	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Cumulative New Faculty FTE @ ratio - see below	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Faculty Salary (\$63,774 = Associate Professor B contract - Midpoint of Q1 and Q2 FY 07)		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty)		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0
Support Staff (5:1 faculty)=(28,021+6,417+6,002=\$40,440)		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0
Teaching Assts/ Grad Assistants (NA Univ Undergrad)		0	0	0	0	0	0	0		\$0	\$0	\$0
Operating (\$6353 faculty FTE/ \$2435 classified FTE)		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0
Ongoing Technology Equipment/ Workstation (\$5506 faculty FTE/ \$1059 classified FTE)		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0
Section Total:			\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0

**NEVADA SYSTEM OF HIGHER EDUCATION
Preliminary Plan to Increase Nursing Enrollments
Incremental costs associated with proposed growth**

Unduplicated Headcount of Nursing Students

UNR Graduate	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	Annual Cumulative Totals (New)	2007-09 Biennium Funding Enhancement	2009-11 Biennium Funding Enhancement	2011-13 Biennium Funding Enhancement
Incremental costs associated with proposed growth	<i>Projected</i>	<i>Projected</i>	<i>Projected</i>	<i>Projected</i>	<i>Projected</i>	<i>Projected</i>	<i>Projected</i>	<i>Projected</i>	112	@ 100% FY 07 \$	@ 100 % FY 07 \$	@ 100% FY 07\$
Total Headcount:	40	56	72	88	104	120	136	152				
Incremental Headcount Change	1 HC = 1 FTE	16	16	16	16	16	16	16				
Section 1) Nursing Department Specific Salary/ Operating Costs:												
Faculty FTE	Budgeted	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed				
New Faculty FTE @ 8:1 (rounded to nearest full FTE)		0	2	2	2	2	2	2				
Cumulative New Faculty FTE @ 8:1 (rounded to nearest full FTE)		0	2	4	6	8	10	12				
Faculty Salary (\$63,774 = Associate Professor B contract - Midpoint of Q1 and Q2 FY 07)		\$0	\$127,488	\$127,488	\$127,488	\$127,488	\$127,488	\$127,488		\$382,464	\$382,464	\$382,464
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty)		\$0	\$29,406	\$29,406	\$29,406	\$29,406	\$29,406	\$29,406		\$88,218	\$88,218	\$88,218
Support Staff (5:1 faculty)(=28,021+6,417+6,002=\$40,440)		\$0	\$16,176	\$16,176	\$16,176	\$16,176	\$16,176	\$16,176		\$48,528	\$48,528	\$48,528
Teaching Assts/ Grad Assistants (1:8 Faculty, \$15,903 + \$239)		\$0	\$4,036	\$4,036	\$4,036	\$4,036	\$4,036	\$4,036		\$12,107	\$12,107	\$12,107
Operating (\$6829 faculty FTE/ \$2618 classified FTE)		\$0	\$14,705	\$14,705	\$14,705	\$14,705	\$14,705	\$14,705		\$44,116	\$44,116	\$44,116
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)		\$0	\$13,600	\$13,600	\$13,600	\$13,600	\$13,600	\$13,600		\$27,200	\$27,200	\$27,200
Ongoing Technology Equipment/ Workstation (\$5919 faculty FTE/ \$1138 classified FTE)		\$0	\$12,293	\$12,293	\$12,293	\$12,293	\$12,293	\$12,293		\$36,880	\$36,880	\$36,880
Special Operating (ex: clinical supplies)		\$0	\$48,000	\$48,000	\$48,000	\$48,000	\$48,000	\$48,000		\$144,000	\$144,000	\$144,000
Special Equipment - One Time (ex: Sim-Man, IV Stands)			note : incl in undergrad -----							\$0	\$0	\$0
Section Total:			\$265,704	\$265,704	\$265,704	\$265,704	\$265,704	\$265,704		\$783,512	\$783,512	\$783,512
Section 2) Space Needs:												
			note : incl in undergrad -----									
Section 3) Science based nursing prerequisites (generated from new nursing enrollment):												
New basic sci FTE (assuming 1 year in advance of nursing enrollment)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Faculty FTE	Budgeted	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed				
New Faculty FTE		0	0.00	0.00	0.00	0.00	0.00	0.00				
Cumulative New Faculty FTE @ ratio - see below		0	0.00	0.00	0.00	0.00	0.00	0.00				
Faculty Salary (\$63,774 = Associate Professor B contract - Midpoint of Q1 and Q2 FY 07)		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0
Faculty Benefits (Rate = 13.65% + \$6002 for full time faculty)		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0
Support Staff (5:1 faculty)(=28,021+6,417+6,002=\$40,440)		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0
Teaching Assts/ Grad Assistants (NA Univ Undergrad)		0	0	0	0	0	0	0		\$0	\$0	\$0
Operating (\$6353 faculty FTE/ \$2435 classified FTE)		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0
New Position Equipment (one time) (\$6000 faculty FTE/ \$4000 classified FTE)		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0
Ongoing Technology Equipment/ Workstation (\$5506 faculty FTE/ \$1059 classified FTE)		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0
Section Total:			\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0

Appendix E

**Suggested Legislation
by the Legislative Committee on Health Care**

Appendix E

Suggested Legislation by the Legislative Committee on Health Care

The following bill draft requests will be available during the 2007 Legislative Session, or can be accessed after “Introduction” at the following Nevada Legislature Web site: <http://www.leg.state.nv.us/74th/BDRList/>.

- BDR 40-302** Authorizes nursing assistants to administer medications in facilities for intermediate care and facilities for skilled nursing under certain circumstances.
- BDR 54-303** Requires a provider of health care to provide a bill to a patient within 120 days after the charge is incurred.
- BDR 40-304** Makes various changes concerning the certificate of need requirement in rural counties.
- BDR 40-305** Makes various changes concerning confidentiality of electronic medical records.
- BDR 39-306** Makes various changes concerning examination required before allegedly mentally ill person is transported to mental health facility.
- BDR 40-307** Establishes a coordinated statewide health care planning effort.
- BDR 54-308** Makes various changes concerning counseling.
- BDR S-309** Makes an appropriation to the Division of Health Care Financing and Policy of the Department of Health and Human Services for services for Medicaid recipients with traumatic brain injuries.
- BDR 17-310** Establishes a statutory Legislative Committee on Child Welfare and Juvenile Justice and a statutory Legislative Committee on Senior Citizens and Veterans.
- BDR S-311** Makes appropriations for the provision of various health care services.