MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Seventy-Eighth Session
March 16, 2015

The Senate Committee on Health and Human Services was called to order by Chair Joe P. Hardy at 3:33 p.m. on Monday, March 16, 2015, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Exhibit A is the Agenda. Exhibit B is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Joe P. Hardy, Chair
Senator Ben Kieckhefer, Vice Chair
Senator Mark Lipparelli
Senator Joyce Woodhouse
Senator Patricia Spearman

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Policy Analyst
Eric Robbins, Counsel
Debra Carmichael, Committee Secretary

OTHERS PRESENT:

Valerie Wiener
Donna DePauw
Jane Gruner, Administrator, Aging and Disability Services Division, Department of Health and Human Services

Chair Hardy:
I will open the meeting on Senate Concurrent Resolution (S.C.R.) 2. Senate Concurrent Resolution 2 is an offshoot of the Alzheimer's disease task force. There are many people with Alzheimer's disease, and there will be more people with Alzheimer's. It is a problem. The people living with the people with the disease have many problems. Looking at statistics, one in nine people will have Alzheimer's disease. But, statistics show one in eight women will have

breast cancer. Those statistics show the pervasiveness of Alzheimer's disease that affects so many people. It also affects the budgets on Medicare and Medicaid to the tune of approximately $140 billion last year.

SENATE CONCURRENT RESOLUTION 2: Encourages education of medical care providers and first responders regarding caring for persons with Alzheimer's disease. (BDR R-237)

Valerie Wiener:
I am chair of the Task Force on Alzheimer's Disease. A basic facts sheet about Alzheimer's disease has been handed out (Exhibit C). The formation of the original task force dates back to 2011, with A.C.R. No. 10 of the 76th Session sponsored by then Assemblywoman Debbie Smith. The annual report of the Task Force on Alzheimer's Disease gives a synopsis of the Task Force. (Exhibit D). The resolution was packed with significance because it called for establishment of the Task Force to create a State plan to address Alzheimer's disease.

The A.C.R. No. 10 of the 76th Session task force was formed by the Legislative Committee on Health Care in the summer 2012. By the last meeting in October 2012, the Health Care Committee had sifted through 117 recommendations from three heavily engaged work groups, which included experts, medical specialists and the public. These groups had been assigned to address access to services, quality of care versus quality of life and public awareness. The A.C.R. No. 10 of the 76th Session task force adopted 20 recommendations. The first State plan was delivered to the Legislature and the Governor on February 1, 2013. Three of the recommendations made it through the Legislature: to create a task force, allow advanced practitioners of nursing to have independent practices and allow respite services for families of younger-onset Alzheimer's patients. Alzheimer's disease, more than any other chronic disease, is a disease of the family because most family members become caregivers.

Since the last Session, the Task Force has continued to update the Nevada State Plan to Address Alzheimer's Disease (Exhibit E). The plan includes recommendations, potential funding sources and indicators. The indicators are important to manage the progress. In the 78th Legislative Session, 6 of the 20 recommendations in the 2015 State Plan are being addressed. Four of the recommendations are blended into S.C.R. 2.

There are 48—50 types of dementia, and Alzheimer's is one of those types. Alzheimer's disease comprises about 70 percent of all dementia diagnoses, and about 37,00 people in Nevada have been diagnosed with the disease. This is a 38 percent increase from 10 years ago. This is expected to increase by 75 percent by 2025. Nevada has the second fastest senior population growth in the Country. People are living longer and diagnoses are happening earlier. Alzheimer's disease is treatable, but not curable.

Health care providers need additional training and education to work with the Alzheimer population. Recommendations 11—14 of Exhibit E are included in S.C.R. 2. Health care workers and first responders who have direct contact with persons with dementia often do not have adequate training or understanding of how to work with these people. Senate Concurrent Resolution 2 shines a light on realistic and vital ways to expand the knowledge, understanding and skill sets of these professionals to help them provide the highest level of care to people with Alzheimer's disease. It is critical the training goes forward. Some fire fighters and police personnel are in dementia-related training thanks to the Task Force.

The Task Force is here as a voice for the people who do not have one and for those who cannot do it for themselves. Alzheimer's disease is the most expensive health care condition that we face in this Country. The Task Force supports S.C.R. 2.

