

State's new health commission faces 'daunting' task

Kristyn Leonard
The Nevada Independent

EDITOR'S NOTE:

This article was first published by The Nevada Independent on Feb. 4 and is republished here with permission. Go to thenevadaindependent.com to read more.

Members of the state's new Patient Protection Commission had a lot to say about the status of healthcare in Nevada, but the general consensus was clear — costs are too high and there are too few providers.

Price, licensing and access for special populations were among the topics of discussion at the first meeting of the new commission on Feb. 3. Gov. Steve Sisolak first promised to form the commission while on the campaign trail in 2018 and appeared at the meeting in person in Las Vegas to talk with the group and share his own goals.

"We must closely scrutinize the disparity in healthcare affordability and quality in different communities in our state," he said. "Every Nevadan should have access to good doctors and affordable, quality health insurance, regardless of where they live or what their ZIP code is."

Sisolak emphasized the need for "specific recommendations" from the committee and its 11 members, whom he appointed in December.

"I believe that this commission provides us with a unique opportunity to examine and address issues of health care access, affordability and quality," said Dr. John Packham, an associated dean with the UNR School of Medicine, who is chairman of the commission. "With that said, I think our task is fairly daunting."

Of note for Northern Nevada, Tony Slomim, president and CEO of Renown Health, is also a member of the commission.

At its Feb. 3 meeting, the committee heard from Marshellah D. Lyons, the deputy research director from the Legislative Counsel Bureau, who spoke from Carson City and provided members with an overview of health care statistics.

Nevada is consistently ranked low when it comes to provider rates. The state is 47th in the rate

of physicians per 100,000 people, with only 226 compared with a national average of 326. The state comes in last for the rate of physicians in surgical specialties, with 36 for every 100,000 people compared with a national average of 54.

The state ranks 25th for the rate of dentists, an increase from previous years that Lyons said was a result of a concentrated effort to bring in more of these providers. According to Bobette Bond of the union-affiliated Culinary Health Fund, the state has brought its ranking up from 48th in the past 15 years through changes to licensing procedures.

Committee members spent a significant amount of time discussing licensing and credentialing during the meeting, with many citing it as a reason behind the low provider rates.

"We were one of the loosest ones, at one time, a few decades ago, and then we went to the other extreme in licensing restrictions," said Dr. Ikram Khan, president and partner at Quality Care Consultants. "There needs to be a happy medium in between."

The state also ranks first nationally for the percentage of adults who are overweight and sixth for the percentage of the population who use illicit drugs other than marijuana. Nevada has the highest cardiovascular disease death rate.

Health care pricing came up numerous times as a major barrier for patients.

"Talking about the barriers for health care, I believe that the biggest ones for most patients, at least for the people that I get and that I talk to, my patients and my friends — it's basically cost," said Yarleny Roa-Dugan, a registered nurse at Southern Hills Hospital



PHOTO: DANIEL CLARK / THE NEVADA INDEPENDENT
The neonatal intensive care unit at Sunrise Hospital is seen on Wednesday, Jan. 31, 2018. Daniel Clark/The Nevada Independent

and member of the executive board of the SEIU 1107 union. Bond agreed.

"I think that if we did a poll in this valley of the number one reason patients struggle with their health care, it would be price," she said.

Theresa Bohannan, who is the mother of a child with a chronic health condition and who formerly worked for the Nevada Division of Public and Behavioral Health, serves on the committee as an advocate for the needs of patients with special health care needs.

She made it clear that easing the navigation of the health care system for patients should be a top priority for the commission.

"It's a complicated system, and somebody that has a [Bachelor in Health Science], I don't think you should have to have that level of education in order to navigate the system," said Bohannan. "I've filed appeals, I've fought with hospitals, and I think that the average person shouldn't really have to do that."

Committee members also highlighted the need to place specific focus on minority populations

and the rural communities in Nevada who may face different barriers.

"We wouldn't be doing our due diligence if we didn't look at the racism that exists in the health care system," said Bohannan.

