

**MINUTES OF THE MEETING  
OF THE  
ASSEMBLY COMMITTEE ON LEGISLATIVE OPERATIONS AND ELECTIONS**

**Seventy-Eighth Session  
May 29, 2015**

The Committee on Legislative Operations and Elections was called to order by Chair Lynn D. Stewart at 9:34 a.m. on Friday, May 29, 2015, in Room 3142 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at [www.leg.state.nv.us/App/NELIS/REL/78th2015](http://www.leg.state.nv.us/App/NELIS/REL/78th2015). In addition, copies of the audio or video of the meeting may be purchased, for personal use only, through the Legislative Counsel Bureau's Publications Office (email: [publications@lcb.state.nv.us](mailto:publications@lcb.state.nv.us); telephone: 775-684-6835).

**COMMITTEE MEMBERS PRESENT:**

Assemblyman Lynn D. Stewart, Chair  
Assemblywoman Shelly M. Shelton, Vice Chair  
Assemblyman Elliot T. Anderson  
Assemblywoman Michele Fiore  
Assemblyman James Ohrenschall  
Assemblywoman Victoria Seaman  
Assemblyman Tyrone Thompson  
Assemblyman Glenn E. Trowbridge

**COMMITTEE MEMBERS ABSENT:**

Assemblyman John Moore (excused)  
Assemblyman Harvey J. Munford (excused)

**GUEST LEGISLATORS PRESENT:**

Senator Joyce Woodhouse, Senate District No. 5

Minutes ID: 1403



**STAFF MEMBERS PRESENT:**

Carol M. Stonefield, Committee Policy Analyst  
Kevin Powers, Committee Counsel  
Patricia Hartman, Committee Secretary  
Olivia Lloyd, Committee Assistant

**OTHERS PRESENT:**

Connie McMullen, Member, Nevada Commission on Aging  
Barry Gold, Director of Government Relations, AARP Nevada  
Daniel Mathis, President, Nevada Health Care Association  
Jeffrey B. Klein, Chair, Subcommittee Concerning Legislative Issues,  
Nevada Commission on Aging; and President, Nevada Senior  
Services, Inc.  
Patrick T. Sanderson, representing Nevada Alliance for Retired Americans

**Chair Stewart:**

[Roll was taken.] We are hearing Senate Bill 269 (1st Reprint) today. Senator Woodhouse is here to present the bill.

**Senate Bill 269 (1st Reprint): Establishes an interim study committee to research issues regarding the behavioral health and cognitive care of older persons. (BDR S-1035)**

**Senator Joyce Woodhouse, Senate District No. 5:**

I am here today to introduce Senate Bill 269 (1st Reprint), which creates a long overdue interim study to research and make recommendations regarding the behavioral and cognitive care of older persons. We can all agree, as set forth in the legislative declaration found in this bill, that older persons with behavioral and cognitive health issues are among the most treasured and vulnerable assets in our state. We know that those who care for these older persons often lack the information, resources, and knowledge relating to behavioral and cognitive diseases. Caregivers, including family members, who have taken on the labor of love to care for their family members with cognitive and behavioral issues also struggle to obtain the necessary training to care for their loved ones in a beneficial manner. With the tremendous growth of the older population, we are seeing more and more people afflicted with cognitive and behavioral diseases. It is more imperative than ever to identify grants, gifts, programs, and other services that may be used to benefit this population and to study the many facets of this important issue which has touched thousands of Nevada families.

Senate Bill 269 (1st Reprint) provides that the Legislative Commission shall appoint a committee to conduct an interim study concerning unmet needs related to the behavioral and cognitive care of older persons. The committee must consist of six legislators, two of whom are appointed by the Senate Majority Leader, two by the Speaker of the Assembly, one by the Senate Minority Leader, and one by the Assembly Minority Leader. The Legislative Commission shall also appoint the chair and vice chair from among those appointees.

