MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES

Eighty-Second Session
March 10, 2023

The Committee on Health and Human Services was called to order by Chair Sarah Peters at 10:18 a.m. on Friday, March 10, 2023, in Room 3138 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/82nd2023.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Sarah Peters, Chair
Assemblywoman Cecelia González
Assemblywoman Michelle Gorelow
Assemblyman Ken Gray
Assemblyman Gregory T. Hafen II
Assemblyman Brian Hibbetts
Assemblyman Gregory Koenig
Assemblywoman Sabra Newby
Assemblyman Duy Nguyen
Assemblywoman Angie Taylor
Assemblywoman Clara Thomas

COMMITTEE MEMBERS ABSENT:

Assemblyman David Orentlicher, Vice Chair (excused)

GUEST LEGISLATORS PRESENT:

Assemblyman Bert Gurr, Assembly District No. 33

STAFF MEMBERS PRESENT:

Patrick Ashton, Committee Policy Analyst
Shuruk Ismail, Committee Manager
Terry Horgan, Committee Secretary
Ashley Torres, Committee Assistant

OTHERS PRESENT:

Jacob Dalstra, EMS Director, MedX AirOne
Tom Clark, representing MedX AirOne
Bradley Mayer, representing Southern Nevada Health District
Charles Duarte, Public Policy Director, Alzheimer's Association of Nevada
Amy Moore Peterson, Private Citizen, Boulder City, Nevada
Barry Cole, Private Citizen, Reno, Nevada
Shaun Navarro, Private Citizen, Las Vegas, Nevada
Russell Rowe, representing Keith Whitfield, Ph.D., President, University of Nevada, Las Vegas

Chair Peters:
[Roll was taken. Committee rules and protocol were explained.] Welcome to Assembly Health and Human Services. We will move on to our agenda; however, we are taking the bills out of order today, so I am going to open the hearing on Assembly Bill 178, which revises provisions governing emergency medical services, and invite the presenters to come up to the table.

Assembly Bill 178: Revises provisions governing emergency medical services. (BDR 40-730)

Assemblyman Bert Gurr, Assembly District No. 33:
I want to thank you for the opportunity to present Assembly Bill 178. I introduced this bill after hearing from my constituent, MedX AirOne, and the administrative burden renewing their annual license has on the organization. Simply put, A.B. 178 changes the requirement that operators of ambulances, air ambulances, or vehicles of firefighting agencies renew their state license from every year to every 5 years. I have not been contacted by anyone who opposes this bill. With that, I would like to turn the presentation over to Jacob Dalstra from MedX and Tom Clark to further explain the bill and to offer an amendment.

Jacob Dalstra, EMS Director, MedX AirOne:
MedX AirOne is a ground and air ambulance provider primarily in northern Nevada [Exhibit C]. We started in 2015 in Winnemucca at Humboldt General Hospital (HGH). We partnered with that hospital and placed a helicopter there. In 2016, we placed a helicopter in Elko, and then in 2019 expanded into Ely. In 2019, we started providing ground services in Elko, and today we are an Intermountain company. Intermountain Health Care out of Salt Lake City, Utah, purchased our company and we are an Intermountain Health Care company. We have five air assets and five ground ambulances throughout northern Nevada. Our service area covers Elko County, Eureka County, Humboldt County, Lander County, Pershing County, and White Pine County.

Our current process is we have to get licensed by the state Committee on Emergency Medical Services (EMS) office every year [page 4]. That means the state office will send representatives out to our organization. They will go through our ground ambulances; they will go through our air assets and make sure our program as a whole is meeting the requirements. Why are we asking for a change? We are asking for a change because we believe that doing this on an annual basis creates a lot of unnecessary administrative burden [page 5, Exhibit C], and there are a lot of smaller EMS agencies or volunteer agencies that do not have the administrative support to be able to do this on an annual basis, so it creates a lot of extra work for those smaller agencies. We also believe this change will decrease the workload for the EMS office itself. They are a great group of people, it is a very dedicated office, and they are great to work with, but they are understaffed. We believe this will reduce their workload so they can focus on other issues their office faces. We have been talking with some of our neighbors, and we have support [page 6]. We have not talked to any fire department or EMS agency that opposes this bill. We have been in contact with Linda Bingaman, the fire chief for Carlin fire, a smaller volunteer agency within Elko County, and they are supportive. Chris McHan is the EMS director for Elko County EMS, and he is supportive. Mike Harris, the EMS director in Lander County, is also supportive. We have also been talking with Andrew Loveless from HGH EMS, and he is also supportive. We have a lot of support for this bill, and we appreciate your consideration of it.

