



NEVADA LEGISLATURE
LEGISLATIVE COMMITTEE ON HEALTH CARE'S
TASK FORCE TO DEVELOP A STATE PLAN
TO ADDRESS ALZHEIMER'S DISEASE
(Assembly Concurrent Resolution No. 10, File No. 42, *Statutes of Nevada 2011*)

SUMMARY MINUTES AND ACTION REPORT

The second meeting of the Nevada Legislature's Legislative Committee on Health Care's Task Force to Develop a State Plan to Address Alzheimer's Disease was held on Wednesday, July 11, 2012, at 9 a.m. in Room 4412 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" ([Exhibit A](#)) and other substantive exhibits, is available on the Nevada Legislature's website at <http://www.leg.state.nv.us/interim/76th2011/committee/>. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's (LCB) Publications Office (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835).

TASK FORCE MEMBERS PRESENT IN CARSON CITY:

Virginia "Gini" L. Cunningham
Ruth Gay
Wendy Simons

TASK FORCE MEMBERS PRESENT IN LAS VEGAS:

Senator Valerie Wiener, Chair
Charles Bernick, M.D.
Albert Chavez
Sandra Owens, Ph.D.

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Marsheilah D. Lyons, Principal Research Analyst
Roger McClellan, Health Care Policy Specialist
Lisa Gardner, Senior Research Secretary

OPENING REMARKS

- Chair Wiener welcomed members, presenters, and the public to the second meeting of the Nevada Legislature’s Legislative Committee on Health Care’s Task Force to Develop a State Plan to Address Alzheimer’s Disease (Task Force).

Roger McClellan, Health Care Policy Specialist, LCB, submitted a document pertaining to the designation of alternates for members of the Task Force ([Exhibit B](#)).

PUBLIC COMMENT

- Theresa Brushfield, Adult Care Connections, and Representative for the Association of Adult Group Care-Home Providers and Administrators (also known as ECHO) brought attention to a regulation enforced by Peter J. Mulvihill, Chief, State Fire Marshal Division, Nevada’s Department of Public Safety, which limits the number of individuals who can be served in certain residential care facilities in Nevada. She explained that a facility may house no more than five residents, and added that this cap places an economic strain on the industry. Ms. Brushfield noted that there is a higher cost of care involved with residents who have Alzheimer’s Disease, as they require 24 hour “awake” staffing. She conveyed that in order for small residential care facilities to be economically solvent, they need to care for more residents. Ms. Brushfield added that small residential care facilities are ideal placement options for individuals with advanced stages of dementia and suggested that this topic be incorporated into an agenda item for a future meeting.
- Chair Wiener indicated that she would add the topic to a future Task Force agenda.
- Ms. Brushfield pointed out that in 1999, a zoning provision in Chapter 278 of NRS allowed residential care facilities to operate up to ten beds. She added that the State Fire Marshal made a determination in 2006 that the ‘ten bed’ maximum was not in compliance with a building code, which resulted in the maximum limitation of five beds.

AGING DEMOGRAPHICS IN NEVADA

(As directed by Chair Wiener, this agenda item was taken out of order.)

- Jeff Hardcastle, AICP, State Demographer, Office of the State Demographer, gave a presentation, entitled “Nevada’s Population’s Age Distribution” ([Exhibit C](#)). He explained that Nevada has been the fastest growing state in the nation over the past three decades, with a considerable aging population.

Mr. Hardcastle shared statistical data pertaining to the State’s demographic composition, which included:

1. Nevada Population Pyramid By Five-Year Cohorts;
2. Nevada’s Population Pyramid For Five-Year Cohorts By Percent Male and Percent Female;

3. 2000 Population Pyramids By Percentage Distribution For Clark, Washoe, and Balance of State;
4. 2010 Population Pyramid By Percentage Distribution for Clark, Washoe, and Balance of State;
5. 2000 and 2010 Population Pyramids By Percentage Distribution for Clark County;
6. 2000 and 2010 Population Pyramids By Percentage Distribution for Washoe County;
7. 2000 and 2010 Population Pyramids By Percentage Distribution for Balance of State;
8. Total Nevada Population Selected Age Cohorts;
9. Difference From Previous Decade for Selected Age Cohorts;
10. Percentage Difference From Previous Decade for Selected Age Cohorts; and
11. Components of Nevada's Growth by Census Estimates.

Mr. Hardcastle pointed out that Nevada's aging populations are increasing faster in outlying counties than in the rest of the State. He also commented that, while domestic migration into Nevada is decreasing, the State's population will continue to climb due to natural increases with birthrates.

Mr. Hardcastle referenced a table that documents median ages in the United States and Nevada's counties ([Exhibit C-1](#)). He pointed out that the median ages in Washoe and Clark Counties were below the national average in 2010, while the median ages in most of the State's rural counties were above the national average during the same year. Mr. Hardcastle said that the data provides an indication of where social services for the State's older populations may be needed in future years.

- Chair Wiener thanked Mr. Hardcastle for his testimony and acknowledged that rural areas have special challenges related to their aging demographic compositions. She articulated that the data he provided will assist the Task Force with the development of the State Plan.

PRESENTATION REGARDING FAMILY CAREGIVERS; EARLY-ONSET ALZHEIMER'S DISEASE

(As directed by Chair Wiener, this agenda item was taken out of order.)