The resolution authorizes the committee to consult with numerous experts in the field of behavioral and cognitive care of older persons. This can include employees of the Division of Public and Behavioral Health, Department of Health and Human Services, the chair of the Governor's Behavioral Health and Wellness Council, a representative from an association or group that provides services to persons with Alzheimer's disease, a representative from a nonprofit community agency that provides caregiver support and services, medical and academic experts who have knowledge of cognitive disorders, a representative of the Nevada System of Higher Education with expertise in this area, and the administrator or designee of the Aging and Disability Services Division, Department of Health and Human Services. Obviously, the care of persons with cognitive and behavioral health issues requires a financial commitment by caregivers and family members.

The interim study is required to research potential sources of state funding available to support evidenced-based statewide community programs to aid caregivers. Such funding may be utilized to offer information about programs and services designed to aid caregivers who are caring for older persons with behavioral and cognitive issues, and provide training in select evidence-based community programs for those caregivers, social service providers, health care workers, and family members. This funding may also be used to create a sliding fee scale to address affordability of mental health and respite services, and provide a substitute caregiver to ensure the safety of the older person who has behavioral or cognitive health issues while the family attends training.

Moreover, the interim study shall evaluate potential funding sources to assist Nevada's Care Connection and Nevada 2-1-1 in the creation of a "No Wrong Door" system designed to assist caregivers. In addition, the interim study is tasked with evaluating the possibility for the establishment of a higher rate of reimbursement by Medicaid for nursing facilities prepared and trained to support older adults with behavioral and cognitive health needs. This would allow such older persons to remain in their own communities rather than being placed in out-of-state facilities. For any of you who have had that experience, it is one of the most wrenching things that a family has to go through when they must find

care for a loved one out of their state since it is difficult for them to share in that caregiving.

Finally, the interim study shall analyze the provision of education and training for health care professionals in the screening, diagnosis, and treatment of behavioral and cognitive diseases prevalent in older persons. Like all other interim studies, the committee must submit a report of its findings and recommendations for legislation to the Director of the Legislative Counsel Bureau for submittal to the 79th Legislative Session.

Mr. Chair and members of the Committee, I know you share in my belief that our aging population deserves to be cared for with dignity and respect, and this is especially true for our seniors who suffer from behavioral and cognitive disorders. This interim study is a step in the right direction to ensure that they receive this important care and to provide much needed assistance to those family members and caregivers who contribute selflessly to care for this growing population. Thank you for your consideration. I believe there are others here today who wish to testify in support of this bill.

**Assemblyman Ohrenschall:**

Will this committee be looking for subjects to study?

**Senator Woodhouse:**

The bill delineates a number of things and there is a hefty list that they will be going through. If that is an issue for consideration, that would be fine, but I think this will give us a start to do what we should do within our state for older citizens who have these kinds of disorders.

**Assemblyman Ohrenschall:**

The reports I read indicate that seniors do much better when they stay in their homes and are not put in nursing homes or assisted living facilities. Will your study look at how we can try to keep seniors in their homes?

**Senator Woodhouse:**

Absolutely, that is the case. I think we all agree, and I know from personal experience with my husband and sister, that when they were both diagnosed as terminal, their number-one wish was to stay at home. Luckily, we were able to do that, but sometimes the disorder or the disease that the person has causes us to have to make the decision to put them in a facility which addresses that issue. I think those who support this legislation will reiterate that as well. The number-one thing we want to do is to keep our loved ones at home so we can care for them, but when the time comes, if that time comes, we need to be able to have facilities with trained people who are going to care for them.

The other important part of this is that if the individual is being cared for in the home, those of us who are caretakers need to have the proper training.

**Chair Stewart:**

Senator, this study will be completed separate from the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs, is that correct? They will serve for two years, correct?

**Senator Woodhouse:**

Yes, that is true. I served on the Legislative Committee for Senior Citizens, Veterans and Adults with Special Needs in one interim. There are so many issues that come before the interim committee that we felt it was so important, and this issue was so big, that it needed to have a separate study from what the interim committee will be doing as well.

