

HEALTHCARE WORKFORCE WORKING GROUP (HCWWG)

Meeting Minutes - September 8, 2026

The Health Care Workforce Working Group (HCWWG) held a public meeting on **September 8, 2026, beginning at 1:00 p.m.** The meeting was conducted virtually via Microsoft Teams and held in compliance with Nevada Open Meeting Law.

MEETING LOCATION

Physical Location:

The meeting was virtual

Virtual Option:

Microsoft Teams

1. CALL TO ORDER AND ROLL CALL

Chair Vikki Erickson called the meeting to order and began roll call. Dr. Mitch DeValliere completed the roll call and confirmed that a quorum was established.

Members Present

Vikki Erickson, Executive Director, State of Nevada Board of Examiners for Social Workers (Chair)

Edward Cousineau, Executive Director, Nevada State Board of Medical Examiners

Mitch DeValliere, Agency Manager, Division of Public and Behavioral Health

Adam Higginbotham, Executive Director, Nevada State Dental Board

Joelle McNutt, Executive Director, State of Nevada Board of Examiners for Marriage and Family Therapists & Clinical Professional Counselors

Christopher Pascoe, Executive Director, Nevada State Board of Osteopathic Medicine

Sarah Restori, Administrative Director, Nevada Board of Psychological Examiners

David Wuest, Executive Secretary of the Nevada State Board of Pharmacy

Charles Harvey, Executive Director, Nevada Physical Therapy Board

Tyree Davis, Chief Medical Officer for Ancillary Services, Nevada Health Center

Steve Messinger, Policy Director, Nevada Primary Care Association

Members Absent

Krisann Alvarez, Licensed Psychologist, Division of Child and Family Services

Megan Comlossy, Director of Public Affairs and Policy, University of Nevada, Reno, School of Public Health

Vacant, Executive Director, Nevada State Board of Nursing

Tarryn Emmerich-Choi, Health Resource Analyst III, Nevada Health Authority

Jose Melendrez, Executive Director, University of Nevada, Las Vegas, School of Public Health

Others Present

Sam McCord, Director of Investigations and Discipline, Nevada State Board of Nursing

New Member Introductions

Following roll call, Dr. DeValliere noted that the Working Group had new members and invited introductions. Christopher Pascoe introduced himself as the new Executive Director of the Nevada State Board of Osteopathic Medicine. He shared that prior to joining the State, he served as a chief administrative officer for the Moapa Band of Paiutes and previously managed its law enforcement program.

Dr. DeValliere also noted that Megan Comlossy of the University of Nevada, Reno had joined the Working Group in the seat previously held by Dr. Packham, although she was not present at the meeting. He further explained that the Nevada State Board of Nursing position remained in transition.

Sam McCord, Director of Investigations and Discipline with the Nevada State Board of Nursing, provided an update regarding the Board's leadership transition. He explained that he was assisting with matters that would ordinarily involve the Executive Director while the Board conducted its recruitment process.

2. PUBLIC COMMENT

Chair Erickson opened the first public comment period and provided instructions for participation in accordance with Open Meeting Law requirements, including options for telephonic and written comment and the five-minute limit for individual public comment.

No public comment was received.

3. APPROVAL OF JUNE 16, 2026, MEETING MINUTES

Chair Erickson introduced the June 16, 2026, meeting minutes for approval.

Dr. DeValliere reported that Charles Harvey had submitted a correction in advance of the meeting. Mr. Harvey was listed in the June minutes as "Representative, Nevada Physical Therapy Board." He requested that his title be corrected to "Executive Director, Nevada Physical Therapy Board." Dr. DeValliere confirmed that staff would make the correction.

Motion: To approve the June 16, 2026, meeting minutes with the correction to Charles Harvey's title.

- **Motion by:** David Wuest
- **Second by:** Joelle McNutt

No additional discussion was offered.

Vote: Motion carried without opposition.

4. REVIEW OF CURRENT SURVEY RESULTS AND SUGGESTIONS TO INCREASE LICENSEE PARTICIPATION

Chair Erickson introduced Agenda Item 4 and turned the discussion over to Dr. Mitch DeValliere for review of the Healthcare Workforce Survey results and discussion of strategies to increase licensee participation.

