



NEVADA LEGISLATURE

NEVADA SILVER HAIRED LEGISLATIVE FORUM

(*Nevada Revised Statutes [NRS] [427A.320](#)*)

DRAFT MINUTES

April 7, 2022

The first meeting of the Nevada Silver Haired Legislative Forum for the 2021–2022 Interim was held on Thursday, April 7, 2022, at 10 a.m. in Room 4401, Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138, Legislative Building, 410 South Carson Street, Carson City, Nevada.

The agenda, minutes, meeting materials, and audio or video recording of the meeting are available on the Forum's [meeting page](#). The audio or video recording may also be found at <https://www.leg.state.nv.us/Video/>. Copies of the audio or video record can be obtained through the Publications Office of the Legislative Counsel Bureau (LCB) (publications@lcb.state.nv.us or 775/684-6835).

FORUM MEMBERS PRESENT IN LAS VEGAS:

Fran Almaraz, Senate District 10
Marilyn E. Jordan, Ed.D., Senate District 11
Peggy Leavitt, Senate District 12
William Marchant, M.D., Senate District 5
Thelma Robertson, Senate District 21
Betty Rumford, Senate District 6
Fred L. Silberkraus, Senate District 20
Rosie Tyler, Senate District 1
Austin Wand, M.D., Senate District 9
Valarie Woods, Senate District 4

FORUM MEMBERS PRESENT IN CARSON CITY:

Lucille Adin, Senate District 13
John Paul (Jack) Ginter, Jr., Senate District 14

FORUM MEMBERS ATTENDING VIA REMOTELY:

Joann M. Bongiorno, Senate District 7
Lisa Laughlin, Senate District 15
Laura Leavitt, Senate District 8
Mercedes Maharis, M.A., M.S., M.A., Senate District 3
Rodger Troth, Senate District 18

FORUM MEMBERS ABSENT:

Doris Ahrens, Senate District 19 (Excused)
Senate District 2, Vacant
Senate District 16, Vacant
Senate District 17, Vacant

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Patrick B. Ashton, Senior Policy Analyst, Research Division
Ashlee Kalina, Senior Policy Analyst, Research Division
Jan Brase, Research Policy Assistant, Research Division
Julianne King, Assistant Manager of Research Policy Assistants, Research Division
Eric Robbins, Principal Deputy Legislative Counsel, Legal Division

*Items taken out of sequence during the meeting have been placed in agenda order.
[Indicate a summary of comments.]*

AGENDA ITEM I—CALL TO ORDER

Patrick B. Ashton, Senior Policy Analyst, Research Division, LCB:

Welcome to the first meeting of the Nevada Silver Haired Legislative Forum of this legislative interim. For those members attending virtually, please turn on your cameras and respond and unmute yourself when you hear your name. Madam Secretary, please call the roll.

Mr. Ashton:

Dr. John Yacenda is not attending the meeting today. Remember, this is the first time the Forum has held a meeting since the beginning of the Coronavirus Disease of 2019 (COVID-19) pandemic in Nevada. The last Forum meeting was held over two years ago on February 20, 2020. We have many new Forum members. Some Forum members either termed out or resigned from the Forum, while others unfortunately passed away in the last three years. We will remember them later during this meeting. The term of former Forum President John Yacenda expired as well as the terms of all other Forum officers during these last two years. President Yacenda is unavailable for today's meeting, and sadly Vice President Barbara Altman passed away last August. The two former facilitators are no longer members of the Forum. Since the Forum currently has no Forum officers, I, as nonpartisan staff, will chair this meeting until a new Forum president has been elected by you. The election of Forum officers is among our first agenda items.

I am here to assist the future Forum president and the members with any questions concerning the Forum that may arise.

The Zoom video call has a chat feature. However, this feature is only to be used for technical assistance. Any links or information that you would like to share during your presentation should be stated verbally, on the record.

[Mr. Ashton reviewed meeting procedures and protocol.]

AGENDA ITEM II—PUBLIC COMMENT

Mr. Ashton:

Is there anyone in Carson City who would like to provide public comment at this time? Seeing none, is there anyone in Las Vegas who would like to provide public comment at this time?

Dr. Austin Wand:

Our seniors here are concerned about health care.

Mr. Ashton:

Excuse me, sir. This is the public comment period for members of the public. Forum members usually do not testify under public comment. Also, when you speak, turn on your microphone so we can hear you.

Dr. Wand:

I think one of the issues very important to any community is public school education. I moved here because taxes were low. I like that. However, I believe our schools are not supported enough. I do not have any children or grandchildren here, but I am concerned about the future of our community and for our state, for our country. So, the future really is that we need to support public school education. I do not want to be too partisan, but I think our governor supports that. I think it is a very important issue. We recently got some more funding from mining companies, but I think that is not enough. We need to do more for our public schools and for education so we can have a better educated workforce to diversify our community which, we also need to do.

Mr. Ashton:

Thank you, Dr. Wand. Sir, please go ahead to the witness table. Feel free to turn on the microphone and begin your public comment when ready.

Brett Salmon, President/Chief Executive Officer, Nevada Health Care Association:

I am President of the Nevada Healthcare Association, and our Association represents both nursing facilities and assisted living facilities. I thought, based on your agenda, it would be appropriate for me to give you an overview of what we have experienced the last couple of years in those types of communities. All of us have been impacted by COVID-19, but not everyone has had to fight COVID-19 every single day. We are so very grateful for our caregivers and the health care heroes that they are. They did their very best during this pandemic in a tough regulatory environment. As we all recall, several months into the pandemic, the federal government mandated the closing of all nursing facilities to visitors and that all residents should be quarantined to their room. So, for almost a year, our residents were not allowed to see family and friends. They were not allowed to participate in group activities and move around freely in the nursing facility or their assisted living facilities. They were not allowed to eat together, which is an important thing for bonding. That isolation was extremely difficult on our residents and their loved ones and our caregivers.

Nevada's long-term care communities have done a wonderful job caring for our most vulnerable during the pandemic and deserve positive acknowledgement and support. As I share some of the data with you today, we are aware that no nursing facility or assisted living facility is perfect. We acknowledge our humanity and always want to improve. I want to share and give you a snapshot with some data on how we have done during the pandemic.

Nevada had one of the lowest COVID-19 mortality rates for nursing facilities in the nation—if you take Alaska and Hawaii out of that given their unique locations. The highest COVID-19 mortality rate of overall COVID-19 deaths was Rhode Island at 33 percent, the lowest mortality rate was Arizona at 4.9 percent, and Nevada came in at 5.6 percent. So, we did a wonderful job in Nevada protecting the residents in those communities. During the pandemic, some of the quality indicators improved for long-term care and short-term care residents. Hospitalizations decreased 15 percent, urinary tract infections (UTIs) decreased 8 percent, and catheter use decreased 12 percent. For our short-term residents who were going through rehabilitation, their functional improvement increased 8 percent during the pandemic. So, folks did a wonderful job caring for those folks in a unique time.

During the pandemic nationwide, there were 110 infection control surveys done in nursing facilities; 72 percent of those surveys were deficiency free. To this point, the latest data

shows that 730,000 nursing facility residents recovered from COVID-19 during the pandemic. We all know that that COVID-19 uniquely targets the senior population, and I am very appreciative of the work that this Forum will do in focusing on the issues that are impacted by seniors the most. I appreciate your time.

Mr. Ashton:

Thank you very much for your public comment. Is there anyone else who would like to testify in Las Vegas? Seeing none, I am asking our Broadcast and Production Services (BPS) staff to interact with those making public comment over the phone line. Please add the first caller with public comment to the meeting.

BPS:

Thank you, sir. The public line is open and working however, there are no callers at this time.

AGENDA ITEM III—INTRODUCTION OF FORUM MEMBERS AND STAFF

Mr. Ashton:

We will move to our next agenda item, introduction of Forum members and staff (Agenda Item III). I would like to take a few minutes so members of the Forum and staff can introduce themselves. As stated earlier, we have many new members so getting to know each other will be helpful. Members, I will call each of you up by Senate district. Please introduce yourselves and include your nominating senator and your interest in this forum. Please also note how long you have served on the Forum or let us know if you are new member. Let us start with Rosie Tyler from Senate District 1.

Rosie Tyler:

My name is Rosie Tyler. My nominating is Senator Pat Spearman.

Mr. Ashton:

Senate District 2 is vacant, so we move to Senate District 3, Mercedes Maharis.

Mercedes Maharis:

I am Mercedes Maharis proudly representing Senate District 3, and my nominating Senator, now Commissioner, was the Honorable Richard Segerblom. I enjoy working with all kinds of senior problems especially those in the criminal justice system. We have had many deaths of seniors in the prison system due to COVID-19. I am also interested in nursing homes. I look forward to serving this session.

Mr. Ashton:

Thank you, Ms. Maharis. Next, is Senate District 4, Valerie Woods.

Valerie Woods:

Good morning my name is Valerie Woods. I go by Val Woods, and I am representing Senate District 4. My appointing Senator is Dina Neal. I am new, so I am excited to be here as a voice for my district.

Mr. Ashton:

Senate District 5, Dr. Marchant.

Dr. William Marchant:

My name is William Marchant. My daddy called me Bill and you can if you would like to, or you can call me Dr. Marchant, if you believe in formality. I was appointed by Joyce Woodhouse for the previous term, so this is the beginning of my second term, appointed by Senator Carrie Buck. I am a retired family therapist and professor.

Mr. Ashton:

Thank you very much. Next Senate District 6, Betty Rumford.

Betty Rumford:

I am Betty Rumford. I am representing Senator Nicole Cannizzaro, and I was here last year. I am not new.

Mr. Ashton:

Next, we have Senate District 7, Joann Bongiorno.

Joann Bongiorno:

I am Joann Bongiorno. I represent District 7 for Senator Roberta Lange. I have been here 14 years, have been nominated by four different senators, and was responsible or instrumental in passing the Silver Alert bill, sponsored by Senator David Parks. I am a financial consultant, proud to be with this legislative group, and welcome all the newcomers. I hope this year our agenda will be fulfilled.

Mr. Ashton:

Next, Senate District 8, Laura Levitt. We can see on the Zoom; can you hear us? Feel free to introduce yourself. I do not think Ms. Levitt could hear us. There may be some technical difficulties, so we will move to Senate District 9. Dr. Wand, please go ahead.

Dr. Wand:

My name is Austin, and my nominating Senator is Melanie Scheible. This is my first session, and I am very happy to be here.

Mr. Ashton:

We go to Senate District 10, Fran Almaraz.

Fran Almaraz:

I think I have been doing this for eight years. I was originally nominated by former Senator Yvanna Cancela. She moved on to work for President Joe Biden, and she is now the Chief of Staff for our governor. My current senator is Fabian Doñate. I am very happy to be here. I also lobby for the Forum in Carson City for many of the bills that affect us seniors.

Mr. Ashton:

Next Senate District 11, Dr. Jordan.

Dr. Marilyn Jordan:

Good morning to our Forum membership both old and new, to our guests, and our community friends. My name is Marilyn Jordan, and I represent District 11, Senator Dallas Harris. I have been a member and serving since 2016. I am an educational administrator, past superintendent of schools, principal, and financial analyst. I am pleased to be back in session and once again working on the issues, concerns, choices, challenges, and changes impacting our more than 450,000 seniors across the state of Nevada. I always like to say that, let us all remember, there is always joy and happiness in our work if it helps others.

Mr. Ashton:

Is Peggy Levitt present to introduce yourself?

Peggy Leavitt:

Hi, I am Peggy Levitt. I was asked to serve by Dr. Joe Hardy. We are both from Boulder City representing Senate District 12. I was a social worker and worked with Dr. Marchant way back when. I served on the Boulder City Council for a couple of terms. I am not serving in that capacity now, but I have been very involved in senior services in Boulder City, so I am excited to be serving on this committee and this is my first time.

Mr. Ashton:

Next, we have Senate District 13, Lucille Adin. I was told she is not present yet in Carson City. So, we will move on to Senate District 14, John Paul Ginter in Carson City.

John Paul Ginter:

Excuse me, I had a little bout with throat cancer a few years ago and have a problem speaking. Anyway, I enjoy being here. My thoughts are, of course, with senior citizens and doing all that I can to promote everything that is good for them. I am a manager with Academy Mortgage of Reno, and I have been there 17 years going on 18 in a month or two. I have been in the lending business for 61 years. Prior to that, I was a crop duster.

Mr. Ashton:

Next, Senate District 15, Lisa Laughlin.

Lisa Laughlin:

I am excited to be part of the panel. I was nominated by Senator Heidi Seevers Gansert. I am a lifelong Nevadan. I grew up in Las Vegas and then moved to Reno to earn my degree in journalism at the university here and then stayed in the north. I have a real love for the entire State of Nevada, having spent my whole life here. My particular interest is the health care of our seniors. Both my mother and brother have died here in Nevada. My father, my brother, and my husband are all physicians. I also have public relations experience working in hospitals, so I am very concerned about communicating with our seniors. I think there is

a gap with all the technology, so I am looking forward to being part of this committee and thank you for welcoming me. It is my first year.

Mr. Ashton:

Thank you very much. Next, we would have Senate Districts 16 and 17, but both Forum seats are currently vacant, so we move on to Senate District 18, Rodger Troth.

Rodger Troth:

I am Rodger Troth, appointed by Senator Scott Hammond in the northwest corner of Las Vegas. I am a retired Air Force person, so I am interested in veteran affairs, and I am still currently employed and working in the defense industry. This is my first term.

Mr. Ashton:

I just got a message that Laura Levitt would be able to introduce herself right now. Please go ahead.