**Chair Stewart:**

This is a study just on the older people, not the veterans, correct?

**Senator Woodhouse:**

That is correct.

**Chair Stewart:**

What about the number of meetings?

**Senator Woodhouse:**

There are two. Our legislative staff are the ones who staff the study committees which I have been on before, and they assist us tremendously as well as those who we reach out to, so there is a lot of preparation before the committee gets together to meet.

**Chair Stewart:**

We have a variety of experts who they can call on, so it looks good. Are there any other questions? [There were none.] Those who are in support of the measure, please come forward.

**Connie McMullen, Member, Nevada Commission on Aging:**

We are here in favor of Senate Bill 269 (1st Reprint). Last year the Nevada Commission on Aging voted to support the need for senior mental health and to advocate bringing awareness to the growing lack of services in our state. On October 6, 2014, I represented the Nevada Commission on Aging to address the Governor's Behavioral Health and Wellness Council regarding a lack of behavioral and mental health services for people in our state over the age of 60. The lack of appropriate senior mental health providers, adequate

reimbursement, and facilities offering mental health services continue to be a problem, limiting access for people in desperate need of care and services for caregivers and their families. This continues to be an ongoing crisis for elders statewide, coupled with the lack of resources and information that families desperately need to make good decisions on behalf of those loved ones who cannot speak for themselves.

Senate Bill 269 (1st Reprint) will give Nevada legislators an opportunity to explore and discuss these matters and possibly get ahead of the curve regarding the exploding aging population who are facing cognitive decline coupled with chronic disease or coexisting mental illness. Oftentimes, mental impairment disease and mental illness are confused with one another, complicating solutions to meet an individual's very complex and unique needs. These gaps in services are not unusual and affect many people who are quietly aging in place without the necessary support that they need. Sadly, they often have no family or friends to help prevent their isolation and suffering until the shoe drops with a personal crisis. Senate Bill 269 (1st Reprint) will be the first step in approaching these very difficult issues that are going to be overwhelming in the next ten years.

**Barry Gold, Director of Government Relations, AARP Nevada:**

Our parents, mothers, fathers, and grandparents not only built this country, but they also raised all of us. They did their best to impart to us their values to be good citizens. Hopefully for most people in this room, we got our desire to be here from the lessons that our parents gave us.

Unfortunately, as people get older, they are much more subject to diseases or conditions where they have cognitive decline through no fault of their own. This bill would really look into that and make recommendations on how we can take care of those people and determine why it is important to do so. Not only is it that people want to stay in their homes, it is also much cheaper. I understand this is not the Assembly Committee on Ways and Means; however, nearly everyone who will be testifying on this bill has already testified in the Assembly Committee on Ways and Means of the need to adequately fund those waiver slots that keep people living at home, as opposed to going to facilities that Daniel Mathis is responsible for that do an excellent job. There is a need for that, but people prefer to stay at home. We need to make sure that we have a balanced system so people can stay at home.

A week from Monday, I will be going to a specialized workshop with the National Association of States United for Aging and Disabilities, along with Jane Gruner, Administrator of the Aging and Disability Services Division, to talk about a tool called the State Long-Term Services and Supports Scorecard that

ranks states on various issues relating to long-term care services and support. One of the largest of those is dealing with people with cognitive issues. It is a chance to sit down with the directors of state agencies on aging and plan for the future. I think the results of that workshop would be good to include in this study to talk about what is happening in other states, where we rank, and how we can improve and work together to be proactive. This study is an excellent example of that, so on behalf of the 314,000 AARP members across this state, we strongly urge you to pass this bill.