Dr. DeValliere reported that the final survey results shared as of July 31, 2026, reflected an overall response rate of approximately 4 percent. He reviewed that the pilot survey was first distributed through the Board of Dental Examiners, the Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors, and the Physical Therapy Board.

The survey was then distributed through the other licensing boards required under Nevada Revised Statutes (NRS) to participate in the workforce data collection effort.

Dr. DeValliere explained that the survey responses are stored in REDCap. A contractor working with the Office of State Epidemiology is using R statistical software to analyze the data and develop visualizations. He stated that the purpose of the project is to develop a better understanding of where healthcare workforce needs exist throughout Nevada so that future workforce recruitment, retention, and planning efforts can better serve the public. He cautioned that a 4 percent response rate would provide limited information for making those determinations.

Adam Higginbotham asked whether any of the survey distributions had been directly connected to a licensing renewal cycle. Dr. DeValliere stated that the timing of the Psychology Board distribution may have been the closest, and Sarah Restori clarified that her board's initial distribution was not tied to renewal. She explained that renewals had only recently opened and relatively few licensees had renewed at that point, so the renewal cycle had not yet provided a meaningful test of whether participation would improve.

Chair Erickson explained that her board renews licenses throughout the year rather than during one defined renewal period. Because of that structure, the board had distributed the survey by email to licensees on three occasions rather than tying it to a single renewal window.

Dr. Tyree Davis stated that boards with defined renewal periods may have an opportunity to place the survey link directly within the renewal process. He suggested comparing participation under that approach with the pilot response rate to determine whether linking the survey to renewal produces a measurable improvement. He noted that the dental profession's response appeared to be approximately 3 percent when the survey was distributed independently of renewal.

Dr. DeValliere confirmed that the original concept was for boards with annual or biennial renewal cycles to distribute the survey in connection with renewal and to provide it to new licensees so that the workforce information could continue to be updated. He acknowledged that not every board uses the same renewal structure and recalled prior concern about requiring completion of the survey as a condition of licensure.

Joelle McNutt asked whether the governing NRS makes survey completion mandatory for individual licensees or only requires licensing boards to implement the survey. She compared the issue with statutory requirements that can prevent renewal under specifically authorized circumstances, such as certain child support obligations, and asked whether comparable authority exists for the workforce survey.

Dr. DeValliere stated that his understanding is that the licensing boards are required to distribute or implement the survey, but individual licensees are not required to complete it. Ms. Restori stated that this was also her understanding. Members discussed the history of the legislation and recalled resistance to making participation mandatory.

Ms. McNutt explained that her board renews all licenses during a defined biennial period and suggested adding the survey link as a step within the renewal application, potentially with an attestation asking whether the licensee completed the survey. She clarified that her intent was to encourage participation rather than necessarily prevent renewal.

David Wuest cautioned that boards should be careful not to create the appearance of a requirement that is not authorized by statute. He noted that the question of a mandate had been discussed during the legislative process and that practitioners could object if a board appeared to condition renewal on voluntary survey participation. Ms. McNutt agreed that the statutory language would need to guide any approach and acknowledged the potential for pushback.

Mr. Wuest further stated that, absent statutory authority, he did not believe a board could stop a renewal because a licensee did not complete the survey or answer an associated question. He distinguished the survey from other renewal restrictions that are expressly established in law. Dr. DeValliere added that preventing a provider from becoming or remaining licensed because the provider did not complete a workforce survey would be counterintuitive when the purpose of the project is to understand provider availability and shortages.

Discussion then shifted to other possible reasons for the low response rate. Dr. DeValliere stated that the survey may have been too long. The pilot combined questions that overlapped with the Primary Care Office survey in an effort to reduce the number of separate surveys providers might receive. However, the Primary Care Office information is not equally relevant to every profession, and he suggested that some of those questions could be removed or revised in a future version.

Dr. DeValliere also suggested that the initial outreach may not have communicated the purpose of the survey strongly enough. He recommended that future email requests and introductory language explain more clearly why the information matters, why a provider should spend approximately 15 minutes completing the survey, and how the data could inform future healthcare workforce decisions. Chair Erickson requested that the current survey be redistributed to Working Group members so they could review the questions with these concerns in mind, and Dr. DeValliere agreed to resend the link.

