

Health Workforce Data Collection in Nevada through the Licensure Renewal Process

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November 13, 2020

This policy brief and the work of its co-authors originated in Nevada's participation in the National Governor Association's "Improving Capacity for Health Care Service Delivery" project in 2019 and 2020.

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Improving Health Workforce Data Collection in Nevada through the Licensure Renewal Process

Opportunity to Improve Nevada’s Health Care Workforce and Leverage Federal Funding through Improved Data Collection

The Issue

The health care sector is vital to Nevada’s economy. The state’s health care workforce is crucial to assuring that high-quality health care is accessible by all Nevadans. Rapid population growth and insurance coverage expansions are increasing demands on clinics, hospitals, and other health care providers. Accurate data on the state’s health care workforce is needed to ensure an effective, efficient, and equitable health care system in Nevada. However, Nevada lacks a consistent and easily accessible source of information about its health care and public health workforce, including detailed data on current and projected health workforce supply and demand. These issues have added urgency as Nevada health care providers and policymakers respond to the current COVID-19 crisis and the pandemic’s impact on health system capacity across the state.

A Solution

To efficiently identify workforce shortages and inform resource allocation and programmatic solutions, the federal Health Resources and Services Administration (HRSA) within the Department of Health and Human Services recommends that states routinely collect supplemental information, such as provider specialty, practice geography, and patient care hours, in conjunction with licensure renewal processes. License renewal processes offer a strategic opportunity to efficiently gather information on an entire occupation. Such information can be used to more accurately capture existing and calculate projected clinical full-time equivalent capacity needed to meet the demand for health workers across geographic regions of the state and across industries within the health sector. This approach to health workforce data collection has gained support across multiple disciplines in nearly thirty states across the country.

Applications

A number of states currently utilize the information generated through licensure renewal to improve the accuracy of information required in health professions shortage area (HPSA) designation applications, which are submitted by state primary care offices to HRSA. HPSA designation for primary care, oral health, and mental health influences federal and state policies intended to address statewide health workforce shortages and the geographic

maldistribution of providers across urban and rural regions of Nevada. HPSA designation provides federal financial resources to recruit and retain health care providers in primary care, dental health, and mental health by influencing eligibility for:

- National Health Service Corp
- Nursing Corp
- Community Health Center Program
- CMS Rural Health Clinic Program
- CMS HPSA Bonus Payment Program
- J-1 Visa Waiver Program
- IHS Loan Repayment Program

Thus, improving the accuracy and efficiency of the HPSA designation process will allow Nevada to take advantage of federal programs for health professionals and facilities serving Nevadans residing in HPSA-designated regions of the state. Requiring health care professionals to provide supplemental information in conjunction with licensure renewal will improve Nevada's ability to enumerate the current supply of health care workers and to understand specific demographic, educational, and practice characteristics of that workforce.

In addition to improving the HPSA designation process in Nevada, the resulting data collection and analysis will inform a wide-range of public and private-sector policy planning and development in Nevada and improve state policymakers' ability to address and evaluate:

- Statewide clinical and public health workforce capacity to respond to the current COVID-19 pandemic, as well as future emergency outbreak management, pandemic preparedness, and health system capacity assessment in Nevada;
- Current and future workforce demand and supply in Nevada, including the scope and severity of shortages in key areas such as primary care, oral health, and mental health;
- The adequacy of provider networks for public and private insurance plans serving Medicaid beneficiaries and other residents of Nevada;
- Nevada's capacity to address unmet and emerging health needs and associated health workforce requirements, such as the number and types of behavioral health professionals needed to address longstanding mental health needs of the state;
- Recruitment, retention, and workforce development activities by hospitals, medical practices, local public health authorities, and other health care employers;
- Current health care education capacity in Nevada's public and private institutions of higher education, the need or demand for new programs, and the need to expand existing programs;
- General fund supported graduate medical education (GME) funding and related policies, including GME funding overseen by the Governor's GME Task Force;

- Educational program effectiveness in graduating health professionals to ultimately practice in Nevada, including public and private higher education medical, nursing, dental, and behavioral health programs;
- Profession-specific retirement and attrition rates;
- The effectiveness of workforce incentive programs, such as National Health Service Corps, Nevada Health Service Corps, and the J-1 Visa Waiver Program; and
- Health workforce development within broader regional and statewide economic development activities in Nevada.