- Maria Mazurowski, Caregiver, Reno, Nevada, spoke to the Task Force about her experience in caring for a loved one affected by early-onset dementia. She shared that her husband was diagnosed 1.5 years ago, at the age of 50, with Frontal Temporal Dementia. Ms. Mazurowski explained that although his health is rapidly declining, he is not receiving Medicare or Medicaid benefits. She elaborated that her husband began receiving disability benefits through the Social Security Administration in 2011, which qualifies him to receive Medicare benefits in approximately one more year. Ms. Mazurowski added that he does not qualify for Medicaid because his disability income exceeds the qualifying limit, by \$100.

She also discussed the effects of the disease on the family, which involves stress and fatigue. Ms. Mazurowski elaborated that her family is experiencing sleep deprivation, financial strain, limited access to counseling services, and a complete absence of in-home support. She added that, because she maintains employment to support the family, intensive caregiving responsibilities have been placed upon her 14-year-old daughter. Ms. Mazurowski also commented on the social stigma surrounding dementia, which has resulted in isolation for the family.

- Chair Wiener thanked Ms. Mazurowski for her testimony, and conveyed that her comments will be taken into consideration with the development of the State Plan.

Discussion ensued between Dr. Owens and Ms. Mazurowski regarding caregiver support services in northern Nevada. Dr. Owens indicated that counseling services and other supports might be available through: (1) the School of Social Work at the University of Nevada, Reno (UNR); (2) the Alzheimer's Association; (3) local mental health centers; and (4) the Nevada 2-1-1 hotline. She added that, while long-term solutions will be addressed through the State Plan, steps can be taken in the short-term to fill some of the gaps in resources. Ms. Mazurowski shared that she has been in contact with the Alzheimer's Association and is receiving counseling services through UNR.

- Ms. Gay acknowledged the difficulties involved with caring for an individual with early-onset dementia, and articulated that the Task Force should place an emphasis on the unique needs involved with these kinds of cases.
- Ms. Mazurowski reiterated the need for in-home supports. She also conveyed that her husband is being improperly medicated, because his doctors do not understand the condition.

Discussion ensued between Ms. Gay and Ms. Mazurowski regarding in-home supports. Ms. Mazurowski clarified that she would like in-home supervision and medical care for her husband. She explained that her family is unable to get enough rest, because he walks the halls throughout the night, every night. Ms. Mazurowski stressed that her family has not received the necessary tools to care for her husband and asked the Task Force for assistance in acquiring in-home health care for him.

- Chair Wiener stated that she would request assistance from the Constituent Services Unit, Research Division, LCB, to provide more resources for Ms. Mazurowski.

ACADEMIC PROGRAMS, CURRICULUM, AND TRAINING FOR PROFESSIONALS WHO TREAT ALZHEIMER'S AND OTHER DEMENTIA RELATED CONDITIONS

- Andrew Priest, Ed.D., PT, Dean, College of Health and Human Services, Touro University Nevada (Touro), introduced a Microsoft PowerPoint presentation ([Exhibit D](#)) that included an overview of Touro and its role in addressing Alzheimer's Disease in Nevada. His testimony covered the following topics:

1. Campus Statistics;

2. Programs Offered through the College of Osteopathic Medicine and the College of Health and Human Services;
 3. Patient Care and Community Service; and
 4. Touro's Impact to the State of Nevada.
- Upinder Singh, M.D., Geriatrician, Touro, discussed the University's Osteopathic Medicine Curriculum and Alzheimer's Disease. He pointed out that Touro has been educating the public about the disease, as well as providing students with a broad-based medical foundation on Alzheimer's Disease and other dementia-related conditions. (Please see [Exhibit D.](#))
 - Graceann Freeman, M.D., Family Nurse Practitioner, Assistant Professor, School of Physician Assistant Studies, Touro, discussed the University's Physician Assistant Studies Curriculum and Alzheimer's Disease. She described geriatric coursework offered at Touro, which includes training on diagnostics, treatment plans, patient-centered approaches, and interdisciplinary collaboration. She added that actors from the Screen Actors Guild participate in role-playing scenarios to help students recognize signs of Alzheimer's Disease and other dementia-related conditions. (Please see [Exhibit D.](#))

Discussion ensued between Chair Wiener, Dr. Freeman, and Dr. Priest regarding the use of actors with student practicum experience. Dr. Freeman explained that role-playing is part of the transitional practicum for students at Touro, which occurs prior to a student's engagement in a clinical rotation.

Responding to a query by Chair Wiener, Dr. Priest explained that interdisciplinary approaches are frequently utilized at Touro. He added that both the small campus and the receptive nature of the College of Osteopathic Medicine create a climate that is amenable to interdisciplinary faculty collaboration.

A conversation between Dr. Owens and Dr. Priest addressed accreditation and interdisciplinary curriculum at Touro. Dr. Priest stated that the Physician Assistant Program is required to engage in interdisciplinary teaching methods to meet accreditation requirements; however, other programs at Touro engage in collaborative approaches on a voluntary basis.

- Ashley Fecht, O.T.D., O.T.R./L., Assistant Professor, School of Occupational Therapy, and Occupational and Academic Fieldwork Coordinator, Touro, briefed the Task Force on the University's Occupational Therapy Curriculum and Alzheimer's Disease. She explained that students are exposed to the needs of older adults during their fourth semester of instruction, which includes coursework on Alzheimer's Disease and fieldwork in memory care facilities. Ms. Fecht elaborated that students gain hands-on experience by treating patients who have Alzheimer's Disease. (Please see [Exhibit D.](#))

Discussion ensued between Chair Wiener and Ms. Fecht regarding the engagement of families in the welfare of loved ones who have Alzheimer's Disease and other dementia-related conditions. Ms. Fecht conveyed that Touro addresses the needs of caregivers in addition to focusing on the safety and wellness of patients.

