



Nevada  
Hospital  
Association

2025

# Nevada Healthcare LEGISLATIVE GUIDE



Hospitals



Workforce



Health  
Insurance

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# MYTH VERSUS REALITY

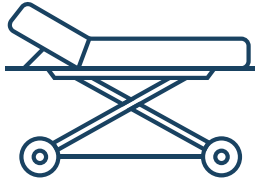
MYTH	REALITY
Hospital Emergency Departments (ED) are utilized appropriately.	Medicaid patients often use EDs for primary care visits, and first responders bring behavioral health patients with no medical conditions to the ED and leave them there.
Nevada hospitals will receive more than \$1 billion from the new Private Hospital Medicaid Provider Fee Program.	43 private hospitals will pay \$397 million in additional taxes in SFY 2025. They will receive \$830 million, which will offset some of the costs of unreimbursed care they provide to low-income patients. <sup>1</sup>
Uninsured Nevadans have no options for healthcare coverage.	80% of uninsured Nevadans are eligible for Medicaid or subsidies on the Silver State Health Insurance Exchange. <sup>2</sup>
The Nurse Licensure Compact is untested.	The Nurse Licensure Compact was originally developed in 2000. Today, 41 states and two U.S. territories have enacted it. <sup>3</sup>
The only answer to Nevada's physician shortage is to graduate more doctors.	Nevada loses many of its medical students when they leave the state for their Graduate Medical Education (GME). <sup>4</sup> We need more GME programs in the state to keep new grads from leaving.
All of Nevada's private psychiatric beds are being utilized.	Psychiatric hospitals are unable to utilize all of their beds because of workforce shortages and low reimbursement rates.  Additional non-forensic beds are needed at state facilities.



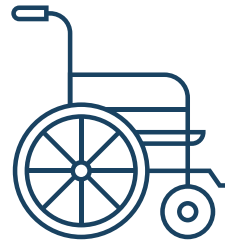
# HOSPITALS



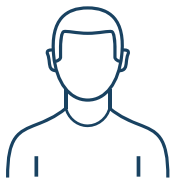
## HOSPITAL PATIENTS



Nevada hospitals admitted 332,565 patients.<sup>1</sup>



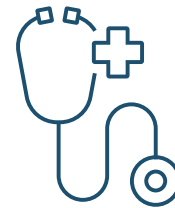
Emergency departments (ED) treated 1,268,653 people.<sup>2</sup>



The majority of patients treated in Nevada hospitals are Medicare and Medicaid beneficiaries.<sup>3</sup>



123,087 ED visits were related to mental health disorders.<sup>4</sup>



31% of ED visits were by Medicaid patients, partially driven by poor access to primary care services.<sup>5</sup>

Hospitals are unable to discharge hundreds of patients weekly who are medically cleared for discharge because of:

- Unavailable post-acute care beds
- Delayed authorizations from insurance companies
- Slow guardianship proceedings
- Lack of support services for homeless patients





# REIMBURSEMENT

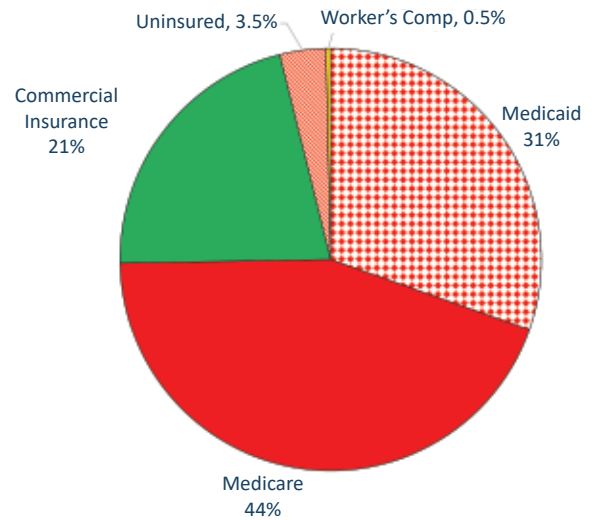


The Medicare and Medicaid programs pay less than the actual cost hospitals incur in treating their beneficiaries. Additionally, most uninsured patients are unable to pay for their care. Nevadans with private health insurance pay the cost difference. This is known as “cost shifting.”