Finally, improved data concerning the health care workforce in Nevada will significantly improve upon the quality and timeliness of the data that is currently available. Currently, occupational employment needs in Nevada that are prepared by the Department of Employment, Training, and Rehabilitation are based on the Occupational Employment Statistics (OES) program, which surveys businesses nationwide every six months. Due to data limitations, this data is aggregated over three years, providing only a general perspective on the state's workforce. More comprehensive data about the health care workforce would improve the quality of occupational projections, improve the state's understanding of the relative supply of and demand for various certifications and professions, and improve the state's ability to provide targeted, effective investments in workforce development in those areas with the greatest need.

Bottom-line

With improved information, in addition to HPSA designations, policy makers, academic institutions, and employers can make better informed decisions to ensure an adequate workforce in the state. Other states have been able to modify policies and programs surrounding Medicaid reimbursement, coverage of telehealth, career pipeline opportunities, and assessing professional licensing and retention of behavioral health providers, among other policies. Appendix 1 provides a summary of the recommendation for a bill draft request (BDR) 54-457, as approved by the Legislative Committee on Health Care at its meeting on September 14, 2020.

Health Professions Licensure Boards and Workforce Data Collection in Nevada Today

Currently, 26 state agencies and licensing boards in the State of Nevada are responsible for the licensure, certification, and/or regulation of at least 70 health professions (see Appendix 2). As a part of their ongoing effort to protect the public, these State of Nevada licensing boards regularly collect and disseminate basic information about their licensees (e.g., age, active versus inactive licensure state). This information is collected primarily through an individual's

application to be admitted to the profession and through licensure renewal. Since applicants for licensure complete applications and renewals under penalty of perjury, the data submitted is generally of high quality and credibility.

Nevada has an opportunity for licensees to complete a voluntary set of supplemental questions during the licensure renewal process that would provide policy makers with data on current employment practices and future career plans that simply does not exist. A growing trend among states is to include a standardized set of workforce questions in the licensure renewal process that addresses requirements for HPSA applications and other health workforce planning needs. The state licensing renewal process provides a unique and efficient opportunity for collecting and updating workforce information for licensed professionals in a given discipline – particularly data on the socio-demographic, educational and training, and practice characteristics of the health workforce. There is a significant need to develop a standardized, core set of data for health professions licensed and regulated by the State of Nevada.

Proposal for the Future of Health Workforce Data Collection

There is an opportunity in Nevada to improve standardized health workforce data collection through legislation that tasks:

- (1) health licensing boards to collect demographic and current practice data from licensees at the time of renewal;
- (2) a broad stakeholder committee with prioritizing data collection, identifying a discipline-specific data elements for each health profession, and making recommendations for future research and data collection (see Appendix 3 for a list of prospective health workforce data collection stakeholders in Nevada); and
- (3) the Nevada Department of Health and Human Services (DHHS) with the management of health workforce data collected by licensing boards and the provision of health workforce data and reports to the public, health care stakeholders, state agencies, the legislature, and the governor.

The proposed legislation should also consider allowing licensing boards to increase licensure fees commensurate with the administrative and technical demands of creating and maintaining discipline-specific questionnaires and data sets by the boards, and the associated data management, analysis, and dissemination overseen by DHHS.

If enacted, the health workforce questions incorporated into existing licensure application and renewal forms should be straightforward for licensees, place a minimal amount of burden on

the applicant (e.g., take less than 15 minutes to complete every two years), and place a minimal amount of administrative and financial burden on licensing boards. Appendix 4 provides an example of questions developed by the Federation of State Medical Boards in 2013 for potential use as supplemental questions for physician licensure renewal. Appendix 5 provides a list of the 28 states that currently collect health workforce data through the licensure and licensure renewal process. Appendix 6 provides a list of the eight states that currently mandate health workforce information collection through the licensure renewal process.

Health Workforce Data Elements Collected through Licensure Renewal

Table 1 summarizes potential health workforce data that could be collected through licensure renewal: (1) social and demographic characteristics; (2) education, and training; and (3) current practice and employment. Some of these data elements are already provided to licensing boards through the initial application to most licensing boards (e.g., age, sex or gender, state and federal provider numbers and would not need to be collected again). Many important data elements are not, and would require adding questions to licensure renewal applications.