- Ms. Simons asked if Touro owns the memory care facilities that are utilized by the School of Occupational Therapy.
- Ms. Fecht replied that the University contracts with the owners of the facilities to provide educational opportunities for Touro's students.
- Suzanne Brown, Ph.D., P.T., Director and Associate Professor, School of Physical Therapy, Touro, spoke about the University's Physical Therapy Curriculum and Alzheimer's Disease. She shared that Touro's physical therapy students are required to participate in a 3-credit course on geriatrics. Dr. Brown added that the school aligns with other health care programs offered at Touro by emphasizing patient-centered and evidence-based approaches to care. She explained that physical therapists do not directly treat Alzheimer's Disease and other dementia-related conditions; however, they provide rehabilitative services for patients who may be injured as a result of those illnesses. (Please see [Exhibit D.](#))

Dr. Brown noted that Touro's physical therapy students are trained to provide referral services for patients and families, to connect them to community supports and medical services. She explained that this is particularly important to the State's rural areas, given that services are less available in those regions. Dr. Brown also discussed the "Caring Without Walls" program at Touro, which integrates students into the community through class projects and clinical work. She added that the School of Physical Therapy is partnering with the Cleveland Clinic Lou Ruvo Center for Brain Health to provide Touro's students with opportunities to care for individuals affected by Alzheimer's Disease and other dementia-related conditions.

Discussion ensued between Chair Wiener and Dr. Brown regarding access to physical therapy services in rural areas of the State. Dr. Brown stated that the federal government does not recognize physical therapy as a primary care profession, and therefore, does not provide funding for rehabilitative care at neighborhood health centers and under-served medical units. She explained that this limitation deters physical therapists from practicing in rural areas; however, some find employment at regional health care centers in outlying locations. Dr. Brown added that some hospitals have critical care swing bed services that offer physical therapy for patients. She also mentioned that access to the expertise of physical therapists is available to caregivers in rural areas through the Nevada Telehealth Network. Concluding her remarks, Dr. Brown remarked that Touro's first class of students from the School of Physical Therapy graduated last May, and 60 percent of the alumni have remained in the State.

- Mark Ackerman, M.S.N., R.N., P.M.H.N.P.-B.L., Assistant Professor, School of Nursing, Touro, provided testimony regarding Touro's Nursing Curriculum and Alzheimer's Disease. He shared that the program focuses on patient-centered approaches, teamwork, collaboration, evidenced-based practice, quality improvement, safety, and informatics. Mr. Ackerman noted that students engage in coursework specific to dementia-related conditions and are trained to provide care through holistic and integrated approaches. (Please see [Exhibit D.](#))

He shared his personal experience as a caregiver for a loved one with dementia and commented on the effect of dementia on patients and families.

Continuing, Mr. Ackerman remarked that the patient-centered care model focuses on multiple aspects of dementia care, which includes: (1) fostering abilities; (2) supporting limitations; (3) preventing excess disability; and (4) offering hope to families. He added that patient-centered care promotes the web of relatedness between individuals, families, caregivers, and the community. Mr. Ackerman also discussed the use of integrated case studies at Touro.

Responding to a query by Senator Wiener, Mr. Ackerman shared that Touro alumni have conveyed their appreciation for the multidisciplinary, integrated approach to learning that they received at Touro.

- Chair Wiener requested information pertaining to the number of students who have graduated from Touro's nursing program and the number of those alumni who have remained in Nevada.
- Mr. Ackerman replied that the last graduating class consisted of 52 students, and approximately 25 of those alumni have remained in Nevada. He estimated that on average, 30 percent of the alumni from the School of Nursing remain in the State after they graduate.
- Dr. Fecht provided additional comments about the patient-centered approach and Alzheimer's Disease. She articulated that there is a need for team-centered approaches to create a continuum of care and service for individuals affected by the condition. Dr. Fecht explained that such collaborative efforts would be most effective with the inclusion of patients, families, caregivers, and health care providers. She added that this focused group dynamic would ensure that patients receive quality and comprehensive care. Dr. Fecht also mentioned the importance of informatics with the transfer of patient information between care settings.

Discussion among Ms. Gay, Dr. Priest, and Lisa Rosenberg, M.D., Geriatrician, Touro, addressed access to interdisciplinary care in rural areas of the State. Dr. Rosenberg stated that the Nevada Geriatric Education Consortium is planning to offer distance medicine to serve geriatric populations in outlying regions of Nevada. She explained that services from multiple disciplines will be offered through UNR and the University of Nevada, Las Vegas (UNLV), with the possible participation of Touro. Dr. Priest commented that Touro might contribute resources to the program through its Memory Disorder Clinic, which is administered by Dr. Singh.

