



**NEVADA LEGISLATURE**  
**LEGISLATIVE COMMITTEE ON SENIOR CITIZENS,**  
**VETERANS AND ADULTS WITH SPECIAL NEEDS**  
*(Nevada Revised Statutes [NRS] [218E.750](#))*

**MINUTES**

**June 28, 2022**

The third meeting of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs for the 2021–2022 Interim was held on Tuesday, June 28, 2022, at 9 a.m. in Room 4412, Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138, Legislative Building, 401 South Carson Street, Carson City, Nevada.

The agenda, minutes, meeting materials, and audio or video recording of the meeting are available on the Committee'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](mailto:publications@lcb.state.nv.us) or 775/684-6835).

**COMMITTEE MEMBERS PRESENT IN LAS VEGAS:**

Assemblywoman Michelle Gorelow, Chair  
Senator Carrie Buck  
Assemblywoman Venicia Considine

**COMMITTEE MEMBER ATTENDING VIA REMOTELY:**

Senator Patricia (Pat) Spearman, Vice Chair

**COMMITTEE MEMBERS ABSENT:**

Senator Melanie Scheible (Excused)  
Assemblyman Richard McArthur (Excused)

**LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:**

Ashlee Kalina, Senior Policy Analyst, Research Division  
Cesar Melgarejo, Senior Policy Analyst, Research Division  
Erin Andersen, Research Policy Assistant, Research Division  
Eric W. Robbins, Principal Deputy Legislative Counsel, Legal Division  
Kimbra Ellsworth, Senior Program Analyst, Fiscal Analysis Division

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

## **AGENDA ITEM I—OPENING REMARKS**

### ***Chair Gorelow:***

Good morning, everyone. Welcome to the third meeting of the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs. First, we will call the roll. For those members attending virtually, please turn on your cameras and respond when you hear your name. Madam Secretary, please call the roll.

[Roll call reflected in Committee members present.]

[Chair Gorelow reviewed virtual meeting and testimony guidelines]

## **AGENDA ITEM II—PUBLIC COMMENT**

### ***Chair Gorelow:***

[Chair Gorelow reviewed guidelines for providing public comment.]

Is there anyone in Las Vegas or Carson City who would like to come forth for public comment? Seeing none, is there anyone on the phone who would like to provide public comment?

### ***Broadcast and Production Services (BPS):***

If you wish to provide public comment, please press \*9 now to take your place in the queue.

### ***Steven Cohen, Alumni, Lee Business School, University of Nevada, Las Vegas:***

Good morning, Madam Chair, and members of the Committee. At first glance, [agenda item v](#), the State Exchange on Employment and Disability (SEED) initiative sounds like a wonderful idea. However, to implement such an initiative, good policy information is required. Here in Nevada, I do not believe we have such good information from vocational rehabilitation. For that reason, I would request the Committee to exercise its jurisdiction to instead request a priority audit of the Department of Employment, Training and Rehabilitation (DETR)'s Rehabilitation Division, of which vocational rehab is an entity, so that any policy recommendations can be implemented during the 2023 Session. With that, Madam Chair, thank you and I yield.

[Mr. Cohen also submitted written public testimony ([Agenda Item II A-1](#)) and, subsequent to the meeting, he submitted an email clarifying his remarks. ([Agenda Item II A-2](#))]

### ***Barry Gold, Director of Government Relations, American Association of Retired Persons (AARP) Nevada:***

I apologize, as I am unable to be present either in Carson City or in Las Vegas for the meeting today, and I know how important this Committee is. I was looking at your agenda, and I have spoken to several of the people who will be presenting. On behalf of the 345,000 AARP members across the state, AARP strongly supports the information that Jennifer Richards from Aging and Disability Services Division (ADSD), Department of Health and Human Services (DHHS), is going to present to you on the vulnerable adult protective

order, access warrants, and Elder Abuse Fatality Review Teams (EAFRT). We are in strong support of those happening in our state. We also strongly support the recommendations that Marie Coe is going to talk about regarding the Long-Term Care Ombudsman Program (LTCOP) and ways to protect that. I have also spoken to Jonathan Norman and agree with the things for guardianship. Thank you very much.