Dr. DeValliere discussed the possibility of replacing one large survey with separate profession or board-specific surveys. He noted that REDCap already uses branching logic to narrow questions based on the respondent's licensing board, but separate surveys could potentially make the process easier to navigate. He observed that relatively few respondents abandoned the survey after beginning it, suggesting that the larger challenge may be getting licensees to start the survey, although respondents could also stop when they encounter information they do not have readily available.

He recommended that future introductory language tell respondents in advance what information they may need, such as an NPI number or information about Medicare and Medicaid participation. He also recommended emphasizing that individual information is confidential and is not intended for public disclosure. The information would instead support an aggregate report for the Director's Office that could be shared with stakeholders and legislators and could help identify strategies for recruiting and retaining healthcare providers in areas of need.

Mr. Wuest stated that his board's response rate was under 3 percent and raised a concern that questions written around physician practice may not translate well to pharmacists. He explained that pharmacists working in settings such as chain pharmacies may not know or control information about insurance participation in the same way a physician practice might. He recommended tailoring questions more closely to the realities of each profession rather than relying on a single set of practice-oriented questions.

Mr. Wuest also raised a broader participation challenge: some providers may not want additional providers entering their market because they view them as competition. In those circumstances, a voluntary survey designed to identify shortages may not naturally motivate participation. He stated that the Working Group should consider how to obtain useful workforce data when some potential respondents may perceive additional workforce resources as contrary to their own interests.

Steve Messinger, Nevada Primary Care Association, explained that his organization was one of the original sponsors of the legislation. He noted that workforce survey information can feed into Health Professional Shortage Area designations, which can bring additional federal resources to areas identified as having shortages. He acknowledged that the same mechanism does not apply equally to every profession, including pharmacists, but suggested that the survey preamble should explain the practical consequences of the data more clearly.

Mr. Messinger further observed that providers who believe their community already has enough providers also have a reason to participate. If providers do not respond, the available data may suggest a shortage where respondents believe adequate capacity exists. He suggested balancing the existing public-service message with language explaining that participation gives providers an opportunity to accurately demonstrate the level of service available in their specialty and community.

Mr. Wuest agreed that this was an important point and supported adding it to future introductory language, while noting that the wording would need to be developed carefully and may warrant legal review. Dr. Davis similarly emphasized the need to explain the "why" behind the survey, so providers understand the broader outcome the State is trying to achieve rather than viewing the survey as an unexplained request for information.

Mr. Higginbotham proposed a possible technical approach for integrating the survey into online renewal without preventing renewal. Under the concept, the licensing transaction and payment would first be transmitted to the appropriate board. The licensee could then be redirected to a landing page explaining the survey and its purpose, complete the survey, and be returned to the existing licensing system to obtain a receipt. He explained that the renewal itself would still be processed even if the survey was not completed, although a board might have to provide a receipt manually to a licensee who did not follow the survey path.

Mr. Higginbotham characterized the idea as a "soft" technical approach rather than a mandate and emphasized that he was offering it for consideration rather than advocating for it. He also stated that if the survey were integrated into renewal, the number of questions should be reduced because licensees already answer board-specific renewal questions and completing both sets at once could be burdensome.

Ms. McNutt returned to the issue of profession-specific questions and asked whether the existing REDCap survey could continue to use one platform while changing the branching logic so that questions make sense for different professions. Dr. DeValliere confirmed that REDCap has that capability. He explained that respondents first provide basic information and identify their licensing board, after which the system presents questions associated with that profession.

Dr. DeValliere explained that certain data points are required by NRS, while other questions were added to provide a fuller picture of workforce access, including Medicaid participation

and the amount of time providers spend in different practice settings. He noted that a simple yes/no response to whether a provider accepts Medicaid may not be sufficient. A provider accepting one Medicaid patient per month represents a different level of access from a provider accepting one hundred, and that distinction can be important when evaluating the need for Medicaid providers in a county such as White Pine County.

Dr. DeValiere agreed to send Working Group members the current survey link so they could review the respondent experience, including the branching for professions other than their own. He stated that a small number of test responses from members would not materially alter the overall dataset. He reiterated that an alternative would be to maintain the data in REDCap while creating separate surveys for individual boards or professions, which could preserve common data elements while reducing unnecessary questions.