**Daniel Mathis, President, Nevada Health Care Association:**

I am representing skilled nursing facilities and other post-acute care providers. This is a fantastic bill for more reasons than have already been expressed. On page 4, in section 2, subsection 9, paragraph (c) of the bill, it mentions "The potential for establishing a higher rate of reimbursement by Medicaid for nursing facilities prepared and trained to support older adults with behavioral and cognitive health needs." That came into being on May 1, 2015. The Division of Health Care Financing and Policy, Department of Health and Human Services, came up with a specialty rate for behavioral services, and it will allow skilled nursing facilities to admit those who qualify while addressing the out-of-state placement problem that the state has had. For a long time, hospitals have had issues with that because once a behavioral patient was discharged, they would come back and be diagnosed as an acute behavioral patient. This allows the skilled nursing facilities to do the training and education and have the programming necessary to admit these people as well as finding a place for them to live. I cannot say enough about how great this bill would be.

**Jeffrey B. Klein, Chair, Subcommittee Concerning Legislative Issues, Nevada Commission on Aging; and President, Nevada Senior Services:**

On behalf of the Nevada Commission on Aging Legislative Subcommittee, we urge your strong approval of S.B. 269 (R1). Nevada urgently needs an in-depth study of behavioral and cognitive issues associated with older adults, including health services delivery, caregiver support, and training for our health delivery workforce, particularly in the screening, diagnosis, and treatment of behavioral and cognitive health issues impacting our aging community.

Over 366,000 Nevadans are now over the age of 65. Our state is aging at a very rapid rate. Conservative estimates are that over 25 percent of those seniors, or 195,000 seniors, are impacted by mental health or cognitive disorders, including those who are diagnosed with chronic psychiatric illnesses, experience cognitive changes due to illness such as dementia or stroke, and are affected by mental health disorders as a result of age-related disabilities. Nevada has one of the highest senior suicide rates in the country. In addition,

the over 500,000 caregivers statewide are at significant risk for depression and other mental and physical health issues.

A study by the Centers for Disease Control and Prevention published in 2012, comparing states and facilities in long-term care, determined that the rate of dementia nationally is at 32 percent in adult day health facilities; in Nevada, it is at 47 percent, and in Nevada senior services facilities, it is at 81 percent. Those who suffer from depression as a clinical diagnosed basis for admission are at 24 percent nationally and 70 percent in our facilities. That should give you an idea of the issues that we face in our state.

Senate Bill 269 (1st Reprint) provides a responsible path in assisting Nevada to address the stigma associated with mental health services impacting seniors and others and increases awareness of warning signs and existing resources for our community. It will help us implement and promote education and training programs for health care and mental health professionals in the screening, diagnosis, and treatment of mood disorders affecting older adults. It will help us identify the important gaps in the existing community-based mental health resource system and assess specialized care options, availability of evidence-based protocols, effectiveness of treatment, accessibility of existing resources, opportunities to gain input from older adults, and the affordability of care. It will help us look at how we can create a continuum of care with service options appropriate to the level of need. It will create the No Wrong Door system that has been long overdue in our state, and it is much needed as our population ages rapidly. It will help us integrate evidence-based protocols and best practices at every level, address the need for affordable care options for consumers and adequate reimbursement for providers, and offer special options to manage aggressive and disruptive behaviors.

It will help us provide education and training for health care and mental health professionals to manage cognitive and behavioral symptoms, offer support and respite for caregivers and families, and finally, identify how we might reduce the risk of premature and unnecessary nursing home placements. The Nevada Commission on Aging's Legislative Subcommittee appreciates the opportunity to come before you today and express our strong support for S.B. 269 (R1) and hopes that it would be enthusiastically approved as printed.

**Assemblyman Ohrenschall:**

Will this study, if approved, address guardianship issues?

**Connie McMullen:**

I cannot say that guardianship issues do not have interplay with some of these more pressing concerns, but from what I understand, they are going to be



resolved or reviewed with Chief Justice James W. Hardesty of the Supreme Court of Nevada. I believe that is where it needs to go. Following the licensed legislation that has recently made its way, the lawyers are in disagreement especially with the guardianship and how things should be approached. So maybe the court is the best way. I certainly cannot speak on behalf of the bill's sponsor, but this is a big concern.