***Dora Martinez, Nevada Disability Peer Action Coalition:***

Good morning. I would like to echo people who have spoken prior to me, especially Steven Cohen's request. I am one of the recipients of vocational rehabilitation services and they usually give us disabled people the runaround. I ask that you please look at the employment, specifically pertaining to people with a disability, in the state. It is very low and [inaudible], we do not want to stay home [inaudible] and government services, those who cannot [inaudible] cannot work due to lack of patient emphasis to people with disability. We are oppressed and want to stay home because we do not like the discrimination that they give us. I please urge you to do the audit so we can be out there, work, and be part of society. Thank you so much and have a great day.

***Mikey Kelly, resident of North Las Vegas, Nevada:***

Good morning, Madam Chair. I would like to speak to something that is not on the agenda. During the pandemic, we were faced with an increasing number of homeless persons, and we have a serious crisis in relation to homelessness and, in my opinion and that of many others, we do not see a strong addressment of the problem. Contrary to what many folks will say, homelessness is not only a housing issue but also a crisis of public health and safety. Many of the folks on the street suffer from severe mental health disorders and some within the schizophrenic spectrum. Many of them suffer from substance use disorder, and amidst that crowd, many are sex-trafficking victims who have absolutely no place to go. A large portion of them are veterans, and many of them have severe health issues that they face crisis daily, but they have no place to go.

Several years ago, the late Assemblyman Tyrone Thompson had a goal to strengthen the continuum of care for the homeless. Unfortunately, he could not achieve that goal. Currently, the continuum of care is very disorganized. There is a need for a more cohesive plan of action in relation to the continuum of care. I respectfully request this Committee, in the future, to reach out to homeless providers and those who work within that space and discuss what we are doing to resolve the issues of homelessness. Come up with actionable solutions to better and more clearly codify a plan to ensure that we have one clear and concise continuum of care in each county. We must have unity of effort among our counties and municipalities as opposed to what is currently occurring, which is a very disorganized plan—often one is performed by a municipality, the other performed by the county, and neither one of them is talking to the other.

I urge you, once again, to achieve Assemblyman Thompson's goal and establish a unified, more cohesive countywide continuum of care to address this serious health crisis. Thank you, Madam Chair.

***Chair Gorelow:***

Thank you, Mr. Kelly. Next caller, please.

***BPS:***

The line is open and working, but there are no further calls.

**AGENDA ITEM III—APPROVAL OF THE MINUTES FOR THE MEETINGS ON MARCH 22, 2022, AND APRIL 12, 2022.**

***Chair Gorelow:***

Committee members, are there any questions regarding the minutes from the previous two meetings? Seeing none, I will entertain a motion to approve the minutes of the Committee meetings for March 22 and April 12 of 2022.

ASSEMBLYWOMAN CONSIDINE MOVED TO APPROVE THE MINUTES FOR THE MEETINGS ON MARCH 22, 2022, AND APRIL 12, 2022.

VICE CHAIR SPEARMAN SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY

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**AGENDA ITEM IV—PRESENTATION ON ACHIEVING A BETTER LIFE EXPERIENCE SAVINGS ACCOUNTS TO EASE FINANCIAL CHALLENGES FOR INDIVIDUALS WITH DISABILITIES IN NEVADA ADMINISTERED BY THE OFFICE OF THE STATE TREASURER**

***Chair Gorelow:***

We have presenter Erik Jimenez from the Office of the State Treasurer. I believe he is in Carson City.

***Erik Jimenez, Chief Policy Deputy, Office of the State Treasurer:***

Thank you so much for allowing us to be here today to talk about one of our favorite topics, [Achieving a Better Life Experience](#) (ABLE) accounts, which I think are a transformational financial tool for the disability community in Nevada and across the country ([Agenda Item IV](#)). As some of the public commenters alluded, people with disabilities are one of the largest minority groups in the country. They are twice as likely to be unemployed and living in poverty. To address a problem that has occurred for decades, ABLE accounts were created so people with disabilities have the ability to save and earn income without threatening access to means-tested benefits like Medicaid, Social Security, food benefits, housing benefits, and other benefits. If they do not have an ABLE account, people with disabilities can only save about \$2,000 per year, or \$1,220 per month, before losing access to those means-tested benefits. What that means is that you are destined to live in a perpetual cycle of poverty through no fault of your own.