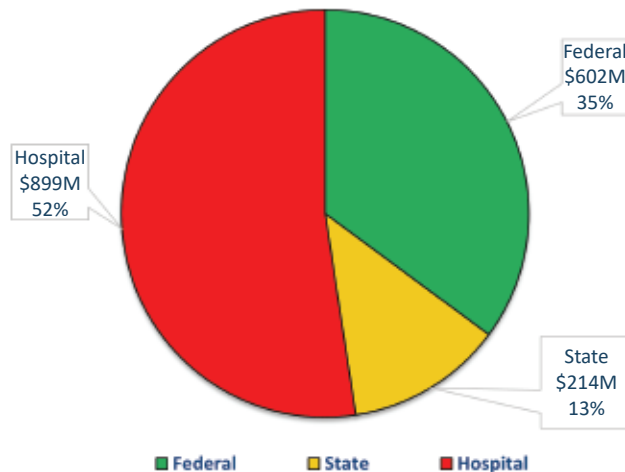
**HOSPITAL MEDICAID BASE RATES INCREASED 5% IN THE LAST 22 YEARS. HOSPITAL COSTS INCREASED 71%.<sup>6</sup>**

**78.5%** of the patients treated in Nevada hospitals paid less than their actual cost of care in 2023 (red areas).<sup>7</sup>

**Payer Mix - Inpatient Days<sup>7</sup>**



**2023 Hospital Medicaid Costs<sup>8</sup>**



Nevada hospitals paid more of the cost of care for Nevada Medicaid recipients than the federal and state governments combined in 2023.<sup>8</sup>



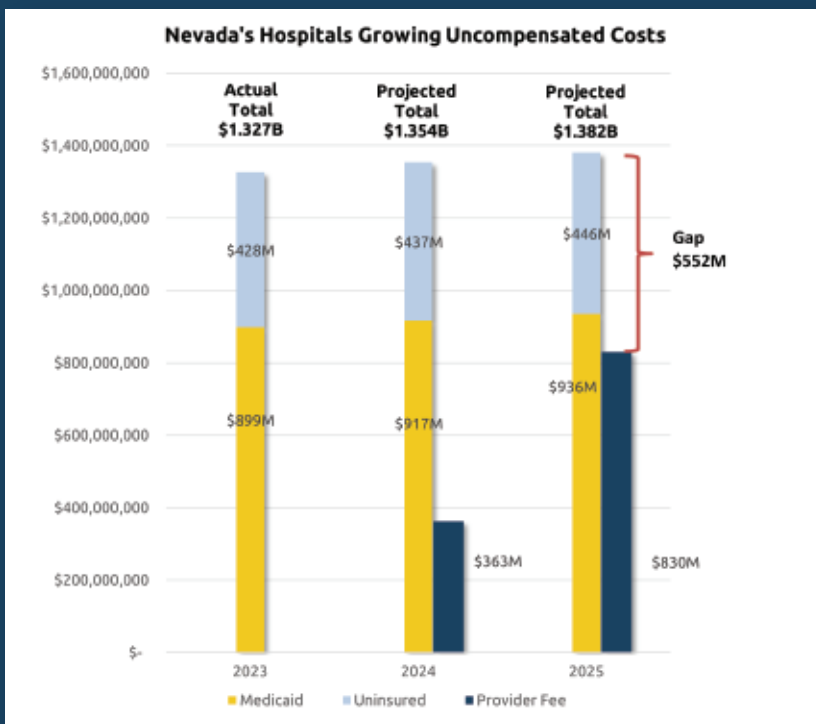
## MEDICAID PROVIDER FEE PROGRAM APPROVED

In 2023, Nevada hospitals approved a plan to establish a Private Hospital Medicaid Provider Fee Program.