- Dr. Rosenberg shared information about programs and activities that take place outside the classroom and the formal curriculum at Touro. She commented on the Touro Health Center, the Nevada Geriatric Education Consortium, and Touro's new Active Aging Center. Dr. Rosenberg pointed out that Touro offers care for older populations, engages

in public education initiatives, provides training for caregivers, and encourages volunteerism amongst older adults. (Please see [Exhibit D.](#))

- Chair Wiener noted the prevalence of fear involved with the diagnosis of Alzheimer’s Disease on patients, families, caregivers, and health care providers. She inquired if this emotional aspect of a diagnosis will be addressed at the Active Aging Center.
- Dr. Rosenberg replied that the issue of fear has not been specifically discussed with the development of the center. She then commented on barriers to volunteerism, which include concerns of safety and litigation.
- Chair Wiener conveyed that the removal of barriers might require the expansion of the Good Samaritan Law to protect volunteers. She stated that the Task Force will consider this issue as it moves forward with the development of the State Plan.
- Dr. Brown brought attention to additional programming at Touro that engages students in the treatment and care study of patients who have Alzheimer’s Disease and other dementia-related conditions. She shared that Touro offers interdisciplinary exercise seminars for its students and noted that multidisciplinary treatment plans for dementia-related conditions may be a focus of a future training. Dr. Brown also discussed the public health screenings that students provide through the “Caring Without Walls” program. She concluded her remarks with a brief discussion about Touro’s student-led physical therapy clinic, which is an educational laboratory that provides free rehabilitative treatments for members of the community. (Please see [Exhibit D.](#))
- Ms. Gay expressed her appreciation for Touro’s dedication to educating students and assisting the community through the patient-centered model of care. She asked if Touro plans to study best practices that address the progressive and degenerative patterns of Alzheimer’s Disease and other dementia-related conditions. Ms. Gay pointed out that other medical conditions are often exacerbated by the presence of dementia, which complicates the management of care for patients. She surmised that a streamlined medical resource, such as a toolkit, would be helpful for health care providers in serving this patient population, especially in the rural areas of the State.
- Dr. Singh conveyed that this is an area that warrants further study. He noted that health care costs rise significantly when a co-morbid condition, such as heart disease, is present in a patient who has dementia.

Dr. Singh discussed barriers to diagnosis and care for individuals who have Alzheimer’s Disease. He noted a declining generational interest in caretaking; a rise in geriatric divorce rates; the impact of the disease on families and communities; the existence of social taboos; the need for public awareness; and the prevalence of denial among patients and families. (Please see [Exhibit D.](#))

Dr. Singh also highlighted the reluctance of health care providers to address the disease and pointed out that screening protocols are time-consuming, yet necessary in the absence of pragmatic and definitive medical tests. He suggested that providing

incentives for providers, such as increased rates of reimbursement, might promote more thorough assessments and multidisciplinary care for dementia patients. Dr. Singh also indicated that some physicians hesitate to address Alzheimer's Disease because curative treatments do not currently exist. Dr. Singh concluded his remarks by stressing the importance of multidisciplinary treatment approaches, which are difficult to access in the rural areas.

- Dr. Bernick pointed out various organizations and institutions that address Alzheimer's Disease in Nevada, including Touro, the Nevada Geriatric Education Center, the Alzheimer's Association, the Cleveland Clinic Lou Ruvo Center for Brain Health, and the Nevada Telehealth Network. He conveyed there is a need for greater communication and coordination between affiliations. Dr. Bernick recommended that a consortium be established to maximize efforts being undertaken in Nevada to address the disease.
- Dr. Priest emphasized the willingness of Touro to collaborate with other institutions to find solutions to problems associated with Alzheimer's Disease.
- Ms. Cunningham discussed the importance of physical therapy for dementia patients and noted that the National Plan to Address Alzheimer's Disease lacks discussion of the specialty. She conveyed that the State should develop a strategy to provide adequate physical therapy coverage for dementia patients. Ms. Cunningham also suggested that Touro share its "Caring Without Walls" program with the rural populations.
- Dr. Brown commented that occupational therapy, physical therapy, and speech therapy are often omitted from national and state plans since they are not considered primary care specialties. She explained that they are categorized as "specialty care" professions by policymakers, a classification that typically limits insurance coverage for related services. Dr. Brown noted that coverage for rehabilitative treatments are usually capped at ten visits per year and opined that these restrictions impede the capacity for some patients to overcome their injuries.

Continuing, Dr. Brown pointed out the role of human resource managers in the early detection of Alzheimer's Disease and other dementia-related conditions. She explained that signs of these conditions are often discovered through behaviors displayed in the workplace; therefore, the involvement of that profession within the State Plan might be a beneficial area to explore.

- Chair Wiener thanked the faculty and administrative staff for sharing their comments on the role of Touro in addressing Alzheimer's Disease in Nevada. She also commended the students who were in attendance at the meeting and encouraged them to continue to engage in the legislative process.

ADDRESSING SOCIAL AND CULTURAL BARRIERS RELATED TO SEEKING DIAGNOSIS AND TREATMENT FOR ALZHEIMER'S DISEASE

(As directed by Chair Wiener, this agenda item was taken out of order.)

- Edie Yau, Director of Diversity and Inclusion, Alzheimer’s Association, Northern California and Northern Nevada Chapter, provided testimony about social and cultural barriers that impede the diagnosis and treatment of Alzheimer’s Disease in Asian and African American communities. She pointed out that there is a misperception in the general population that dementia is a normal part of the aging process. Ms. Yau added that this challenge is compounded in some diverse communities due to religious and cultural beliefs that do not link the condition to biomedical causes.

Continuing, she noted various cultural factors that deter some families from seeking help from the community, which include: (1) expectations for children to care for elderly family members; (2) stigmas; (3) core values for keeping caregiving duties within the family; and (4) mistrust of medical institutions.

Ms. Yau shared that strategies utilized by the Alzheimer’s Association to provide culturally appropriate information include: publishing materials in multiple languages; emphasizing easily translated terms; hosting educational forums; linking families to resources and services; providing dementia-capable services for communities; and engaging in collaborative outreach efforts with churches and other organizations that serve diverse communities.