Mr. Wuest reported that he had tested the survey and reiterated that mandatory fields can place respondents in a difficult position when the question does not apply to their profession. He stated that respondents may be uncertain how to answer a required question that does not fit their practice and recommended addressing that issue in future revisions.

Ms. McNutt then focused on timing and consistency. She explained that her board's next renewal period would run from October through December 2027 and described a possible communication schedule in which the survey would be sent in July, followed by reminders in August and September before renewal begins. She asked whether the survey would operate on a rolling basis or whether there would be a defined cutoff for data included in each report.

Dr. DeValiere explained that the initial report would generally reflect data collected from May through July 2026. That timing would allow the Office of Analytics, the Office of State Epidemiology, or other DPBH staff to analyze the data and prepare a draft before the legislative session. He stated that the effort had been envisioned as recurring, potentially annually or in coordination with renewal cycles, although he would need to verify the exact statutory reporting requirements.

Dr. DeValiere stated that the 2026 report should make clear that the first survey was a pilot and that the State and Working Group are learning how to improve the process. He expressed concern that a low response rate, without that context, could lead policymakers to conclude that survey completion should be made mandatory. He suggested that the report instead explain the pilot nature of the effort and the improvements being considered.

Using Ms. McNutt's 2027 renewal cycle as an example, Dr. DeValiere explained that data collected from October through December 2027 could be incorporated into a subsequent reporting period, such as the data available by July 2028. Ms. McNutt stated that having a predictable schedule would allow boards to tell licensees what is coming, explain its purpose, and send several reminders on a consistent basis in an effort to maximize voluntary participation.

Ms. Restori asked whether boards that already administer their own shorter optional demographic surveys would discontinue those surveys and rely on the statewide Healthcare Workforce Survey. Mr. Wuest noted that a key issue would be whether individual boards receive sufficiently detailed, unsuppressed data back from the statewide survey. If a board needs its existing demographic information for its own operations, the

statewide survey may not be an adequate replacement unless the board can access the needed data. Ms. Restori agreed that data access would need to be clarified before a board could replace its own demographic survey.

Chair Erickson asked whether there was any additional discussion. No formal motion was made under Agenda Item 4.

5. DRAFT REPORT FOR THE NEVADA DEPARTMENT OF HUMAN SERVICES DIRECTOR'S OFFICE

Chair Erickson introduced Agenda Item 5 for discussion and possible action regarding preparation of a report for the Nevada Department of Human Services Director's Office. Dr. DeValliere noted that the discussion connected directly to the survey results and improvement opportunities discussed under the previous agenda item.

Dr. DeValliere explained that the first step would be to complete an appropriate analysis of the data already collected so that any information presented in the report would be accurate. Once the analysis was complete, DPBH could begin drafting the report. He asked the Working Group to consider how involved members wanted to be in the drafting process and whether a smaller subcommittee or working group would be useful.

Dr. DeValliere stated that DPBH staff were capable of drafting the report but emphasized that the licensing board representatives are the subject-matter experts for their respective professions and could add important context to the data. He suggested several possible approaches: a smaller group could review the analyzed data and help shape the report before it reached the full Working Group, or DPBH could prepare an initial draft and distribute it to the full Working Group for review and recommendations at a future public meeting.

Chair Erickson asked whether DPBH could compile the data into the initial report and then allow the full Working Group to review the draft and provide recommendations. Dr. DeValliere confirmed that this was a viable approach. He explained that, if a smaller working group were used, it could help determine the best overall wording and review the sections specific to individual licensing boards before the full membership considered the report.

David Wuest stated that he trusted Dr. DeValliere and the State data analytics staff to prepare the initial report. He noted that the first report may be relatively straightforward because one of the central findings will be that the licensing boards carried out the requested survey distribution, but the response rate was low. He stated that he did not know how nuanced the first report would need to be and recognized that the Working Group meets infrequently while DPBH is working under a reporting timeline.

Mr. Wuest added that he had worked with the Department's data analytics staff for years and was comfortable with staff reporting the factual results. He supported leaving the decision to Dr. DeValliere as to whether a subcommittee was necessary. If staff did not need one, he suggested that the full Working Group review the completed draft together at a meeting before the report was transmitted.

Chair Erickson agreed that full Working Group review would be helpful because members represent different healthcare disciplines and could provide different perspectives on the narrative and profession-specific sections. She supported having members receive and review the draft before discussing recommendations collectively.

