IMMEDIATE HEALTHCARE SOLUTIONS FOR NEVADA

White Coat Party of Nevada

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Acknowledgements

This compendium of proposed bills was created as collaborative effort by many healthcare providers who met at various different events and contributed their time and attention to drafting and editing these ideas in an attempt to improve healthcare in our state. My sincere thanks goes out to the many healthcare providers, too numerous to individually mention, who participated in this process. Thank you for your ongoing devotion to your patients and to your profession. Everyone in our state owes you gratitude and respect.

Letter to Governor Lombardo

Dear Governor Lombardo,

Thank you for allowing me to complete my second term serving on the Nevada State Board of Medical Examiners. Over the last 8 years I have learned a great deal about medicine in Nevada. I would like to share some of the knowledge I have gained in the hope it may help you to craft policy to improve healthcare in Nevada to benefit of all of its citizens. I have included in this letter drafts of multiple policies that, if implemented, would significantly improve the quality of lives of all Nevadans.

As you hear from many sources, Nevada ranks near last among the states in the US in terms of the quality of healthcare delivered here. Many large corporations complain that this limits their ability to recruit quality employees. Many Nevada voters complain that the poor healthcare here has cost the lives of their friends and family. The most widely believed reason given is that doctors in Nevada are of poor quality. Having seen nearly every substantive malpractice complaint in the state for the last 8 years I have come to a different conclusion.

I believe the primary reason for the deterioration of healthcare in our state is the steady increase of corporate control over healthcare here. The insurance companies, hospital corporations, pharmaceutical companies and private equity corporations which practice medicine all are only beholden to shareholders with a priority to maximize profits. Patient care is only important to them to the extent that patient harm/suffering causes adverse litigation. The institutions empowered with overseeing that these corporations abide by existing laws and act in the best interests of all Nevadans are feeble and understaffed. This lax supervision results in the death and suffering of our loved ones. The financial incentives under which these corporations operate need extensive revision. New laws need to be written to protect patients from the willful harm these institutions promote, the same way labor laws had to be written in the early 1900s to protect children from the corporate greed of factory operators.

Arguing in favor of curbing corporate power has earned me many enemies. That said, if people with ability don't rise to the challenge of addressing these issues, then they condemn us to bear witness to the suffering their inaction causes.

Respectfully,

Aury Nagy, MD

c) 702-477-5071

MEDICAL LICENSING REFORM

Consolidation of Medical Boards

There are 3 separate government boards that oversee the practice of acute care medicine:

- MD board
- DO board
- NP board

This allows for three separate standards for the practice of medicine, three times the staff and potentially unfair standards by which they are forced to compete against each other (more or less regulations for one than the other). Consolidating the boards would save money and create one standard of care. Expansion of the board of medical examiners by adding 3 nurse practitioners and three DO diplomates would allow sufficient representation. Perhaps adding additional lay public members would be appropriate as well. Joint oversight by both the medical board and the nursing board (two boards) is not without precedent since naturopathic physicians are sometimes also supervised by both the MD or DO boards.

Creation of New License Category: Assistant Physicians

An Assistant Physicians is a physician who has successfully completed 4 years of medical school and one year of internship, but has not yet completed a residency. Approximately 5000 medical school graduates every year fall into this category. The first state to offer a way for these well trained individuals an opportunity to work in a supervised role was Missouri. Missouri's quality of healthcare is ranked #35 compared to Nevada's ranking of 38, so apparently their healthcare with these physicians of limited training is at least as good as Nevada's and surpasses it by the most popular rating metric.

I spoke with the chairman of Missouri's board of medical examiners. He said he has not seen significant malpractice complaints arising from this group. He did say that his state was flooded with applications and that this has helped to reduce their physician shortage.

I propose that in Nevada we offer a restricted medical license to assistant physicians, copying Missouri as many other states have now done. The assistant physicians would require a supervising physician to oversee their activities, much like a physician assistant.

This would be a rapid way to at least partially address the physician shortage in Nevada. It would also allow physicians who completed medical school and internship a way to start paying off their school loans while waiting for acceptance into a residency program.

MENTAL HEALTHCARE REFORM

Improved Mental Health in Children

Depression, PTSD, anxiety disorder and suicide are all being seen with higher frequency in children in Nevada. Treating these disorders in childhood results in happier, healthier children who become productive adults, rather than adults with mental disorders who fill our prisons, mental hospitals and charity clinics. How can we treat these disorders affordably?

Children 11-18yo (possibly also younger children, but these are the most at risk of suicide) should fill out a form twice a year. The form has 9 questions that screen for depression, 7 for anxiety, and 20 for PTSD. Children whose scores indicate pathology will be offered free online cognitive behavioral treatment (CBT) after initial screening by a school psychologist. CBT can be performed by an automated chatbot. Chatbots specifically for CBT can avoid the dangers of general knowledge AI chatbots that have previously been utilized in mental health treatment.