Laura Leavitt:

This is Laura Leavitt, Senate District 8, appointed by Marilyn Dondero Loop. I am a 50-plus year resident of Nevada. I retired after 27 years from the State of Nevada, and I belong to several community groups—the state employees, the American Federation of State, County and Municipal Employees retirees (AFSCME), and Retired Public Employees of Nevada, to name a few. I read something this morning that I got in an email that I liked, “Aging is just another word for living.”

Mr. Ashton:

Next, we would have Senate District 19. Doris Ahrens is excused from this meeting today. We move on to Senate District 20, Fred Silberkraus.

Fred Silberkraus:

I have been on the Silver Haired Forum now for about seven years. It has been a pleasure all these years. I am happy we are finally at a point where we can get back and meet in person, for those of us who can show up. I am looking forward to the committee and the Forum being much more active than we have been able to be for the last two years. I hope we are going to have a full agenda coming up for the next 12 months and look forward to participating. I am still working as a private security consultant and look forward to working with all the new people as well as the folks who have been on the Forum before.

Mr. Ashton:

And last, but not least, Senate District 21, Terry Robertson.

Terry Robertson:

I am a fourth generation Nevadan. I spent my adult life working on preserving and setting aside Nevada lands and working with state legislatures and federal legislators. So, I appreciate that Senator James Ohrenschall has placed me here. I hope I am going to be able to add to your agenda. Bill Marchant, we have a common friend, Nancy Gentis. I would

like to let you know that already I am thrilled because I have touched the hand that probably has touched the hand many times of Senator Cory Booker.

Mr. Ashton:

Next, I would like committee staff to introduce themselves. Let us begin with your new Forum Coordinator, Ashley Kalina.

Ashlee Kalina, Senior Policy Analyst, Research Division, LCB:

I have been with the LCB for almost six years, and I am excited to be working with you. This is my first formal role as a committee policy analyst with the Forum, but I do have some experience on the constituent services side, including answering questions for Forum members in the past. I now am here and looking forward to working with you and helping you in any way I can.

Mr. Ashton:

Next, I will introduce myself. This is my third legislative interim. I staffed the Forum during the 2017–2018 Interim as well as part of the 2019–2020 Interim. I staffed the Assembly Committee on Health and Human services last session and the Assembly Committee on Commerce and Labor during the 2019 Legislative Session. Currently, I am staffing the new Joint Interim Standing Committee on Health and Human Services. By profession, I am actually a social worker; I also have a master's degree in political science and public policy. I live in Reno, Nevada, so I am glad to be back with the Forum. It is good to see you, and I am also happy to see all the new members.

I will briefly introduce the other staff attending this meeting today. Eric Robbins is the Forum's Legal Counsel in Carson City today since Bryan Fernley, the Legislative Counsel of LCB and the Forum's Legal Counsel, is attending another legislative meeting today. Welcome Mr. Robbins. Attending from Carson City are Jan Brase, Research Policy Assistant and Forum Secretary, as well as Julianne King, Assistant Manager of the Research Policy Assistants, and former Forum Secretary. Finally, I would like to mention the formidable staff from BPS, who we do not see but they are behind the scenes. They are assisting the Forum during this meeting. Thank you for all you do.

I just received a message that Lucille Adin and has arrived in Carson City. Are you ready to introduce yourself?

Lucille Adin:

I am Lucille Adin. I am sorry I am late. I got turned around this morning and got off the freeway at the wrong exit. I am here.

Mr. Ashton:

Could you please tell us briefly who your nominating senator is, how long you have served on the Forum, and anything else that you would like to say.

Ms. Adin:

I was appointed by Senator Julia Ratti, and I think this is my third term. I was interested in the nursing homes, but since COVID-19 came along, there were not too many I could visit. We have been at a standstill for these past two years. It is good to be back. I have been in

the community since 1962 and have been involved in a lot of organizations and boards in Reno and Sparks.

Mr. Ashton:

This concludes our introductions. Next, we will move on to the election of Forum officers. Before continuing, I would like to ask the members and presenters attending over Zoom to please speak up and be close to your microphone.

AGENDA ITEM IV—ELECTION OF FORUM OFFICERS

Mr. Ashton:

Members, in your meeting materials you will find an overview of Forum officer positions (Agenda Item IV). I want to provide you with some details based on this fact sheet. The Forum has four officer positions. The first is the Forum president. The Forum president serves a term of a maximum of two years and a maximum of two, two-year terms either consecutively or staggered. The duties include coordinating and facilitating activities of Forum meetings together with the vice president; conducting meetings and overseeing the formation of committees as necessary to accomplish the purposes of the Forum; and administering Forum accounts with the assistance of the LCB. We also have a vice president who is elected to serve a one-year term and can be reelected; there are no term limits. The vice president works together with the president to coordinate and facilitate activities of the Forum, including meetings and assisting the president to conduct Forum meetings if the president is absent or otherwise unable to perform his or her duties. There are also two facilitator positions, one in the north and one in the south. Each facilitator serves a two-year term, and they can be reelected. Facilitators gather information on issues of importance to senior citizens and provide a report at each Forum meeting. Those members who were here during the last interim may remember there were some agenda items that passed during each of the meetings we had before the pandemic that were reports from these facilitators. I want to emphasize that the terms begin on September 1, so these began on September 1 of last year, even though you will elect the officers today in April.

Next, let me explain the process of the election. We will hold separate elections for each officer position, and I will ask you for nominations for each one. If a member is nominated for an officer position, he or she needs to accept the nomination to be considered for the position. Nominees will have the opportunity to deliver brief remarks before the vote. After we have received all nominations, the secretary will take a roll call vote. The secretary will announce the results of the vote, and the nominee with a majority of the votes will be elected to their respective office. We will start with the election of the Forum president. Once the president is elected, he or she will start chairing the meeting with the assistance of myself and all other staff.

Members, do you have any questions? Seeing none, I will now accept nominations for Forum president. Please indicate if you have a nomination.

Ms. Bongiorno:

I am nominating Fran Almaraz. I have been here 14 years, and I think she has the ability and experience to carry forth such a job.

Dr. Wand:

I would like to nominate Marilyn Jordan. She seems like she knows what she is doing, and I think she would be a great president.

Mr. Ashton:

Any other nominations? Ms. Fran Almaraz, do you accept your nomination?

Ms. Almaraz:

Yes, I do.

Mr. Ashton:

Dr. Jordan, do you accept your nomination?

Dr. Jordan:

No.

Mr. Ashton:

I am closing the nominations, and since only one member was nominated, we will take a roll call vote. The nominee is Fran Almaraz. Before taking the vote, I will open it up for discussion. Does anyone have any comments they would like to make before we take a vote? Ms. Almaraz, if you want to make a statement in favor of your candidacy, please feel free to do so at this time as well.

Ms. Almaraz:

Thank you, Patrick, and thank you, Joann. That was a surprise. Thank you for your faith in me. I have enjoyed serving on this Forum and worked with Dr. Yacenda for several years. I hope I can fill his shoes.

Dr. Marchant:

Mr. Chair, I propose we elect the nominee by acclamation.

Mr. Ashton:

Thank you, sir. We are still in the period for comments from members. After that, we will have a roll call vote because we have members attending Carson City, Las Vegas, and virtually. We will ask every member for either a yes or no vote for the nominee.

Members, before we continue to the vote, I am asking whether there any other comments from Forum members in Las Vegas, Carson City, or virtually.

Dr. Jordan:

I am excited about the possibility of Fran considering our leadership. I think we have some wonderful new members, and I think we have an opportunity to do some great things on behalf of our senior citizens. I am very much in support.

Mr. Ashton:

Any other comments?

Members, if you are in favor of Fran Almaraz serving as Forum president, please say "yes" when your name is called; if opposed please say "no." Secretary, please take the vote.

Julianne King:

[Ms. King called for a roll call vote.]

Fran Almaraz received 16 yes votes. Ms. Mercedes Maharis abstained. Mr. Ashton, can you please confirm the results?

Mr. Ashton:

Yes, I can confirm these results. Fran Almaraz will serve as president. Congratulations.

Members, at this point, I will call for a short recess so your new Forum president can take over the gavel.

President Almaraz:

Forum members, thank you for your trust in me. I was not expecting to be sitting in this seat. I take it as a great honor, and I hope that I will live up to Dr. Yacenda's expectations.

We will continue with the election of Forum officers. Next, we will have the election of the vice president and our two facilitators. Mr. Ashton, would you please guide us through the rest of the election.

Mr. Ashton:

Members, at this point we will continue with the election of vice president. Members, would you please announce your nominations for vice president.

Dr. Wand:

I would like to nominate Marilyn Jordan. I think she would make a great vice president, after President Almaraz got us off to a great start.

Mr. Ashton:

Any other nominations?

Ms. Maharis:

I would like to nominate Rosie Tyler.

Mr. Ashton:

Ms. Maharis nominated Ms. Rosie Tyler. Any other nominations for the position of Forum vice president? Seeing none, Dr. Jordan do you accept the nomination?

Dr. Jordan:

Yes, I do.

Ms. Tyler:

I am honored, but no.

Mr. Ashton:

I will close the nomination period for vice president, and we will continue with the roll call vote for the only nominee we have for the Forum officer position as vice president, Dr. Marilyn Jordan. Madam Secretary, would you please go ahead with the roll call vote, and members, if you want to vote for Dr. Jordan as the vice president please say "yes," or if you do not want to vote for her, please say "no."

Ms. King:

[Ms. King called for a roll call vote.]

Dr. Marilyn Jordan received 17 yes votes. Mr. Ashton, can you please confirm the results?

Mr. Ashton:

Yes, I can confirm the results.

Vice President Jordan:

There is truly joy in the morning.

Mr. Ashton:

Madam President, with your permission we can continue with the election of the northern facilitator.

President Almaraz:

Yes please, Mr. Ashton.

Mr. Ashton:

Please announce your nominations for the northern facilitator.

Mr. Ginter:

I would like to nominate Lucille Adin.

Mr. Ashton:

Are any other nominations? Seeing none, when the Secretary calls your name, please say "yes" or "no." Ms. Adin, do you have any comments at this point or does anyone else have a comment at this point?

Ms. Adin:

I accept. I do not have a comment.

Mr. Ashton:

Do you accept your nomination?

Ms. Adin:

Yes, thank you.

Mr. Ashton:

Madam Secretary, please start the roll call vote.

Ms. King:

[Ms. King called for a roll call vote.]

In the election of the northern facilitator, Ms. Lucille Adin received 17 yes votes. Mr. Ashton, could you please confirm the results?

Mr. Ashton:

Yes, I can confirm. Lucille Adin will serve as the Forum's northern facilitator. Congratulations.

Madam President, with your permission we can now proceed with the election of the southern facilitator.

President Almaraz:

Yes, Mr. Ashton please proceed.

Mr. Ashton:

Members, at this point please announce your nominations for the southern facilitator. I would like to remind you that you can also nominate yourselves. Are there any nominations?

Thelma Robertson:

I nominate Peggy Leavitt.

Dr. Jordan:

I would like to nominate Dr. Marchant.

Ms. Maharis:

I nominate Rosie Tyler.

Mr. Ashton:

Any other nominations for the southern facilitator position? Hearing none, Ms. Peggy Levitt, do you accept your nomination?

Ms. Peggy Leavitt:

I am honored to be nominated, but I am still new and do not even know what this position does, so I will not accept at this time.

Mr. Ashton:

Next, Dr. Marchant, do you accept your nomination?

Dr. Marchant:

I would like to decline in favor of Peggy Leavitt. You must come up to the defense of your former student at some point.

Mr. Ashton:

Dr. Marchant, you also declined.

Ms. Rosie Tyler, you were the last nominee. Do you accept your nomination for southern facilitator?

Ms. Tyler:

Yes.

Mr. Ashton:

Members, since only one member was nominated and since only one member is left now for the southern facilitator position, we will take a roll call vote. Before taking the vote, I will open it up for discussion. Does anyone have any comments they would like to make before we take a vote? Ms. Tyler, if you want to make a statement in favor of your candidacy, please feel free to do so at this time.

Ms. Tyler:

I am honored to be nominated. I do not even know what to say other than what is going on with senior citizens in my community and all communities is important to me. I am honored to be able to represent senior citizens, just not in my community, but in all areas, on things such as health care, economics, and things of that nature. I am a retired health care provider, and health care for senior citizens is very important to me.

Mr. Ashton:

Any other comments from Forum members? Seeing none, members, if you are in favor of Rosie Tyler serving as your southern facilitator please say "yes" when your name is called. If opposed please say "no". Secretary, please take the vote.

Ms. King:

[Ms. King called for a roll call vote.]

Ms. Rosie Tyler received 17 yes votes. Mr. Ashton, can you please confirm the results?

Mr. Ashton:

Thank you, Madam Secretary. Rosie Tyler received a majority of votes and is therefore the elected southern facilitator. At this point, this concludes our elections, Madam President.

President Almaraz:

Thank you, Mr. Ashton, for conducting our election, and let me say thank you very much to Dr. Marilyn Jordan for accepting as vice president, to Lucille Adin for the northern facilitator position, and to Rosie Tyler for the southern facilitator. I look forward to working with all of you.

AGENDA ITEM V—PRESENTATION REGARDING MEETING PROTOCOL AND GUIDELINES OF DECORUM

President Almaraz:

For the next order of business, we will have our Forum Coordinator, Ashlee Kalina, provide a brief presentation on the guidelines, protocol, and decorum. We will take questions from Forum members at the conclusion of the presentation. Ms. Kalina, please proceed when you are ready.