The basic elements of the program are:

- Private hospitals are taxed.
- The state takes 15% for administrative expenses and enhanced behavioral health services.
- The remaining tax revenues are sent to the federal government to receive the federal Medicaid match.
- The federal government returns the matched money to the state, and the funds are paid to private hospitals based on Medicaid utilization and unreimbursed care provided to low-income patients.
- In SFY 2025, 43 private hospitals will pay approximately \$397 million in taxes. That money will provide private hospitals a net benefit of more than \$830 million, which will help offset the unreimbursed care they provide to low-income patients.<sup>9</sup>

# PRIVATE HOSPITAL MEDICAID PROVIDER FEE PROGRAM

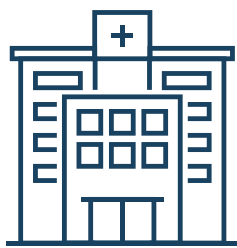


## A \$552M GAP REMAINS

Nevada hospitals are projected to provide \$1.382B in unreimbursed healthcare to Medicaid and uninsured patients in 2025.<sup>10</sup>

A shortfall of \$552 million will remain despite the provider fee funds.

# CRITICAL ACCESS HOSPITALS



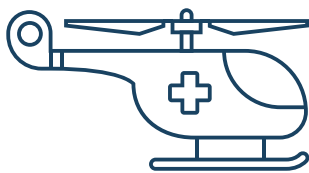
Nevada has 13 Critical Access Hospitals (CAH).<sup>11</sup>



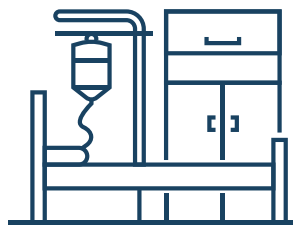
CAHs serve approximately 228,000 people.<sup>11</sup>



The geographic area served by CAHs is about the size of New England.



The average distance between CAHs and the next higher level of acute care hospital is 118 miles.<sup>12</sup>



The lack of healthcare providers, resources, and technology is a large burden on rural and frontier communities.



This page was prepared with the assistance of Nevada Rural Hospital Partners.





## HOW TO HELP

### *HOSPITALS*

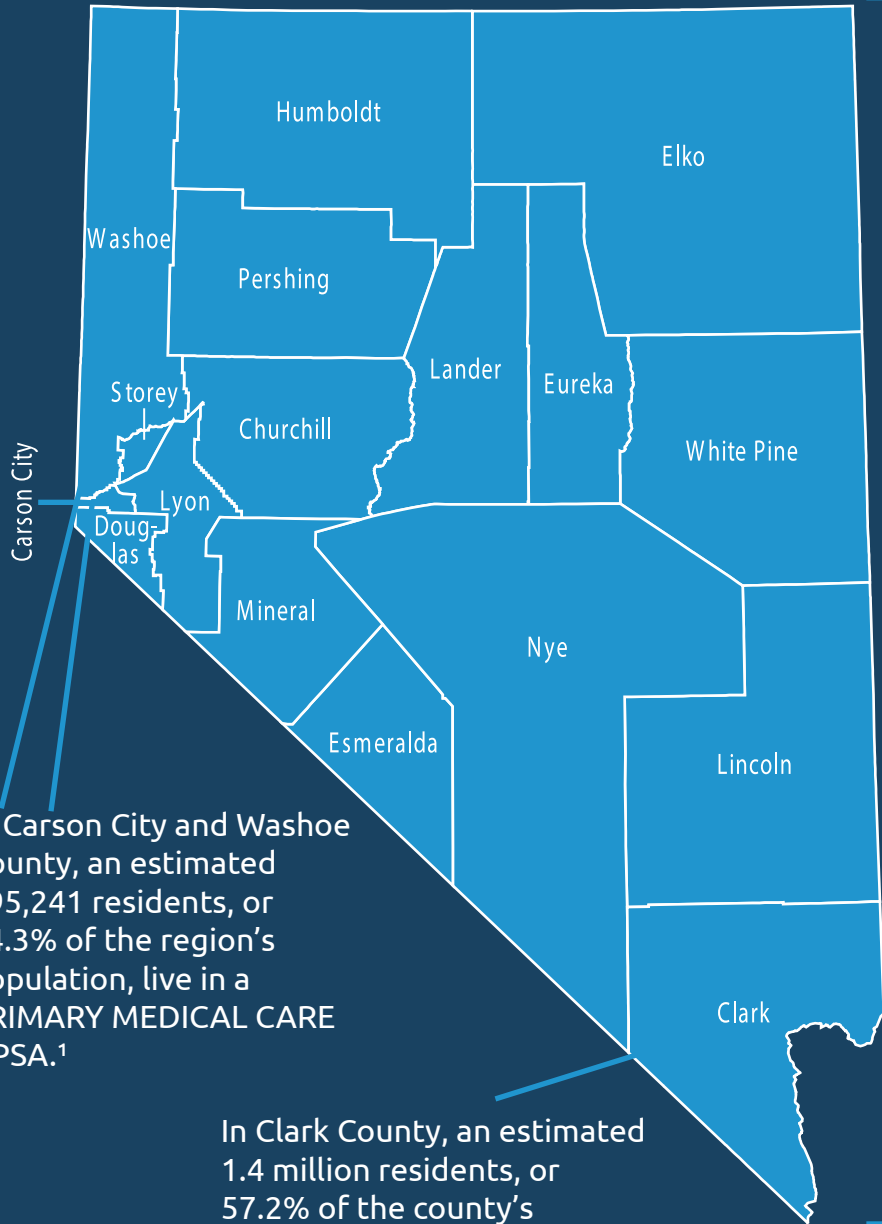
- Address healthcare workforce shortages, especially nurses and physicians.
- Adequately fund post-acute care so hospitals can timely discharge patients who are medically cleared for release.
- Increase the Medicaid base rate for hospitals.
- Replace state hospital psychiatric beds that were converted to forensic beds.
- Provide funding for legislation and regulations that include mandates that result in increased costs.
- Keep Private Hospital Medicaid Provider Fee funds with the hospitals that provide care to low-income patients.
- Strengthen 340B Drug Program Protections in Nevada.