Children who require more help than CBT will require referral to a physician or a psychologist not affiliated with the school system. Encryption will prevent anyone but the school nurse from accessing the identities of children who test positive. Test score data will be permanently erased every 6 months. Parent permission will be required for the children to be allowed to take the tests.

Expected outcome:

- Reduced suicide rates
- Reduced drug addiction rates
- Improved test scores
- Improved athletics performance

Childhood Depression and Nutrition

Substantial and incontrovertible evidence is now available linking poor nutrition to depression and many other health disorders that cost the state millions and the country billions of dollars. Mental health cannot be improved and healthcare costs cannot be reduced in Nevada until the issue of healthy nutrition is addressed.

Part 1 is a program educating mothers and providing them with sample nutrition products produced in Nevada (likely from rural areas). This ensures good nutrition in the crucial years from birth through 8 years of age.

Part 2 is improving K-12 nutrition in Clark County's schools. The Clark County School District is the largest school district in the United States. Success in this district will have a national audience paying attention. The county government controls what food is provided to the majority of K-12 children in the state and provides their education about nutrition. The county can decide to provide food that is nutritious or food that is harmful. I have opened a dialog with Mike Barton at the school district who has agreed to let me speak with the School District's nutritionists.

Our state has some of the best nutritionists in the country serving the needs of some of our nation's greatest athletes. The nutrition knowledge base in our state is excellent. I would like to host meetings between the school district's nutritionists, our state's private sector nutritionists, and nutrition scientists from Harvard, UCSF and UC Davis.

Our state has large quantities of fresh food shipped in daily to serve the needs of our tremendous restaurant industry. Our state has some of the best chefs in the world. I would like to involve Nevada's farmers to see how much of school nutrition demand can be sourced from within Nevada.

Our state is developing a biotech research ecosystem. We have been bringing together researchers and organizing our scientific efforts. The science in nutrition is now excellent and there are many changes that can be made that will help Nevada's citizens:

Immediate actions:

- Adopt Real Food (a San Francisco nonprofit) recommendations for nutrition in Clark County Schools
- Convene a meeting of local nutritionists to hear their suggestions
- Establish links with UC Davis and UCSF nutrition scientists
- Convene a meeting of local chefs to hear their suggestions

Long-term changes:

- Ban sodas and sucrose/fructose at all hospitals
- Punitively tax the sale of ingredients high in sucrose/fructose
- Promote/subsidize the use of glucose/maltose/galactose/L-serine/xyulose/allulose

Expected outcomes:

- Increased test scores for Nevada students compared to the rest of the country
- Increased physical fitness for Nevada students compared to the rest of the country
- Reduced suicide rates for Nevada students compared to the rest of the country
- Reduced Medicaid costs for diabetes, coronary artery disease, hypertension, and other diseases
- Development of expertise in the field of nutrition science with the potential to export products and services to the rest of the nation/world.
- Prevention of the exploitation of Nevadans by America's agricultural/food industry by blocking its attempts to promote sugar addiction in Nevada.

Mental Health Services for Veterans, Firefighters and Police Officers

Witnessing death is traumatizing and some people never get over the things they have seen. This can lead to post-traumatic stress disorder, depression and suicide. The suicide rates for firefighters and police officers are shockingly high. The homelessness rate and substance abuse rate for veterans are both also shockingly high. Mental health services for these groups would save many lives and keep many Nevada families whole. Dramatically effective cutting edge treatments for these diseases are available, but are not reaching the people who need them most. The best way to induce businesses to serve this unmet need is to provide incentives. Subsidizing the development of a network of facilities designed to provide cutting edge therapies and research protocols to police officers, firefighters and veterans suffering from mental health issues would benefit the state, would create jobs, and could potentially lead to the development of treatments that could be exported to the rest of the country, possibly creating manufacturing jobs or inducing medical tourism. A grant of $500K could set up centers in Reno, Henderson and Las Vegas that would pay for staff, equipment and trials to treat PTSD and depression using transcranial magnetic stimulation and/or psilocybin based therapies. Current data on these therapies is that they cure the diseases in most patients, saving the state potentially millions of dollars in the long-term healthcare expenses that would be needed to treat these patient over their lifetimes.

Gender Preference Education

Sex education classes for high school students should include information regarding development of the brain structures involved in sexual partner preference.

During the 1980s AIDS epidemic many victims of HIV donated their bodies to science. At autopsy, measurements were taken of an area of the brain now called the sexually dimorphic nucleus of the hypothalamus (SDNH). The area was found to be 2.2 times larger in heterosexual men than in heterosexual women, and 2 times larger in heterosexual men than in homosexual men. [LeVay S (1991). "A difference in hypothalamic structure between heterosexual and homosexual men". *Science*. **253** (5023): 1034–1037.]