The ABLE accounts are a way to save and spend money like everyone else in the community without threatening access to those means-tested benefits. More importantly, there have been other financial vehicles in the past, like Special Needs Trusts (SNT), which are good for a wide variety of purposes, like transferring assets and making sure someone is taken care of when parents die, but ABLE accounts have been the first financial vehicle that empower people with disabilities in making their own choices. The account beneficiary on an ABLE account is the person with the disability, unless there is a guardianship over the person and over the estate, and they cannot make those financial decisions independently. It is very important because when the money goes into the ABLE accounts for the majority of the population, they are making their own spending decisions. That makes some people

uncomfortable, but it is important that we empower this population of folks and allow them to make choices—and sometimes make the wrong choices—but making sure they have a safety net to do that.

There was a bill ([S.2741](#) [Disability Savings Act of 2008], 110<sup>th</sup> Congress) introduced in Congress. It did not pass until President Barrack Obama signed it into law in 2014, ([H.R. 647](#) [ABLE Act of 2014], 113<sup>th</sup> Congress), which broadly established a framework for ABLE accounts to be created under [Internal Revenue Service \(IRS\) Code 529A](#).

Much like the college savings assets that this state administers—tens of billions of dollars in assets—ABLE accounts are managed at the state level. There are state plans that people can join. In Nevada, we set up our own plan in 2015, but we saw very little engagement from numerous state agencies through the last administration on making this a priority. The accounts were administered in the Treasurer's Office, and marketing outreach was handled by ADSD. As a result, nobody communicated or worked to set up ABLE accounts. When I joined the Treasurer's Office shortly after the 2018 cycle, there were about 90 accounts, and nobody knew where to go; no one knew what to do with them. We worked with this Committee in the interim before the 2019 Legislative Session, and we drafted [Assembly Bill 130](#) (2019), which moved the program entirely over to the Treasurer's Office. Since then, we have seen massive account growth with a budget of \$0 from your State General Fund.

All of our ABLE statutes are codified in [Chapter 427A](#) of NRS, and they specify that money in an ABLE account cannot be used to calculate the personal assets for the beneficiary or owner of the account for disability, medical, or any other health benefits for the state. Additionally, student loans, grants, and other federal aid programs do not count as assets for the person with the disability. That is a protection to make sure that when they are earning and saving money, we are not threatening their health care, because that would do more harm than good.

Once funds are deposited in an ABLE account, they are saved on a tax-free basis, similar to a college savings 529 plan. It is a tax-advantaged savings account, and individuals can open the account either on their own behalf, or an appropriate guardianship with the power of attorney, an authorized individual, which is usually a family member or someone who is declared by the court, can open the account on their behalf. This is where it gets a little tricky. There is a bill going through Congress to increase the age of people who can open ABLE accounts, but right now, people with disabilities who had that disability before the age of 26 are eligible to open the account. That does not mean they needed to be diagnosed before the age of 26, but that it needed to have occurred; it is a lifelong disability. Typically, most people with ABLE accounts are receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), but there have been recent changes to federal regulations that now allow people who are not receiving SSI and SSDI to also sign up for ABLE accounts if they meet the disability threshold. We will talk about a grant program we are running now where that has been a huge factor. You can only have one account per person. There are states that offer a variety of ABLE accounts, but you can only have one nationwide, and you can easily transfer that to another state.

Staff asked us to try and contemplate how many people would be able to open an ABLE account, and it is kind of a squishy number. About 42,000 individuals in the state are receiving Social Security disability benefits, but when we open that population up for those who could be eligible, maybe for income of their family members or other factors, and are not receiving SSI and SSDI, it jumps up to 50,000 to 60,000 that we know about. The

90 accounts that were set up before State Treasurer Zach Conine and Governor Steve Sisolak took office were not meeting the needs of a population that large.