### *CRITICAL ACCESS HOSPITALS*

- Support ongoing funding for the Nursing Apprenticeship Program.
- Support alternative funding models for Rural Health Clinics.
- Expand Medicaid coverage for surgical implants.

## HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA)

The Health Resources and Services Administration (HRSA) of the federal government identifies geographic areas that are lacking health professionals in primary care, mental health, and dental care. The primary factor used to determine Health Professional Shortage Areas (HPSA) is the ratio of health professionals to population (with consideration of high need).



In Carson City and Washoe County, an estimated 495,241 residents, or 84.3% of the region's population, live in a PRIMARY MEDICAL CARE HPSA.<sup>1</sup>

In Clark County, an estimated 1.4 million residents, or 57.2% of the county's population, live in a PRIMARY MEDICAL CARE HPSA.<sup>1</sup>

2.2 million Nevadans, or 64.9% of the state's population, live in a federally designated PRIMARY MEDICAL CARE HPSA.<sup>1</sup>

3.1 million Nevadans, or 91.3% of the state's population, live in a federally designated MENTAL HEALTH HPSA.<sup>1</sup>

1.9 million Nevadans, or 58.2% of the state's population, live in a federally designated DENTAL HEALTH HPSA.<sup>1</sup>

100% of the state's rural and frontier residents live in a MENTAL HEALTH HPSA.<sup>1</sup>

# PHYSICIANS

46<sup>th</sup>

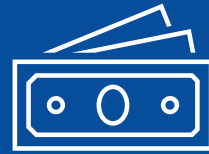
Nevada ranks 46<sup>th</sup> per capita for active physicians among U.S. states.<sup>2</sup>



Nevada needs 1,589 physicians to meet the national per capita average.<sup>3</sup>



Nevada is below the national per capita average in 33 of 39 physician specialties.<sup>4</sup>



The average medical school debt is \$234,597, excluding undergraduate and other educational debt.<sup>5</sup>

## PHYSICIANS ARE LEAVING PRIVATE PRACTICE

In 2012, 25.8% of physicians were employed by hospitals or health systems.<sup>6</sup> **By January 2024, 77.6% of physicians were hospital- or corporate-employed.**<sup>7</sup> The trend is clear: Physicians are shifting from private practice to employment. Nevada must offer diverse employment options to remain competitive.