During the development of the fetus, external physical sexual characteristics are developed before the SDNH develops. A study in fetal mice was conducted in which testosterone was either blocked in male (XY) mice or boosted in female (XX) mice. This resulted in adult mice with external genitalia of one gender but with sexual behaviors of the other gender. In humans the window between development of external genitalia and development of the SDNH is about 2 weeks. It has been theorized that during this time span some mothers have antibodies to testosterone that can interfere with appropriate development of the SDNH. This is based on the fact that the second male child of a mother is significantly more likely to be homosexual than the first male child.

It is possible that delivery of this information to high school students during their state-mandated sex-education classes might help some people grow up with a better understanding of the biological basis of their impulses. This understanding that gender preference in hardwired before birth may help some children avoid suicide.

Increased Federal Funding for Therapy Dogs

Veterans, police officers, firefighters and nurses all deal directly with death. This creates an emotional burden that manifests in increased levels of depression, anxiety, PTSD and suicide when compared to the general population. Federal grants are available that pay local Nevadans to train dogs rescued from animal shelters to become service dogs and therapy dogs. The most intelligent of these animals can become service animals for people with blindness, injuries or emotional trauma. Some of the dogs trained go on to become search and rescue dogs, dogs trained to find explosives or illegal drugs, or comfort dogs used in hospitals. Therapy dogs have been shown to lower cortisol levels, which has been shown to prolong life. This is a simple and direct way to improve mental health in Nevada, reduce suicide, and promote civility and community.

Acknowledging the Link Between Depression and Abortion

Abortion tied to sharp decline in women's mental health - CBS News

https://www.cbsnews.com/news/abortion-tied-to-sharp-decline-in-womens-mental-health/

A large study in the UK documented that about 10% of the mental health expenditures for women in their country were related to having had an abortion.

One way to reduce mental health issues in our county may be to encourage women to avoid abortion and deliver the child. It can be presented as a patriotic action for our country which has a declining birth rate. In the same way men risk their lives to serve their country, so too do we ask women to risk their lives in service to our country. In such a program it would be important to inform the women involved that in no way is their right to choose abortion abridged, and no stigma is warranted for out-of-wedlock pregnancies. Perhaps it could be argued that all things go according to a divine plan.

Funding to provide this type of counseling could save the US about 5% of the money currently spent on mental healthcare.

HEALTH INSURANCE REFORM

Sample Insurance Denial Board Complaint Letter

(DATE)

Today my patient (NAME) was denied care by their insurance company (INSURANCE).

In my medical opinion the care I recommended was appropriate for my patient's condition and I believe that any two of my colleagues who reviewed the case would agree.

I believe the denial of appropriate care for my patient constitutes malpractice.

If there was no physician involved in the decision to deny care, then the insurance company is making medical decisions without a license to practice medicine and the case should be referred to the Nevada Attorney General's office to prosecute the insurance company for the unlawful practice of medicine.

If a physician was involved in the decision, they are in violation of NRS (630.301(8)). Nevada case law affirms that their medical opinion constitutes the practice of medicine.

A copy of my clinic note documenting the plan for the care is attached.

Brief details are given below. (1-4 sentences max)

Respectfully,

____

Reducing Insurance Company Denials

When a healthcare provider recommends a treatment for a patient, the insurance company often reflexively denies payment. After substantial arguing the insurance company most of the time eventually approves the care. This delay creates pain and suffering for Nevadans, and sometimes causes permanent harm or death. I believe if people have paid a portion of every paycheck to get healthcare when they need it, then they should be able to get healthcare when they need it.

At the Nevada State Board of Medical Examiners we are seeking ways to punish physicians who enable the denial process, potentially by removal of their licenses. These are mostly physicians who live out of state and supplement their income by reading denial forms for the insurance companies when the physicians in our state contact them requesting approval for care Nevada patients need. Nevada currently has laws (NRS 630.310(8)) that clearly state the board has authority in this matter. To date, the board has not taken on any of these cases for fear of the tremendous cost of litigation expected to be brought by the insurance industry. Cases like this have the potential to bankrupt our board.

We have considered requesting assistance from the Division of Insurance at the Nevada Department of Business and Industry, but they seem understaffed and underfunded to handle the volume of complaints they would receive should they start to pursue these claims. When a division of the executive branch of government cannot enforce the current laws on the books, making new regulations does not help and people then operate in an essentially lawless environment.

For this reason, the best path forward seems to me to be to empower the trial attorneys. We should pass laws that make it very easy for them to successfully sue health insurance companies for vast sums of money when they inappropriately deny care. Eventually this should force the insurance companies to ease the denial process and to actually provide the care the patients need and for which they have already paid through their premiums.

Insurance Company Payment Delays

The business of insurance companies is to delay or deny payments. If they delay payments enough they can intentionally destabilize the small businesses to which they owe money in order to then purchase them. This is a predatory trade practice that destroys small businesses.