Tom Clark, representing MedX AirOne:
I want to thank Assemblyman Gurr for bringing forward this piece of legislation. My job today is to walk you quickly through the bill and the amendment we will present. The meat of the bill is in section 1, subsection 6, line 28 on page 2 where it says, "All permits expire . . . ." We are removing the July 1 deadline and inserting "5 years" following the date of issue and are renewable "each fifth year" thereafter. The amendment that is up on NELIS [Nevada Electronic Legislative Information System] and that we propose today changes that from 5 years to 2 years [Exhibit D]. That is the outcome of feedback and conversations with other stakeholders. Five years seemed to be too many, so we settled on two years. This every-other-year process will, I think, put the providers in a good space. Section 1, subsection 7, states that if there is a change of ownership or operator within the system, they notify state EMS within 90 days. One of the questions I received from Clark County was to clarify for the record that this is intended mostly for private carriers. If you are a fire department, volunteer fire department, or state agency that gets this license, you will not need to send a notice to state EMS every time there is an election, every time there is a new chief, every time there is a new "operator" of that system. This particular section is so if a new buyer comes in and purchases MedX or one of the other companies and there is a whole new team running the show, they need to notify state EMS so they can trigger the requirement that they renew their license at that time.

In section 2, starting on line 31 of page 3, the way we envision this working—and I will clarify it because the last line 35 still says 5 years, but I did not put that in the amendment, and that should be changed to 2 years. MedX AirOne and others all renew this July 1, and that renewal will be for 1 year even if this bill passes. In 2024 when they renew, it will be for the 2 years, so it is not at the time of passage, it simply states we are not going to disrupt the state EMS office. Let us do our renewals, we will come back in 12 months, renew again, and when that renewal occurs, that will be for a period of 2 years. That will make some changes to the fiscal note and the impact it has on the state EMS office. I will tell you

Mr. Dalstra had a conversation with the chief investigator, the person he works closely with at the state EMS, because we did not want them to have any surprises with this piece of legislation. That outlines the feedback I have received on the legislation.

Chair Peters:
Thank you so much for the presentation and for that amendment. I believe everybody has a copy. If you could provide an email to staff that confirms you would like to amend section 2, it would be great.

Tom Clark:
We will do that.

Chair Peters:
Are there any questions from the Committee?

Assemblywoman Taylor:
I just had an opportunity to read the amendment. We are changing from 5 years to 2 years, and it does not start when they renew in 2023, but when they renew in 2024?

Tom Clark:
You are absolutely correct.

Chair Peters:
Thank you for that clarifying question.

Assemblyman Gray:
Thank you, gentlemen, for bringing this forward. This has been a regular issue in our community. I talked to my fire chief and some other agencies about it, and I appreciate your rolling it back, even though for me 3 years would have been the sweet spot. Not only does it reduce the burden on agencies, but it also reduces the burden on the State and reduces costs in the long run. "Annually" is an arbitrary period they picked at one point. We have had inspectors show up and for one reason or another, they could not complete the inspection, so we now have ambulances that are not permitted working the streets because we do not have any other way to do it. They have been trying to get it rescheduled, but the resources are so limited they cannot get back out to inspect. This is a great bill, and I was very honored to co-sponsor with Assemblyman Gurr. I am really hoping the Committee and the entire Assembly see the value in this bill for our public.

Assemblyman Hibbetts:
I want to clarify that the intent of this is not to double the fee every 2 years, or in the original version, every 5 years, because it is not addressed in the bill itself. It does not change the fee, or would that be addressed in the *Nevada Administrative Code*?

Tom Clark:
That is exactly right. There is no increase in the fee amount that will be collected every 2 years versus every single year. When you look at the fiscal note, there will actually be a decrease in revenue to the department, and going back to Assemblyman Gray's question, that was one of the reasons we chose 2 years, so we did not have such a negative impact. I believe there are 68 providers licensed to the state EMS office, and we would not have as much of an economic impact on them. Therefore, yes, every 2 years they pay the same fee as if it were for 1 year.

Chair Peters:
Are there other questions from Committee members?

Assemblywoman González:
My question is about the maintenance of this equipment and the lifespan. Could you go into that a little bit?

Jacob Dalstra:
It is a good question, and it is a difficult question to answer. Every agency probably has a different maintenance program for its vehicles. Our goal is to maintain our vehicles so they are response ready. When somebody dials 911, they are ready to respond. I would say that all the 68 agencies licensed with the State of Nevada share that same common goal, but there are a lot of variables concerning how to maintain them. For instance, in our program, we do long-range transport—transporting patients from the hospital in Elko to Salt Lake City, to Reno, and to Las Vegas. That puts road miles on our vehicles, so our vehicles may need to be replaced sooner than those of a fire department that just transports within a city. Aircraft are completely different. They are regulated by the FAA [Federal Aviation Administration] and there is required maintenance on the aircraft. Every 50 hours, 100 hours, 500 hours, they have to do regularly scheduled maintenance on aircraft. Again, that is regulated by the FAA. I do not have exact mileage or exact years concerning how long these vehicles will last because it varies from department to department.