Ms. Kalina:

I will be serving as Committee Policy Analyst for the Forum. We realize that a number of you have served on public bodies in the past and some of this information is probably a refresher and is very familiar, but for those who are newer to the experience we want to provide an overview of the guidelines that may be helpful for your service on a public body such as the Forum. In your meeting packet you will find an informational memo titled "Meeting Protocol and Guidelines of Decorum" that is available so that you can follow along during this presentation (Agenda Item V). I do not have any intention to read through all of the information that is covered in this document, but I do want to highlight some particular points that will help to make the meetings as effective and streamlined as possible and will be a more positive experience for everyone involved. I encourage you to take time to read this memo at your leisure so that we can all have a greater understanding of how we can make the Forum function as well as possible.

To begin, I want to go over how the Forum functions in a hearing process. The hearings serve a twofold purpose: (1) because it is open to the public, a hearing provides members of the public with valuable information about deliberations and actions of the Forum; and (2) because policy experts, lobbyists, and members of the public offer testimony during hearings, a hearing provides an important educational opportunity for Forum members to use the information that they learned from the witnesses and presentations in order to improve legislation, express concerns, and provide timely answers to constituent questions.

Procedural information reflects the rules and procedures utilized by other public bodies. I want to go over the procedures for the forum chair briefly. The Forum president serves as the chair and is responsible for calling the hearing to order, conducting the hearing, calling

witnesses, and adjourning the hearing. The chair may temporarily delegate responsibility to the vice chair in his or her absence and or another member of the Forum. The Forum chair should be referred to as president or vice president and then their last name or chair and their last name. When the chair opens the committee meeting, they will call the meeting to order. We begin with a call for the roll, and at this point the chair or president may also make committee announcements. The chair will then begin the consideration of the items on the agenda. The chair may ask whether any of the items need to be taken out of order, and they may grant permission to do this. The chair will begin with the first items on the agenda.

During the conducting of the hearing, after all testimony has been taken and presentations have been made, the chair or president will ask if Forum members have any questions. A Forum member with a question or comment should raise his or her hand to get the attention of the president or one of the staff members to indicate interest in expressing a comment or sharing a question. It is important for members to wait to be recognized by the president or chair in order to proceed. Members who participate in a meeting virtually may indicate they have a question or comment by raising their voice and telling the president you have a question or comment. It is important for members, when they are expressing interest in sharing a comment or question, to wait for the president to recognize you and then proceed. It is a good idea to identify yourself so that we have that information available on record.

If action is required for an agenda item, the chair will ask for a motion from the Forum members to take action on the item in question. After announcing the motion, the chair will ask if there is further discussion on the motion. If so, the chair will recognize those who indicate that they wish to speak. It is important to remember, for the time being, that the meetings in the coming months will be more geared toward information gathering. It will be important to be listening to and observing the presentations; there will not be as much emphasis on taking action. If the results of a voice vote on an agenda item cannot be determined, the chair can call for a roll-call vote. The chair announces the results of the vote. Then, once testimony, discussion, and action on an agenda item are complete, the chair will move the Forum to the next item on the agenda.

There are some important considerations when members are participating virtually. If Forum members decide they want to participate virtually, there are some best practices that are important to be aware of. Virtual meeting participation requires good Internet connection. We want to make sure that you are connected and able to participate throughout the course of the meetings; we do not want to lose you or have delays that cause you to miss information. It is important to stay mindful of any background visuals or lighting to minimize any interruptions or distractions while participating in a meeting. It is advised to reduce to the minimum any other audio sources in the room to prevent audio delay issues during the meeting. Also, keep in mind that virtual participants must keep their microphones muted until they are ready to speak, or participate, or are called upon. This also reduces the feedback or audio delays. Be familiar with the Zoom controls when you are participating in a Zoom meeting. It is critical that members keep their microphone muted until they are called upon to speak, and make sure that your camera is always turned on so that we can ensure the presence of a member during the meetings. It is critical to remember that public hearings require open deliberation; therefore, content or discussions regarding agenda items cannot be shared group emails or the Zoom chat box. The chat box is reserved to only technical issues that may arise during the meetings.

Regarding the public comment portion of the meeting, when all the items on the agenda have been addressed, the chair will ask for public comment or testimony on issues related

to the business of the Forum. As Mr. Ashton mentioned earlier, we have public comment portions at the beginning and the end of meetings. This allows members of the public and other constituents to participate and express their concerns or experiences. The chair and/or president may limit the time of such testimony for those who decide to participate in public comment. The public comment portion creates a limited opportunity in which greater free speech protections apply for members of the public who wish to participate in these meetings. As a result, it is necessary for Forum members to refrain from discussion of additional topics that may be mentioned and that have not been included on the agenda. Issues that are identified during the public comment portion should be noted, and members can request that the staff or the president schedule further discussions on those items at a later meeting date. For example, if a member of the public mentions something of interest or concern during the public comment portion, members should make note of it. Then we can schedule the issue for a future meeting, a presentation, or research for additional information. The public comment portion is not when we make any explorations or decisions.

After public comment, if no one comes forward to testify, the chair may discuss the next meeting time and place with the Forum members. If nothing more comes before the Forum, the chair can adjourn the meeting. The chair does not need a motion to adjourn.

After the chair has called witnesses to testify before the Forum and the witnesses have completed testimony, Forum members may ask questions or make comments on the testimonies or presentations they have heard. During the meeting, it is important to maintain formalities with the witnesses, members of the public, experts in a particular field, public officials, or others who testify before the Forum. When we acknowledge those who are presenting, we address them as "Mr." or "Ms." or "Dr." or "governor," "senator," or "Assembly member." It is important to use those titles to maintain the formality of these meetings.

Keep in mind, for these meetings, we operate under the Open Meeting Law (OML). I want to bring your attention to this as well. The Forum is a public body. It is subject to OML along with its subcommittees. Public bodies working on behalf of Nevada citizens must conform to statutory requirements in open meetings under an agenda that provides full notice and disclosure of discussion topics and any possible action. Just as a reminder, when we have these meetings, we specifically discuss those items that are on the agenda. We stick to those items only and do not bring up or address other items. We can schedule those at a later date or another meeting.

Keep in mind, action is only to be taken by the body as a whole; individual members do not have decision-making powers and may only speak on behalf of the body if authorized to do so during an open meeting. Group emails are considered closed meetings under the OML, and they are not an appropriate place to conduct Forum business.

In closing, I want to remind you that this may not be all the possible topics regarding meeting protocol and guidelines; however, I trust that the information provided in the memo is beneficial to you. If you have questions or concerns, you are more than welcome to contact me or Mr. Ashton.

President Almaraz:

Are there any questions from the Forum members for Ms. Kalina?

Dr. Austin Wand:

I have a question about redistricting. The senator who appointed me is no longer my senator going forward. So, what happens then?

Ms. Kalina:

I can research and get you some information before the end of the day.

President Almaraz:

Anyone else have a question? Thank you, Ms. Kalina.

We will now move on to the next agenda item; however, I would like to call a 10-minute recess so that everyone could stretch for a minute.

AGENDA ITEM VI—OVERVIEW OF THE 2021 LEGISLATIVE SESSION, WITH A FOCUS ON PASSED BILLS PERTAINING TO SENIOR ISSUES

President Almaraz:

At this point in the meeting, we will have a presentation by Mr. Barry Gold from the AARP on the 2021 Legislative Session with a focus on bills passed pertaining to senior issues. We will take questions from Forum members at the conclusion of the presentation. Mr. Gold, please begin when you are ready.

Barry Gold, Director, Government Relations, AARP Nevada:

It has been my pleasure to speak to the Forum pretty much every interim for the last 17 years since I moved here. AARP enjoys a working relationship with the Silver Haired Forum. I have worked for a long time in the Nevada Legislature; I have put in nine sessions. I know Patrick Ashton very well, having testified in front of a lot of different committees. I am well known in Carson City and in this building. Anytime I testify, I always say "On behalf of the 345,000 members of AARP across the state." No one else has a constituency that large. Normally, when I speak to a group of people, I like to say, "One or two of you might be members of AARP." Looking at this group, there may be three or four of you who may be members of AARP. The best part is when I say that and a couple of state legislators pull their AARP card out and hold it up. I do that because it shows who we are. We are out there, and we vote. That is important because for those of you who know, AARP is strictly nonpartisan; we are a 501(c)(4). We are allowed to lobby; we lobby on issues affecting not just older adults but everyone. Our founder, Dr. Ethel Percy Andrus, said, "What we do, we do for all." The number of members has grown and grown and grown over the years, and that is important because AARP does not contribute to, support, or endorse candidates. Our members vote, and you all know that we are the absolute voters; we make decisions. Our current voter engagement campaign is 50-plus. We make the decisions, and we help to do that.

I have worked with the Forum for a number of years informing, giving information, and seeing if I can get the Forum to support AARP priority legislation. I have never had a problem with that because it is all stuff that helps older adults.

Let us talk about legislation from 2021 (Agenda Item VI). Now, this is not an exhaustive list. There are a lot more bills that probably affected older adults in one way or another. Let me tell you, I am a busy and popular guy in Carson City. All the lobbyists came up and

asked to talk to me. They have a bill that affects seniors. It may have been about homeowner's associations (HOAs), or landscaping, or buses, or whatever. There may be one little part that might affect older adults. Yes, indeed it was but, it was not on our agenda. So, I must graciously say, "Thank you very much for coming and talking to me, but that is not on my agenda. So, I will not be weighing in on your bill." These are most of the bigger things. This is some of the stuff that AARP engaged in either in opposing or supporting.

The first bill is [Assembly Bill 35](#) (2021). That was the age of eligibility for some services that the Aging and Disability Services Division (ADSD), Department of Health and Human Services (DHHS), supplies in the community. It lowered the age requirement from 62 to 60 years of age, which does not seem like a big deal, but if you are 60 or 61 years of age and you need some of those services, before, you technically were not eligible for them. The bill also combines some services for both people with disabilities and other older adults. That was important as well because if you need the help, you need help. So, that was important. So, that was AB 35.

[Assembly Bill 76](#) (2021) was a bill for veterans' adult day care. It did not fund it; it was enabling legislation that said Nevada's Department of Veterans Services (DVS) is allowed to investigate whether it would like to open and fund its own adult day care. For those of you who are not familiar with adult day care, it is a place where older adults go who need a lot of help. They are not senior centers. These are people who need supervision; they may need help with feeding; they need a lot of different things. Right now, there are adult day cares here, but sometimes there is a waiting list. It is very expensive, and if you are on Medicaid, you can sometimes go and they will pay for that, but it is a limited amount. If the DVS is able, and now they are, they can open their own adult day care and fund the entire thing. If veterans want to go there, it costs them nothing. The other good thing is if vets can go there, they can be around other veterans. For those of you who either are veterans or know veterans—I am not going to say it is a closed society—but they all know each other. They all get along; they have a unique bond. The other great thing is if there is a waiting list and not enough spaces for people on Medicaid to go to an adult day care, you can take all those veterans and put them in the veteran's adult day care and it opens up spaces. It is a win for everybody. I have not heard that the DVS has moved forward with plans to open one, but they are allowed to do that now.

[Assembly Bill 177](#) (2021) is a great bill for labeling prescription drugs. It says you are allowed to ask your pharmacist to put "how to take your prescription drugs" on the label—that is, take one three times a day or take three twice a day. I am well known for telling the Legislature that prescription drugs do not work if you cannot afford them. Prescription drugs also do not work if you do not know how to take them. If you do not speak the language and it says, "Take one three times a day," you do not know what that says. That is a great bill. It is something simple that can have a large difference.

[Assembly Bill 190](#) (2021) was AARP legislation. It took us three sessions to get it back. It is the caregivers sick leave bill. There are about 340,000 unpaid family caregiver members in our state. We did some research, and about 60 percent of these family caregivers are still working full- or part-time. This bill says that if you are an employee and you work for a company that already gives you paid or unpaid sick time, you are allowed to use a portion of that sick time to care for someone else. Some of you say, "What is the big deal? I work for AARP and have sick time. I can use my sick time for me. I can use it for my wife. I can use it for my kids." The State of Nevada's employees can do that, but in a lot of businesses, your sick time is for you and you only. What we really want to do is make a more humane use of sick leave. You have to do it within company policy. If you have to call in beforehand,

whatever you need to do according to company policy, you still have to do. We finally got it passed. Now in the State of Nevada, if you are an employee who earns sick leave, you can use some of that to care for a family member. I hate to say the pandemic helped to get that understood, but there were legislators who voted against it beforehand who suddenly said, "I had to take care of my mom. I had to take care of my dad, and he had COVID-19. It was quite a chore, and I needed to use my sick time." They figured it out, and now that is law. It does not require employers to give extra sick time or extra benefits, only what they already do.

The next one is [AB 216](#) (2021), which addresses Alzheimer's cognitive assessment and care planning and adds it to the [State Plan](#). People now can get care planning and assessments at a little earlier age, to keep them living independently and functioning in the community.

[Assembly Bill 217](#) (2021) is the training unlicensed caregivers and facilities bill. This took a few sessions. Nevada is very good at doing background checks and fingerprinting for people who work in certain facilities. Nursing homes are licensed facilities—everybody who takes care of people is licensed, whether they are certified nursing assistants (CNAs), or nurses, or dietitians, they have specified strict training that they must do. But for some of the group homes, the assisted livings, and the housing for individual residential care (HIRCs), there is not such strict training for who those people are and what they need to do. The idea is we fingerprint and background check them. If you are going to live in, get services, or place a family member in one of those places, you want to know when you walk through the front doors that the people know what they are doing and that they have been trained. For a lot of the facilities that was not so much the case; the facility made that decision. Now with this bill, the State Board of Health decides on the types of facilities—hospitals and nursing homes are already covered; there is strict training and things they need to do—and the topics and issues they need to get training in and how to find low- or no-cost training available on the Internet. That is a problem—whether you are going to drive these businesses out because they cannot afford it. So, it is a way to make sure that people get the caregiving they need.