Donna DePauw:
I am a 24-hour, 7-days-a-week caregiver for my husband who has dementia, Alzheimer's disease. I am very much in favor of this bill. On December 18, 2014, I called the sheriff's department because my husband became very manic. My husband was shoving and pushing me. I understand it is the disease. A deputy sheriff came to our home. He did not introduce himself. The first thing out of his mouth was, "This house stinks. What died in here?" My husband had an accident in the bathroom that I was cleaning up while trying not to be shoved, pushed and screamed at. Luckily, a second officer came to the home who knew how to speak to an individual with dementia. After this incident, I called the sheriff's department and recommended training. I offered to get training, to get a support group together to come and talk about this disease and what it does to the family of a person afflicted with Alzheimer's disease. Two-thirds of caregivers die before the patients because of the stress. There is no help. Caregiving agencies do not want to give respite care, and they

are very expensive. If I needed respite care through an agency to come here to testify, it would cost me $50. I have used three caregiving agencies, and not one of them understands the first thing about Alzheimer's. It is important to have consistency. The Alzheimer's patient is confused and does not like change. Caregivers need training about the disease but also training in common sense. My doctor told me he has patients with dementia Alzheimer's disease and he did not know what to do for the patient's loved ones. I provided post cards to my doctor from the Alzheimer's Association which has an 800 number for people to call.

On January 5, 2015, I called 911 because my husband was ill with a bronchial infection and mania. I told the 911 dispatcher my husband has dementia Alzheimer's disease. The EMTs were fine. At the hospital they administered drug and alcohol testing and performed a CT scan on him. The bill came to over $7,000 for 6 hours. Training is essential. There never is enough training in this disease because every single day something new is learned. I put my husband in a facility to correct his medications, a facility I cannot afford. There is no financial help for the middle class. Senate Concurrent Resolution 2 is a step to get people educated. We cannot stop here. The family caregiver does not receive reimbursement from the government for taking care of the loved one. I expect my government to help out when needed. They have not been here for the dementia Alzheimer's family.

Jane Gruner (Administrator, Aging and Disability Services Division, Department of Health and Human Services):
I was a caregiver for many years to my father-in-law, who suffered from Alzheimer's disease. This bill will provide much needed education for many of our community members. Emergency medical individuals will be better caregivers once they have attended specific training regarding Alzheimer's disease. The Aging and Disability Services Division supports S.C.R. 2.

Chair Hardy:
I received a letter from Cheryl Corthell Blomstrom in support of S.C.R. 2 (Exhibit F). I will close the hearing on S.C.R. 2 and I will open the work session on Senate Bill (S.B.)196.

SENATE BILL 196: Makes various changes concerning health care. (BDR 40-84)

Marsheilah Lyons (Policy Analyst):
The work session document has been distributed (Exhibit G). Senate Bill 196 requires the Division of Public and Behavioral Health to establish and maintain the Stroke Registry to compile information and statistics concerning the treatment of patients who suffer from strokes. In addition, S.B. 196 authorizes a provider of health care to use credit earned for continuing education relating to Alzheimer's disease in place of not more than 2 hours each year of the requirements for continuing education, other than any requirement for continuing education relating to ethics. There are three amendments to this bill. Amendment 1, proposed by the Division of Public and Behavioral Health, establishes guidelines as opposed to establishing regulations. Amendment 2 is proposed by the Nevada Hospital Association and clarifies that a hospital included on the list established pursuant to subsection 2 of section 9 as a comprehensive or primary stroke center shall report all consensus measures to the Stroke Registry as outlined in section 6. Amendment 3 is proposed by Senator Hardy and authorizes the Division of Public and Behavioral Health to accept gifts, grants and donations for support of the Registry.

Chair Hardy:
I will close the work session on S.B. 196.

SENATOR KIECKHEFER MOVED TO AMEND AND DO PASS AS AMENDED S.B. 196.

SENATOR WOODHOUSE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Hardy:
I will open the work session on Assembly Bill (A.B.) 29.

ASSEMBLY BILL 29: Revises provisions governing the care and treatment of persons with intellectual disabilities and related conditions. (BDR 39-324)

Ms. Lyons:
The work session document has been distributed (Exhibit H). There are no amendments for this measure.

Chair Hardy:
I will close the work session on A.B. 29.

SENATOR SPEARMAN MOVED TO DO PASS A.B. 29.

SENATOR LIPPARELLI SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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Chair Hardy:
Seeing no further business before the Committee, I adjourn the hearing at 4:02 p.m.

RESPECTFULLY SUBMITTED:

Debra Carmichael,
Committee Secretary

APPROVED BY:

Senator Joe P. Hardy, Chair

DATE:

EXHIBIT SUMMARY

Bill	Exhibit		Witness or Agency	Description
	A	1		Agenda
	B	3		Attendance Roster
S.C.R. 2	C	2	Valerie Wiener	Task Force on Alzheimer's Disease
S.C.R. 2	D	7	Valerie Wiener	Task Force on Alzheimer's Disease Annual Report
S.C.R. 2	E	39	Valerie Wiener	The Nevada State Plan to Address Alzheimer's Disease
S.C.R. 2	F	1	Senator Hardy	Letter of Support from Cheryl Corthell Blomstrom
S.B. 196	G	2	Marsheilah Lyons	Work session document
A.B. 29	H	1	Marsheilah Lyons	Work session document