Assemblyman Gurr:
I was on a BLM [Bureau of Land Management] fire crew in Elko and we maintained our equipment every day. You did not know where you were going to go or when you were going to go, so you had to have it road- and fire-ready, and I cannot imagine these guys not doing that.

Assemblyman Gray:
Having an EMS background, I would like to add that the focus of a big part of this inspection is not so much the maintenance of the vehicles, it is also on things such as the narcotics. Are they ready to be used? Are they properly secured? Is all the life-saving equipment ready? Making sure nothing is expired is really important to the public. I cannot tell you how many ambulances I have been in that have just died in an intersection, but it is the lifesaving stuff that is really important. I think two years captures that perfectly.

Chair Peters:
I had similar concerns about making sure people were keeping track of their stuff. Regulation keeps everybody thinking about what their purpose is and what their job is. It can get a little chaotic for you, and we know it is not an easy job. You have a lot going on. I have to agree; 2 years is a nice compromise because I was concerned about the 5-year span. We are not a fiscal committee, but I do want to mention the fiscal note. I assume you are chatting with the agency on that fiscal note and looking at the amendment to see how much can be absorbed or what that overall cost to them will be.

Tom Clark:
Absolutely, we will work with them. I want to make sure they clearly understand the language in section 2 about the effective date and how it is not going to affect them fiscally this year, but it will next year, and then the 2-year impact instead of the 5-year impact.

Chair Peters:
I want to express our appreciation for the work you all do. First responders are really out there doing the work. Are there other comments or questions from the Committee before we move on to testimony? [There were none.] Seeing none, we will move into support testimony on A.B. 178. Is there anyone who would like to provide support testimony on A.B. 178? [There was no one.] We will move on to opposition testimony on A.B. 178. Is there anybody who would like to provide opposition testimony on A.B. 178? [There was no one.] We will move on to neutral testimony. Is there any neutral testimony on A.B. 178?

Bradley Mayer, representing Southern Nevada Health District:
The Southern Nevada Health District is an agency that regulates licensed EMS providers in southern Nevada, but this bill would have a very minimal impact on our operations. We wanted to make sure you knew that. We are neutral barring any other amendments.

Chair Peters:
This testimony is in light of the amendment. Are there any questions from the Committee? [There were none.] Is there anyone else with neutral testimony? [There was no one.] I would like to invite the bill sponsor for closing remarks. Assemblyman Gurr is waiving his closing remarks, so we will close the hearing on Assembly Bill 178.

I will open the hearing for our next bill, Assembly Bill 167, which makes various changes relating to dementia.

Assembly Bill 167: Makes various changes relating to dementia. (BDR 38-787)

Assemblywoman Clara Thomas, Assembly District No. 17:
It is my pleasure to present to you Assembly Bill 167, which seeks to establish a dementia care specialist program in our state. Joining me today is Charles Duarte, Nevada Public Policy Director of the Alzheimer's Association. Before Mr. Duarte provides you with details of the bill, I would like to raise your awareness to a pressing issue that affects a growing number of older people in Nevada and across the country. Dementia is a debilitating disease

that affects a person's memory, cognitive abilities, and daily functioning. It is estimated that there are currently about 6.5 million people living with dementia in the United States, and this number is projected to reach 14 million by 2060. In Nevada, the number of people living with dementia is also on the rise, and Mr. Duarte will give you the numbers in a bit. These statistics highlight the urgent need for us to take action to address this growing health crisis.

We have a moral and ethical obligation to support and care for older people with dementia who are often some of the most vulnerable members of our society. This support can take many forms, from providing adequate health care and social services to ensuring people with dementia are treated with dignity and respect. One important way we can improve dementia care in Nevada is by establishing a dementia care specialist program. This program would provide specialized training for health care professionals who work with people with dementia and their families, ensuring that they have the knowledge and skills to provide the best possible care. This program would also help to raise awareness of dementia and reduce the stigma which is often a barrier to people seeking help and support. Currently, there are only a handful of dementia care specialist programs in the United States and none in Nevada. This is a significant gap in our health care system that needs to be addressed by investing in a dementia care specialist program in Nevada. We can improve the quality of life for people with dementia and their families and reduce the burden on caregivers.

I would like to share a little personal history. My mom passed in 2020, but before her journey, she was diagnosed with this terrible disease. We, her children, did not realize what Mom was experiencing. All we knew was she was sometimes forgetful or extremely withdrawn. Her personality changed dramatically. At times she was docile, then there were times she became combative, angry, or willful—just to highlight her personality change. It became extremely alarming when Mom exhibited this violent behavior towards strangers. We hired caregivers to assist with her day-to-day living. Our mom was a warm, loving, kind, gentle person who taught us, her children, to have those attributes. My siblings and I regret we did not know how to address or help Mom with this life-changing disease. I only share this because I know there are families in Nevada who need the assistance and education that we needed for our mom. Now, I will hand it over to Mr. Duarte, who will provide you with more details and an overview of Assembly Bill 167.