Concluding, she discussed toolkits developed for outreach efforts with Asian and Pacific Islander (API) families and African American families ([Exhibit E](#) and [Exhibit E-1](#)). Ms. Yau noted that the material for API families includes examples of ways that states can guide these families to services and other resources at the local level. She also submitted a fact sheet that contained information pertaining to race, ethnicity, and Alzheimer’s Disease ([Exhibit E-2](#)).

Responding to a query by Chair Wiener, Ms. Yau stated that the Alzheimer’s Association publishes and distributes materials written in Spanish to serve Hispanic populations.

Discussion ensued among Dr. Bernick, Ms. Gay, and Ms. Yau regarding the need for culturally appropriate supports for non-English speaking patients receiving treatment and care within a community, as well as cultural barriers, terminology, and translation services for non-English speaking patients who have Alzheimer’s Disease. Ms. Yau conveyed that some families hire translators to serve as companions for their loved ones.

DETECTION, DIAGNOSIS, AND RELATED PUBLIC EDUCATION

(As directed by Chair Wiener, this agenda item was taken out of order.)

- Debra Fredericks, Ph.D., A.P.N., P.M.H.C.N.S.-B.C., Integrated Behavioral Healthcare, Reno, Nevada, testified regarding detection, diagnosis, and public education campaigns ([Exhibit F](#)). She shared information from other state plans to address Alzheimer’s Disease ([Exhibit F-1](#)). Dr. Fredericks also referenced a survey and a study conducted by the Alzheimer’s Association that revealed gaps in communication between physicians and caregivers ([Exhibit F-2](#) and [Exhibit F-3](#)).

She provided background information about her business and gave a brief overview of the history of health care services for patients with Alzheimer's Disease in Nevada. She also spoke about Medicare reimbursements, physician referrals, and the lack of grant funding for providers.

Dr. Fredericks suggested the development of three customized public education campaigns to serve southern Nevada, northwestern Nevada, and rural Nevada. She added that this approach would take into consideration different cultural perspectives with the development of a public awareness initiative.

Continuing, Dr. Fredericks discussed early detection and early onset-cases, screening procedures, and the need for more geriatric specialists in Nevada. She remarked on the importance of an effective public education campaign to assist professionals with recognizing the early signs of Alzheimer's Disease. Dr. Fredericks also pointed out that there is a shortage of mental health care providers who are accepting patients on Medicare and Medicaid. She noted documents submitted for the record regarding the early detection of Alzheimer's Disease ([Exhibit F-4](#) and [Exhibit F-5](#)).

Dr. Fredericks suggested that the Nevada Legislature pass legislation to allow nurse practitioners to have independent practices and urged the Task Force to include this as a recommendation in the State Plan. She opined that greater access to health care in the rural areas can be achieved by allowing nurse practitioners to establish private practices in those regions.

Dr. Fredericks noted that the optimal time to screen for the early detection of dementia-related conditions is during annual wellness visits with Medicare patients.

Concluding her testimony, she referenced the Alzheimer's Association survey ([Exhibit F-2](#)) and suggested that the Task Force conduct its own survey to assist with the development of a public information campaign.

Discussion ensued between Mr. Chavez and Dr. Fredericks regarding the independent licensure of nurse practitioners. Dr. Fredericks pointed out that the State of Washington allows nurse practitioners to obtain independent licensure and suggested that Nevada adopt a similar provision in statute. She also commented on previous efforts by the Nevada Nurses Association and the State Board of Nursing to move a bill through the Nevada Legislature regarding this topic.

Responding to a query from Dr. Bernick, Dr. Fredericks conveyed that an education campaign could be successfully developed outside of rural Nevada if the intent of the initiative is clear. She also stated that there does not appear to be a way to make a dementia health program financially viable for independent providers, given that grant funding and Medicare reimbursements are limited. Dr. Fredericks noted that financial viability is most easily attained when providers work in collaboration with larger agencies and institutions.

Ms. Simons and Dr. Fredericks discussed early-onset cases and the lack of available services for younger patients. Dr. Fredericks pointed out that approximately 5 percent of her 344 cases are patients who have early-phase or early-onset Alzheimer's Disease. Ms. Simons

commented that there is a critical need to address the availability of services and resources for early-onset cases in the State Plan. She indicated that statewide data regarding the prevalence of early-onset cases should be compiled and analyzed.

A brief discussion ensued between Ms. Gay and Dr. Fredericks regarding billing, coding, and Medicare reimbursements for patients who have Alzheimer's Disease and other dementia-related conditions.

EDUCATING THE PUBLIC AND FAMILY MEMBERS ON THE APPROPRIATE LEVELS OF CARE

- The Honorable Egan Walker, Family Division, Department 2, Second Judicial District Court, Washoe County, testified regarding aging populations in Nevada and the United States and issues of guardianship ([Exhibit G](#)). He referred to statistics and projections compiled by the U.S. Census Bureau and the Federal Interagency Forum on Aging and noted that a rapid increase in older-population growth is expected in the coming decades.

Judge Walker commented that that many older Americans are living without a spouse or a family support network, which complicates issues of care, financial resources, guardianship, and placement. He added that a large number of grandparents are primary caregivers for their grandchildren, a situation that further compounds matters of placement and care.

Continuing, Judge Walker indicated that the number of guardianship cases in Nevada will increase in coming years. He pointed out 2008 data, which revealed various counties in the State with significant numbers of residents who were over the age of 65. Judge Walker surmised that these percentages will dramatically increase as the baby boom generation ages.