As of last fiscal year (FY), we had 2,022 accounts with assets under management of \$10.4 million. As of May 9, 2022, we had 3,059 accounts, largely due to the [Transforming Opportunities for Toddlers and Students Grant Program](#) (TOTS) through [American Rescue Plan Act of 2021](#) (ARPA) (H.R.1319, 117<sup>th</sup> Congress) funds. You can use these dollars to cover a wide variety of qualified disability expenses, such as education, health and wellness, housing, transportation, legal and professional fees, employment training and support, and assistive technology, which includes service animals. I have had several folks get guide dogs, which I strongly support, with these dollars. I get asked a lot when I talk to families and folks, "Can I use the funds in this account to take a trip or go to Disneyland?" If a family can make a reasonable argument that it is an expense that will increase the health and wellness of the individual, then yes, you could use these dollars for that. These were not meant to be restrictive accounts, which is why you see such a wide variety of expense categories that can be used. They are meant to be as broad as possible to allow an individual to save and earn money as flexibly as possible.

If you are not working, you can save \$15,000 a year in an ABL account. If you are working, you can save \$26,000, an additional \$12,000 a year. When you think about someone who may be working in a subminimum wage-sheltered workshop, as we have allowable under state law here, this is a huge tool in allowing them to get to the minimum wage and earn a real living without threatening access to their means-tested benefits. If they start to earn more than \$26,000 a year, probably at a certain point, they will not need those means-tested benefits, but until they get to that level of income, we want to make sure they are protected. That is why these accounts are so important. Balances under \$100,000 are excluded from the SSI resource limit. We differentiate these from things like special needs trusts (SNTs), which are designed to be large asset-bearing accounts, hundreds of thousands of dollars, transfers of property, and those sorts of things. These are not that; they are a blend between a checking and savings account, and the dollars in the account are meant to be spent, which is why you see a smaller total resource limit of \$100,000 in these.

We participate in the [National ABL Alliance](#), which is a good model when we are thinking about other things like retirement savings, individual development accounts (IDAs), and other types of financial vehicles. We partner with 18 states that account for about half of the ABL accounts nationally. We do that because the administration, from a staff perspective in our office, is much smaller and reduces fees for participants. If we were to run this program on our own without the leverage of other states and other assets from people in other states, the fees to people with disabilities and their families would be significantly higher, which is a barrier to setting up an account.

Similar to Roth Individual Retirement Accounts (IRAs), other retirement savings accounts, and college savings assets, these funds can be invested if the individual or family wants to do that, which is an interesting opportunity for the disability community because they have never really had that option before. When you set up an ABL account, you have the option of doing two paths: (1) you can either invest and pick a strategy that is conservative, moderate, or aggressive and change that strategy if circumstances change or as you get older; or (2) you can enroll in a Federal Deposit Insurance Corporation (FDIC)-insured debit card option, which I advise a lot of folks to do. You do not earn interest on those accounts, but you do protect it. The flexibility of using a debit card makes it a lot easier for people to spend money as they need in the community.

We have a \$25 minimum contribution required to open an ABLE account. I am working hard to get rid of that for Nevada residents. We waved it for the TOTS Grant Program because it did not make sense to have people who needed money contributing money to open an account. We keep the maintenance fees very low. If an account owner chooses electronic statements, it is about \$11.25 a quarter. We are also trying to get those lowered as much as we can, but someone must pay those fees, so as we shift fees from Nevada residents or one population, fees increase for other populations. It is a balancing act. And there are management fees if you select the risk-based options for the ABLE account.

This is probably the most innovative use of ABLE accounts in the entire country; on October 25 of last year, thanks to the votes and support from the members of this Committee and the entire Legislature, through [Senate Bill 461](#) (2021), Treasurer Conine set up the largest support program for people with disabilities in the country. We started with \$5 million. Recently, the Interim Finance Committee (IFC) ([NRS 218E.400](#)) increased that to \$12 million. When we were looking at ARPA funds to help people with disabilities, families, and kids with learning loss recover from the pandemic, it was incredibly important to me, the Treasurer, and the Governor that we do it in a way where people's benefits were protected. We did not want to unintentionally give someone a \$5,000 grant and then break their Medicaid eligibility, which is why we are the only state in the country that is doing this. We have about six or seven states that are looking at following us. This program is the first and largest of its kind in the history of the country, and we are super proud of that. You can see our significant account growth from last FY to this one due to this program. We have dispersed over \$9 million dollars into those accounts, and we are reserving \$2 million of that to support children in the foster care system who are also eligible for these accounts because they have a disability. We are incredibly thankful to Clark County, Washoe County, and the Division of Child and Family Services (DCFS), DHHS, for working with us, and that is the next population that we are working through. We have gotten all the applications pretty much funded so far, and we are going to work on the foster kids going forward.