Jessica Flood, the northern regional behavioral health commissioner, also brought up the needs of LGBTQ individuals and those who are incarcerated. Additionally, she emphasized the importance of looking not just at Reno and Las Vegas but also at rural populations.

"I would be remiss not to point out there's a lot of people from urban counties on this board, and think it's important to really acknowledge the rural struggles that are out there and really try to keep that in mind as we move forward," Flood said.

The committee also discussed the potential creation of sub-committees to focus on more specific issues and the intent to coordinate with the other health policy-focused committees working this year in the interim ahead of the 2021 legislative session in order to identify common issues

and work collaboratively rather than duplicating policies. That includes one focused on policy surrounding prescription drug prices.

Sisolak emphasized that the commission needs to focus on patients.

"Never forget that the purpose of this commission is to protect patients," he said. "Nevadans come first, second, and third."

The Nevada Independent is a 501(c)(3) nonprofit news organization. It is committed to transparency and discloses all its donors. The following people or entities mentioned in this article are financial supporters of the Independent's work: Bobette Bond - \$1,140; John Packham - \$20; Steve Sisolak - \$2,200; and Theresa Bohannan - \$115. This story and all others about the Patient Protection Commission are edited by Managing Editor Elizabeth Thompson and/or Assistant Editor Michelle Rindals. Sara Chahagian, the commission's executive director, is in a relationship with Editor Jon Ralston.

NEGLECT

From page 8

Once Sandovral left office, she started asking the Sisolak administration if it would appoint new members. But Clary said she did not get much follow-up.

Then her term expired in June. Now the entire board is vacant, and Sisolak has yet to appoint any new members.

That inaction has frustrated Clary, who has watched as the new administration has touted the scores of appointments it has made to state boards, most recently in a Feb. 6 press release.

"It's not like they weren't appointing people and considering applications," Clary said.

Sisolak's communications director, Ryan McInerney, said in an email exchange on Feb. 6 that "the governor has every intention of appointing members to the commission after he confers with members of Legislative leadership, as outlined in statute. Once the commission reaches quorum, the expectation is that they will begin conducting their work."

Senate Majority Leader Nicole Cannizzaro said her office has not received any applications yet. But Cannizzaro added that she

is "currently working with stakeholders to identify qualified applicants for recommendation in coordination with other legislative leaders and the governor's office."

Reviving the commission?

Even if the board is reconstituted, questions remain about how effective it would be.

Glenn Miller, a UNR emeritus professor who studied chemistry and a board member of Great Basin Resource Watch, testified in favor of the mining commission when it was created in 2011.

When asked if he thought

the commission was effective, he responded bluntly:

"No."
"I think if it's reconstituted, it will have to be done in a way where there is some mission," Miller said. "It has to be staffed. It has to have people concerned about the impacts of mining."

Miller said the industry had "come a long way" but there remain topics that the commission could study, including pit lake regulations, safety issues and the long-term management of acid heaps.

Assemblywoman Sarah Peters, a Reno Democrat who works as an environmental consultant, said the

commission is necessary because it is one of the few places where a state board can collect public opinion on a range of mining topics, from operational issues to environmental issues. Since mining projects are sited on federal land, general public comment is often collected by federal regulators.

Peters believes the commission can serve, in part, as a state clearinghouse. Peters said she is open to tweaking the commission's current directive to adjust for a mining industry that has changed in the last decade, often placing a greater emphasis on social responsibility.

"We can change that [directive]," she said. "We can add from that or subtract from that."

"But," she added, "I don't think dissolving the commission is the right action in this case."

The Nevada Independent is a 501(c)(3) nonprofit news organization. It's committed to transparency and discloses all its donors. The following people or entities mentioned in this article are financial supporters of the Independent's work: Brian Sandovral - \$350; Kyle Davis - \$720; Melissa Clary - \$50; Ryan McInerney - \$110; Steve Sisolak - \$2,200.