He discussed the active adult caseload at the Second Judicial District Court and noted that 7 percent of the wards of the Washoe County Public Guardian are currently residing out-of-state. He also mentioned that Nevada's statutory authority is limited for wards placed out-of-state.

Responding to a query from Chair Wiener, Judge Walker voiced his concern with the diminished rights of an individual placed under guardianship and remarked that his judicial authority is minimized once an out-of-state placement occurs. He also commented that annual reports on wards placed out-of-state are derived from phone calls with facility staff.

Discussion ensued between Ms. Gay and Judge Walker regarding the oversight of care for wards placed out-of-state. Judge Walker explained that wards are monitored solely through annual reports. He added that, since the reports are not written by staff who have directly observed a ward, they tend to be anecdotal in nature. Judge Walker pointed out that elderly people are at risk for morbidity and mortality when they are moved and commented on the importance of keeping them near their families. Judge Walker urged the Task Force to address the need for in-state facilities in the State Plan.

- Kim Boyer, Certified Elder Law Attorney, Boyer Law Group, provided testimony about legal issues involved with Alzheimer's Disease and other dementia-related conditions ([Exhibit H](#)). She stated that the primary concerns of family members usually involve placement, resources, and the protection of assets.

Ms. Boyer commented that placement options are determined by a diagnosis. She elaborated that an individual who is diagnosed with a dementia-related condition may be placed in an assisted living facility, while a person who is diagnosed with Alzheimer's Disease must be placed in a memory care facility. Ms. Boyer explained that she encourages family members to seek accurate diagnostic assessments to assist with appropriate placements and treatment protocols.

She emphasized the importance of early planning for individuals affected by Alzheimer's Disease and other dementia-related conditions and indicated that directives for care, placement, and finances can be established by a patient in earlier stages of the disease. She commented on the Durable Power of Attorney for Healthcare and the Power of Attorney for Finances. Ms. Boyer conveyed that careful advanced planning reduces the necessity for guardianship court and can protect an individual from financial exploitation.

Continuing, Ms. Boyd discussed a new provision in statute that provides for the placement of a ward in the least restrictive alternative. She remarked that remaining in the home is the least restrictive option; however, finances generally dictate placement. Ms. Boyer explained that family caregivers reach a point where they require outside assistance for the care of their loved ones, which can involve: (1) licensed professionals coming into the home; (2) assisted living facilities; (3) adult day care facilities; and (4) skilled nursing facilities. Ms. Boyer pointed out that providing in-home care can be costly, while placement in skilled nursing facilities is often covered by Medicaid.

She shared information about the Senior Citizens Law Project, which provides free or donation-based legal services for individuals engaging in the care planning process. Ms. Boyer also commented on the Nevada State Veterans Home in Boulder City. She explained that the cost of care at that facility is substantially lower for veterans compared to other types of skilled nursing facilities.

Concluding her testimony, Ms. Boyer noted that while premiums are high, long-term care insurance offers a wide variety of placement options. She also mentioned that veterans' benefits are a source of supplemental income that can provide for an extended period of care in the home or in an assisted living facility.

- Chair Wiener acknowledged the importance of advanced care planning and long-term care insurance.

Discussion ensued between Ms. Gay and Ms. Boyer regarding factors that lead to out-of-state placements for Alzheimer's patients. Ms. Boyer explained that out-of-state placements are made for patients who have a history of violent behaviors. She pointed out that in-state facilities are reluctant to care for them.

Responding to a query by Ms. Gay, Ms. Boyer stated that at least 90 percent of her guardianship cases involve individuals who are over the age of 65.

- Ms. Simons stated that the Task Force’s Quality of Care and Regulations Work Group intends to evaluate current regulations pertaining to care facilities. She commented that certain regulations may need to be adjusted to encourage facilities to care for individuals who have engaged in violent behaviors. Ms. Simons also acknowledged the importance of long-term care insurance.

OUTPATIENT SERVICES, INSTITUTIONAL SERVICES, AND CAPACITY FOR PERSONS WITH ALZHEIMER’S DISEASE AND OTHER DEMENTIA-RELATED CONDITIONS

- Bill Welch, President and Chief Executive Officer, Nevada Hospital Association (NHA), provided testimony regarding services for Alzheimer’s Disease patients in Nevada’s hospitals ([Exhibit I](#)). He referenced a survey conducted with NHA hospitals that included responses about services, challenges, and solutions involved with treating and caring for patients who have Alzheimer’s Disease.

Mr. Welch stated that full-service, acute care hospitals typically do not provide services designed to treat Alzheimer’s Disease; however, some have general psychiatric units that offer services specific to the needs of patients affected by the condition. He pointed out that care for patients with Alzheimer’s Disease requires an intensive level of staffing.

Mr. Welch remarked that a patient with Alzheimer’s Disease is generally admitted to a hospital for the treatment of another medical condition and noted that their lengths of stay are often extended beyond what is required to treat the admitting condition. He elaborated that hospitals are required to discharge patients with Alzheimer’s Disease and other dementia-related conditions into appropriate settings of care. Mr. Welch pointed out that this mandate is often complicated by the absence of family members and the exemption for patients with dementia in the Legal 2000 process. He added that hospitals often engage in the guardianship process as a means of discharging patients into appropriate settings of care.

Continuing, Mr. Welch discussed additional challenges for hospitals and patients, including gaps in Medicare and insurance coverage and a lack of facilities for patients with Alzheimer’s Disease and other dementia-related conditions.