Table 1: Examples of Health Workforce Information Collected by Other US States via Supplemental Questions Added to the Licensure Renewal Process

Social and Demographic Characteristics
<ul style="list-style-type: none"> • Place of birth (zip code) • Location of high school (zip code) • Race and ethnicity • Place of current residence (zip code) • Military and veteran status • Language skills, primary language(s) spoken
Education and Training
<ul style="list-style-type: none"> • Licensure status, active or inactive • Number and type of job-related licenses held • Number and type of job-related certificates held • Degree(s) obtained, matriculation data, year(s) of completion • Specialty training, subspecialty training • Completion of other educational programs (e.g., internships) • Current enrollment in a health-related degree program

<ul style="list-style-type: none"> • Current level of educational debt • Participation in state and federal loan forgiveness programs
Current Practice and Employment
<ul style="list-style-type: none"> • Place(s) of employment (zip code) • Primary occupation or position • Secondary occupation or position (if applicable) • Specialty area, Secondary specialties • Employment status, full-time or part-time • Number of hours worked per week • Number of weeks worked per year • Percent of time spent in patient care • Percent of time spent in other activities, e.g., administration, teaching, research • Employment arrangements, e.g., salaried versus self-employed • Type of practice, e.g., private, government, not-for-profit • Type of practice setting, e.g., hospital, clinic, academic • Intention to remain in the state to practice or leave to practice in another state • Intention to retire, or change or leave clinical practice • Use of telehealth • Use of translational services • Use of health information technology (HIT) and health information exchange (HIE) • Professional liability insurance costs, other barriers to practice • Provision of services to Medicare and/or Medicaid patients • Percent of patients by insurance type (public, private, self-pay, uninsured) • Number of insurance companies panels or companies credentialed with • Ability to accept new patients

Table 1 highlights potential data elements that could be incorporated in a discipline-specific, policy-relevant health workforce data. The data elements listed in Table 1 are not intended to be used in their entirety for any one discipline, since some elements will be relevant to categories of workers and not to others. For example, some occupations specialize and subspecialize (e.g., physicians, nurses, dentists), while most do not. The proposed legislation would require licensing boards working in collaboration with health care stakeholders to identify and tailor a discipline-specific set of data elements and questions to the current licensure application and licensure renewal process.

To these ends, partnering with state licensing boards, health policymakers and stakeholders across Nevada, the Nevada Department of Health and Human Services will assume all data-related duties associated with the proposed legislation including the creation of a Nevada Health Workforce Data System that utilizes health workforce data generated through licensure renewal.

Appendix 1: Health Care Workforce Data Collection, Analysis, and Policy Act (BDR 54-457)

This summary presents the recommendation for a bill draft request (BDR) 54-457, as approved by the Legislative Committee on Health Care at its meeting on September 14, 2020.

Health Workforce Data Collection

1. Propose legislation to enact the Health Care Workforce Data Collection, Analysis, and Policy Act to improve available data on the health care workforce in Nevada. This data will be used to inform health policy planning and workforce development, including health professional shortage area (HPSA) designations and funding tied to HPSA designations for health professionals and facilities in medically underserved areas of the state. Specifically:
 - a. The director of DHHS shall establish and maintain a database, analyze data collected, develop reports for the Legislature or the Executive Branch, and perform other duties to carry out the provisions of the Health Care Workforce Data Collection, Analysis, and Policy Act. The Department may contract or collaborate with a private or public entity to conduct the aforementioned activities.
 - i. An entity that establishes, maintains, or analyzes data or develops reports by contract pursuant to subsection (a) of this section shall provide to DHHS, in a manner that conforms to DHHS rules, access to any health care workforce data that the entity establishes, maintains, analyzes, or reports; and
 - ii. Aggregated, de-identified data must be made available to the public.
 - b. An applicant for renewal of a license by a board shall provide the information prescribed by DHHS pursuant to subsection (d) of this section. Subsection (b) applies to applicants for renewal of health professional licensure under the following boards:
 - i. Board of Medical Examiners;
 - ii. State Board of Osteopathic Medicine;
 - iii. Board of Dental Examiners of Nevada;
 - iv. Board of Psychological Examiners;
 - v. Board of Examiners for Social Workers;
 - vi. Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors;

- vii. State Board of Nursing; and
 - viii. State Board of Pharmacy.
- c. Failure of an applicant for renewal of a license to submit the information pursuant to subsection (d) of this section is not grounds for denial of the renewal or any other disciplinary action by the board against the applicant.
- d. The State Board of Health, with input from licensing boards and other health care stakeholders, shall adopt rules regarding the manner, form, and content of reporting data; the consistency of data entry fields used; and the information that an applicant, pursuant to subsection (b) of this section, shall provide to a board. At a minimum, the rules shall provide for a core essential data set, including the applicant's:
- i. Demographics, including, but not limited to, race, ethnicity, and primary and other languages spoken;
 - ii. Practice status, including, but not limited to:
 - Active practices in Nevada and other locations;
 - Practice type, such as individual practice or multispecialty group practices; and
 - Practice settings, such as hospital, clinic, or other clinical settings;
 - iii. Education, training, and primary and secondary specialties;
 - iv. Average hours worked per week and the average number of weeks worked per year in the licensed profession;
 - v. Percentage of practice engaged in direct patient care and in other activities, such as teaching, research, and administration in the licensed profession;
 - vi. Practice plans for the next five years, including retiring from the health care profession, moving out of state, or changing health care work hours; and
 - vii. Additional data elements identified by the State Board of Health.