A law should be established that provides severe penalties for corporations that delay payments to healthcare providers. $1000/day should be sufficient to deter this type of behavior in the future. Washington and New York already have enacted similar laws.

Health Insurance Denials should be adjudicated by the Board of Medical Examiners

Whereas the Nevada Division of Insurance lacks the personnel and resources to adequately respond to all of the complaints they receive regarding inappropriate insurance delays and denials from customers or payees of health insurance companies;

Whereas the consequences of inappropriate delays and denials lead to the pain, death and suffering of Nevadans;

Whereas health insurance companies have instituted policies specifically designed to inappropriately delay and deny claims, knowing there is no substantial legal consequence for such delays and denials, nor realistic recourse through civil litigation since most health insurance policies in Nevada provide health insurers with ERISA protections and most complainants cannot afford sustained litigation;

Whereas the Nevada Division of Insurance lacks the expertise to adjudicate as to whether or not medical claim denials are justified or not;

And whereas health insurance companies are eager to avoid a single payer solution to the American healthcare crisis;

Therefore, be it resolved that:

> The Nevada State Board of Medical Examiners should replace the Division of Insurance as the adjudication body served with the task of determining the appropriateness of medical care request claim denials and delays, equipped with the capacity to levy severe fines to insurers when they are found to be in the wrong.
>
> The review process will have the exact same structure as the current NSBME Investigative Committee process, with hearings before hearing officers selected by the Board.
>
> All health insurance sold in this state covering humans, may not prohibit medically necessary treatment.
>
> No insurance company may deny a valid claim for coverage that is medically necessary.
>
> A determination of medical necessity granting or denying a claim for coverage must by timely rendered by any insurer, and in no circumstance may such determination be made beyond 10 business days from submission.
>
> No insurer may refuse to accept a submission for coverage, or refuse to timely render a determination on a claim submitted.
>
> Every insured person has a right to appeal any insurer denial of coverage, and to appeal any delay by an insurer in rendering a determination as untimely.

Such appeals shall be made to the NSBME, consisting of an appeal statement, and those materials submitted to the insurer for coverage.

The NSBME is hereby tasked with rendering administrative determinations as to the medical necessity and timeliness of coverage determinations.

The standard of proof shall be preponderance of evidence.

Insurers may submit an answer to the appeal within 10 business days of receipt of notice of appeal to the Board.

The appellant may reply within 5 business days of answer.

The Board's Insurance Committee shall render a preliminary determination within 10 business days, and may order an insurer to provide coverage, and assess an administrative penalty of $1k up to $10k for improper or untimely determinations, or for vexatious appeals.

Either party may appeal this determination and order to the full Board.

The Insurance Committee shall review the appeal and deliver a preliminary determination to the parties and the Board within 30 days of receipt.

The Board shall render a determination on appeals from Committee within 60 days.

The Board is authorized to assess fines in the amount of a minimum of $10k to a maximum of $100k per occurrence of improper denial of coverage or untimely determination of coverage.

Insurers shall pay all the Board's fees according to NRS 622. Insured and insurer may appear and advocate. Each party shall pay their own personal fees and costs.

Start-up funding required for staffing and operations will be generated by a tax on the profits health insurance companies generated operating in the state (At least $750M in profit was earned by Nevada’s health insurers in 2024).

When the volume of complaints outstrips the Board’s ability to handle them, the Board may subcontract cases to outside counsel and may allow them to keep some or all of the monies collected from successful litigation.

*** Fiscal Note – It is estimated the state will need $10 million for initial set up of staff and operations with $4 million in annual expenses. It has been discussed with Aaron Ford, Nevada State Attorney General that $10 million can be successfully obtained from class action lawsuits against health insurance providers operating in Nevada. The legislature would need to specifically designate that such recovered funds should be utilized exclusively to regulate health insurance companies to further the intent of this bill.

Catastrophic Healthcare Coverage

US citizens over 30 years of age are forbidden from purchasing catastrophic healthcare coverage for bills greater than $25,000. If they were not forbidden, then many Americans would pay cash for basic healthcare, and then would buy catastrophic healthcare coverage for anything more expensive. Legislators have passed laws that prevent this in an effort to force healthy patients to subsidize the healthcare costs of the unhealthy while allowing insurance companies to profit. This restriction should be repealed.

Compensation for time spent fighting insurance companies while advocating for patients' benefits

Nevada law requires healthcare providers to argue with insurance companies over patient care denials if the healthcare providers feel the care that was denied is in the best interests of their patients. There is no limit to the amount of work the insurance company may request of the healthcare provider in order to sufficiently argue that the care is warranted. The information requests from insurance companies are essentially busy work asking the healthcare providers to summarize information the insurance companies already have in their possession, since they required this information when they paid for the patients' prior care. The intent appears to be to deter healthcare providers from advocating for their patients, thus saving the insurance companies money.