[Assembly Bill 344](#) (2021) is a hospital transition program. It says that we are going to develop more programming, including family caregivers, so we can get people out of the hospital and transition them to going home.

[Assembly Bill 443](#) (2021) is one of my favorite bills, which changed the structure of the interim committees. There has always been an interim health committee, an interim education committee, and a few other committees, but now there are joint committees. For a lot of the smaller committees—I am going to make them up—a committee on mining, a committee on dental hygiene, and a committee or something else; they got rid of all of them. Is that good, is that bad? If it affects you, that is bad. There is a committee called the Legislative Committee on Senior Citizens, Veterans, and Adults With Special Needs ([NRS 218E.750](#)) that has been around for 17 years. The AARP helped get that bill. That Committee was one of the ones that was going to disappear. I will tell you that a lot of the issues that the Committee hears do not get heard much and do not get a lot of attention by the new joint standing committees or the bigger committees. So, we fought hard with strong testimony to get that Committee pulled out of AB 443. It is specified that the Committee would still exist. Two weeks ago I testified in front of that Committee with a similar presentation, and that is the reason that the Committee still exists. It is a great Committee that does a lot of different things. Now, those interim committees that you heard about get bill draft requests (BDRs), which turn into actual bills in the legislature. The Committee now has six BDRs it can submit to the Legislature to be considered to pass into law. In the past, I have had issues that AARP wanted in those BDRs, those pieces of

legislation to get them passed. We are really excited about that. In fact, the caregiver sick leave bill came from the Committee. We brought it to them, they said that is great, let us go ahead and submit it. These are all the health bills.

Let us go to the Senate side. [Senate Bill 5](#) (2021) was a telehealth bill—audio only. As we all know, telehealth exploded during the pandemic, and it is a good thing because it helps a lot of people. Telehealth for some insurance companies had to be video and audio. There are a lot of people living at home who do not have a computer or a smartphone, and they could not leave. In the early days of the pandemic, they said, “Stay home.” This allowed audio only. You could use your telephone and get telehealth audio only. That was important. I put database in there because the state must come up with a database regarding who requests to use it, who uses telehealth. Some of the data points are gender, ethnicity, or a lot of different things. I testified strongly that they should include caregivers who access telehealth and age. We want to know if telehealth is being used by people 60 years of age or over or by people 40 years of age or over. That is important, so we need to make sure that is in there.

[Senate Bill 19](#) (2021) was a background check that allowed our federal system and our state system to talk to each other better. Like I said, we are good at background checks. We background check people who are going to work with people and facilities. We fingerprint them, we test them for tuberculosis, and now we have training structures for them, too.

[Senate Bill 341](#) (2021) requires the state to come up with training for state employees and programs to deal with disparities in certain health care issues. It is a good bill that needs to be done and so that is in there right now.

[Senate Bill 380](#) (2021) is the prescription drug cost transparency bill. I will give a little background. Going back to 2017, Nevada was the first state in the country to pass a transparency bill, and it addressed prescription drugs for diabetes that go up over a certain threshold in price from year to year. The drug companies had to report to the state why and what was behind these increases in costs. What a concept. In 2019, we added asthma drugs; they had to report the same thing to the state. Well, that was not good enough, so in 2021, now it is any prescription drug that costs over \$40 for a single cost of treatment—which is basically one month or one shot over \$40. They did not want you to know the \$5 drug went to \$6. That is a pretty big increase percentage wise, but it is not what they were talking about. It is drugs that are a little more expensive and went up over a certain threshold either in one year or in two years. The drug companies now have to report any drug. Also, pharmacy benefit managers, or the wholesalers, have to report to the state what is behind those cost increases. What a great idea. Then the state can look at that information and make some decisions on what to do about that. Some states have drug-pricing boards or drug boards that look at some of this information and say, “Well, what can we do about that?” There are some states that have kept co-pays on some drugs, that for certain drugs the co-pay cannot be more than this, so that is something for Nevada to consider looking forward.

The other bill is [SB 396](#) (2021) is the drug purchasing pool that allows the State of Nevada to join larger interstate/intrastate drug purchasing pools allowing more people to get together to buy the drugs cheaper, and we have seen results already. We recently joined the Northwest Prescription Drug Consortium (NW Consortium), which includes Oregon and Washington. As soon as it is official, anyone in the State of Nevada will be able to sign up, and you will be able to buy any prescription drug that is approved by the Food and Drug Administration—it requires no formulary—for cheaper costs. If you already have insurance,

you can use either one. So, let us say that through your insurance the drug is \$37, or \$16, or \$92. If it is cheaper through the NW Consortium, you can buy that one. So, it is open and you do not have to pick one or the other. You can do either one, so that is a great thing. That is because of SB 396.

[Senate Bill 420](#) (2021) was a controversial bill. It is the public option health insurance. It authorizes the state's Medicaid Division to investigate and implement a public option health insurance. It requires all managed care organizations that currently are in Medicaid to put a good faith request for proposal (RFP) to join. The state is far away from doing this; it has until 2026 to make this happen. It is getting input from stakeholders. I have made public comment at numerous meetings on a variety of subjects. Unfortunately, one of the public comments that I made is that I am listening to the [Nevada Hospital Association](#); I am listening to the insurance company make public comment; I am listening, and I do not hear the public making public comments on what it is going to look like or how it is going to be built. It is that old philosophy, if you build it, they will come. You are not so sure if you do not ask the people who it is for. If we are going to offer this public option, which is another way for people to buy insurance, you want to make sure that the people know what it is, whether it is attractive to them, and understandable. That was one of my public comments. That is still in the discussion phase, and nothing will happen until 2026.

Let us look at other bills besides health. The AARP gets involved in a lot of health stuff.

[Assembly Bill 321](#) (2021) is the election bill that makes permanent the changes to Nevada's elections that were done during the 32nd Special Session with [AB 4](#) (2020). Assembly Bill 4 said all "registered" voters would get a mail ballot. Assembly Bill 321 was a little different; it said all "active" registered voters. There is a distinction on whether you voted recently or whether you have updated your address. So, it gets rid of that argument that you can say people may have moved, and they are no longer there. If you are not an active voter, then you will not get a mail ballot, but if you are an active registered voter, you will get a mail ballot. There is a way for you to opt out of that by a certain date. You can say, no I do not want to get a mail ballot. That bill also said there must be early voting in person and election day voting in person. There will drop-boxes in the community, or you can bring your mail ballot to early voting or election day voting sites. You cannot do both; if you show up and vote again, they will know. I believe there were two people in the State of Nevada who did that, and they were caught. You can be punished severely—that is fraud. That is the election bill. The AARP is involved with voter engagement, and we are going to be going out in the community and telling people to make your voice heard whether you choose to do it by mail or in person. Early voting is a big deal here. A large percentage of us vote early, and that is a great thing.

[Assembly Bill 388](#) (2021) is the broadband bill. We all know there is a digital divide. This bill creates a voluntary fund to put grants out to help provide infrastructure and other things in some of the rural areas of our state where they do not have broadband. They also have to put together a report every year on where broadband is available and where it is not. Part of the American Rescue Plan Act (ARPA) of 2021 ([Pub. L. 117-2, 135 Stat. 4 \[2021\]](#)) funds could go towards broadband. Governor Steve Sisolak announced that he was using \$500 million of the discretionary money from ARPA to initiate broadband infrastructure in our state. That is going to help a lot of people. I have Cox Communications Internet in my house. I have a computer and it is easy; I can do a lot. We are very fortunate, but for the people who do not, it is difficult for them. There is a new program called the [Affordable Connectivity Program](#) (ACP), which is a federal program where people can get a discount on their Internet and also some funding to help buy a laptop. I think it is \$50 or \$100, but

there is criteria for that as well. If you are interested in knowing more, you can go to the ACP and you can find out more about that.

[Senate Bill 150](#) (2021) is the tiny house bill. AARP believes in affordable housing. We have all seen tiny houses on television, and there used to be a show about them. The bill enabled municipalities to zone some of their land for “tiny house parks.” They can have, 6, 8, or 12 of these tiny houses in a little place. What an interesting idea. It is a new kind of affordable housing.

[Senate Bill 284](#) (2021) is affordable housing tax credits. It is how you get them, how you use them, and how they expire.

[Senate Bill 311](#) (2021) was the rural housing bill that allows rural housing authorities to do different things. I am not the housing guy; I am a health care guy. When I listened to the affordable housing tax credits as presented in the bill, I testified in support. After about five minutes of listening to testimony, I found that it was difficult to comprehend all the concepts. Affordable housing is a big deal here in our state.

Bills that were not approved include [AB 407](#) (2021), which was a special order of protection for vulnerable adults. It did not pass because it got released so late, and the language suggests it is a technical bill that involves attorneys. Some things had to be changed, but the bill was released so late they just did not have time to fix it. I know that ADSD is working on it; I have talked to their attorney general representative. It is a great thing that we need in our state.

[Senate Bill 56](#) (2021) was a telehealth audio bill for behavioral health that did not make it.

[Senate Bill 218](#) (2021) was a comprehensive tenants’ rights bill. In Nevada, tenants’ rights are always a discussion between the property owners and the tenants, and they could not agree.

[Senate Bill 200](#) (2021) is a work and save bill. Work and save is an AARP initiative across the country; it is an automatic 401K or an automatic Individual Retirement Arrangement (IRA). More than 50 percent of businesses in our state do not offer any kind of retiree benefits or a way to save for retirement in their jobs. For whatever reason, a lot of them cannot because they are too small. This is a public/private partnership. It costs the employers nothing and something a mom-and-pop ice cream shop could offer their employees. It is a state-based kind of thing. They offer it to the employees, and employees can say they say either yes or no. The money comes out of employees’ paychecks and is put into a 401K or IRA for retirement. It is totally portable; it is the employees’ money. Employers do not have to administer it—employers do not have to do anything. They do not contribute, but it is a way for people to start saving for retirement. When they retire, they have means instead of needs. That ends up saving the state a lot of money and services.

Some of the state initiatives AARP is working on across the country are like the work and save bill for people who have no current way to save for retirement. Home- and community-based services are cheaper for Medicaid to take care of people in their homes rather than in nursing homes. When I ask who would like to go to a nursing home when they get older, no hands ever go up. Nursing homes are not the horrible places that we all grew up hearing about. Some of them are better than others. I was speaking with Mr. Salmon earlier, and he has the same understanding. I am the first to say that even though I push for funding for home- and community-based services, it costs about four times as much to put someone in a nursing home on state funds than it does to keep

them in the community. There will always be a place for people who need 24-hour skilled care, and those are nursing homes, so they always will exist. However, we always look for the funding for services in home- and community-based services. I was so pleased to learn that during the 2021 Legislative Session, they funded the home- and community-based services on a slot basis—a slot is a person. We ask how many people can get funded. They funded it completely for expected growth, meaning, how many people will need the services in the next two years. The goal is to eliminate the waiting list, because sometimes there are 200 or 300 people on a waiting list. If you are on a waiting list for home- and community-based services and you do not get them in time, you may die or go into a nursing home where it costs much more. The Legislature, in its wisdom, passed enough money in the budget to do that. I thanked them because I have been asking for that for a long time.

Prescription drugs are something else a lot of states are doing, including addressing rate-setting boards, capping co-pays, transparency, importation, generic pay for delay, and basic things to access to quality, affordable health care, including consumer protection and payday lending. I sat at the table for the first payday lending bill that former Speaker Barbara Buckley had. There were about eight people at the table ready to testify, six of whom were against regulating payday loan bills. I was there in support along with a military general. There are millions of payday loan places outside military bases. I testified back then that at the time there were more payday loan outlets in America than McDonald's, imagine. As soon as we put a wall or we do some things for payday loans, there will always be people who need money but they cannot get it from a bank, but payday loan facilities should not make you get so deep in debt you can never get out. That is what happens sometimes, so one of the things we are still talking about is putting together a registry so people can know if you already have a payday loan. People take out one payday loan to pay for another, and then they get another one, and another one, and pretty soon, boy are they in debt.

Regarding consumer protection and affordable housing, including accessory dwelling units (ADUs) or granny flats. I do not know whether that is going to happen at the state level as it usually happens at the municipal level. Let us say the City of Henderson or North Las Vegas allows them and there can be zoning, and you can make it be that way. They are talking about Airbnbs now, which are a good way for older adults who have property they are not using to make extra money, but who wants a party house next to them in a neighborhood. Those are all important things to consider.

There are a couple more things I wanted to talk about before I close. During the public health emergency, the pandemic, no one was allowed to be disenrolled from Medicaid, which was a federal ruling. If you lost your job and you did not have money and you enrolled in Medicaid, you were on Medicaid until the public health emergency was over. Some of those people may have gotten jobs again and they are making money, or in some situations they are no longer sick and they do not need Medicaid. As soon as the public health emergency is over, the government is going to start doing redeterminations and disenrolling people from Medicaid. That is a good thing because not all people need it for the rest of their lives. Maybe they got a job above the income limit. AARP was very concerned and wrote a letter to the governor and to Director Richard Whitley, DHHS, and said that we need to be careful about this. We need to make sure that we have everybody's correct address because if they moved and you send them a packet and it comes back, you cannot just disenroll them. We need to make sure that people who need Medicaid health care are still getting it. Anybody who is disenrolled because now their income is too high will be automatically referred to Nevada Health Link, which is the exchange where people can buy insurance a little bit cheaper and get subsidies from the government. They will also be using

other agencies and reaching out to make sure everyone's addresses are correct. This week I got an email from a Medicaid administrator who said Medicaid now has a website where people can go to find out about this redetermination process, what they need to do and how they need to fulfill it. They need to make sure we have their address, and it also has information for providers and community partners to spread this information in the community so that eligible people are not getting kicked off of Medicaid. I wanted to inform you of that because it is an important program that provides a lot of health care for a lot of people.