Charles Duarte, Public Policy Director, Alzheimer's Association of Nevada:
I appreciate the opportunity to speak with you and the members of the Committee today about Assembly Bill 167. On behalf of the more than 50,000 Nevadans who are living with dementia right now, their families and care partners, I would like to thank Assemblywoman Clara Thomas for sponsoring this bill that establishes a dementia care specialist program in the state. As was mentioned, dementia is on the rise in Nevada. According to the 2021 *Elders Count Nevada* report, the growth of the older population in Nevada continues to outpace the United States. For 2011 to 2018, Nevada experienced a 40 percent increase in people aged 65 or older compared to 25 percent nationally. Additionally, the Alzheimer's Association estimates by 2025 there will be 64,000 people aged 65 and older living with Alzheimer's disease. That is the third-fastest rate of growth of Alzheimer's disease in the nation right behind Vermont and Arizona.

According to studies of dementia crises, delusions, wandering, stealing, and hallucinations were key behaviors contributing to crises, especially when the behaviors present a risk to the individual or others. These crises, often the result of unmet needs, caregiver burnout, or interpersonal conflicts stemming from confusion and communication problems, are often avoidable given proper education, support, and a person- and relationship-centered approach to caregiving.

As Assemblywoman Thomas mentioned, dementia is a life-changing, expensive condition. According to the Alzheimer's Association, Nevada Medicaid spent $203 million on enrollees with a dementia diagnosis in 2020—most was spent for long-term care services. That number of Medicaid expenditures is expected to increase 36 percent by 2025. Studies also show that interventions like a dementia care specialist program can delay nursing home stays and avoid them altogether by supporting family care partners. Each day a person living with dementia stays safely at home and not in a nursing home saves Nevada Medicaid $265, and that is almost $97,000 per year per person. Behavioral crises predominantly happen in the moderate to late stages of dementia where the catalyst for admission to psychiatric hospital specialty units in hospitals, long-term care settings, or referrals to psychiatric community services are precipitated by these crises. Few long-term care facilities are willing to take people with dementia who are in crisis. Additionally, few stabilization options exist with emergency rooms and inpatient psychiatric hospitals serving as default receiving facilities. In both the *2022 Alzheimer's Disease Facts and Figures* report from the Association and the 2021 *Elders Count Nevada* report, workforce and infrastructure are significant barriers for older adults in Nevada. This will have a disproportionate impact on people living with dementia and their family caregivers, causing further strain on Nevada's resources to support this vulnerable population.

To better serve Nevadans, the Alzheimer's Association and the University of Nevada, Reno (UNR) Dementia Engagement, Education and Research (DEER) Office in the UNR School of Public Health looked to other states for solutions. I am going to deviate a little bit and explain that Dr. Jennifer Carson, who works for the UNR DEER program, and I had an opportunity to talk with first responders, county social workers, and other folks who were involved with the Northern Nevada Regional Behavioral Health Policy Board. We heard from them directly about the kinds of crises they encountered on an increasing basis with individuals who probably had dementia. The people ended up being handcuffed, put in the back of a police vehicle, and transported to a hospital emergency room. Oftentimes because of that trauma and with the addition of dementia, they end up in delusional states and often end up in psychiatric facilities and then discharged to nursing homes. They rarely go back to their own homes. This is a growing and common feature we see in terms of encounters involving individuals who have dementia.

We looked at other states, and Wisconsin was highlighted as a state that had an excellent program. Dr. Carson and I contacted the Wisconsin Department of Health Services to learn more about their integrated approach to dementia response and into their "no-wrong-door" disability resource centers. This was called the dementia care specialist program, or DCS program, and involved a three-pronged approach: an initial crisis response, crisis stabilization, and then providing long-term care and support services for people living in the community exhibiting these challenging behaviors. In addition to crisis response, the DCS program also works proactively to support people living with dementia and their caregivers and to build community capacity to ensure that the highest quality of life is possible while living at home with the disease. Currently, Wisconsin and Georgia have DCS programs. Indiana and Maryland have introduced bills to fund these programs, and at least four other states are working on it this year. Wisconsin started its program with three positions. It proved so successful the Wisconsin Legislature is providing funding support for 70 dementia care specialists including a DCS in every county as well as in several tribal communities. The program has also been highlighted by the Administration of Community Living, a division of the U.S. Department of Health and Human Services.