Since the requests from insurance companies have now become ridiculously burdensome, (sometimes requiring 30 minutes of work to complete the supplemental information summary to approve a $30 study), new laws must be put in place to deter insurance companies from this abuse of process, and this tactic used to deny their patients care by raising hurdles to healthcare delivery personnel. Insurance companies must be required to compensate healthcare providers for the time it takes them to respond to insurance company information requests.

Ban Leasing of Provider Networks

It is often the case that companies are set up specifically to form contracts with physicians asking them to accept fixed reimbursement rates for their services. These companies will then lease this network of physicians who have agreed to these rates to insurance companies that may not have been able to negotiate such favorable agreements on their own. These kinds of networking agreements hurt free markets as described below.

These types of network agreements allow a form of price-fixing by insurance companies. Normally, the insurance companies could not work together to set prices for physician services. This is true because no entities are allowed to collude together to fix the prices they pay in a given market. The agriculture industry is filled with examples of federal prosecution of such cartel activities. The federal government takes action because such cartel activity is anti-competitive. In the case concerning physician rates, these networks are essentially agents that charge the insurance companies to do the price-fixing for them. The limited number of buyers makes such collusion appear to be a cartel.

It should be illegal for insurance companies to lease fee schedules from networks; insurers should be required to directly contract with physicians.

cartel /kär-tĕl′/
noun

1. A combination of independent business organizations formed to regulate production, pricing, and marketing of goods by the members.

Mutual Health Insurance Companies

Warren Buffet has argued that in the 1980’s America had the best healthcare in the world and it cost us 8% of Gross Domestic Product (GDP). Today we have the worst healthcare of any developed country and it costs us 18% of GDP. We are paying more than twice as much and getting worse care. He argued that if something is not done about this we will not be able to compete with China, India and the rising economies of the world. He did not discuss the reason for the difference nor how to fix it. If America can save 10% of GDP annually that would be ~$3 trillion saved every year, or about $60 billion per state.

The reason for the difference is that while today most health insurance providers are publicly traded companies, in the 1980s most health insurance providers were mutual insurance companies. The CEOs of publicly-traded health insurance companies are incentivized to collect as much money as possible from consumers and spend as little as possible on healthcare in order to maximize profits for their shareholders. The CEOs of health insurance mutual funds are incentivized to provide as much healthcare as possible to their members for the best price. Health insurance mutual funds are companies that use all of the money they get from customers to provide care to those customers. Any profits the company makes are returned to shareholders. Since the shares of a mutual fund are owned by the people who buy insurance from the fund, they get to determine how profits are used and what the rates need to be. That also means the mutual fund shareholders can fire the CEO if the CEO does not provide the care they need.

We have a choice in Nevada about what kinds of companies are allowed to provide health insurance for our residents. We can choose to only allow companies that are motivated to actually provide care, instead of companies that are incentivized to deny care. We can write laws that severely punish companies that repeatedly put profits over patients. Mutual insurance companies are a much better choice for Nevada. For-profit health insurance companies don’t seem to offer any benefits over mutual insurance companies, cost Nevadans more, and deliver less care. For-profit health insurance providers should be phased-out and ultimately outlawed in our state.

Any Willing Provider

Many patients complain they have to wait a long time before they can see a physician who is contracted with their insurance company. Insurance companies refuse to contract with many physicians who would like to be on their panels. This denial hurts patients and restricts physicians' ability to practice independently. It seems that some insurance plans are refusing to contract with physicians in order to force them to quit independent practice to join groups affiliated with the insurance providers which will then employ them. A simple solution is to require insurance panels offer insurance contracts paying Medicare rates to any willing provider. This will allow faster access to healthcare for Nevada's citizens. Using Medicare reimbursement as a floor is not unreasonably pricey for the insurance companies since Medicare reimbursements are so low many physicians will not accept Medicare insurance due to the low reimbursement rates.

Increasing Medicaid Funding

It would be reasonable to fund Medicaid with a 2% room tax on the hotels.

The justification is as follows:

The largest purchasers of health insurance in the state are the hotels. They are required by federal law to provide health insurance to their employees, so they shop for the lowest cost health insurance they can find. In an effort to provide low cost health insurance, health insurance providers limit the amount of healthcare actually provided, thereby reducing their expenses. Unfortunately, the amount of healthcare they provide has reached unsafe levels, and the state government agencies tasked with regulating these insurers are understaffed and under-funded, so the employees who believe they have health insurance don't actually receive the healthcare expected due to months of delays and denials. The suffering employees are eventually unable to continue to work, lose their job and health insurance and then become a burden on the state's Medicaid system. The hotels' responsibility to provide appropriate healthcare for their employees is thus skirted. For this reason, a 2% room tax should be instituted. For hotels that adopt more robust health insurance plans for their employees, a waiver can be granted from the 2% room tax.