If boards already collect information required by the State Board of Health, they do not need to duplicate the same questions for the purposes of the required data collection, but all required information must be provided to DHHS.

- e. The following boards shall report health care workforce information collected pursuant to this section to DHHS on a regular basis, to be determined by the State Board of Health

in regulation, but no less than annually. Required data must be collected for all license renewals beginning July 1, 2022, and may be collected earlier if regulations are in place:

- i. Board of Medical Examiners;
 - ii. State Board of Osteopathic Medicine;
 - iii. Board of Dental Examiners of Nevada;
 - iv. Board of Psychological Examiners;
 - v. Board of Examiners for Social Workers;
 - vi. Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors;
 - vii. State Board of Nursing; and
 - viii. State Board of Pharmacy.
- f. Other health professional licensure boards may choose to require applicants for license renewal to submit data as prescribed by the State Board of Health, and the board may provide such data to DHHS pursuant to the Health Care Workforce Data Collection, Analysis, and Policy Act.
- g. A board shall keep confidential and not release personally identifiable data collected under this section for any person licensed, registered, or certified by the board. The provisions of this subsection do not apply to the release of information to a law enforcement agency for investigative purposes or to DHHS for state health planning purposes. The Department or a person with whom DHHS contracts to perform data collection, storage, and analysis shall protect the privacy of that data. The Department shall ensure that the responses of applicants shall be kept confidential, including taking special precautions when the identity of an applicant may be ascertained due to the applicant's location or occupation.
- i. Only aggregate, de-identifiable data may be made public; and
 - ii. None of the data required to be collected by the State Board of Health that is not typically collected as part of the license renewal process may be used by boards to make decisions regarding licensure renewal.
- h. A board shall promulgate rules as necessary to perform the board's duties pursuant to this section, including rules for collecting, storing, and analyzing data in addition to the information required to be collected by the Health Care Workforce Data Collection, Analysis, and Policy Act.

- i. Health Care Workforce Advisory Group—The director of DHHS shall convene a health care workforce advisory group that includes representatives of health care consumers; health care providers and industry; organized groups representing physicians, physician assistants, nurses, nurse practitioners, dentists, dental hygienists, pharmacists, behavioral health providers, and allied health professions; health care workforce training institutions; institutions of higher education; health professional licensing boards; and appropriate representatives of DHHS. The workforce advisory group shall advise:
 - i. The State Board of Health on the development of regulations related to required questions/data collection, survey methodology, and other related issues; and
 - ii. The State Board of Health and other health stakeholders on the use of health workforce data to inform policymaking, the federal HPSA designation process, health policy planning, and improving health outcomes in Nevada.

The advisory group must convene within 90 days of the effective date of this bill.

- j. Requested effective date is July 1, 2021.

Appendix 2: Health Professions Licensed and Regulated in Nevada

Currently, 26 state agencies and licensing boards in the State of Nevada are responsible for the licensure, certification, and/or regulation of at least 70 health occupations in Nevada:

Board of Applied Behavior Analysis (NRS 437)

- ☐ Assistant Behavior Analysts
- ☐ Behavior Analysts

Board of Examiners for Long Term Care Administrators (NRS 654)

- ☐ Long-Term Care Administrators
- ☐ Nursing Facility Administrators
- ☐ Residential Facility Administrators
- ☐ Health Services Executive

Chiropractic Physicians' Board of Nevada (NRS 634)

- Chiropractor's Assistants
- ☐ Doctors of Chiropractic

Nevada Board of Examiners for Alcohol, Drug & Gambling Counselors (NRS 641C)

- ☐ Alcohol and Drug Counselors
- ☐ Gambling Counselors

Nevada Board of Registered Environmental Health Specialists (NRS 625A)

- ☐ Environmental Health Specialists

Nevada State Board of Athletic Trainers (NRS 640B)

- ☐ Athletic Trainers

Nevada State Board of Dental Examiners (NRS 631)

- ☐ Dental Hygienists
- ☐ Dentists

Nevada State Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors (NRS 641A)

- ☐ Clinical Professional Counselors
- ☐ Marriage and Family Therapists (MFT)

Nevada State Board of Health

- ☐ [Dietitians \(NRS 640E\)](#)
- ☐ [Music Therapists \(NRS 640D\)](#)