I want to talk about some challenges. I know this Committee has bill draft requests (BDRs), and there are a number of different priorities; I would suggest housing, if you really want to focus. One of the biggest barriers is these folks do not have enough money to begin saving. When we have conversations and say, "You know, it would be really good for you to have this vehicle to begin saving," the biggest complaint is, "I do not have a job, and I do not have enough money," or "I have been forced for 20 years to spend down my assets at the end of each month, so I do not lose my Medicaid." That is a structural and systemic problem. But any way that we as a state government or private philanthropic dollars can work to help build the assets for this underrepresented class is important. We hear from folks that the \$25 enrollment fee is a barrier to setting up the ABLE account. We are working on that and would love some support from the Legislature. You will see budget enhancement requests from our office, both from a programmatic and staffing side. I run this program by myself. I have done it for the last four years with \$0 from our State General Fund, and we have no dedicated full-time equivalents (FTEs) for the program. We will be coming to the Legislature with a budget request for this; we think we can reach a lot more families if we staff this program and run it right, rather than continuing to not fund the program.

That was a lot all at once, but you have got a busy day ahead of you. I am happy to take any questions on one of my favorite topics.

**Chair Gorelow:**

Thank you, Mr. Jimenez. It is one of my favorite topics, too. I work with a nonprofit that provides health care to children, and many of them have special health care needs and are disabled. I am excited to hear about this program. We will take questions from Committee members at this time. We will start here in Las Vegas. Assemblywoman Considine.

**Assemblywoman Considine:**

This is a great program, but I need some clarification. If somebody wants to join this, do they have the option for it to be like a checking or savings account where the amount that they have in it is consistent, as they add to or debit from? Do they have the option for an investment account? Or are these one thing?

**Mr. Jimenez:**

Broadly, they are two separate things, but in reality, money is fungible, and it is always getting invested. If you pick the checking account option, then you get a debit account. That money is insured, and you do not take any risks from the market. The second option allows the assets to earn interest in the account, ranging from conservative, to moderate, to aggressive. The important thing is if circumstances or the economy changes, families can easily change that account option. I hope that answers the question.

**Assemblywoman Considine:**

Yes, it does. Thank you. Are there maintenance fees on both accounts or only on the investment?

**Mr. Jimenez:**

There are monthly fees on both, and that is just how it works with these types of accounts. There are no investment-related fees. There was a slide that showed 0.34 to 0.38 percent basis points; those fees are only on the investment accounts. The quarterly maintenance fees are on all the accounts, and that is how we keep the program solvent.

**Assemblywoman Considine:**

Are the \$45 to \$60 maintenance fees the quarterly maintenance fees that are added up throughout the year, or are the quarterly statement fees on top of the maintenance fees?

**Mr. Jimenez:**

If a person selected an investment option, remember they are getting interest on that. They are paying 0.34 to 0.38 percent basis points on that on top of the maintenance fees. You will pay quarterly maintenance fees with an ABLE account. While I struggle with that too, it is important you are also keeping your Medicaid, Social Security, food assistance, and housing assistance eligibility for those programs. We have a responsibility to make sure the program is solvent, which is why we have those fees. We will work to try to get them down if we can. We want to make sure people can afford these accounts.

**Chair Gorelow:**

Senator Spearman.