## 5 REASONS IT'S DIFFICULT TO RECRUIT AND RETAIN PHYSICIANS IN NEVADA

**Low Medicaid Rates** – Medicaid payments to physicians are significantly lower than commercial and Medicare rates.

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**Low Commercial Rates** – Many physicians receive low commercial insurance rates because they have little bargaining power with insurance companies.

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**Administrative Burden** – Small medical practices struggle because of high overhead costs and huge administrative burdens related to insurance company requirements.

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**Medical Malpractice** – Word is out that Nevada more than doubled the amount a plaintiff can receive for noneconomic damages in a medical malpractice case.

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**Med School Graduates Leave for Training and Never Return** – Young physicians often remain in the state where they receive their Graduate Medical Education (GME). Nevada has too few GME programs.

## WHAT IS GRADUATE MEDICAL EDUCATION?

Medical students who plan to practice medicine must obtain additional education and training after they earn their MD or DO degrees. Additional education and training is called Graduate Medical Education (GME).

A “residency” educates and trains a physician in a particular specialty. A “fellowship” occurs after a residency and provides in-depth training in a particular medical subspecialty.

## WHAT IS THE COST OF A GME SLOT?

One GME residency costs approximately \$195,000 per year per resident. The length of a residency is generally three to five years.

## WHY IS IT DIFFICULT TO GET MORE GME SLOTS?

Medicare primarily funds GME slots. In 1996, Congress capped the number of Medicare GME slots. **Many of Nevada’s largest hospitals are capped and cannot grow their GME programs to meet the demand for new physicians.**

A few exceptions to the 1996 cap exist for newly constructed hospitals and existing hospitals that didn’t provide GME training before 1996. GME programs have grown, but more are needed.

Recently, Medicare added 1,000 funded GME slots (200 a year over five years) across the nation. This does not begin to meet the needs of Nevada or the rest of the nation.

Physicians who receive all their GME in Nevada are more likely to stay in Nevada!<sup>8</sup>



# NURSES

To meet national averages, Nevada needs an additional:

*Shortage numbers below are likely understated*

- 3,162 Registered Nurses<sup>9</sup>
- 3,284 Licensed Practical Nurses<sup>9</sup>
- 5,055 Nursing Assistants<sup>9</sup>



Watch a video explaining why Nevada's nursing needs may be greater than anticipated.

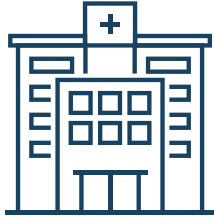


Nationally, 34% of the nursing workforce is over the age of 50.<sup>10</sup> Many Nevada nurses may retire in the next 10-15 years.

**40%**  
of Nevada's RN licenses are held by nurses with an out-of-state address.<sup>11</sup>



## NEVADA'S NURSING SHORTAGE



Nevada hospitals reported more than 1,000 open (RN) nursing positions as of January 1, 2024.<sup>12</sup>



By 2030, Nevada will be among the top five states in the nation projected to have the most pronounced nursing shortage.<sup>13</sup>

## OPPORTUNITIES TO EXPAND NURSING PROGRAMS

U.S. nursing schools turned away 65,766 qualified applications from baccalaureate and graduate nursing programs in 2023.<sup>14</sup> Nevada nursing schools are no different. This trend could be reversed by:

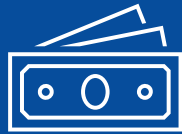
- Increasing the size of nursing classes
- Recruiting and retaining more nurse educators
- Allowing part-time or adjunct teaching opportunities for experienced nurses who do not have a master's or doctoral degree



# NURSES



## NEVADA NURSES ARE WELL PAID



The average RN wage in Nevada is \$97,700; the average LPN wage is \$66,580.<sup>15</sup>



Nevada's RN wages are the 9<sup>th</sup> highest in the nation when adjusted for cost of living.<sup>16</sup>

## NURSES HAVE A VOICE RELATED TO STAFFING



Nurses' opinions count. Nevada requires larger hospitals to have staffing committees comprised of elected direct patient-care nurses and CNAs. These committees participate in developing staffing plans, reviewing complaints, and resolving issues.<sup>17</sup>

## WHAT IS THE NURSE LICENSURE COMPACT (NLC)?

The NLC functions like a driver's license. It allows nurses to practice in multiple states with one license.