The last thing I want to mention is prescription drugs. If you are an AARP member, you get emails from us on prescription drugs. AARP is still fighting hard for Congress to pass a prescription drugs bills to lower the cost, including allowing Medicare to negotiate. That is a big deal that will truly help lower the cost. We had a virtual press conference on Tuesday with Senators Jackie Rosen and Catherine Cortez Masto who both said on our virtual conference that they support all those provisions; they want Medicare to negotiate; they want a cap on insulin; they want to cap Medicaid Part D at \$2000; and they want to penalize drug companies for rising drug costs more than inflation. AARP is fighting hard on that, which I think is important. We are going to have a tele townhall or do some things to let people know.

The last thing I am going to mention regards nursing homes. We sent something to the governor, and I am working with [Immunize Nevada](#). We did well at getting the initial shots in people's arms; both staff and residents—the booster, not so good. We are working on making sure that the residents and the staff get the booster shots they need to because these are very vulnerable people.

Ms. Robertson:

On SB 396, can you give us a phone number or website that we can pass on to people who would be interested in this?

Mr. Gold:

I do not have a direct phone number. We are still in the process of filling out the paperwork to join the Northwest Drug Consortium. There was a press release that said we are working on it right now, and I am sure there will be another announcement once it happens. To be honest, that is the best I can tell you right now.

President Almaraz:

Dr. Wand, do you have a question?

Dr. Wand:

Yes, I just want to make some comments. I think that was an excellent presentation. I think for seniors, one of the top priorities is access to health care, as you have mentioned, and I want to help amplify that. I think we need to provide better access just to health care. Maybe we could have more of a private-public alliance. Maybe some seniors who have time, perhaps, could volunteer to take people to their appointments or ongoing chemotherapy or radiation therapy. Also, telehealth care is important, but I have heard that there has been a lot of lot of fraud going on in that area. I think AARP should urge our government and legislators to investigate that to try to prevent fraud. I know the Blue Cross Blue Shield Association has a good program for telehealth, but there may be these [inaudible] people who try to hit on seniors with scams in telehealth care.

Mr. Gold:

I agree with you completely. One of my other favorite phrases is “access to quality affordable health care.” Transportation is such a big issue. Medicaid does some transportation, but if you are not in Medicaid, to get transportation to medical appointments, you are out of luck. It is very expensive. If somebody could figure out the transportation problem for older adults in this country or even in our state, you would be a wealthy person even though there is no money in it. I have seen transportation systems come and go in my 35-plus years working with older adults. I agree that these are things that have to happen.

President Almaraz:

Any other questions? Ms. Tyler.

Ms. Tyler:

I have more of a comment than a question. You know all these bills are great. However, my concern is how these bills and laws are being communicated to the community and to the people who need them the most. Is there some type of check and balance? I find with a lot of things already in place the people who need them the most actually do not know about them. How is AARP communicating to the people in the community? How are you making sure that the people who need the services are getting them?

Mr. Gold:

I am so glad you asked that question. We send out newsletters. We inform our members. We have telephone townhalls or virtual meetings to talk about some of these things. We do that; however, the state is hit and miss. The State of Nevada spends money on programs and services, but the state does not always like to spend money to advertise new things or new programs. So, sometimes things have happened and people do not hear about it. Some things seem to do a little better when you see public service announcements. The other way people can find out about things—and people do not know—is through community outreach, such as [Nevada 211](#) or the [Nevada Care Connection](#). Nevada Care Connection is a great place. Nevada 211 is an information and referral system for “things”—not for phone numbers—and it is available 24 hours a day. You can go online to the Nevada Care Connection to find out about all sorts of things, but people do not know what is out there. They do not know what is available, and so they get really lost and that is an issue. We are always telling people to let someone know. Recently, the administrator for Medicaid sent me an email providing a website about the Medicaid redeterminations and asked us to help get this out in the community. I am public policy; I am a policy wonk. We have a community outreach person, and I gave it to her. She gave them the number of the Nye Community Council, the Lincoln Community Council, the Mesquite City Council and all these places to go talk to their meetings and let them know that this was happening. So, you are right. That has to happen.

President Almaraz:

We will take two more questions, and then we will have to move on. Is there anyone on Zoom or in the north? Ms. Leavitt, you have a question.

Ms. Peggy Leavitt:

I do not know if I am asking this correctly, but since I am new to this Forum, I am curious if we, as a Forum, help in the crafting of BDRs. Do we help in the lobbying effort with the legislature?

Mr. Gold:

I believe the Forum still has one BDR that it can submit, and that was a bill from Senator David Parks. Mr. Ashton can explain the BDR process. You can help decide what the BDR is, but typically, the Legal Division of the LCB writes the language. In terms of lobbying for bills, yes, you can certainly do that. There will be times, let us say, if there is a priority piece of legislation, such as the caregiver sick leave bill, I will call Mr. Ashton or I will call President Almaraz, and I will say, "The hearing for AB 190 is next week. We would love it if the Silver Haired Forum member would attend in support of the bill." Now, the Forum has to make a determination concerning what they would like to support and how they would like to do it. I heard someone say that they have done that before. Seven of you cannot say, "I am representing the Forum, and we support this bill"; you usually pick someone to do that, and you want good, tight testimony. So, yes, you are allowed to do that, but you know that as individuals, you can certainly say, "I personally think this is a great idea."

President Almaraz:

A last question from Dr. Jordan.

Vice President Jordan:

I would like to know if AARP is going to address the major systemic failure of the unemployment insurance program.

Mr. Gold:

Every state is involved in different ways, but AARP Nevada has not gotten involved. I personally understand what you are talking about. We get more involved in what we call "work and jobs." We have a work search program in our state to help people get retools and a small Title V program to hook them into that, so that is the kind of avenue that we are doing. No, we have not gotten involved in the Nevada unemployment system.

President Almaraz:

Thank you, Mr. Gold. We appreciate your time and insight into these legislative measures, and I want to personally thank you. I know we have worked together at the Legislature on these senior issues. I am sure we will again. We will now move on to the next order of business.

**AGENDA ITEM VII—PRESENTATION ON PROGRAMS AND SERVICES
DELIVERED BY THE AGING AND DISABILITIES SERVICES DIVISION,
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

President Almaraz:

We will hear from representatives of the ADSD of the DHHS. They will provide an overview of the programs and services delivered by ADSD. Forum members may ask questions at the

conclusion of the presentation. Ms. Coe and Ms. Richards, feel free to begin when you are ready.

Jennifer Richards, Chief Advocacy Attorney, Office of Attorney for the Rights of Older Persons, and Persons with a Physical Disability, an Intellectual Disability, or a Related Condition, ADSD, DHHS:

With me is Marie Coe, Long-Term Care Ombudsman Supervisor. I will address the first few slides, and then I will turn the presentation over to my colleague (Agenda Item VII A-1). The ADSD serves across the lifespan. Our mission is to ensure effective supports to meet the needs of individuals and families to help them ultimately lead independent, meaningful, and dignified lives. We serve children with disabilities, older adults, and adults with disabilities. We also provide services for family caregivers. Our vision is that Nevadans, regardless of age or ability, will enjoy a meaningful life with self-determination. We strive to promote independence and respect for all Nevadans. We do that by providing, for example, in-home services, caregiver support services, and advocacy services. As we move through the presentation, we will highlight our programs for you.

The first program that I would like to highlight for you is our Office for Consumer Health and Assistance (OCHA), which provides education and advocacy to those who have insurance. One of the great things they do is help arbitrate and resolve disputes between out-of-network healthcare providers and health plans if the claim is under \$5,000. This is an incredible service in the community, and it is kind of a secret. So, utilize the service. They are incredibly talented ombudsmen that work under OCHA. Last fiscal year, they were able to generate \$1.15 million for Nevadans through their arbitration and dispute resolution. Next is our Long-Term Care Ombudsman (LTCO) Program. I will have Marie speak about that.

Marie Coe, Long-Term Care Ombudsman Supervisor, Northern Nevada, ADSD, DHHS:

Our LTCO program advocate for residents in any long-term care setting such as skilled nursing facilities, residential facilities, or group homes as you may hear them called, and homes for individual residential care. At times we may also go into the daycare settings and facilities for long-term rehabilitation and providers of living arrangements services. The long-term care ombudsman program ensures resident rights in these settings, such as receiving quality care and respect. We also investigate complaints and conduct regular facility visits when there are no complaints. We use a person-centered approach, so we go with the residents' guidance on how we conduct our investigation. One situation I would like to share with you regarding our program is we were able to provide advocacy for residents in long-term care settings and one resident who was inappropriately placed in a locked facility. We advocated for the resident to be reassessed by his physician regarding his care needs and cognition as well as obtaining legal representation for this resident. We were able to assist with terminating a legal guardianship. The resident was able to move back to the community with supports and has been successful.

Ms. Richards:

Next, is my position. It is a long title, so I shorten it to "rights attorney," but this office was established in 1989. It is appointed by the governor. It was a precursor to the ombudsman program. One of the duties in my position is to act as the state legal assistance developer. That is under the Older Americans Act (OAA) ([Pub. L. 89-73, 79 Stat. 218 \[1965\]](#)). We receive federal funding under the OAA and some of that funding goes to legal services for

those who are over 60 years of age. I had the privilege of working under that grant when I was at Legal Aid; now I oversee that grant statewide. We help seniors for free with a myriad of legal issues. We have services available in every county in the state with four legal services providers, primarily: evictions, especially during the pandemic; civil legal needs stemming from abuse and financial exploitation; and consumer issues. These attorneys are providing those services statewide.

I will turn the remainder of the presentation over to Ms. Coe.

Ms. Coe:

The next program is Adult Protective Services (APS), which assists vulnerable adults 18 through 59 years of age, in addition to persons 60 years of age and older who are abused, neglected, exploited, isolated, or abandoned by investigating and providing services to alleviate and prevent further maltreatment while safeguarding their civil liberties. The definition of a *vulnerable adult* is listed under [NRS 200.5092](#). Some of the services that APS provides include investigation, evaluations, and referrals, and each investigation will begin within three working days of when a report is received. Any person may report an incident of abuse if they have reasonable cause to believe that a vulnerable adult has been abused, neglected, exploited, isolated, or abandoned. All of the information received is confidential. Adult Protective Services has assisted many people in the community, and an example of a successful case with Legal Aid led to the client receiving rental assistance funds. The landlord did not pursue an eviction for this person. As a result, the client retained their housing in the community.

The next program is Developmental Services. People with intellectual and developmental disabilities receive these services. Statewide, ADSD has three regional centers in Carson City, Reno, and Las Vegas that provide services to eligible children and adults with the diagnosis of an intellectual disability or a closely related developmental disability occurring before 22 years of age. Some of the services provided are service coordination, family support services, and jobs and day training. One particular successful outcome was a couple of senior citizens who were in their 80s and diagnosed with developmental disabilities. They were able to continue living successfully in the community with supports such as coordination and jobs and day training. By meeting the needs of this couple, they were not institutionalized, and they remained as independent as possible with a supportive service team. The wife, in fact, retired from her job and day training while the husband continued.

The next program is community-based care (CBC), which keeps older adults and individuals with physical disabilities in their homes and avoids long-term care placement for as long as possible. This is similar to what Mr. Gold was talking about—trying to offer services in the home and in the community to avoid nursing home placement. One of the waivers offered by home- and community-based services is the frail elderly waiver for those who are 65 years of age or older. Some of the services are case management, adult companions, daycare programs, and augmented personal care services. Another waiver is the persons with physical disabilities, or the PD, waiver. Again, some of the services offered are case management, assisted-living chores, home-delivered meals, and specialized medical equipment. The state funded programs are the community service options or the COPE program for those who are 65 years of age and over. Some similar services under this program are personal assistant services (PAS) and the taxi assistance program (TAP). The TAP provides discounted taxicab coupon books for those in need for transportation options in Las Vegas, which helps for those to get to their medical appointments and around the community. Community-based care had a recipient who had been residing in a group home

for several years after a medical episode that left him weak and diagnosed with malnutrition. The home and community-based services waiver for the frail and elderly allowed this recipient to receive the care he needed to get stronger and regain his independence. He had a goal of returning to the community. After several years of residing at the group home, he was able to transition to his own apartment. Through case management services, the recipient was able to secure housing, nutrition, support, prescription delivery, and transportation for his doctor appointments. The recipient's physician who he saw at the group home was also able to make home visits and ensure the continuity of care. The recipient was very appreciative of the assistance and was able to receive and fulfill his goal of regaining his independence outside of a facility.

Next, is the Planning, Advocacy, and Community Services, or the PAC unit. They are responsible for strategic planning, gap analysis, and coordinating the efforts of the state, local, and community partners. The PAC unit plans, implements, and oversees a variety of home- and community-based services for older adults, people with disabilities, and family caregivers. One of those we spoke of earlier, Nevada 211, is where you can access many services available. Another is [Relay Nevada](#), access to telecommunications for those who are deaf, hard of hearing, and speech-impaired. Sign language interpreters and senior and disability prescription programs are also offered. For the PAC unit, one of the larger services is the home-delivered meals and congregate meal settings that allow the low-income community members to access nutritious food on a regular basis. Another service is transportation to allow seniors to attend doctor's appointments and continued the integration into the community. This is important to help seniors stay in their homes and be able to maintain their health and access nutrition.