Assembly Bill 167 seeks to replicate this program in Nevada. In addition to crisis response, the DCS program will work proactively to support people living with dementia and their caregivers, and to build dementia capability within the community to ensure the highest quality of care possible. To accomplish this, the DCS will be embedded in their communities and will provide free information and assistance to adults with memory or cognitive concerns or who have been given a dementia diagnosis. They will help provide information, education, and support to family members and friends who are caregivers of people living with memory loss and/or dementia. They will help develop dementia-friendly communities where people living with dementia can remain active and safe, and caregivers can feel supported; and they will train resource navigators. Here in Nevada, that would be at the Nevada Care Connection or our aging and disability resource centers. They also would be able to train county and municipal office staff to be more dementia capable. The bill seeks to fund three DCS programs through the Aging and Disability Services Division, Department of Health and Human Services, which will use a request for proposal (RFP) process to designate local government agencies or nonprofit organizations that will hire the DCS and implement the program. The bill also includes funding for training and program evaluation.

Chair Peters:
We do not have an amendment on the bill, is that correct?

Charles Duarte:
That is correct.

Chair Peters:
Everyone has had the opportunity to read the bill as it has been on the agenda for a little while, so I do not think we need to summarize the bill. We can jump into questions unless Ms. Peterson has additional testimony.

Charles Duarte:
At this point, I would like to turn it over to Ms. Amy Peterson.

Amy Moore Peterson, Private Citizen, Boulder City, Nevada:
I am a volunteer for the Alzheimer's Association where I facilitate three caregiver support groups. I present community education and I advocate at both the state and federal levels. As a former full-time Alzheimer's caregiver, I would like to thank Assemblywoman Clara Thomas for sponsoring A.B. 167, which would establish a dementia care specialist program in the state of Nevada. My journey with dementia, specifically Alzheimer's disease, began when my 47-year-old husband, Drew, had to quit flying as a commercial pilot due to his early symptoms of dementia. Initially, we dealt with forgetfulness and poor judgment and his immense frustration at not being able to do familiar tasks. As the disease progressed into the moderate stages, I was faced with numerous situations for which I was really unprepared. I tried to read as much as I could about Alzheimer's disease, but day after day, I would feel blindsided by the very real dangerous situations that would arise. I was a wife with human emotions caring for my husband with unpredictable behaviors, feeling isolated from family and friends who did not understand. My life with my husband was slipping uncontrollably through my fingers as his disease progressed. There was the day that an angry Drew took the car and drove over 60 miles toward our former home 400 miles away. He did not have his wallet or his cell phone or a coat in the freezing temperatures. I was about ready to call the highway patrol when he returned home three hours later, only because he could not get the heater in the car to work. About six months later, we had another problem with the car keys. I would not let him drive, so he angrily took his bicycle for a ride that resulted in an accident and a call from the hospital. My gentle husband never had a violent bone in his body until the night he did, and he got violent. The unexpected encounter almost resulted in a 911 call. I was not seriously injured. I knew he would not remember what he had done, that he could not help what he had done, and that a trip to jail would not accomplish anything. In time, I would realize what events triggered his outbursts and eventually I would learn not to escalate the situation, but not without a lot of a great deal of angst and tears.

My husband died a few years ago, but the memories of the daily caregiving struggles remain, and my story is not unique. Members of my support groups share similar frustrations and concerns, and we brainstorm ways to identify triggers and how to de-escalate behaviors. We discuss medication management, kitchen safety, removing weapons from the home, when to take away the car keys, and how to secure the doors to discourage wandering. Unfortunately, most of these conversations are in response to situations that have already occurred. Adding immensely to the frustration of the care partner or the caregiver, sometimes the situation will reach a level that requires help from first responders, and it results in the person with dementia being subdued and removed from the scene, confused and frightened. The caregiver, usually a family member, is bewildered, guilt ridden, and devastated.

When my father was diagnosed with a heart attack, he was given a plan for treatment and a diet- and exercise- program. When my husband was diagnosed with Alzheimer's disease, he was given a drug that might work, and we were sent on a journey through the unknown. The dementia care specialist program would have been a huge and valuable resource to me to help guide us and make the journey easier to navigate. I urge you to vote to pass A.B. 167, which will offer support to those diagnosed with Alzheimer's or other forms of dementia, and their family and caregivers. It will increase awareness and aid in the formation of dementia-friendly communities and result in dementia-capable organizations.

Chair Peters:
I know personally that dementia has affected our family in a variety of ways, and I can appreciate the struggle families go through trying to figure what the best thing to do is for their loved ones, considering their family and their resources. We are going to move on to questions from the Committee.

Assemblywoman Taylor:
My family is also dealing with this right now, so it certainly could not be more timely for me. Is this just for Medicaid recipients?

Charles Duarte:
No, this would not be specifically for individuals who have Medicaid coverage. It is insurance-agnostic. It is just to help families who are dealing with a loved one with dementia.

Assemblywoman Taylor:
You mentioned three positions to start and gave the example as to why. Do you have any ideas about where they will be located as we begin this?

Charles Duarte:
No, not at this time. I think an RFP process would appropriately identify those communities or county organizations that would be best to host these individuals. My hope is the need will be expressed through proposals submitted to the Aging and Disability Services Division as a part of that process.

Assemblywoman Taylor:
You mentioned the RFP process, but the fiscal note is neutral.