Nevada State Board of Homeopathic Medical Examiners (NRS 630A)

- ☐ Advanced Practitioners of Homeopathy
- ☐ Homeopathic Assistants
- ☐ Homeopathic Physicians

Nevada State Board of Massage Therapy (NRS 640C)

- ☐ Massage Therapists

Nevada State Board of Medical Examiners (NRS 630)

- ☐ Allopathic Physicians (MD)
- ☐ Medical Assistants (MA)
- ☐ Perfusionists
- ☐ Physician Assistants (PA)
- ☐ Psychiatrists
- ☐ Respiratory Therapists (RT)

Nevada State Board of Nursing (NRS 632)

- ❑ Advanced Practitioners of Nursing (APN or APRN)
- ❑ Emergency Medical Services Registered Nurse (EMS-RN)
- ❑ Licensed Practical Nurses (LPN)
- ❑ Nursing Assistants (CNA)
- ❑ Registered Nurses (RN)
- ❑ Registered Nurse Anesthetists (CRNA)

Nevada State Board of Optometry (NRS 636)

- ❑ Optometrists

Nevada State Board of Oriental Medicine (NRS 634A)

- ❑ Doctor of Oriental Medicine (OMD)

Nevada State Board of Osteopathic Medicine (NRS 633)

- ❑ Osteopathic Physicians (DO)
- ❑ Osteopathic Physician Assistants (PA)

Nevada State Board of Pharmacy (NRS 639)

- ❑ Pharmacists
- ❑ Pharmaceutical Technicians

Nevada State Board of Podiatry (NRS 635)

- ❑ Podiatric Hygienists
- ❑ Podiatrists

Nevada State Board of Psychological Examiners (NRS 641)

- ❑ Psychologists

Nevada State Board of Veterinary Medical Examiners (NRS 638)

- ❑ Animal Chiropractors
- ❑ Animal Physical Therapists
- ❑ Euthanasia Technicians
- ❑ Veterinarians
- ❑ Veterinary Technicians

Nevada State Health Division, Bureau of Health Care Quality and Compliance (NRS 652)

- ❑ Medical Laboratory Assistants
- ❑ Medical Laboratory Directors
- ❑ Medical Laboratory Technologists
- ❑ Medical Laboratory Technicians

Nevada State Health Division, Emergency Medical Systems (NRS 450B)

- ❑ Advanced Emergency Medical Technicians (AEMT)
- ❑ Emergency Medical Responders (EMR)
- ❑ Emergency Medical Technicians (EMT)
- ❑ Emergency Medical Technician-Intermediates (EMT-185)
- ❑ Paramedics

State of Nevada Board of Dispensing Opticians (NRS 637)

- ❑ Dispensing Opticians
- ❑ Optician Apprentices

State of Nevada Board of Examiners for Social Workers (NRS 641B)

- ☐ Associates in Social Work
- ☐ Independent Social Workers
- ☐ Licensed Clinical Social Workers (LCSW)
- ☐ Social Workers (LSW)

State of Nevada Board of Occupational Therapy (NRS 640A)

- ☐ Occupational Therapists (OT)
- ☐ Occupational Therapy Assistants (OTA)

State of Nevada Physical Therapy Board (NRS 640)

- ☐ Physical Therapists (PT)
- ☐ Physical Therapy Assistants (PTA)

State of Nevada Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board (NRS 637B)

- ☐ Audiologists
- ☐ Hearing Aid Specialists
- ☐ Speech-Language Pathologists

Appendix 3: Health Workforce Data Collection Stakeholders in Nevada

Stakeholders and utilizers of the Nevada Health Workforce Data System and health workforce information collected via licensure renewal include but are not limited to:

Health System Providers, Organizations, and Employers

- ❑ Nevada Hospital Association, member organizations
- ❑ Nevada Primary Care Association, member organizations
- ❑ Nevada Rural Hospital Partners, member organizations
- ❑ Nevada Health Care Association, member organizations
- ❑ Nevada Medical Group Management Association, northern and southern chapters
- ❑ Nevada State Medical Association, county medical societies, specialty societies
- ❑ Nevada Psychological Association
- ❑ Nevada Association of Social Workers
- ❑ Nevada Nurses Association
- ❑ Nevada Advanced Practice Nurses Association
- ❑ Nevada Dental Association, county dental societies
- ❑ Nevada Business Group on Health, other employer health plans and coalitions
- ❑ Health insurance carriers, managed care organizations, HMOs, ACOs
- ❑ Other professional and trade associations