And lastly, [AB 35](#) (2021) revised provisions governing the senior and disability prescription program. This bill will remove restrictive language from the statute to allow the program to meet the community need. It will align definitions of *senior* and *persons with a disability* with [Chapter 427A](#) of NRS. Currently, the program continues to operate as a premium subsidy program for Medicare Part D beneficiaries. Aging and Disabilities Services Division is in the process of exploring options including the transition to a prescription voucher program. It will allow feasibility of the program. Change will be determined by the next legislative session. There is a BDR and budget request at this time.

I will take any questions.

President Almaraz:

Are there any questions from the Forum members? Please raise your hand. Is there anyone on Zoom?

Mr. Marchant:

Can we go back to the Adult Protective Services Program? Is there any mechanism for feedback to the person who has made the report of abuse, unlike the lack of response to a person who reports child abuse?

Ms. Richards:

The confidentiality of the APS records and investigation is governed by [Chapter 200](#) of NRS, so the investigation can only be communicated directly with the individual or the authorized persons in the statute. Typically, that does not include the reporting party.

President Almaraz:

Anyone else have a question?

Vice President Jordan:

I want to take this opportunity to thank you for this comprehensive report and look forward to hearing from you with updates.

President Almaraz:

I have a question. Is this income-based for people to get help? And are there any charges for it?

Ms. Richards:

I am not sure which program you are referring to. For example, legal services are not income-based and that is specifically stated in the OAA funding. Some of the home- and community-based waiver services that are federally funded are income-based, so it depends on which service that you are asking about.

President Almaraz:

Sorry, I should have clarified. Mostly the home- and community-based services for frail and elderly.

Ms. Richards:

Our community-based care services do have eligibility criteria. We can share that information with you following this meeting if you would like that detailed information.

President Almaraz:

That would be great. You have a question, Dr. Wand?

Dr. Wand:

I have a question about how people communicate with Ombudsman's Office? It seems like a tremendous number of responsibilities. So, who reports problems to you?

Ms. Coe:

The Long-Term Care Ombudsman Office receives reports from everybody from doctors' offices, community members, residents themselves, facility, family, and friends. It is a wide variety of reporting parties, and we also do noncomplaint visits. So, if we are aware of something that is going on that we observe in the facilities then we will take it upon ourselves to do those investigations.

President Almaraz:

I do not see anyone else with a question. Thank you, Ms. Coe and Ms. Richards, for this presentation and the work you do at ADSD.

After the meeting, the following information was submitted:

- A memorandum from Nikki Haag, Health Program Specialist, ADSD, DHHS, that provides responses to questions asked by Forum members during the meeting regarding: (1) income and eligibility requirements for waivers; and (2) wages for home care providers (Agenda Item VII A-2); and
- A chart from Nikki Haag, Health Program Specialist, ADSD, DHHS, on 2022 income guidelines by program and federal poverty limits (Agenda Item VII A-3).

AGENDA ITEM VIII—PRESENTATION ON THE IMPACT OF THE CORONAVIRUS DISEASE OF 2019 ON SENIORS IN NEVADA

President Almaraz:

For our next agenda item, we will have a presentation from Adrian Navarro with ADSD. She will provide information related to the impact of COVID-19 on seniors in Nevada. Ms. Navarro, feel free to begin when you are ready.

Adrienne Navarro, Chief of Advocacy and Community Services, Planning Advocacy and Community Services, ADSD, DHHS:

I am going to talk about the impact of the COVID-19 pandemic, some COVID-19 data related to the pandemic and older adults, ADSD's response to the pandemic, as well as this postpandemic world that we might be entering, and what that future looks like (Agenda Item VIII). When we look at the impact of COVID-19 on older adults, and really all people in general, one of the biggest items that we identify is social isolation, which had a huge impact on older adults. Our community shut down; people were required to stay at home; there was social distancing in place. Even when people started to go out and about a bit, there was still social distancing, and people were wearing masks. All that impacts social isolation and people not connecting to each other anymore. Community settings that shut down where older adults often congregate included our senior centers, our adult daycares, libraries, and places of worship. People could no longer congregate in those areas, and it led to a lot of social isolation. Some of those places were locations where individuals obtained some services. It might have been a senior center where individuals went to eat their lunch every day. When that shut down, there was an impact in the nutrition and food for older adults.

Social isolation was affected in the home as well. People were isolating in their home, and service providers, such as personal care services or home health, were reluctant to go into homes or maybe they could not go into homes. Some caregivers themselves were sick with COVID-19. Maybe the person who was receiving care was sick, and they were truly isolated in their home. That was challenging, and when people were not coming into the home, it led to much more social isolation. That is the same with family and friends. A lot of us really hunkered down in our homes, and we did not see our family or friends. So again, that social isolation component.

Regarding our long-term care facilities and our congregate residential settings, at the beginning of the meeting during public comment, we heard from Mr. Salmon about the impact of COVID on the residents in the long-term care facilities. Visitation ended; we did not even have our long long-term care ombudsman visiting anymore. There was no visitation from family and friends to the long-term care facilities, and activities were shut down within the facilities. You did not have the congregate meal setting; you could not go to

the dining hall to have your meals. The residents were required to stay in their rooms for the safety of the residents due to the pandemic. So again, leading to social isolation for those individuals.

Technology is a factor in social isolation as well. We have heard that some people did not have Internet access. We have that digital divide here in Nevada, that broadband issue. There was no access to the Internet for some people. Some people did not have the actual technology or the equipment to address their social isolation and maybe FaceTime their son or daughter. Even if a son or daughter sent their father a brand new iPad so that they could FaceTime each other, did the individual have the knowledge and ability to use it when they received it? A lot of factors impacted and influenced that social isolation for older adults in Nevada and across the country.

Another impact we look at is the health, safety, and welfare of the individuals, the older adults in Nevada. We know that health care access was limited in general and overall in Nevada. We could not get to our appointments. People were putting appointments off because there was a fear of getting to the doctor. There was a fear of leaving your home and getting COVID-19, so there was limited access in that way to general health care overall. There were limited in-home services, as I mentioned previously. Services such as personal care attendants, home health, physical therapy, occupational therapy, all those necessary in-home services to assist people with staying in their homes were limited by many factors—the individual in the home may have had COVID-19; some of the care providers may have had COVID-19; or companies limited their visitations to the home.

We saw an increased reliance on crisis services overall in Nevada. One of the biggest ones that touched our Division and through our attorney is the guardianship. We saw many older adults in need of guardianship. So that was something that occurred due to the COVID-19 pandemic.

There were delayed admissions to the long-term care facilities and the congregate residential settings as well. With everything that was going on, it was more challenging for people who needed to enter a long-term care facility or a residential setting to get into that setting for the care they needed. Specific to the long-term care and congregate residential settings, the care and oversight of the residents did change in many of those settings. There was an issue with care overall. Again, maybe there were not as many caregivers because of COVID-19 and people being sick. There was a lack of person-centered care we discovered as well. Residents' rights were affected. The complaint investigations were limited. The long-term care facilities are regulated by the Bureau of Healthcare Quality and Compliance, Division of Public and Behavioral Health (DPBH), DHHS, and it was challenging for them to get into facilities to be able to investigate those complaints. Then there were concerns of the residents that were also challenging during that time.

When looking at COVID-19 data and the impact that it had on older adults in Nevada, the majority of cases were between 0 and 39 years of age, or 55 percent. This data is current as of March 21, 2022, which is when this data was pulled. Individuals 60 years of age and older accounted for 16 percent of our COVID-19 cases in Nevada. What I really want to point out is that even though the largest percentage of cases is from those under 40 years of age and the lowest percentage is from those over 60 years of age, 79 percent of the deaths in Nevada were 60 years of age and older, so the data is very skewed. The death rate is much higher for individuals who are 60 years of age and over who got COVID-19, and it was only 3 percent in those under 40 years of age.

The ADSD and the rest of the state pulled together to respond to the pandemic. Our staff immediately contacted all the older adults that are clients within our direct services. From there we contacted them most often by phone to make sure they were okay. Did they need anything? Could we refer them for any services? What help could be provided for them? And through those contacts, ADSD identified individuals who were more high-risk, and we contacted them on a regular basis to ensure their health and safety and provide them any referrals, connect them to resources they might need throughout the pandemic.

Our Adult Protective Services Unit continued to conduct home visits. They did interviews, taking safety into mind through the pandemic; they did outdoor visits on front porches or through a window. They were creative in how to continue the vital services that they provide.

Some other innovations occurred. We were fortunate to have our community provider network pull together. Something called the Nevada COVID Aging Network Response, or [Nevada CAN](#), was a rapid response that occurred to assist people with immediate needs during the pandemic, including food, medication, telehealth services, and social support programs. Individuals who contacted Nevada CAN would be directed to the appropriate supports they were looking.

Our long-term care ombudsman program purchased tablets for every long-term care facility in the state to increase communication and help with the social isolation. I do not know if anybody saw these or heard about them, but visitation booths were purchased for all the skilled nursing facilities as well. These were fantastic plexiglass-type booths that kept people safe when they were having face-to-face contact with a family member so they could visit and not spread the virus. That was wonderful. The team also made phone and video calls to the residents and staff. They were creative and conducted window visits and outdoor visits at the facilities as well.

We were able to provide additional funding for the legal needs of individuals during the pandemic. Evictions increased during the time of COVID-19 and more funding was available for that as well as other legal needs of our older adults.

A lot of emergency funding has been coming to the states. The ADSD has received 21 federal awards since April 2022, from acts that generally relate to the OAA, which is funding to assist people who are 60 years of age and older. Also, there is a no wrong door/aging and disability resource center system to help people access services, receive information, navigation, and case management for services they need. I think you might have heard of the Coronavirus Aid, Relief, and Economic Security (CARES) Act ([Pub. L. 116-136, 134 Stat. 281 \[2020\]](#)) and the Consolidated Appropriations Act (CAA) ([Pub. L. 116-260, 134 Stat. 1182 \[2020\]](#)); this was the money ADSD received to assist older adults in Nevada through the pandemic. We also have received the ARPA funding specific to the OAA, or those 60 years of age and older, and we received some public health workforce funding. The funding received to date has totaled almost \$25 million. This is a significant amount of money that we have sub awarded to our community partners.

Our community partner network has been amazing in this pandemic and has stepped up to assist our older adults here in Nevada. Seventy-four percent of the funding that we have sub awarded to our community partners has been for food security, which tells you there was a lot of need for food and nutritional meals for older adults. Regarding that 74 percent, it is important to know that 999,000 meals were delivered to seniors through this funding. When I say delivered meals, we can talk about a home-delivered meal, a grocery delivery,

or somebody going to a drive-through to pick up a meal. That is a significant number of meals that were needed by individuals.

We have had flexibility with some of the federal funding due to the emergency declaration that occurred from the Robert T. Stafford Disaster Relief and Emergency Assistance Act ([Pub. L. 100-707, 102 Stat 4689 \[1988\]](#)). In our OAA, congregate meals were critical. Congregate meals are when somebody goes to a senior center, for example, to have a meal with a group of people. Obviously, those were shut down during the pandemic. So how is that individual now going to get their meal? The flexibility through the emergency declaration allowed the OAA funding to now deliver a meal to an individual who was not homebound; previously, you had to be homebound to have a Meals on Wheels-type meal delivered to your home. Everybody was homebound at the start of the pandemic, so the emergency declaration allowed this funding that is generally set aside for congregate meals to be used to deliver meals to an individual in their home or allowed for drive-through to pick up a meal, which became quite popular and generally is not included in the congregate meal funding. We also simplified our application process for our community partners to apply for funding so that we could get funding out to our community partners quickly and address the needs of older adults in Nevada.

Something that went into place as well was in the home- and community-based Medicaid waivers. The DHCFP, or Medicaid, applied for an Appendix K through the federal government, which allowed flexibility in what they are able to do through the federal regulations of the Centers for Medicare and Medicaid Services in an emergency. With the appendix K, an adult daycare was permitted to provide services in the home of the individual because adult daycare is a congregate type of service delivery. People go to the adult day care for those services. The adult daycare could be delivered through the telephone, Zoom, Teams, or any other platform that supported the recipient's participation. Our community providers got quite creative with providing services with that flexibility. Something else that was extremely important was legally responsible individuals were now permitted to be reimbursed for the services that they were providing to an individual. This Generally, this is not permitted under the Medicaid waivers without an emergency declaration, but this was allowed through the Appendix K.

Looking at the future is somewhat challenging in our postpandemic, new world. We know the level of funding is not going to continue as it has with this emergency funding that the state has received. We have been supporting a great deal of services with this emergency funding; at some point, this funding is no longer going to be here. We have a greater need from the older adults in Nevada for the services that we provide. We do not have the information yet as to whether that is what we call "people coming out of the woodwork through this pandemic." Did they need these services all along and they just did not know about them and heard about them through what was going on with the pandemic? Or are they going to need these services ongoing? The pandemic created that need and will they need to continue receiving the services? We do not have data on that yet, but we feel that it will be a challenge for us in addressing the number of older adults in Nevada who need services when our funding stays the same. The hope would be to maintain services, but we are predicting there will be some gaps in direct services and unmet needs for older adults, including food security, social supports, and navigation assistance.

A challenge that everyone is facing includes inflation. When we talk about the inflation related to food, we have congregate meal sites and home-delivered meals, and the cost of food has gone up, yet the rate that we can provide our community providers for food has not. The price of fuel has a significant impact on home-delivered meals or transportation for individuals, and yet, we do not have additional funding to support those services. We have

an amazing home safety, modification, and repair program for the home, but the price of materials is going up as well. Again, all this inflation impacts what the funding we have can do for individuals. We lack affordable housing; we have provider shortages across the board, especially through health care; we have workforce shortages; and we lack state infrastructure to provide technical assistance and support overall. We have a workforce shortage within the state but we do our best to support our community partners and our providers, but it is challenging.

