

Given the objective of the taskforce is to make recommendations to the Governor that will result in expanded residencies in Nevada, we recommend a blended approach that both establishes new residency programs (for the long term) and expands residencies in existing GME hospitals (for the short term). The recommendation is as follows:

A governance structure/committee will be established to oversee the GME Pool, review and approve requests for funding to expand GME. Advance notice regarding the potential availability of GME expansion funding should be provided to potential applicants. Once funds are appropriated for this purpose, the committee will announce a 30 day window to submit applications. Funding awards that meet or exceed the criteria below will occur within 45 days of the close of the application process. To the extent that funds remain in the pool, a similar process will be conducted each year.

This committee will utilize the following criteria in evaluating applications to fund new residency programs and expansion of existing residency programs:

1. During the first application process, priority will be given to at least 3 New Residency Programs at new GME hospitals or other clinical sites for start-up funding requests to the extent applications meet the additional requirements below.
2. Applicants for state GME funding with existing GME programs must either demonstrate they are in the process of applying for CMS redistributed funded slots or make the commitment that they will apply for CMS funded slots in each application process until successful.
3. Priority will be given to those requests proposing to expand in Nevada's physician shortage specialties (internal, family, and pediatric medicine, psychiatry, and general surgery).
4. Applicant must include in their application evidence that they have evaluated the clinical experience/volume of patients, commitment and readiness to establish/expand residency training program and demonstrate the financial sustainability of the program being proposed or at least 4 year commitment to fund any shortfalls.
5. Applicants must provide a detailed proposal that includes specific start-up costs being requested, estimated time for first residents to be trained, number and specialty of residents to be trained, and a detail proposed operating budget of the first 4 years of training.
6. Any proposal can not receive more than the lower of the approved amount or the actual costs expended (if subsequent to the application approval, either the estimated cost aren't incurred or CMS later provides funding, previously approved funding must be refunded to the GME Pool).
7. Require accountability for receiving funding. Annual reporting must be provided by the applicant including progress update, financial report, and measurable outcomes of the residency being implemented (i.e. new residents trained, etc.).

The following are the types of proposals that the GME governance committee will consider (applicants will provide their own estimated costs based on their program specifics - estimated costs below are intended to give an idea of the cost not set a limit):

	Time to Train 1 st Class	Types of Costs	Estimated Costs
New Residency Program/ New GME Hospital	1.5 - 3 years	Start- up costs	\$1.4 - \$2.2M
New Residency Program/ Existing GME Hospital	1 – 3 years	Minor start up + up to 4 years Operating costs	\$130 - \$180K \$375K per FTE (i.e.\$ 4.5M 12 slot residency)
Expand Residency Program/ Existing GME Hospital	6 – 12 months	Up to 4 years Operating costs	\$375K per FTE (i.e.\$ 4.5M - 12 additional residents)
Additional Categories TBD			