State and Local Government Agencies

- ❑ State health professions licensing boards and regulatory agencies listed in Appendix 1
 - Governor's Office, COVID-19 Response Director
 - Governor's Office, Department of Administration, GME Task Force
 - Governor's Office of Economic Development (GOED)

- Governor’s Office of Workforce Innovation (OWINN)
- ☒ Nevada Primary Care Office
- ☒ State and county health departments and boards of health, including:
 - Southern Nevada Health District
 - Washoe County Health District
 - Carson City Health and Human Services
- ☒ Nevada State Legislature
 - Legislative Council Bureau
- ☒ Nevada Division of Health Care Financing and Policy (Nevada Medicaid)
- ☒ Nevada Division of Public and Behavioral Health
- ☒ Nevada Department of Health and Human Services
- ☒ Nevada Department of Employment, Training, and Rehab, GWIB, Health Sector Council
- ☒ Nevada Division of Insurance, DOI Network Adequacy Advisory Council
- Governor’s Patient Protection Commission (PPC)
- ☒ Silver State Health Insurance Exchange

Higher Education Institutions and Programs

- ☒ Nevada System of Higher Education
 - College of Southern Nevada (CSN)
 - Great Basin College (GBC)
 - Nevada State College (NSC)
 - Truckee Meadows Community College (TMCC)
 - University of Nevada, Las Vegas (UNLV)
 - University of Nevada, Reno (UNR)
 - Western Nevada College (WNC)
- ☒ Private higher education institutions, including but not limited to:
 - Roseman Health Sciences University

- Touro University Nevada

- ☐ Nevada Western Interstate Commission for Higher Education (WICHE) Program
- ☐ Nevada State Office of Rural Health (UNR Med)
- ☐ Nevada Area Health Education Centers Program (AHEC) (UNR Med)
- ☐ UNLV Mental and Behavioral Health Coalition (UNLV)

Other Organizations and Agencies

- ☐ AARP, Access to Health Care Network, patient advocacy groups
- ☐ Las Vegas HEALS
- ☐ Las Vegas Metro Chamber of Commerce, Reno-Sparks Chamber of Commerce, other local chambers of commerce and business groups
- ☐ Las Vegas Global Economic Alliance, Economic Development Authority of Western Nevada, other economic development authorities in Nevada

Appendix 4: Example – Supplemental Questions Developed by the Federation of State Medical Boards for Allopathic (MD) and Osteopathic (DO) Physicians during Licensure Renewal

Social and Demographic Characteristics

1. **Birth date (MM/DD/YEAR):** ____/____/____
2. **Sex:** Male Female
3. **Race**

<input type="radio"/> White	<input type="radio"/> Black or African American
<input type="radio"/> American Indian or Alaska Native	<input type="radio"/> Asian
<input type="radio"/> Native Hawaiian/Other Pacific Islander	<input type="radio"/> Other (specify) _____
4. **Ethnicity – Are you Hispanic, Latino/a, or of Spanish origin?**

<input type="radio"/> No	<input type="radio"/> Yes, Mexican, Mexican American, Chicano/a
<input type="radio"/> Yes, Puerto Rican	<input type="radio"/> Yes, Cuban
<input type="radio"/> Yes, Another Hispanic, Latino/a, or of Spanish origin (specify)	_____
5. **Do you speak a language other than English at home? (optional)**

<input type="radio"/> Yes	<input type="radio"/> No
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6. **What is this language? (if you answered Yes to #5)**

<input type="radio"/> Spanish	<input type="radio"/> Other Language (identify) _____
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Education and Training

7. Medical Education

What is your medical degree?

- M.D. D.O. M.B.B.S.

What year did you complete your medical degree? _____

Where did you complete your medical degree?

United States (specify state): _____

Medical School Name _____

Foreign Country (specify): _____

8. Residency Training/Graduate Medical Education

First Specialty Training

- Location (State) _____
- Number of Years of Training _____
- Year Completed _____

Subspecialty Training

- Location (State) _____
- Number of Years of Training _____
- Year Completed _____

Additional Training

- Location (State) _____
- Number of Years of Training _____
- Year Completed _____

9. Training and Certification

Completed Accredited

Residency Program / Fellowships

Principal Specialty Yes No

Secondary Specialty Yes No

Board Certified

Yes No

Yes No

Current Practice and Employment

10. What is your employment status?

- Actively working in a position that requires a medical license
- Actively working in a field other than medicine
- Not currently working
- Retired