He urged the Task Force to evaluate Medicare, Medicaid, and private insurance coverage to maximize the system for patients with Alzheimer’s Disease. Mr. Welch also suggested that the Legislature examine the following topics:

1. The Legal 2000 process;
2. The guardianship process;
3. Incentives for providers to offer early intervention services;
4. Standard benefit coverage offered through insurance companies;

5. Improved reimbursement mechanisms for providers;
6. State-supported services to provide home-based services for patients;
7. State-supported group homes;
8. Public education to encourage individuals to engage in advance planning; and
9. Respite support services for family caregivers.

Responding to a query by Chair Wiener, Mr. Welch noted that increased resources are needed for casework services relating to the guardianship process. He also agreed to conduct another survey to obtain data on extended lengths of stay for patients with Alzheimer's Disease in NHA hospitals.

There was discussion among Chair Wiener, LeeAnn Mandarino, Program Manager, Cleveland Clinic Lou Ruvo Center for Brain Health, and Mr. Welch regarding the need for an initiative to increase education and awareness about Alzheimer's Disease for hospital staff.

- Chair Wiener pointed out that Ms. Mandarino was serving as an alternate for Dr. Bernick during the afternoon portion of the meeting ([Exhibit B](#)).

In response to a query by Dr. Owens, Mr. Welch commented on the absence of a centralized information system that shows the number of available beds in care facilities across the State.

- Ms. Simons requested that the next NHA survey include information about hospital protocol and the management of care for patients with Alzheimer's Disease in the acute care setting. She also pointed out the "HavBED" system, which reports on the availability of beds in hospitals across the State, and indicated that there is a capacity to modify the system to delineate the availability of beds in "dementia-capable" facilities. Ms. Simons suggested that John Flamm, E&I Officer, Health Division, Department of Health and Human Services, be invited to give a presentation on this topic to the Task Force.
- Bill Welch remarked that the "HavBED" system is designed for admitting patients into acute care facilities, but it does not provide information regarding the availability of beds in other types of care settings. He elaborated that hospital social workers need a centralized system which would enable them to access information for the transfer of patients.
- Chair Wiener said she would include a presentation regarding hospitals and their role in the guardianship process at a future Task Force meeting.

Chair Wiener and Mr. Welch discussed the collection of data for the next NHA survey.

Responding to an inquiry by Dr. Owens, Mr. Welch noted that 67 hospitals are licensed in the State of Nevada; 53 of these are NHA members. He explained that more than 20 of the NHA hospitals responded to the last survey with substantive information. Mr. Welch offered to provide the Task Force with additional details from that survey.

- Chair Wiener requested that the NHA submit data specific to guardianship.

Chair Wiener and Ms. Simons briefly discussed a future presentation to the Task Force on the Nevada 2-1-1 system.

Discussion ensued between Ms. Gay and Mr. Welch regarding the coordination of care for patients with Alzheimer's Disease in the hospital setting. Mr. Welch explained that hospitals begin to coordinate care for patients upon admittance; however, an outside care-coordination system does not exist. He also stated that greater incentives should be offered to providers because Medicare and insurance reimbursements are currently inadequate in serving this patient population. Mr. Welch pointed out that Medicaid reimbursements are generally higher, but they only cover certain areas of care. He opined that the greatest area of need for this patient population involves improved levels of care outside the hospital setting.

- Vivian Carlisle, Director of Social Services, Nevada State Veterans Home, Office of Veterans Services, provided information about the State-owned care facility in Clark County. She explained that the home has 180 beds, which includes a 60-bed memory care unit and a 24-bed semi-secured unit. Ms. Carlisle noted that patients with Alzheimer's Disease are housed in all areas of the facility, with varying levels of supervision.

She commented on the use of holistic approaches to address the physical, emotional, and spiritual needs of its residents. Ms. Carlisle added that the facility has support groups, a volunteer corps, and provides training on dementia care to its staff.

Concluding her remarks, she noted that many residents are involved with clinical trials conducted by the Cleveland Clinic Lou Ruvo Center for Brain Health. She also pointed out that this facility is the only veterans home in the State.

REPORTS ON WORKING GROUPS

- Chair Wiener stated that the Task Force has developed three working groups, with Task Force members serving as liaisons.
- Ms. Simons, liaison for the Quality Care and Regulations Work Group, commented that the Work Group plans to develop at least three action items at each of its meetings, which will occur on the following dates: July 31, August 28, September 25, and October 30, 2012.
- Chair Wiener pointed out that the last meeting of the Task Force will be held on October 10 and suggested that the Work Groups conclude their meetings prior to that time.
- Ms. Cunningham, liaison for the Access to Services Work Group, noted a rough draft of her ideas was provided to Mr. McClellan. She also reported that she developed a questionnaire for pertinent organizations and facilities across the State and has evaluated the National Plan to Address Alzheimer's Disease. Ms. Cunningham remarked that the national plan is strong in its coverage of education for health care providers and

the involvement of educational institutions; however, it lacks discussion of the important role of caregivers.

Ms. Cunningham announced that she has scheduled call-in dates for the Work Group to occur on July 17 and August 21, 2012.

Concluding her remarks, she commented on the value of increasing awareness about Alzheimer's Disease through public announcements, pamphlets, brochures, guides, and other resources.

- Ms. Gay, liaison for the Impact on the State, Safety, and Independence Work Group, reported that she is establishing its members and is planning the meetings. Ms. Gay mentioned that a public forum in northern Nevada might be held by the Alzheimer's Association in September. She wondered if it would be appropriate to share some of the comments from that forum with the Task Force.
- Chair Wiener replied that sharing the information would be both suitable and valuable for the process.