HOSPITAL REGULATORY REFORM

Nurse to Patient Ratios

Aiken LH, Sloane DM, Cimiotti JP, Clarke SP, et al. Implications of the California nurse staffing mandate for other states. Health Serv Res. 2010;45(4):904-21.

Spetz J, Harless DW, Herrera CN, Mark BA. Using minimum nurse staffing regulations to measure the relationship between nursing and hospital quality of care. Med Care Res Rev. 2013;70(4):380-99.

It has long been known that increasing the nurse to patient ratios in hospitals saves lives. The patients are happier, the nurses are happier, the physicians are happier. The only ones not happy are the hospital executives, since increasing nurse to patient ratios means hiring more nurses at higher salaries, which reduces the profit margins of the hospitals and the bonuses of its executives. The goal of Nevada laws should be to help the people of the state of Nevada, not out-of-state corporations. Nevada should adopt the same ratios that California has instituted. A special panel can be created to allow exceptions in the event a hospital applies a significantly new technology that can provide a higher level of care with fewer personnel.

The hospitals claim they cannot staff the hospitals adequately because there is a nursing shortage, so they request that the state invest in the creation of new nursing programs. The reality is that once the nurses graduate and work in Nevada for a few months, they realize they could make a lot more elsewhere, so they leave. (Avg nurse salary in NV: $95,642 vs California $133,340) (Avg nurse to patient ratio on the floor in NV: 6-10 vs CA 4-6).

The financial cost to the hospitals of hiring more nurses can be offset combining with this bill a proposal to prevent health insurance companies from inappropriately down-coding (denying full payment for) goods and services provided by the hospitals. According to four different Nevada hospital chief financial officers, this could save as much as $20 million per hospital, which would be enough meet the shortfall in safe nursing staffing.

Implementing the Patient Protection Act in Nevada is essential to address the state's healthcare challenges, particularly concerning nurse staffing levels and their direct impact on patient morbidity and mortality.

Current Healthcare Challenges in Nevada:

Elevated Mortality Rates: In 2021, Nevada's age adjusted death rate was 937.3 deaths per 100,000 residents, marking a 26.58% increase from 2019.

Maternal Health Concerns: Between 2018 and 2020, Nevada's maternal mortality rate

stood at 19.2 per 100,000 live births, surpassing the Healthy People 2030 objective of 15.7. Notably, Black, Non-Hispanic Nevadans experienced mortality rates 4.3 times higher than their White, Non-Hispanic counterparts.

<u>Nursing Shortage:</u> As of 2018, Nevada had 743 registered nurses per 100,000 population, ranking 48th nationally and indicating a significant shortfall in nursing staff.

<u>Impact of Nurse Staffing on Patient Outcomes Supported by Extensive Research:</u>

- Reduced Mortality: A study funded by the National Institute of Nursing Research found that each additional patient assigned to a nurse increased the likelihood of patient death, extended hospital stays, and elevated 30day readmission rates.
- Improved Survival Rates: Research published in BMJ Quality & Safety revealed that lower registered nurse staffing and higher patient admissions per nurse were associated with increased in hospital mortality rates.
- Enhanced Patient Safety: The Royal College of Nursing reported that each additional patient per nurse correlated with a 12% increase in the likelihood of in hospital death and a 7% rise in 60day mortality.

<u>Financial Implications:</u>

Investing in appropriate nurse staffing not only saves lives but also reduces healthcare costs:

<u>Cost Savings:</u>

Adequate staffing leads to fewer complications, shorter hospital stays, and decreased readmission rates, collectively resulting in significant cost reductions for healthcare facilities.

<u>Economic Efficiency:</u>

By preventing adverse patient outcomes, hospitals can avoid the financial burdens associated with malpractice claims, penalties, and loss of reputation.

<u>Conclusion:</u>

Enacting the Patient Protection Act in Nevada is a crucial step toward improving patient safety, reducing mortality rates, and ensuring a more efficient healthcare system. By

establishing minimum nurse to patient staffing ratios, the state can address current healthcare challenges, enhance patient outcomes, and achieve long-term cost savings.

End of Life Documentation

- It should be required that upon admission to a hospital a patient be required to document their wishes regarding to what extent they wish life-saving measures be applied in the event an emergent situation develops. It is very common in a hospital for a patient's condition to rapidly deteriorate and for the care team to perform every possible intervention to save the patient's life, only to find out later that the patient and/or their family have documentation indicating this is not what the patient wanted.
- These efforts cost patient families thousands of dollars and our healthcare system millions of dollars every year. Although it is obvious that this could save families significant expenses, requiring end of life care documentation for admissions is not a standard policy. It may be that hospitals are disincentivized from obtaining this information since it may result in a significant reduction in annual revenue for them if the annual number of critical care ICU admissions sharply declines in a given year.
- Numerous nurses and critical care physicians are in favor of this type of documentation becoming an admission requirement for every hospital patient. New documentation would be required for every admission to ensure the patient's/family's wishes have not changed since a prior admission

Unregulated Hospital Practices Harm Patients

In the past, hospitals were overseen by boards of directors that focused hospital administrators equally on profits, community service and support of their local employees. Today, the powers of hospitals' boards of directors have been limited and the incentives for hospital administrators are exclusively on profits and possibly the acceptance of bribes. There are almost no incentives for them to prioritize patient welfare above profits.