11. Are you currently providing direct clinical or patient care on a regular basis?

- Yes
- No

12. If **no**, how many years has it been since you provided clinical or patient care?

- Less than 2 years
- 2 to 5 years
- 5 to 10 years
- More than 10 years

13. Which of the following best describes the area(s) of practice in which you spend most of your professional time:

Area of Practice	Principal	Secondary	Completed Accredited Residency Program or Fellowship
Adolescent Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anesthesiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergy and Immunology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon and Rectal Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical Care Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dermatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endocrinology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Medicine/General Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastroenterology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geriatric Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gynecology Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hematology & Oncology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infectious Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal Medicine (General)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nephrology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurological Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrics and Gynecology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ophthalmology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthopedic Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Surgical Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otolaryngology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pathology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics (General)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics Subspecialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Physical Med. & Rehab.	0	0	0
Plastic Surgery	0	0	0
Preventive Medicine/Public Health	0	0	0
Psychiatry	0	0	0
Pulmonology	0	0	0
Radiation Oncology	0	0	0
Radiology	0	0	0
Rheumatology	0	0	0
Surgery (General)	0	0	0
Thoracic Surgery	0	0	0
Urology	0	0	0
Vascular Surgery	0	0	0
Other Specialties	0	0	0

14. Which of the following categories best describes your primary and secondary practice or work setting(s) where you work the most hours each week?

Practice Setting	Principal	Secondary
Office/Clinic—Solo Practice	0	0
Office/Clinic—Partnership	0	0
Office/Clinic—Single Specialty Group	0	0
Office/Clinic—Multi Specialty Group	0	0
Hospital—Inpatient	0	0
Hospital—Outpatient	0	0
Hospital—Emergency Department	0	0
Hospital—Ambulatory Care Center	0	0
Federal Government Hospital	0	0
Research Laboratory	0	0
Medical School	0	0
Nursing Home or Extended Care Facility	0	0
Home Health Setting	0	0
Hospice Care	0	0
Federal/State/Community Health Center(s)	0	0
Local Health Department	0	0

Telemedicine	0	0
Volunteer in a Free Clinic	0	0
Other (specify):	0	0

15. How many weeks did you work in medical related positions in the past 12 months? _

16. For all medical related positions held in (insert state name), indicate the average number of hours per week spent on each major activity:

Clinical or patient care _____ hours/week
 Research _____ hours/week
 Teaching/Education _____ hours/week
 Administration _____ hours/week
 Volunteering (medical related only) _____ hours/week
 Other (specify): _____ hours/week

17. What is the location of the site(s) where you spend most of your time providing direct clinical or patient care? Please enter the complete address for up to three locations and your direct patient care hours per week at each site.

Principal Location Address

 Number Street

 City/Town State Zip Code

Direct patient care hours per week at site: _____

Second Location Address (if applicable)

 Number Street

 City/Town State Zip Code

Direct patient care hours per week at site: _____

Appendix 5: States Collecting Health Workforce Information through the Licensing Process

Currently, 28 states collect health workforce information through surveys and supplemental questions that are part of the licensing and licensure renewal process for selected health care occupations:

- California – [Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco](#)
- Colorado – [Colorado Department of Public Health and Environment](#)
- Florida – [Florida Center for Nursing](#)
- Hawaii – [University of Hawaii Area Health Education Center](#)
- Indiana – [Bowen Center for Health Workforce Research and Policy, University of Indiana](#)
- Kansas – [Kansas Office of Primary Care and Rural Health, Kansas Department of Health and Environment](#)
- Louisiana – [Louisiana Center for Nursing](#)
- Massachusetts – [Massachusetts Health Care Workforce Center](#)
- Minnesota – [Office of Rural Health and Primary Care, Minnesota Department of Health](#)
- Mississippi – [Office of Mississippi Physician Workforce](#)
- Missouri – [Missouri Department of Health and Senior Services](#)
- Montana – [Montana Primary Care Office, Montana Department of Public Health and Human Services](#)
- New Hampshire – [Rural Health and Primary Care Section, New Hampshire Department of Health and Human Services](#)

- New Mexico – [University of New Mexico Health Sciences Center](#)
- New York – [Center for Health Workforce Studies, University at Albany, State University of New York](#)
- North Carolina – [Sheps Center, University of North Carolina, Chapel Hill](#)
- North Dakota – [North Dakota Center for Nursing](#)
- Ohio – [Ohio Colleges of Medicine Governmental Resource Center](#)
- Oregon – [Oregon Healthcare Workforce Institute](#)
- Pennsylvania – [Pennsylvania Department of Health](#)
- South Carolina – [South Carolina Office of Health Care Workforce](#)
- South Dakota – [South Dakota Office of Rural Health](#)
- Texas – [Health Professions Resource Center, Texas Department of State Health Services](#)
- Vermont – [Office of Primary Care and Area Health Education Center Program, University of Vermont Larner College of Medicine](#)
- Virginia – [Virginia Healthcare Workforce Data Center](#)
- Wisconsin – [Wisconsin Area Health Education Center Program](#)

Source: Health Workforce Technical Assistance Center (October 2020).