We know it can work in Nevada. For more than two years during the pandemic, Governor Sisolak's Declaration of Emergency Directive 11 provided a licensing waiver for nurses. It worked well!



\*Not a real nursing license. Illustrative purposes only.

- NLC nurses can quickly cross state lines to help with patient surges and disaster relief.
- NLC nurses prefer to work in compact states because they don't have to file paperwork, pay a fee, and wait for a state license to be issued.
- The NLC helps nurses who frequently move from state to state, such as nurse spouses of military members.
- 41 states and two U.S. territories have enacted the NLC.<sup>18</sup>
- 93% of Nevada nurses surveyed in 2022 by the National Council of State Boards of Nursing support the NLC.<sup>19</sup>



NLC





## MORE BEHAVIORAL HEALTH SERVICES ARE NEEDED

**3.1 million** Nevadans live in federally designated Mental Health Professional Shortage Areas.<sup>20</sup> The Mental Health America Report ranks Nevada 51<sup>st</sup> in the nation.<sup>21</sup> This means Nevada has the highest prevalence of mental illness and the lowest rate of access to care for adults and youth.

Hospital Emergency Departments (ED) are often the entry point for people experiencing mental health episodes. This is not a good entry point. EDs are designed to serve people with medical conditions, not behavioral health conditions.

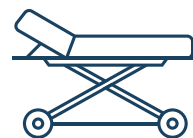
Nevada needs a full and robust continuum of behavioral health services, including mobile crisis-response teams, crisis-stabilization centers, residential-treatment centers, and community providers.



Nevada needs an additional 193 psychiatrists and 898 healthcare and mental health/substance abuse social workers to meet the national average.<sup>22</sup>



Nevada needs an additional 1,714 substance-abuse, behavioral-disorder, and mental-health counselors to meet the national average.<sup>22</sup>



State psychiatric hospitals have repurposed many beds originally designated for individuals without resources into forensic beds for use by the criminal justice system. These beds must be replaced.





## HOW TO HELP

### *PHYSICIANS*

- Create more GME residency and fellowship opportunities in the state.
- Increase Medicaid reimbursement rates for physicians.
- Provide physicians with a variety of employment options in the state.
- Provide incentives for Nevada medical school graduates to receive their GME in Nevada.
- Streamline the physician-licensing process.

### *NURSES*

- Pass the Nurse Licensure Compact.
- Increase the number of nurses educated in Nevada.
- Increase the number of nursing school classes.
- Allow experienced nurses to teach in nursing schools.
- Incentivize nursing schools to increase class sizes.

### *BEHAVIORAL HEALTH*

- Increase Medicaid reimbursement for behavioral health providers.
- Increase the number of non-forensic beds at state psychiatric hospitals.
- Educate and train more behavioral health providers.
- Grow the number of Mobile Crisis Response Teams and Crisis Stabilization Centers.

## HEALTH INSURANCE

**6** government programs with numerous plans and insurance companies  
(Medicaid, Medicare, State Children’s Health Insurance Program, TRICARE, Veterans Affairs, and Indian Health Services)

**20+** private health insurance companies offering multiple plans  
(e.g., Aetna, Anthem, Cigna, United)

**DOZENS** of self-funded large group insurance plans  
(for employers with more than 50 employees)

Nevadans receive their health insurance coverage from three primary sources – government programs, commercial insurance, and self-funded large group insurance programs. Each offers numerous insurance products, and each has its own set of requirements for credentialing, eligibility determinations, prior authorizations, claims submission, appeals, and more.

For healthcare providers, it’s difficult, time-consuming, and expensive to meet all the requirements!