**Chair Stewart:**

Mr. Klein, you said that there were 366,000 seniors over the age of 65 in Nevada. Did you say that 27 percent had some form of dementia?

**Jeffrey Klein:**

That is correct. It is over 25 percent of those over the age of 65, based on the U.S. Surgeon General's numbers. We think the number is very underreported.

**Chair Stewart:**

What is your assessment of the care facilities for seniors in Nevada? I know that is one of the things that we will look at in this study, but from your experience, what are your thoughts?

**Jeffrey Klein:**

We are very underresourced in Nevada. Part of it is because of the immense growth of our state population in the last 10 to 15 years, which is now aging very rapidly. So as our seniors fall victim to the normal behavioral health processes and disease processes like dementia and other cognitive issues, our caregivers are forced to take up the challenge of supporting them. We find ourselves very underresourced across the board.

In the adult day care arena, we have 18 statewide facilities that are currently licensed for adult day care. There was an Accreditation Commission for Health Care study that shows 50 licenses were granted since 2014. Of the 50, we only have 18 left in the state to maintain a population of the size that we are discussing. The same thing is true in our health care delivery system. We lack adequately trained geriatric physicians, nurses, occupational therapists, and speech pathologists—the whole gamut of health care professionals. So developing a strategy to deal with how we come from behind before we are literally overwhelmed with expensive placements is critical, so we are thrilled that Senator Woodhouse has taken up this issue.

**Chair Stewart:**

Is anyone else in support of this bill?

**Patrick T. Sanderson, representing Nevada Alliance for Retired Americans:**

I am proud to say that we took care of my mother-in-law for ten years, and then ended up putting her into a home. This is a woman who graduated from the University of Nevada in Reno, in 1932, and went to work in Boulder City as a schoolteacher. She was married there, travelled around, and eventually settled and retired in Hawthorne, where I am from. She was a very self-reliant person who raised two grandchildren, but then it came time when she needed to move in with someone who would help take care of her. In the last two years of her life, when it became evident that she was going to hurt herself, we had to make the decision to move her into a home. So I am definitely in favor of this bill. I hope that you move this legislation forward. I think it is a very good bill and is definitely needed.

**Chair Stewart:**

Are there any questions? [There were none.] Is anyone else in support of this bill? [There was no one.] Is anyone in opposition to the bill? [There was no one.] Is anyone neutral to the bill? [There was no one.]

**Assemblyman Thompson:**

Senator Woodhouse, on page 3, in section 2, subsection 9, paragraph (a), it states that the committee will research potential resources of state funding. I would like to emphasize that we need to expand that to get outside of the boundaries of the state, and really look for those federal funds that we overlook or do not apply for, such as foundation money. So hopefully there is going to be a connection of this committee with the Department of Administration's Office of Grant Procurement, Coordination and Management, because they are the experts on this and will welcome the opportunity to gather this information so that they can start working on it.

**Senator Woodhouse:**

I think that is a very good recommendation. I also want to share with the Committee that this morning, in the Senate Committee on Finance, we handled two bills that put teeth in how Nevada can look at additional federal grants in order to solve some of our issues. I think we are all on the right page.

**Chair Stewart:**

The hearing is closed on Senate Bill 269 (1st Reprint). Is there any public comment? [There was none.] We are adjourned [at 10:04 a.m.].

RESPECTFULLY SUBMITTED:

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Patricia Hartman  
Committee Secretary

APPROVED BY:

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Assemblyman Lynn D. Stewart, Chair

DATE: \_\_\_\_\_

**EXHIBITS**

**Committee Name:** Assembly Committee on Legislative Operations and Elections

**Date:** May 29, 2015

**Time of Meeting:** 9:34 a.m.

| <b>Bill</b> | <b>Exhibit</b> | <b>Witness / Agency</b> | <b>Description</b> |
|-------------|----------------|-------------------------|--------------------|
|             | A              |                         | Agenda             |
|             | B              |                         | Attendance Roster  |