Charles Duarte:
There is no fiscal note attached to it, but there is an appropriation request we will be making for $532,000, which will cover three positions plus some administrative costs.

Chair Peters:
I dove into the fiscal note, and it took me a minute to find it in the bill. I assume you have had or are having conversations with the Chair of the Ways and Means Committee in our house about that appropriation request as the bill moves through.

Charles Duarte:
Yes, we will be having those conversations.

Assemblywoman González:
Thank you so much for the presentation on a very important issue. You talked about the need, so what is currently happening? Let us say I had a family member who needed these services. Where are they going now?

Charles Duarte:
A variety of things can happen, and it really depends on the ability of the family to identify resources. One of our hopes is they will first turn to the Alzheimer's Association because at ALZ.org, there are a host of free webinars, information, trainings, and access to support groups like those facilitated by Ms. Peterson in Las Vegas. That is a great start. The other point of contact could be through our aging and disability resource centers or Nevada Care Connection. Quite often people do not know where to go, they do not know whom to talk to, and they do not know where resources are available. The dementia care specialist program would not only be there to advise families who are asking questions about dementia, but also to provide training and resources to folks. They will serve as a guide for individuals who need access to information and education, either through our aging and disability resource centers or through our county organizations, local government entities, and nonprofit organizations. They [dementia care specialists] will be embedded in communities and training different organizations within those communities to be more dementia-capable and dementia-knowledgeable so they can serve as extensions of information for families who might contact them asking for help.

Assemblywoman González:
I know this is not the money committee, but does your appropriation also include building the facility, or is it just for staff and you would move to a facility?

Charles Duarte:
There is no funding to build the bricks-and-mortar facility. The RFP process would identify a local government entity or nonprofit organization that would host these positions. The funding is primarily for three positions—dementia care specialists. As I said, there is some funding for administrative costs associated with hosting those positions, but that would be a cost somewhat borne by the local government entity or the nonprofit that wants to have a dementia care specialist on-site and available for their clientele.

Assemblywoman Newby:
In section 1, subsection 2, paragraph (a), it speaks of "crisis intervention services." What would that look like on the ground in terms of crisis intervention?

Charles Duarte:
I am glad you asked that. These positions are going to be 40-hour-a-week positions, so they are not going to be available 24/7 to respond to an emergency situation. In Wisconsin, they will be training first responders to deal with dementia behaviors—how to appropriately deal with those kinds of situations. In addition, they will work with first responders, including APS [adult protective services] workers and EMS [emergency medical services] workers on follow-up crisis stabilization plans. The idea would be to identify community resources or

family resources that can be brought to bear to help stabilize the situation for that individual so they could remain at home. The third piece would be family education and providing that information to the family as well as support services—making those available to the family to help maintain that person safely at home. In talking with some of the staff at the Wisconsin Department of Health Services, they mentioned some of the things Ms. Peterson talked about, such as kitchen safety, making sure there is a medication list available for EMS when they show up, removing weapons, and taking car keys away when it is appropriate for them to stop driving. These are the types of things that dementia care specialists would help with. They would educate and proactively help prevent any future crisis from occurring. They will be involved in crisis stabilization after the initial event and then in crisis prevention in the future for those families.

Chair Peters:
Some of us are surprised by the lack of available services in our state. Thank goodness for the Internet.

Assemblyman Nguyen:
Both of my maternal grandparents suffered from this before their passing, and this bill highlights the need we have in the state. Ms. Peterson recounting her story triggers a lot of painful memories our family had dealing with this. It was almost 20 years ago, but the struggle our family had in terms of knowing how to deal with all of that is still fresh in my mind. That leads me to my question in terms of language access, and I think that [access] is critical, especially with the diversity of our state. My grandmother lost her vocabulary. She was a proficient English speaker; suddenly she could not speak a word of English. It was difficult to find a caregiver able to help as well as educational materials because there might be support on what, when, and where, but adding that cultural and language layer onto it was another difficult step. I know there are three staff members involved, but I do not know if there is a plan to address the issue of language access as well as educating cultural communities.

Charles Duarte:
It will be a part of that protocol of cultural diversity and communication because we do live in an increasingly diverse community. I am a native Hawaiian by blood, so I am a transplant from the great Hawaiian diaspora to Nevada. But yes, the answer is yes. There is a resource that is available right now, and it will also be available to the dementia care specialists. It is our 24/7 helpline through the Alzheimer's Association where you can speak to a licensed clinical professional any time of the day, and it is available in almost every language. So that is an available helpline that the dementia care specialists can access if they do not speak someone's native language. In the Alzheimer's Association, we have been involved in a significant amount of outreach to communities of color and to other diverse communities to expand our educational opportunities or expand their educational opportunities. We have a very robust program of outreach to Chinese, Vietnamese, and ethnic Koreans who are part of the Alzheimer's Association's chapters in northern Nevada and southern Nevada, we do have resources available. Whether or not the dementia care specialists are going to be multilingual is going to depend on the individuals who are hired, but hopefully they will look for

somebody who has those capabilities. As I said, there are resources available through the association in different languages.