Administrative costs represent about 7.6% of overall health spending in the U.S. compared to 3.8% on average in comparable countries.<sup>1</sup>



Physicians spend 15.6 hours per week on paperwork and administration.<sup>2</sup>

Watch a video regarding administrative burdens in healthcare.



## NEVADANS ARE UNINSURED FOR A VARIETY OF REASONS

- Expensive premiums for low-income individuals
- Coverage not provided by employer
- Stigmatized government programs
- Difficult enrollment processes
- Healthy individuals who don't need or want coverage
- Eligibility restrictions for non-citizens
- Lack of awareness of available programs

**11%** of Nevada's population is uninsured compared to the national average of 8%.<sup>3</sup>

**80%** of uninsured Nevadans are eligible for Medicaid or subsidies on the Silver State Health Insurance Exchange but do not participate in either.<sup>4</sup>



Nevada has many uninsured non-citizens, too!





# MEDICARE



**15%**  
of Nevadans are  
Medicare beneficiaries<sup>5</sup>



Medicare has four parts:  
**Part A - Hospital Inpatient Services**  
**Part B - Outpatient Services**  
**Part C - Medicare Advantage Plans**  
**Part D - Prescription Drug Coverage**

## MEDICARE ELIGIBILITY

Americans become eligible for Medicare enrollment when they turn 65 years old, have ALS or end-stage renal disease, or are receiving disability benefits for 24 months.