That is everything I have for you. If you have any questions, please let me know.

Dr. Wand:

You have talked about all the ramifications and problems, but the major issue here is the COVID-19 pandemic. It is a health issue and when it first started, we did not have any effective vaccines, but the vaccines have proven to be effective. Not only do they prevent illnesses, but they reduce hospitalizations, and they save lives. This is a health care issue, not a partisan issue. The first thing we need to do is get people vaccinated, and I do not care what people say about this; they can put any kind of false news out they want out, but this is the overriding important issue. They need to get vaccinated. We have done a decent job of getting some of the older people vaccinated, but now they need booster shots. For the future, we need to continue to fund this because it is not a question of whether we are going to have another pandemic or outbreak, it is when. We need to keep funding these things and health care. The first thing people in DHHS need to do is make sure people are vaccinated.

Ms. Navarro:

Thank you for that comment.

Vice President Jordan:

In the area of technology you noted that there were impactful concerns, such as Internet access, equipment, and experience. I would like to also say, in a more positive vein, that technology has done a lot for our seniors. Many of our seniors who never even addressed anything that deals directly with technology are now able to deal with Zoom. They know about smartphones; they know about emails, and it has become an entertaining way of life. I think that it helps us all to understand that while we are looking at those things that are negative, we also need to look at the positive things. I have visited many, many centers where people are looking at and working with iPads and playing games, and I think that is very positive. So, when we look at the negative, we also need to address the positive.

Ms. Navarro:

I could not agree with you more, and that has been a positive that has come out of this. I think our Long-term Care Ombudsman Program providing tablets to the long-term care facilities was huge as well as people learning to use those tablets and communicate with their families.

President Almaraz:

Anyone else?

Ms. Laughlin:

I think we have figured out new ways to connect with people through the pandemic. Is there any plan to connect with trusted resources to provide seniors with services? What I am thinking about in particular is my 83-year-old mom who died during the pandemic. She could use a smartphone, and she could FaceTime with us, but of course, she was also getting texts saying, "This is Wells Fargo. We want to talk to you about your deposit." How do we help connect our seniors with resources that they trust?

Ms. Navarro:

Something specific that comes to my mind is our [Nevada Care Connection](#), our no wrong door system where individuals can contact the Connection who can provide the assistance and identify the resources they might need. My counterpart, Cheyenne Pasquale, will probably be able to answer this question with some more detail.

Cheyenne Pasquale, Planning Chief, ADSD, DHHS:

I do not have any much to add as Adrian really covered it. Nevada Care Connection is a program that we fund to help individuals navigate long-term care services and supports. We do quite a lot of marketing, although resources are always limited for marketing. We are also working with UNR on a project where we have been doing a lot of outreach and education to medical providers about Nevada Care Connection to increase the word and the awareness of Nevada Care Connection services for individuals. I will say Nevada Care Connection services are available throughout the entire state. On top of that, for individuals that just need a quick phone number, we have Nevada 211 that is available throughout the state. But Nevada Care Connection takes that information referral assistance a step further and helps individuals know all the different options and helps navigate them to the various options that exist for them.

President Almaraz:

I am not seeing any other questions.

Ms. Leavitt:

Madam President, I have a question.

President Almaraz:

All right, go ahead on Zoom.

Ms. Laura Leavitt:

I had a question regarding the provider shortages and some of the home-based services. I believe in the last legislative session there was discussion of increasing the minimum wage for home care providers. I believe what developed was some type of committee. Can you give us any update on what happened in that area or that committee?

Ms. Navarro:

I am not familiar with that and do not have updates or information. I think DHCFP, or Medicaid, was more involved with that, but we can certainly take that back and get information to you.

President Almaraz:

Any other questions? Ms. Navarro, thank you for your time and the information you provided on this presentation. It was excellent and very helpful.

AGENDA ITEM IX—OVERVIEW OF THE NEVADA SILVER HAIRED LEGISLATIVE FORUM: BUDGET, DUTIES, RESPONSIBILITIES, AND RELATED INFORMATIONAL ITEMS

President Almaraz:

We will now move on to the next item of business. Mr. Ashton will provide us with an overview of the Nevada Silver Haired Legislative Forum, its budget, duties, responsibilities, and other related information. Mr. Ashton, please proceed when you are ready.

Mr. Ashton:

I will provide a brief overview of the Forum and its purpose, duties, and responsibilities (Agenda Item IX A-1). I am happy to take questions after the presentation. The Forum was designed to replicate certain organizational parts of the National Silver Haired Congress (NSHC), a nonpartisan organization for senior citizens created in 1997 that resembles the United States Congress. The mission of the NSHC is to advocate for national issues and concerns on behalf of senior citizens, and membership is patterned after the U.S. Senate and House of Representatives. Silver Haired senators and Silver Haired representatives represent their assigned states and may be elected or appointed. During the 1997 Legislative Session, Nevada delegates of the NSHC advocated for the creation of a state level Silver Haired Forum with a similar mission and structure to the NSHC, but with a focus on senior issues specific to Nevada. The same year the Forum was established by [SB 489](#). The bill initially required the governor to appoint 21 members, one from each senatorial district, with members of the NSHC delegation automatically serving as ex officio members.

During the 2001 Legislative Session, [AB 195](#) amended various provisions related to the Forum, including transitioning the body from the Executive Branch's financial and organizational authority to the Legislative Branch. The Legislative Commission became the appointing authority, and the Forum was authorized to administer its own finances and meeting duties with the assistance of the LCB. The bill also requires each state senator to nominate a member from his or her district for appointment to the Forum, which is still the same today.

Finally, during the 2013 Legislative Session, [SB 178](#) authorized the Forum to submit one BDR related to matters affecting seniors. Prior to the beginning of a regular session, testimony indicated the Forum wanted its own BDR since previously it had difficulties finding a sponsor for its proposed legislation. There were several other legislative changes throughout the years which have shaped the Forum to its current form.

The Forum is governed by [NRS 427A.313](#) through [427A.400](#). Members, in your meeting packet, you will find a copy of the relevant NRS governing the Forum (Agenda Item IX A-2). [Nevada Revised Statutes 427A.320](#) governs the creation of the Forum and its purpose: "The Nevada Silver Haired Legislative Forum is hereby created to identify and act upon issues of importance to aging persons." In more detail, the purposes of the forum include, identifying priority concerns for Nevadans over 60 years of age, collaborating to develop a BDR designed to address those areas of greatest concern, and presenting that BDR to the

Nevada Legislature and the governor as recommendations for state policy. The Forum strives to promote good government by directly involving seniors in the legislative process. It offers an avenue for the discussion and debate of senior issues and serves as a resource to both the public and private sectors.

The Forum is comprised of members equal to the number of state senators who nominate them for appointment by the Legislative Commission. To qualify, a nominee must have been a Nevada resident for at least five years, have been a registered voter in the appointing senatorial district for at least three years, and be at least 60 years of age on the day of appointment. Members serve a two-year term after which their respective senators can nominate them for reappointment or choose to nominate a new person. Members of the NSHC from Nevada automatically service as ex officio members of the Forum. The Forum elects its own officers from the appointed members, as we did earlier today. A position of an appointed Forum member becomes vacant upon death, resignation, or illness or absence of any reason that prevents the member from attending three consecutive meetings of the Forum, unless excused by the president. If a vacancy occurs of an appointed Forum member, the Legislative Commission shall fill the vacancy in the same manner as the original selection for the remainder of the unexpired term.

The Forum may submit a report containing recommendations for legislative action to the Legislative Commission and the governor. The Forum may also accept gifts, grants, and donations and adopt procedures to conduct meetings of the Forum and committees thereof. As alluded to earlier, the Forum may request one BDR on or before September 1 proceeding a regular legislative session, which is every even-numbered year. For example, the Forum may submit its BDR to the Legislature any day before September 1, 2022. Under certain circumstances, the Legislative Commission may allow for an extension of the deadline.

Members may appoint an advisory member of the Forum, but no advisory member has ever been appointed by the Forum in the past. Such an advisory member could be, for example, a subject matter expert who provides specific information and recommendations to Forum members. I will not go further into detail about this section, but I wanted to bring it to your attention as it is part of the law governing the Forum.

The Forum must comply with the provisions of the Open Meeting Law (OML). My colleague, Ashlee Kalina, already provided you with details regarding meeting guidelines, decorum, and some highlights about the OML, so I would rather talk about what kind of issues the Forum has considered at its past meetings. The Forum has studied senior issues such as the provision of respite care, improvements in the provision of long-term care services, protection of senior citizens from abuse and neglect, and homelessness among senior adults, just to name a few.

At the last meeting before September of an even-numbered year, the Forum usually has a work session, which means staff from the LCB, like Ms. Kalina and myself, prepare a work session document that consists of several recommendations based on witness testimony and possible actions that you may take. You may then vote on each of these recommendations. Actions available to the Forum members include for instance, the drafting of one BDR to amend NRS, resolutions, statements in the Forum's final report, and letters of recommendations or support. Our staff will provide you with more detail about these actions, recommendations, and the work session document when we have the actual work session later this year. I want to mention that four members can also work with their respective senators to propose additional BDRs to be carried forward by the senators during the legislative session.

The Legislative Commission approved the Forum budget for this legislative interim on December 21, 2021. In the past, the Forum had five or six meetings during the interim period, which were covered by the budget. The Forum budget is administered by the Forum President with assistance from the LCB. For this interim, the budget allows up to five meetings. The budget usually supports travel expense reimbursement and per diem allowance for Forum members. In the meeting materials for this agenda item, you will find a memorandum dated April 7, 2022, which provides you with detailed instructions and an example of how to claim per diem allowance and be reimbursed for travel expenses in your meeting packets (Agenda Item IX A-3). You will also find a blue form that you need to complete for claiming travel expenses and per diem allowance. If you have any questions about completing this form, please feel free to speak with one of our staff members either here in Las Vegas or Carson City. The Forum budget also provides for business cards for Forum members. You can contact Ms. Brase, your Forum Secretary, if you would like to request a set of business cards.

Finally, I would like to bring to your attention the yellow form on your desk or in your meeting package entitled "Member Contact Information." At the first meeting of this interim, staff would like to ensure we have the most current contact information from each one of you. Please complete the form and leave it on your desk so that Forum staff can pick it up after the meeting. Next meeting, we will share the name, email address and phone number of each member. If you do not want to share your contact information with other members, please indicate that on the yellow form. The LCB is sending Forum-related material materials via email in an effort to be environmentally conscious and to communicate with you in a timely manner. If for some reason you do not have access to an email account, please let our staff know so we can contact you over the phone and/or by regular mail. This concludes my presentation, and I am happy to take any questions.

President Almaraz:

Anyone have questions?

Dr. Wand:

When can we propose a recommendation? Can the Forum propose an action or legislative action?

Mr. Ashton:

The work session is the usual time that you will vote on recommendations, but recommendations can be made at any time. Usually, the President decides what will be part of the work session document and what will be the recommendations based on your input. I recommend that if you have any recommendations in mind, please feel free to bring them up to the President. Also, in the past, Forum members have had the opportunity to provide input under discussion of agenda items and so on. There could be a similar agenda item in the future where you could discuss recommendations for the work session document. But again, this would be up to you and the Forum President.

President Almaraz:

Any other questions? Seeing none, Mr. Ashton, thank you for this information.

AGENDA ITEM X–DISCUSSION OF FUTURE AGENDA ITEMS AND POSSIBLE MEETING DATES

President Almaraz:

At this point in the meeting, I would like to open a brief discussion of future agenda items and presentations that may be of interest to Forum members and their respective districts. Are there specific topics and information you would like to have presented to the Forum?

Dr. Wand:

My concern is the impact of this COVID-19 pandemic on everyone, especially on seniors. I think this is an important issue, and I will work with my senator. I think we should urge our legislators to make sure that we do as much as we can to vaccinate people, to get out the truth about vaccinations and the importance of these issues. It is an ongoing issue; we need to continue to fund research and development on this matter.

President Almaraz:

Anyone else?

Ms. Maharis:

Last session we completed a report that was not submitted. I would like to ask that this report be submitted soon as we have a deadline of September 1, 2022. If we could get it to legislators earlier, that would be great. Continuing in this session, my concern is the growing homelessness, especially here in Las Vegas. I am sure it is increasing in other areas. I would like to know if we could have another presentation like we had last session that concerned homelessness, how it was being handled, and the new statistics, which would be very helpful. Also, anything that has to do with a lack of housing for those who are coming out of prison and so they are being kept in prison is very important. We are going to honor those who lost their lives during the interim who were members of this Forum. I am still in shock that one-third of us died, and we only got the information a couple of days ago. I would like to have consideration that the next time a person dies on this Forum, we are notified. All of us are notified individually instead of having the shock. That took place this week for me. As a Nevada chaplain, I was totally devastated, and I wondered why I did not hear anything from Barbara Albright because she had invited me to work on something with her. I thought everything was on hold, but apparently that was not the case. So, it would be nice if when one of us dies that all of us are informed instead of getting it in a bushel basket poured on our heads.

President Almaraz:

Patrick Ashton will address the report that you are referring to.

Mr. Ashton:

The last legislative interim was interrupted by the COVID-19 pandemic, so the Forum unfortunately could not meet to finalize the work session document, its final report, or BDR. For that reason, no final report or BDR was submitted to the Legislature and the governor. This is the first meeting that we have reconvened. A lot has happened, unfortunately, in these past two years, including the death of members and staff, which we will address during the next agenda item. I just wanted to mention that our staff at LCB worked very hard to make sure that new members are appointed to the Forum, that we find meeting

dates, and that it is a safe time to meet again. At this point, it appears like we will be able to have the Forum's work session and final report again and will be able to submit its BDR for the upcoming session next year.