Assemblyman Nguyen:
It is good to hear that there is already a language line available. Perhaps, the bill language could add a component of language access to ensure that we do not leave these communities behind, not just the API [Asian Pacific Islander] communities, but other communities in Nevada that need access to these rarely available resources.

Charles Duarte:
I will work with the bill sponsor on that language.

Chair Peters:
Thank you for that question and suggestion. Are there other questions from Committee members? [There were none.] We can move on to testimony in support.

Barry Cole, Private Citizen, Reno, Nevada:
I am in support of A.B. 167 for obvious reasons as I testified last week about my mother's own dementia experience. I want to recapitulate what we just heard, but 50,000 diagnosed people with Alzheimer's or dementia in Nevada right now is an undercount. That is less than 2 percent when the real number for lifetime prevalence is 11 percent for men and 19 percent for women. If you multiply those percentages times our 3.3 million population, it means somewhere between 300,000 and 600,000 Nevadans might test positive were they to do comprehensive screening. The three designated dementia care specialists would be an incremental good start, but I can see a day when we will need 500, because I started thinking about caseloads. You are talking about 50,000 identified people today. Three people would each be trying to manage over 165,100 patients, which is impossible if you think about it. In mental health, our case managers are overwhelmed with 80 to 100 mentally ill people with dementia.

We are talking about people who are not at the beginning of the classic Alzheimer's we heard about from Ms. Peterson starting in their forties. We are talking about a range of conditions that run through the entire lifespan. It is not that aging causes dementia, aging causes opportunity for vascular dementia, for consequences of diabetes, for infections, for a variety of different factors to come together and produce a neuro-cognitively disordered individual. For those of us who have lived with these people, you do not see it coming until the day some milestone is reached. For my mother, the milestone was a woman with a master's degree in business administration who forgot to file her quarterly income tax report. She had never done that for 77 or 78 years. She missed her estimated quarterly payment and realized she never paid the previous one. That was the first tip-off. She no longer could manage her financial affairs. We had already discussed taking her car keys at some point, and that decision was reached when she described driving from her home in Roseville to Sacramento to see a doctor and getting lost in Sacramento. She had the presence of mind to find a fast-food place, go in, get a milkshake, sit down, collect herself, and call for help.

You do not see dementia creeping up because it is insidious. It is different from delirium, which changes by day or night or by the hour, and you can see that difference, so I am completely in support of A.B. 167—with a warning: The baby boomers are going to break the bank in the next 10 to 20 years. There are a lot of us. You are starting with three dementia care specialists; plan for 50, and then plan for 500 over the next decade or two.

Shaun Navarro, Private Citizen, Las Vegas, Nevada:
I am far from being an expert, but you do not get to talk about this issue very much, so I am happy to be able to share my story with you. Shaun Navarro. I am the son of someone living with dementia. I want to thank Assemblywoman Thomas for bringing forth this bill, and I want to share with you the story of my family. On December 15, 2017, our lives were changed forever. That was the day my father, Robert Navarro, at the age of 64 was diagnosed with Lewy body dementia. He went into work like he usually did, he took a fall outside his work, and since then he has never been the same. My dad was a pharmacist for over 20 years. He worked the graveyard shift. He would man the busy counter by himself. He would travel a long distance for work. He would work 12-hour shifts, sometimes two weeks in a row without a day off. He was an amazing provider, and he was fiercely independent. Almost overnight, all that changed and now he needs 24-hour care. He remembers his old life, and he struggles with this new reality and what is happening with him. One night, he asked my mom if she thought he was stupid.

In our case, we are fortunate. He has insurance. He has the means to pay for his care due to his good union job. He has a pension, and he has the support network of our stereotypical large, extended Mexican family; but most of all, he has my mom, Belinda. Saint Belinda, we call her. There is a term they use in the medical field for the caregivers of people with dementia—the invisible second patient—because these caregivers forgo their own needs and dedicate everything they can to the person with dementia. My mom is the epitome of this. She is with my dad all day, every day. She worries about the day when he might be too much for her to take care of and she may have to sell her home to pay for his care and put him in a care facility. She prays that she does not die first so that she can be there to take care of him. When I told her I would be speaking today, I asked her what she wanted to say. She said that you miss the simple things in life. The thing she misses the most is being able to go to the grocery store without worry.