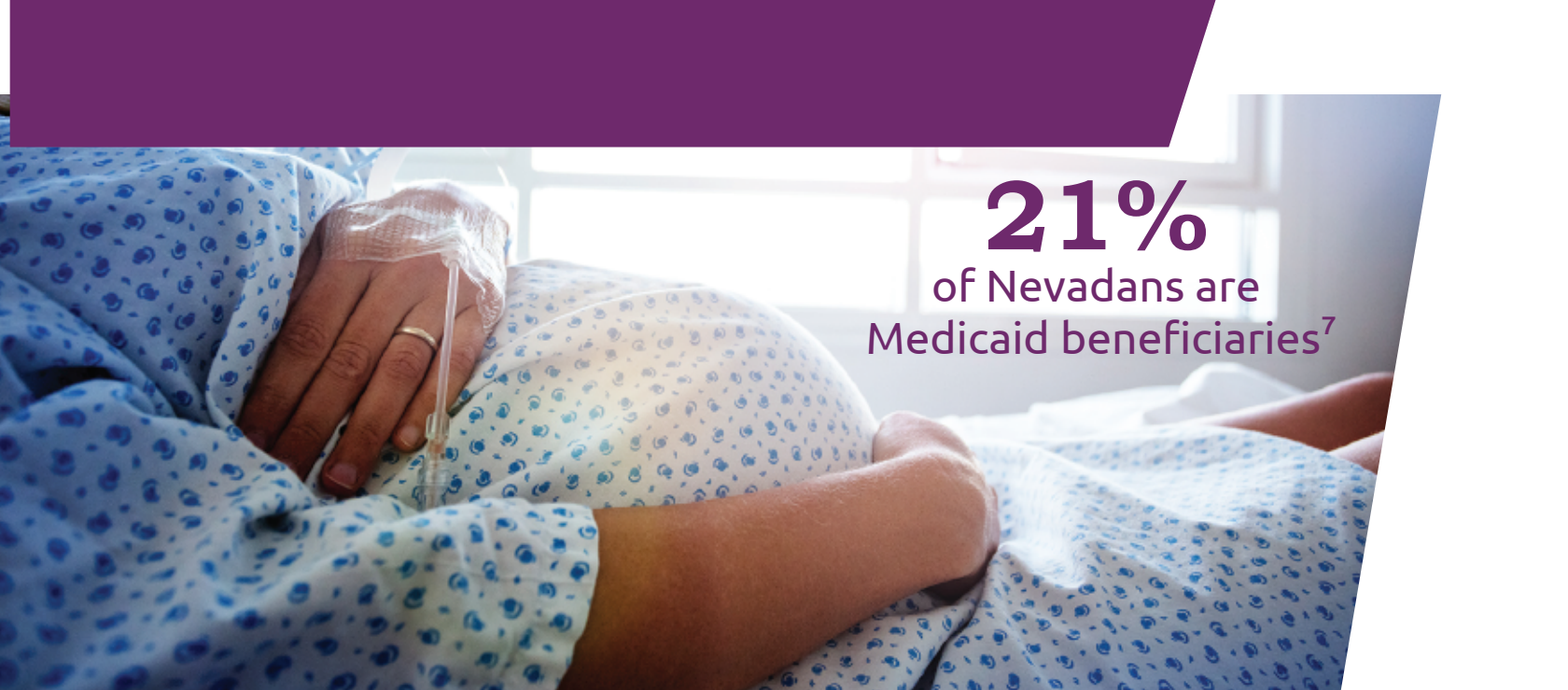
## PAYMENTS VS. COST OF CARE

The Medicare and Medicaid programs pay hospitals less than the actual cost of providing care.

**44%** of hospitals' inpatients are **Medicare** beneficiaries.<sup>6</sup>

**31%** of hospitals' inpatients are **Medicaid** beneficiaries.<sup>6</sup>





**21%**  
of Nevadans are  
Medicaid beneficiaries<sup>7</sup>

## MEDICAID ELIGIBILITY

Nevada residents who are a U.S. citizen or a qualified non-citizen may be eligible for Medicaid if the person is:

- An adult, pregnant/postpartum person, child, or infant (must meet certain low-income requirements)
- A foster care child
- An adult older than 65 (must meet certain low-income and asset requirements)
- An aged, blind, or disabled person (must meet certain low-income requirements)

MEDICAID

## DUAL ELIGIBLES

About 10% of Nevadans are eligible for both Medicare and Medicaid (dual eligibles).<sup>8</sup> Dual eligibles typically have greater healthcare coverage and lower out-of-pocket costs.

- Medicaid helps dual-eligible people pay their Medicare premiums.
- Medicare is the first payer for healthcare services covered by the Medicare program.
- If Medicare has a copay or deductible on a hospital service, Nevada hospitals write most of it off; the dual eligible person pays nothing.

# SILVER STATE INSURANCE



## SILVER STATE INSURANCE EXCHANGE

The Exchange is a state agency. It operates Nevada Health Link, an online marketplace where eligible consumers can shop for, compare, and purchase quality and affordable health insurance plans. To be eligible for a subsidy, a family's income cannot exceed 400% of the Federal Poverty Level.



99,312 Nevadans are enrolled in qualified health plans, and 20,984 are enrolled in qualified dental plans.<sup>9</sup>



Approximately 90% of enrollees qualify for financial assistance to lower their insurance costs, and 40% have a net premium of less than \$100 to insure their entire household.<sup>9</sup>





## HOW TO HELP

### *INSURANCE*

Require companies writing health insurance in Nevada to streamline and standardize:

- Credentialing
- Eligibility
- Prior Authorizations
- Claims Processing
- Appeals

### *MEDICAID*

- Improve patient access by increasing reimbursement rates to healthcare providers. The national average spend per Medicaid enrollee is \$7,593 per year. Nevada spends \$5,267 per year. It is among the lowest in the nation.<sup>10</sup>

### *UNINSURED*

- Increase and expand patient outreach and education to uninsured Nevadans, letting them know the health insurance options available to them.

## MYTH VS. REALITY, PAGE 2

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# DID YOU KNOW?



Forbes ranks Nevada 6<sup>TH</sup> in the nation:



Where healthcare is **LEAST** expensive<sup>1</sup>

The Kaiser Family Foundation ranks Nevada:



in the nation for the **LOWEST** healthcare expenditures per capita<sup>2</sup>



in the nation for having the **LOWEST** Average Benchmark Premium<sup>3</sup>



in the nation for having the average **LOWEST** Bronze Premium<sup>3</sup>

Nevada hospital highlights:



**35,600** people employed<sup>4</sup>



**\$6 billion** in economic impact provided to local communities<sup>5</sup>



**\$667 million** invested in capital improvements to enhance access to care<sup>6</sup>