-Whereas hospitals and corporations continue to extract ever increasing revenue from monies meant to provide care for patients;

-Whereas the state government agencies tasked with oversight of hospitals and healthcare corporations are underfunded and understaffed to the point of near irrelevance;

-Whereas the right to legal remedies provided by litigation have been effectively stripped by the limitation of punitive damages and pain and suffering damages on hospitals and healthcare corporations that limit care in ways supported by numerous state and federal laws;

-Whereas without government oversight, curbing hospital profiteering at the expense of patients falls on the hospitals' boards of directors and medical executive committees;

-Whereas over the last two decades the bylaws governing the operations of hospital boards of directors and medical executive committees have changed, allowing so much autonomy into the hands of the hospitals' administrators as to render their oversight bodies emasculated;

-Whereas hospital policies are created to suppress the ability of healthcare providers to advocate for their patients' best interests and to prevent the patients from advocating for their own best interests;

Therefore, government intervention is required to protect both patients and their healthcare providers from the callous and aggressive actions of hospitals and other healthcare corporations in the measures described below:

- Hospitals and insurance companies should not be allowed to forbid a patient from being seen by an internal medicine physician chosen by the patient's primary care physician since this would prevent greater continuity of care for the patient;
- Hospitals will not be allowed to restrict physician privileges solely on the basis of economic considerations

Hospitals are required to provide the same opportunities to all providers within a specialty; specifically they may not assign more than 50% of ER call within a specialty to one group[1]

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[1] When a hospital restricts call to one group, then the standard of care drops because there is often no competition between groups to demonstrate to other physicians they are providing better care. Since the hospital is only interested in controlling costs not competing to improve patient outcomes, there is no opposing group to assert the care given was substandard. This leads to covering up deaths and patient harm caused by the incumbent group. Future laws will be needed to protect independent physicians from aggressive attacks by hospital-backed medical executive committee members.

- The measures of this bill will be retroactive for three years
- The punishment for violations of this law will be $1million per event

Physician-Owned ACO's Should Be Allowed to Own Hospitals

In the current healthcare market, hospitals and insurance companies can own medical practices even though prior state attorneys general have determined that Nevada's statutes forbid the corporate practice of medicine. This allows such companies an unfair competitive advantage since they can subsidize the salaries of their employed physicians from the operations of their primary company. This is why, for instance, almost all of the cardiothoracic surgeons in Las Vegas are now employees of hospitals and insurance companies instead of working for themselves. They now have to abide by the policies and protocols set forth by their employers rather than provide the care they believe in their hearts patients deserve. This limits consumer choice and possibly impairs quality.

Accountable Care Organizations are group practice entities in which primary care physicians are incentivized to use specialists who provide cost-effective care for their patients. The primary care providers thus choose surgeons/specialists with the best outcomes for the least cost. Because of their role in direct patient care, the primary care providers are well-equipped to determine which specialists are providing the best care for their patients. With appropriate financial data, they can also determine rapidly which specialists are the most cost effective.

ACO's have been very successful at reducing healthcare costs in other parts of the country. National data indicate that physician-owned ACO's outperform corporate-owned ACO's due to a mismatch of incentives in the corporate models. If physician-owned ACO's had the ability to own and run hospitals, the cost savings to patients and to Nevada/US healthcare would be significantly impacted, improving patient outcomes as happens at most physician-run institutions, such as surgery centers.

It is important to incentivize ACO's since these are the best path to reducing healthcare costs in our country. It is desirable for our state to attempt to speed ACO adoption. Physician-owned ACO's are superior to corporate-owned ACO's and therefore physician-owned ACO's should be preferentially incentivized.

Success of the resolution will require physician-owned ACO's to be exempted from Stark laws at the state and federal level. Our legislators can pass an exemption at the state level. Such ACO's in Nevada will need assurances from our local US District Attorney that he does not intend to prosecute them in their attempts to improve healthcare in our state.