For me, the toughest thing is that I am an organizer in Las Vegas. I spend all my time trying to help people, but I cannot help my dad. I like to think that together we can make a brighter future, but for my dad, the future he faces is very tough. The reality is that he is going to get worse and all we can do is be there for him the best we can. That is a hard reality to live with, and I carry that with me every single day of my life. This bill would bring much-needed education and support to the families dealing with this awful disease. For too long, people with dementia have been treated like they are invisible, like they simply do not exist even by their own family members and friends. People will come by and visit my dad, but they address my mom like he is not there. They whisper in hushed tones. How is he? How is he doing? Imagine how you would feel experiencing something like that. People are very well-meaning; they try their best to understand but they cannot. You have to live with this every day to understand what it is like for the family and people impacted by dementia. They say they feel shame, but the reality of dementia is that it is a very brutal disease to live with. It is not pretty to live with, and some people do not want to deal with that reality, and they try to hide these people away.

Today, I am here to say I am not hiding and I am not ashamed. It is far past the time we end the stigma associated with dementia, bring this issue into the light, and give these people the help they deserve. I am proud of my dad despite the disease. He is the same person he has always been—smart, funny, kind, and kind of an A-hole to be honest, but he is our A-hole, and he just needs a little bit of help. I come forth today to ask for the help on behalf of all the people impacted by this horrible disease. Please, pass this bill.

Chair Peters:
Thank you so much for your testimony. It reflects very similarly to the story of my family dealing with Lewy body dementia. Are there other folks who would like to provide support testimony on A.B. 167?

Russell Rowe, representing Keith E. Whitfield, Ph.D., President, University of Nevada, Las Vegas:
Dr. Whitfield regrets being unable to participate in today's hearing. With a Ph.D. in lifespan developmental psychology, Dr. Whitfield has been studying cognitive aging for over 30 years. He is a member of the National Advisory Council on Aging for the National Institute on Aging, and most of his $20 million in grant funding over his career has been to study health and cognitive aging in African Americans. There is a great need for services as well as research into the causes of Alzheimer's disease. In 2020, it was estimated that in Nevada 49,000 people have the disease, and by 2025 there will be 64,000 people with Alzheimer's disease—a 31 percent increase—one of the highest projected increases over that period. Alzheimer's disease is the fifth-leading cause of death among people 65 and older. In 2021, family members and friends provided over $271 million in unpaid care for people with Alzheimer's disease. At the University of Nevada, Las Vegas, we have one of the most prominent researchers of clinical studies on Alzheimer's disease and other outstanding faculty members studying aging, but at this time we do not yet have a specific academic program that focuses on the disease. It would be immensely beneficial to the people of Nevada to establish dementia care specialists as outlined in A.B. 167. Both academically and as president of UNLV, Dr. Whitfield stands ready to offer the university's assistance and resources in support of this objective.

Chair Peters:
Is there anyone else who would like to provide support testimony on A.B. 167? [There was no one.] We will move on to opposition testimony. Is there anyone who would like to provide opposition testimony on A.B. 167? [There was no one.] We will move on to neutral testimony. Is there anyone who would like to provide neutral testimony on A.B. 167? [There was no one.] Do the bill sponsor and Mr. Duarte have closing remarks?

Charles Duarte:
I would like to thank you for the opportunity to discuss Assembly Bill 167 today and a special thanks to Assemblywoman Clara Thomas for sponsoring this important piece of legislation. I look forward to working with you on a go-forward basis.

Assemblywoman Thomas:
Thank you, Madam Chair, and I really do appreciate your listening to our stories. These are life experiences we shared today with you, and I am hoping you will consider A.B. 167 and vote to pass this out of Committee.

Chair Peters:
Thank you so much for bringing the bill, for the presentation, and thank you, Ms. Peterson, for sharing your story with us today.

[Exhibit E, Exhibit F, and Exhibit G in support of Assembly Bill 167 were submitted but not discussed and will become part of the record.]

We will close the hearing on Assembly Bill 167 and go to our last item on the agenda which is public comment. [Public comment rules and protocol were reviewed.] Is there anyone who would like to provide public comment today? [There was no one.] Are there any questions, comments, or final thoughts from the Committee? [There were none.] We are adjourned [at 11:30 a.m.].

RESPECTFULLY SUBMITTED:

Terry Horgan
Committee Secretary

APPROVED BY:

Assemblywoman Sarah Peters, Chair

DATE: ________________________________

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C is a copy of a PowerPoint presentation titled "MEDX AIRONE Comprehensive Medical Transport," submitted by Jacob Dalstra, EMS Director, MedX AirOne, in support of Assembly Bill 178.

Exhibit D is a proposed amendment to Assembly Bill 178 dated February 23, 2023, presented by Tom Clark, representing MedX AirOne.

Exhibit E is a letter dated March 10, 2023, submitted by Connie McMullen, representing Personal Care Association of Nevada, in support of Assembly Bill l67.

Exhibit F is a document titled "Nevada Alzheimer's Statistics" submitted by Assemblywoman Clara Thomas, Assembly District No. 17, in support of Assembly Bill 167.

Exhibit G is written testimony submitted by Maria Moore, Nevada State Director of AARP Nevada, in support of Assembly Bill 167.