Dr. Marchant:

I have a friend, Charlie Reid, who rose through the ranks of Aging Services in the State of Washington to become director of and then after retirement did a term on the AARP Board Directors. I have given the President and Mr. Ashton a copy of a bill that Charlie got through the Washington Legislature that affects caregivers in the State of Washington. It was also adopted in the State of Oregon. I have asked them to review it to see what redundancies there are in Nevada are and if there are gems within that submission that we could use in the context of this Forum and talk to them at the next meeting.

President Almaraz:

Thank you. Ms. Robertson, you are next.

Ms. Robertson:

Since the process was interrupted by COVID-19 and we were not able to submit a BDR last session, does that mean we will be able to submit two BDRs for this next session?

Mr. Ashton:

It is my understanding that, no, this would not be possible. There will be only one BDR. I want to confirm that with Eric Robbins, our Legal Counsel in Carson City.

Eric Robbins, Principal Deputy Legislative Counsel, Legal Division, LCB:

Yes, that is correct. The statute provides for only one BDR per session and does not provide for contingencies such as COVID-19; it would not allow for an extra BDR because of the pandemic.

President Almaraz:

Anyone else have suggestions? Ms. Maharis.

Ms. Maharis:

Yes, I would like to suggest that all the work we did last session be adopted by our committee, and we can add new things to it should we find other new issues that need to be addressed. I worked so hard along with those who are not with us any longer, and it would certainly be a shame not to honor their work; they gave the last part of their lives dedicating themselves to our society and our senior issues in Nevada. It would be a shame to throw that out and start over. I hope there is a way that we can adopt that and then add on to it to make a combined BDR and not just throw it away.

Ms. Adin:

Will you be able to let us know when members die, or get sick, or what happened? You have contact in your area; otherwise, we were not aware.

Mr. Ashton:

Ms. Maharis, your suggestion is part of what we have recorded so far, and it will be up to the President and the other Forum officers to see how to go about that and what will be part of the next meeting.

And Ms. Adin, thank you for your question. One thing we have to do is respect the privacy of Forum members. Common legislative practice is to have an agenda item, and the remembrance of Forum members and staff will be addressed after the discussion of future agenda items and possible meeting dates. If the Forum and the Forum President desires, this could be addressed in different ways in the future. I must repeat myself that, unfortunately, because of the pandemic, there was no opportunity to have a public meeting of the Forum to share this information with all of you. This is the first meeting since February 2020 when we could meet and have staff share this information with you. There is no other mechanism, as of this time, to share this information with you. I just want to leave it at that, Madam President.

President Almaraz:

Dr. Jordan.

Vice President Jordan:

One of the things that we want to remember is that we have a representative who serves us and keeps us informed. Unfortunately, our past representative who would take the names and numbers and who was interested in how we were doing in our health and welfare also passed away from the pandemic. So, we must remember that that individual was responsible, and we need to thank Patrick and Ashley for their presence today. They have been doing a lot of hard work to get us back into business, and it is important that we now understand where the responsibility lies. I am sure our very worthy President and myself will take care to see that we do all that we can to keep our brand new members and our old members informed as to what is taking place. I am excited that we have a new team, and I am looking forward to some very interesting and exciting issues. I do not think it would hurt us to go back and look at the wonderful work that was done by our previous members so that we can initiate some of the things that they were doing, and I thank Ms. Maharis for suggesting that.

Dr. Marchant:

Not to advocate a subterfuge, but notwithstanding the limitation on us submitting one bill draft, there is nothing to prevent each of you from requesting things from the Legislature through your appointing senator. Please do not forget that.

Dr. Wand:

I have a question for future topics. I wonder if it is appropriate that we talk about something that is of general interest, as well as of interest to seniors, such as climate change and the problems of chronic drought that we have in the West. Is that an appropriate topic or should we be concentrating on issues more specific to seniors?

President Almaraz:

Any other suggestions for future things you would like to hear about? Yes, Ms. Robertson.

Ms. Robertson:

Just so I can get it clear in my mind, you are not able to give us the BDR information from the last session. Is that what you said? Is that what I heard?

Mr. Ashton:

The Forum did not decide last legislative interim on the BDR because it did not have a work session and could not vote on any recommendations. This is why there is no BDR from the last interim that was considered last session. Does this answer your question, madam?

Ms. Robertson:

Okay, so everything is open to the public. We cannot even look at the work that they did last year. We are an open meeting. Can we just look through the minutes of last year and see what they were talking about and wanting to do?

Mr. Ashton:

Members, meetings of the Forum during the last interim are all on the legislative website. You can access all the meeting materials and the minutes. You can even watch it; it can be video streamed; you can watch it on the legislative website itself. Also, if you require any assistance in accessing these meeting materials, our staff would be willing to help you in any way possible to find the information for which you are looking.

President Almaraz:

Any other suggestions of topics of interest for next meeting? We have ongoing vaccinations, the growing homelessness, prison inmates, caregivers, and climate change.

Ms. Laughlin:

Back to the question I asked earlier, developing trusted sources who we can funnel information through so seniors know if something is valid and real when the state reaches out to them. I do not know if it is possible, but it is like something I would like to consider.

President Almaraz:

I have added that to the list. Ms. Levitt.

Ms. Peggy Levitt:

The information that we received today suggests that transportation for seniors is a major issue everywhere. I think it ought to be thrown in the pot. I am from Boulder City, and we have a volunteer organization that helps provide transportation for some seniors. We also have Silver Rider, and it is still not enough. We are a small community so I cannot even imagine what it is like in larger communities. I think it is worthy of a discussion.

Ms. Woods:

I would like us to consider how to get more resource information out to our community. As I listened to our presenters, there was a lot of information I did not know about. I am sure there are many others who are not aware of some of the resources that are available to them. I would like that added as well, please.

President Almaraz:

Anything else? All right. Those are added to my list, and we will try to get some people to discuss some of these things with us.

We also need to determine a date for the next Forum meeting that will allow a majority of our members to attend. I would like for us to have a meeting in May. It seems we have a lot to discuss before we can talk about the BDR. We must have that meeting no later than August 31, 2022. Thursdays seem to work for the majority; would May 12 or May 19 work? I was looking at the calendar and it seems that those two dates right now are open for our meeting rooms.

Ms. Rumford:

May 19 would not be a good date for me.

Ms. Woods:

May 19 is not a good day for me either.

Ms. Laughlin:

I am out of the country from May 4 to May 19 on a rescheduled trip from COVID-19. For me it is late May, or I will miss the next meeting. I apologize.

Ms. Peggy Leavitt:

I am also out of town on May 12 and May 19.

President Almaraz:

It seems like May 19 is not good for several people. Would May 12 work for the majority?

Ms. Laura Leavitt:

Can I ask if May 26 would work better for everybody? Those two dates do not work well for me either.

President Almaraz:

We are checking the LCB calendar to see what other days are available. Members, it seems the only two days that we have availability are May 12, which is a Thursday, or May 17, which is a Tuesday. Are those okay with the majority?

Ms. Woods:

I will not be available on May 17.

Ms. Laughlin:

I will be gone until May 19, so I ask to be excused from that meeting.

President Almaraz:

After speaking with Mr. Ashton, May 12 or May 17 are the only two days available that we can get both meeting rooms. Staff will be sending out an email asking you which of those two dates work best. After you answer the email, we will determine which date it will be in May.

Forum members, thank you for your input. Please keep in mind that our staff members can also provide policy and research assistance to help us make informed decisions about the issues reviewed and studied by the Forum. Feel free to reach out to Mr. Ashton or Ms. Kalina if you have specific questions or if there are presentations you would like to have scheduled for future meetings. The next agenda item is the remembrance of Forum members and staff.

AGENDA ITEM XI–REMEMBRANCE OF FORUM MEMBERS AND STAFF

President Fran Almaraz:

We would like to now spend a few minutes in remembrance of Forum members and staff who have recently passed away. Mr. Ashton, I will now turn the time over to you.

Mr. Ashton:

As I alluded to this morning, we had several former Forum members and staff who passed away during the last two years. The Forum members and staff are Verlia Davis Hoggard, who served nine terms on the Forum and held the position as Forum President at one point. The next member who passed away is Barbara Altman; she served as vice president and served five and one-half terms on the Forum. Rick Kuhlmeier passed away and he served on the Forum for five terms. Another member who passed away, Lillian Lujan Hickey, who was appointed by Senator James Ohrenschall and started serving in 2018. Ross Johnson also passed away; he was appointed by Senator Hardy. Toby Cooling, originally nominated by Senator James A. Settlemeyer, served one term on the Forum. These are the former members who passed away. Unfortunately, your Forum Coordinator, Marsheilah D. Lyons, who was also the Deputy Director of the Research Division, passed away last year. At this point, I am asking for a minute of silence. May they rest in peace. If any of the members would like to provide some remarks, please feel free to do so right now.

Ms. Maharis:

Madam President, may I speak?

President Almaraz:

Yes, thank you.

Ms. Maharis:

I felt a chilling effect because I asked that the agenda be changed. The attorney contacted me. I understand that we still have freedom of speech, and I am grateful that we are having a remembrance time for one-third of us who died. I hope this can be worked out with staff members; being referred to an attorney is unfortunate. I think we should keep communications open, and I made a simple request to move the remembrances to the beginning of the meeting. I value human life over government procedures statement.

President Almaraz:

I would like to say that all these members who passed were friends of many of us in this Forum. Marsheilah was with us for many years, and it is heartbreaking. At this point, we were not meeting. We were not together. It is very hard to find out that so many have passed. I will say that in the future, we will check with LCB staff to find out the protocol and whether members can be notified. I will say that we are going to be meeting more regularly and things like so many passing I do not think will come up again. It is very heartbreaking to know that these members have passed. We will see what can be done in the future. I do not know the law. I do not know the confidentiality law. I do not know whether some people did not want it shared, and there may be family members with concerns. Again, it is something that we will take under advisement and see what can be done.

Ms. Adin:

Do you think it is now okay for us to visit the nursing homes?

President Almaraz:

I think that might depend on the policy of the individual nursing homes. Some of them may have an open-door policy and some of them may be family only. I have a daughter who is a nurse at a care facility, and they were locked down for a long time. That one is open now if you can show proof that you are vaccinated. Some of them might have a different policy, but I would check and start visiting our friends again. Any other comments?

AGENDA ITEM XII-PUBLIC COMMENT

President Fran Almaraz:

We will start with public comment from those in the physical locations and then move to public comment from anyone who has called in. Please remember to clearly state and spell your name for the record before you begin. Is there anyone in Carson City who would like to provide public comment at this time? Seeing none, is there anyone in Las Vegas who would like to provide public comment at this time? I do not see anyone in our audience. Broadcast and Production Services, please add the first caller with public comment to the meeting.

BPS:

Thank you, President Almaraz, your public comment line is open and working; however, there are no callers at this time.

President Almaraz:

Public comment is closed at this time. Before I adjourn, I want to again remind everyone to please fill out this yellow form and turn it in so that we have the best contact information for you. If you are on Zoom, it was in the packet. Maybe you can fill it out and send it or email or mail it to LCB. Also, the blue form is your claim form for expenses. Meeting adjourned.

AGENDA ITEM XIII—ADJOURNMENT

There being no further business to come before the Forum, the meeting was adjourned at 2:12 p.m.

Respectfully submitted,

Jan Brase
Research Policy Assistant

Patrick B. Ashton
Senior Policy Analyst

Ashlee Kalina
Senior Policy Analyst

APPROVED BY:

Fran Almaraz, President

Date: _____

MEETING MATERIALS

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item III	Patrick B. Ashton, Senior Policy Analyst, Research Division, Legislative Counsel Bureau (LCB)	Roster of Nevada Silver Haired Legislative Forum (NSHLF) Members and Staff
Agenda Item IV	Patrick B. Ashton, Senior Policy Analyst, Research Division, LCB	Overview of NSHLF Officer Positions
Agenda Item V	Ashlee Kalina, Senior Policy Analyst, Research Division, LCB	Memo on Meeting Protocol
Agenda Item VI	Barry Gold, Director, Government Relations, AARP Nevada	Microsoft PowerPoint Presentation
Agenda Item VII A-1	Marie Coe, State Long-Term Care Ombudsman, Supervisor, Aging and Disability Services Division (ADSD), Department of Health and Human Services (DHHS); and Jennifer Richards, Chief Advocacy Attorney, Office of Attorney for the Rights of Older Persons, and Persons With a Physical Disability, an Intellectual Disability, or a Related Condition, ADSD, DHHS	Microsoft PowerPoint Presentation
Agenda Item VII A-2	Nikki Haag, Health Program Specialist, ADSD, DHHS	Memo on Response to Members' Questions
Agenda Item VII A-3	Nikki Haag, Health Program Specialist, ADSD, DHHS	Chart on Income Guidelines
Agenda Item VIII	Adrienne Navarro, Chief of Advocacy and Community Services, Planning Advocacy and Community Services, ADSD, DHHS	Microsoft PowerPoint Presentation

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item IX A-1	Patrick B. Ashton, Senior Policy Analyst, Research Division, LCB	Overview of NSHLF
Agenda Item IX A-2	Patrick B. Ashton, Senior Policy Analyst, Research Division, LCB	<i>Nevada Revised Statutes</i> Governing NSHLF
Agenda Item IX A-3	Patrick B. Ashton, Senior Policy Analyst, Research Division, LCB	Memo on Per Diem Allowance and Travel Expense Reimbursements

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