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**Assembly Bill No. 349 – Assemblymen Ohrenschall, Claborn and Buckley**

Ladies and gentlemen, good afternoon, my name is Steven L. Phillips and I am here today to provide support for AB 349. I am the Director of the Office of Geriatric Medicine within the University of Nevada School of Medicine and Chairman of the Health Care Systems Committee of the American Geriatrics Society. In 1992 my family moved to Nevada and over the past 10 years I have witnessed the rapid growth of the senior population within this great state. According to the state demographer there are over 242,000 Nevadans over the age of 65 and projections show that by the year 2015 this population will have grown to 416,000. Currently this group accounts for nearly 12 percent of the total state population and are consuming 30-35 percent of all health care dollars and by 2015 will represent 20 percent of all Nevadans and require nearly half of all health care dollars.

Needless to say Nevada is in the midst of an unprecedented demographic shift due to people living longer, a large influx of retirees and the promotion of Baby Boomers into their seventh and eighth decades of life. We have yet to realize the consequences of this transition within our society and the overall implications for various social institutions, families and individuals. Physicians and other healthcare professionals who understand the medical, psychological, functional and social aspects of aging will be better prepared to meet the current and future challenges facing the state. The potential for adverse patient outcomes and for incurring unnecessary expense to an already strained health care system exists. This can occur when a diagnosis is missed or unnecessary treatment or intervention rendered. The fields of Geriatrics and Gerontology focus on the whole person by dealing with multiple, complex, and interrelated conditions that can ultimately result in functional decline and therefore the loss of independence. The World Health Organization stated over three decades ago the "Health in the elderly is best measured in terms of function" and that "the degree of fitness rather than the extent of pathology may be used as a measure of the amount of

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services the aged will require from the community.” In other words the cost of healthcare for an aging society can be viewed as being inversely proportional to functional status. The current healthcare delivery model of organ-specific disease management does not begin to address the basic issues of functionality. It is imperative that physicians and other healthcare professionals shift their focus towards the assessment and restoration of function. How we as a state care for this population is dependent upon the efforts of medical and other professional schools, academic training programs, state-wide professional groups and healthcare organizations.

There is a need for certain health care professional schools – Nursing, Social Work, Pharmacy, Nutrition, Dental, Psychology, and Medical – to provide basic educational curriculum that covers at a minimum the aging process, social aspects of aging, and those disease states unique to the elderly population. This will require the development of courses that address the fields of both gerontology and geriatrics. The field of gerontology relates to the study of aging and those processes that occur over time whereas the field of geriatrics represents the clinical application of this basic knowledge. The training component must be structured in such a way that the basic core curriculum can be reinforced and tested to ensure that these health care professional students are able to apply what has been taught. For all current and future practicing healthcare professionals continuing education in the field of aging and caring for the elderly can become a requirement for ongoing licensure within the State of Nevada.

The intention of mandating education and training is to ensure that a cadre of current and future healthcare professionals have a basic understanding and appreciation of the elderly clients and patients that they come into daily contact with. Through education and training these healthcare professionals will be better equipped

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to serve the needs of the elderly. This will eventually lead to a system of healthcare within Nevada that is far more appreciative and responsive to the needs of the elderly.

Nevada's health care system will face unprecedented strains and must face this reality expeditiously. In order to meet the growing needs of an aging population the state of Nevada must intervene now. During the current legislative session there is the opportunity to introduce educational and training requirements for certain health care professionals that address the fields of aging and care of the elderly. Given the reality of an aging imperative within Nevada the adoption of AB 349 makes sense in the present and for the future.

Thank you for your time and interest. I would be pleased to answer any questions that you may have.