ELECTRONIC HEALTHCARE INFORMATION SHARING

State-Operated Electronic Medical Records and Imaging Data Router

Whereas all healthcare providers that participate in Medicare are required to create and maintain digital records (electronic medical records (EMRs)) of their patient interactions;

Whereas federal law requires that the records created store information in a uniform format called HL-7;

Whereas institutions that create medical records utilize electronic medical records systems that charge very high fees to allow outside institutions digital access to their systems, thereby discouraging information sharing;

Whereas institutions that create medical records (clinics, hospitals, imaging centers, lab testing centers, etc.) are financially incentivized not to share the records at their institution with other institutions, thereby encouraging patients to return to their institution in order not to repeat testing and enable comparisons;

And whereas physicians and patients agree it is in the interests of patients and their physicians to be able to rapidly and easily share data between institutions, thereby reducing duplication of services and saving patients and the Nevada economy significant unnecessary expenses;

Therefore, be it resolved that:

- Each EMR company operating in Nevada must provide free of charge an interface that allows a state-run web service to immediately retrieve patient digital information.
- Additionally, each EMR company operating in Nevada must create an interface that allows authorized users to request, view and store patient information from the state run web service.
- In this way, the state does not store any patient information, but only provides the conduit through which the data can be transferred. The state's role is to reduce the anti-competitive barriers set up by the EMR providers and the institutions that utilize them.
- The Nevada State Board of Medical Examiners shall consider it standard of care for radiologists to compare a patient's current images of a particular body part to the most recent prior images performed in Nevada on the same body part, if those images are accessible in the EMR data sharing system. To do less should be considered a breach in the minimum standard of care.

PUBLIC HEALTH REFORM

mRNA COVID Vaccine Administration Policy

The data provided by the FDA to the Nevada State Board of Medical Examiners indicates that the mRNA vaccines for COVID-19 manufactured by BioNTech cause cardiac events in 1:7000 patients. The fatality rate from COVID-19 is much less than that for healthy individuals. Therefore, these vaccines should not be given to patients unless they are significantly immune compromised.

The process by which the vaccines were approved has demonstrated there are serious concerns about the ability of national central government to act in the best interests of its citizens. Consequently, local government bodies need to be strengthened and the central government needs to be weakened.

Immediate Actions:

- The use of these vaccines should be banned in all patients except for those with significant immunocompromise.
- The state should provide funding (~$450,000) for the following:
  - Secure participation from each of the state's 5 biotech research institutions (UNLV, UNR, DRI, Roseman, Touro).
  - Two should write a protocol to that, if executed correctly, would verify or refute the claim that there is excessive potentially harmful DNA in the vaccines.
  - Three others should execute the protocol.
  - The first two should verify the protocol was executed correctly and present the results.
  - Benefits:
    - People in the state will see Nevada healthcare institutions working together to find answers to questions that concern all of us, thereby improving their perceptions of healthcare in Nevada and of our research institutions.
    - It will set the precedent for the research institutions to work together on projects, hopefully fostering long-term collaboration rather than factional in-fighting. The collaborative environment will speed the development of a healthy biotech research ecosystem in Nevada bringing hundreds of millions of dollars into the state (based on examples in other cities like New Orleans and Portland).
    - Researchers in other parts of the country will take notice that Nevada has done something important in biotechnology research. Researchers in other parts of the country will wonder if they can do research in Nevada that they would be prevented from doing at their own institutions due to internal politics. Some talented investigators may choose to move their labs to Nevada in search of academic freedom.
- The state should create an entity that actively helps Nevada public and private researchers obtain grants supporting biomedical technologies.

- Our Health and Human Services Director should be replaced or a Surgeon General for the state should be appointed.

Increased Utilization of Nutritionists/Dieticians

Several health disorders are immediately and cost-effectively treated with diet modification, but dietician/nutritionist services are routinely denied by health insurance companies. These restrictions should be outlawed, especially in the following situations:

- When patients are taking any type of medications for weight loss (i.e. pills or injections), it should be required to consult with a Registered Dietitian in tandem.
- Medicare should cover Medical Nutrition Therapy for all diagnoses and not be limited to only Diabetes and Chronic Kidney Disease.
- When patients get a diagnosis of prediabetes, prehypertension or Stage 2 Kidney Disease, a Registered Dietitian consult should be approved.
- Patients seen in the ER with imaging evidence of acute compression fractures should be have automatic authorization for kyphoplasty and referral to dieticians as well as endocrinologists to look for and treat deficiencies in Vit D and calcium in the diet.

Federally Qualified Health Center Expansion

Federally Qualified Health Centers (FQHCs) are primary care facilities located in medically underserved neighborhoods which receive from the federal government ~$650,000 dollars/year to operate. Creating more FQHCs in Nevada will improve access to healthcare, will employ more Nevadans, and will increase the total amount of funds available in Nevada to deliver healthcare at no increased cost to Nevadans.

The system for creating and maintaining these institutions is currently rife with corruption at a local and federal level.

The Governor should create a task force with the goal of devising a plan to increase the development of Nevada FQHC's in a way that combats the corruption currently rampant in that system. The system has the potential to streamline access to social services, mental health services, access to generic pharmaceuticals and access to federally funded hospitals.