PUBLIC COMMENT

- Angie Pratt, Regional Director, Northern Nevada Office, Alzheimer's Association, Northern California and Northern Nevada Chapter, remarked that there is a lack of evidence-based research to validate sending patients with Alzheimer's Disease to out-of-state facilities. She requested that the Task Force consider examining this issue.
- Chair Wiener articulated that the Task Force can determine the reasons why Nevada lacks facilities that are able to care for this patient population.
- Ms. Simons commented on obstacles to providing in-state care. She reiterated that the Quality of Care and Regulations Work Group will investigate regulations that may impede the care of Alzheimer's Disease and other dementia patients in Nevada facilities. Ms. Simons suggested that the Task Force invite professionals from the skilled nursing industry to share their perspectives regarding challenges in providing care for higher-risk patients.
- Chair Wiener concurred with Ms. Simons' suggestion and added that a representative from the State should be included in the discussion.

Concluding her remarks, she expressed her appreciation for the contributions and efforts of the members of the Task Force and announced that the next meeting will be held on August 22, 2012.

ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 3:18 p.m.

Respectfully submitted,

Lisa Gardner
Senior Research Secretary

Roger McClellan
Health Care Policy Specialist

APPROVED BY:

Senator Valerie Wiener, Chair

Date: _____

LIST OF EXHIBITS

[Exhibit A](#) is the “Meeting Notice and Agenda” provided by Roger McClellan, Health Care Policy Specialist, Legislative Counsel Bureau (LCB).

[Exhibit B](#) is a table titled “Designation of Alternates,” dated, July 11, 2012, submitted by Roger McClellan, Health Care Policy Specialist, LCB.

[Exhibit C](#) is a Microsoft PowerPoint presentation titled “Nevada’s Population’s Age Distribution,” dated June 13, 2012, provided by Jeff Hardcastle, AICP, Nevada State Demographer, University of Nevada, Reno, College of Business Administration.

[Exhibit C-1](#) is a table titled “Median Age For The United State (sic) And Nevada’s Counties for 1990, 2000, and 2010 Showing Differences from Previous Decade and Percentage Changes,” submitted by Jeff Hardcastle, AICP, Nevada State Demographer, Nevada State Demographer’s Office.

[Exhibit D](#) is a Microsoft PowerPoint presentation titled “Making a Difference in Nevada,” dated July 11, 2012, provided by Andrew Priest, Ed.D., PT, Dean, College of Health and Human Services, Touro University Nevada.

[Exhibit E](#) is a document titled “Serving Asian and Pacific Islander Families, Home and Community-Based Services for People with Dementia and their Caregivers,” provided by Edie Yau, Director of Diversity and Inclusion, Alzheimer’s Association, Northern California and Northern Nevada Chapter, Mountain View, California.

[Exhibit E-1](#) is a document titled “Serving African American Families, Home and Community-Based Services for People with Dementia and their Caregivers,” submitted by Edie Yau, Director of Diversity and Inclusion, Alzheimer’s Association, Northern California and Northern Nevada Chapter, Mountain View, California.

[Exhibit E-2](#) is a fact sheet titled “Race, Ethnicity, and Alzheimer’s Disease,” dated March 2011, offered by Edie Yau, Director of Diversity and Inclusion, Alzheimer’s Association, Northern California and Northern Nevada Chapter, Mountain View, California.

[Exhibit F](#) is the written testimony of Debra Fredericks, Ph.D., APN, PMHCNS-BC, Integrated Behavioral Healthcare, Reno, dated July 11, 2012, titled “Detection, Diagnosis, Putting Together Public Education Campaigns.”

[Exhibit F-1](#) is a table titled “State Alzheimer’s Disease Plans: Public Awareness,” provided by Debra Fredericks, Ph.D., APN, PMHCNS-BC, Integrated Behavioral Healthcare, Reno.

[Exhibit F-2](#) is a document titled “Alzheimer’s Association Survey,” submitted by Debra Fredericks, Ph.D., APN, PMHCNS-BC, Integrated Behavioral Healthcare, Reno.

[Exhibit F-3](#) is a document titled “Alzheimer’s Disease Study, Communication Gaps Between Primary Care Physicians and Caregivers,” offered by Debra Fredericks, Ph.D., APN, PMHCNS-BC, Integrated Behavioral Healthcare, Reno.

[Exhibit F-4](#) is a document titled “Tools for Early Identification, Assessment, and Treatment for People with Alzheimer’s Disease and Dementia,” submitted by Debra Fredericks, Ph.D., APN, PMHCNS-BC, Integrated Behavioral Healthcare, Reno.

[Exhibit F-5](#) is a document titled “Physician Outreach Tips and Tools,” provided by Debra Fredericks, Ph.D., APN, PMHCNS-BC, Integrated Behavioral Healthcare, Reno.

[Exhibit G](#) is a Microsoft PowerPoint presentation titled “A View from the Bench,” submitted by The Honorable Egan Walker, Family Division, Department 2, Second Judicial District Court, Washoe County.

[Exhibit H](#) is a document titled “Alzheimer’s Disease and Dementia: Legal Issues,” provided by Kim Boyer, Certified Elder Law Attorney, Boyer Law Group, Las Vegas.

[Exhibit I](#) is the written testimony of Bill Welch, President and Chief Executive Officer, Nevada Hospital Association, Reno, titled “Nevada Hospital Alzheimer’s Treatment Services Survey Results.”

This set of “Summary Minutes and Action Report” is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits, other materials distributed at the meeting, and the audio record are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the Library online at www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm or telephone: 775/684-6827.