Appendix 6: State Laws Mandating Supplemental Information Collection to the Licensure Renewal Process

Currently, eight states mandate supplemental information to be collected through the licensure renewal process for selected health professions:

State	Professions/Boards Included in Mandate	Link to Legislation
Arizona	Medicine and Surgery Nursing Osteopathic Physicians and Surgeons Psychologists Board of Physical Therapy Behavioral Health Professionals	https://www.azleg.gov/viewdocument/?docName=https%3A%2F%2Fwww.azleg.gov%2Fars%2F32%2F03249-01.htm
Indiana	Medical Licensing Board State Board of Nursing State Board of Dentistry Behavioral Health and Human Services Licensing Board State Psychology Board Indiana Board of Pharmacy	http://iga.in.gov/legislative/laws/2019/ic/titles/025#25-1-2-10
Minnesota	Board of Medical Practice Board of Nursing Board of Physical Therapy Board of Psychology Board of Social Work Board of Marriage and Family Therapy Board of Dentistry Board of Pharmacy	https://www.revisor.mn.gov/statutes/cite/144.051
New Hampshire	Board of Medicine (Physicians and PAs) Board of Dental Examiners (Dentists and RDHs) Board of Pharmacy (Pharmacists) Board of Nursing (APRNs) Board of Allied Health Professionals (PTs/SLPs/OTs) Board of Psychologists (psychologists) Board of Mental Health Practice (LCMHCs, LICSWs, MFTs, PPs) Board of Alcohol and Drug Use Professionals (LADC\MLADCs)	http://www.gencourt.state.nh.us/rsa/html/x/126-a/126-a-5.htm

New Mexico	<p style="text-align: center;">New Mexico Medical Board The Board of Osteopathic Medical Examiners The New Mexico Board of Dental Health Care The Board of Nursing The Board of Pharmacy Any Other Licensing or Regulatory Board That the Chancellor Designates Any Other Health Professional Licensing Board Listed in Chapter 61 NMSA 1978</p>	<a href="https://laws.nmonesou
rce.com/w/nmos/Chap
ter-24-NMSA-
1978#!b/a14C">https://laws.nmonesou rce.com/w/nmos/Chap ter-24-NMSA- 1978#!b/a14C
New York	<p style="text-align: center;">Nurse Practitioners Physicians</p>	<a href="http://www.op.nysed.g
ov/prof/nurse/article1
39.htm">http://www.op.nysed.g ov/prof/nurse/article1 39.htm <a href="https://www.nysenate.
gov/legislation/laws/PB
H/2995-A">https://www.nysenate. gov/legislation/laws/PB H/2995-A
Oregon	<p style="text-align: center;">State Board of Examiners for Speech-Language Pathology and Audiology State Board of Chiropractic Examiners State Board of Licensed Social Workers Oregon Board of Licensed Professional Counselors and Therapists Oregon Board of Dentistry Board of Licensed Dietitians State Board of Massage Therapists Oregon Board of Naturopathic Medicine Oregon State Board of Nursing Respiratory Therapist and Polysomnographic Technologist Licensing Board Oregon Board of Optometry State Board of Pharmacy Oregon Medical Board Occupational Therapy Licensing Board Physical Therapist Licensing Board State Board of Psychologist Examiners Board of Medical Imaging</p>	<a href="https://www.oregon.g
ov/oha/HPA/Pages/Sta
tutes-
Details.aspx?View=%7b
BF005535-B542-446F-
B0B7-
61328A304AEA%7d&S
electedID=11">https://www.oregon.g ov/oha/HPA/Pages/Sta tutes- Details.aspx?View=%7b BF005535-B542-446F- B0B7- 61328A304AEA%7d&S electedID=11

<p>Texas</p>	<p style="text-align: center;"> Audiologists Chiropractors Licensed Professional Counselors Licensed Chemical Dependency Counselors Dentists and Dental Hygienists Emergency Medical Services Personnel Marriage and Family Therapists Medical Radiologic Technologists Licensed Vocational Nurses, Registered Nurses Certified Nurse Aides Occupational Therapists Optometrists Pharmacists Physical Therapists Physicians and Physician Assistants Psychologists Social Workers Speech-Language Pathologists </p>	<p> https://statutes.capitol.texas.gov/Docs/HS/htm/HS.105.htm </p>
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