Dr. DeValliere explained that his primary role involves quality improvement and that he viewed both the survey and the report as products that should improve through a continual cycle. He stated that DPBH wanted the report to be as meaningful as possible when submitted, while recognizing that the first version could be refined in future cycles in the same way the survey itself would be refined based on lessons from the pilot.

Dr. DeValliere confirmed that DPBH routinely prepares similar reports and had the capacity to write the initial draft. He recommended distributing the draft to Working Group members before the meeting at which it would be considered so members would have adequate time to review the information and formulate comments rather than attempting to conduct the full review during the meeting itself.

Chair Erickson asked whether formal action was needed to proceed with that approach. Dr. DeValliere recommended a motion authorizing the Division of Public and Behavioral Health to draft the report for review by the Working Group at its next meeting.

Motion: To allow the Division of Public and Behavioral Health to draft the Healthcare Workforce Survey report for review by the HCWWG at its next meeting.

- **Motion by:** David Wuest
- **Second by:** Charles Harvey

Chair Erickson asked whether there was any discussion on the motion. No additional discussion was offered.

Vote: Members voted in favor of the motion. No opposition was expressed, and Chair Erickson announced that the motion passed.

6. MEETING SCHEDULE AND FUTURE AGENDA ITEMS FOR THE REMAINDER OF 2026

Chair Erickson introduced Agenda Item 6 for discussion and possible action to establish the meeting schedule and future agenda items for the remainder of 2026. She noted that review of the Healthcare Workforce Survey report had already been identified as a future agenda item and asked members for additional recommendations.

David Wuest asked Dr. DeValliere whether the Working Group was meeting frequently enough to support the report deliverable and the additional work needed on the survey. He asked whether the group should allow the report-development process to proceed and meet once a draft is ready, or whether members should begin addressing survey improvements sooner.

Mr. Wuest specifically raised the value of being proactive. He noted that policymakers may appreciate knowing that the Working Group recognizes the low response rate as an issue and is already working on solutions. He asked whether the Working Group should begin that improvement work before the legislative session rather than waiting to see what questions or concerns might arise later.

Dr. DeValliere stated that November and December are generally difficult months for scheduling but also explained that the report likely would not be ready for meaningful Working Group review much earlier. He suggested targeting the first week of December, after Thanksgiving but before the Christmas holiday period.

Dr. DeValiere stated that an early December meeting should give DPBH sufficient time to complete the data analysis, prepare a draft report, and potentially develop preliminary suggestions for improvements to the next survey cycle. That would allow the Working Group to review both the report and possible next steps in a more informed manner.

Dr. DeValiere agreed with Mr. Wuest's recommendation that the Working Group proactively acknowledge the response-rate problem and identify steps it intends to take to improve future participation. He suggested that this could be included as a specific agenda item for the December meeting so the Working Group could discuss and document the improvements it wants to pursue.

The discussion identified the following potential items for the next meeting:

- Review and discussion of the draft Healthcare Workforce Survey report.
- Discussion of recommendations to improve future survey participation, survey design, and administration.
- Discussion of how to proactively communicate that the Working Group has recognized the low response rate and is taking steps to improve the process.

Members generally supported an early December timeframe. No specific meeting date was established during the meeting, and no formal motion was made under this agenda item.

7. PUBLIC COMMENT

Chair Erickson opened the second public comment period. She reminded participants that public comment could be presented by computer, telephone, or in writing and that no action could be taken on a matter raised during public comment unless the matter had been specifically included on the agenda as an action item.

Chair Erickson again provided the telephone participation information and stated that individual public comments were limited to five minutes. She also reminded participants that written comments could be submitted electronically before, during, or after the meeting or mailed to the Division of Public and Behavioral Health.

Chair Erickson asked whether there was any public comment. No public comment was received.

8. ADJOURNMENT

Chair Erickson moved to the final agenda item and asked for a motion to adjourn.

Motion: To adjourn the September 8, 2026, HCWWG meeting.

- **Motion by:** David Wuest
- **Second:** A second to the motion was received.

Chair Erickson called for the vote. Members voted in favor of adjournment, with no opposition expressed.

Vote: Motion carried without opposition.

The meeting adjourned following completion of the agenda.