***Vice Chair Spearman:***

It is a pleasure listening to some of the things you are doing for some of our most vulnerable citizens. Last session, we had [SB 188](#) (2021). For those children who are in foster care, are they able to couple the Individual Development Account (IDAs) with the ABLE accounts? The other part of SB 188 dealt with people who are receiving some type of social service assistance. Will any of that spill over into what you talked about with respect to the ABLE accounts, those who are getting SSI and SSDI? Can they couple that with the provisions of SB 188, and if so, what is the best way for us to get that information out? You said at one point prior to 2018 that there was not a whole lot of emphasis on—for lack of a better term—marketing. What can we do to make sure people know it is there, especially during this time when there is a housing shortage and crisis here? How can we use the information you presented to us today and SB 188 to pull those together so that more and more people have an opportunity to lift themselves up and out of their current situation? That is part one, and I will wait.

***Mr. Jimenez:***

Senate Bill 188, which is why we work together so diligently, was a character-building experience over two sessions. It was so important because it established IDAs, which are broadly ABLE accounts but for a broader spectrum of the population. While ABLE accounts are only eligible for people with disabilities that occurred prior to the age of 26, IDAs are for those receiving social services regardless of disability status—those who are in low-income housing units and children in the foster care system. As we have learned a lot through the ABLE account experience, once we get through this foster care portion of the TOTS Grant, my intention is to launch the Council on Financial Independence and set up the IDA structure so that we have a good structure going into the next legislative session. They could work interchangeably; I do not see why they could not. If there was for some reason one pool of money, we know they are separate federal grants that are designed to go specifically into IDAs. Someone could theoretically be eligible for both an IDA and an ABLE account. That is something we will have to contemplate as we go through the regulatory process, but I do not see why they could not work. The question would be, does that benefit the person or should we have a conversation of which account might be better for the assets? When we think about the IDAs, they are a little bit differently focused on the eligible expenses, broadly the same, but they are much more housing focused. They are more about how do we get you a pathway out of poverty while also protecting your benefits? Part of your question was, are those benefit thresholds still protected with the IDAs? We wrote that specifically so that Medicaid benefits are protected. We did not write it as Social Security benefits because we were not contemplating largely disabled folks taking advantage of this account, but the goal was to mirror them as closely as possible to the IDA program.

***Vice Chair Spearman:***

You mentioned maintenance fees for the account. I imagine that is a consequence of some of the financial institutions. Would it be plausible to consider Community Development Financial Institutions (CDFIs) as some of the institutions that people might be able to deposit or open these accounts? Is there a way to work with some of the CDFIs to either reduce or eliminate those fees based upon the structure of their bylaws? Is there any way we might be able to create some encouragement from CDFIs to participate more in the ABLE or IDA accounts?

**Mr. Jimenez:**

With the ABLE accounts and the ABLE Alliance, I kind of walked into that contract. We have been trying to see what is working and what is not. As we go up for our next negotiations, getting those fees down is important to me. If we were to unenroll or do our own plan, the fees would be cost prohibitive to administering the program, and that is not a risk I am willing to take right now unless we have a more developed option. For something like the IDAs, we are contemplating which fiduciary organizations to partner with, and Assemblywoman Shondra Summers-Armstrong was very passionate about keeping the fees low within that program. We put some flexibility language in there. It is an interesting conversation now that Nevada has its first real CDFI. The work Kenneth Evans has been doing with the Urban Chamber of Commerce is going to be groundbreaking, particularly for folks in the African American and Latino communities. When we start to contemplate how to set up those IDAs, thinking about a partnership with CDFIs makes a ton of sense to keep those fees low, but we should set expectations. There are going to be fees on any type of account that we set up, whether it is a retirement savings account or an IDA or ABLE account. I wish there was not, but someone must administer those accounts.

**Chair Gorelow:**

I have a couple of questions. Working with a nonprofit, many of our kids have special health care needs. Some have been born with conditions, and some have been involved in accidents or have had chronic illness. Could you elaborate a little bit more about the types of conditions that would be eligible for this program?

**Mr. Jimenez:**

That is a great question that I get it every day, and we got it a lot as we launched TOTS. The goal of these accounts is to help kids and older individuals who need it without being overly restrictive. There was a change to IRS regulations over the last year or so that lowered the threshold for disability standards in terms of what documentation might be necessary. If you have a condition that is categorized in what is called the "Social Security Blue Book" or are eligible for SSI or SSDI, you are automatically eligible—these are developmental disabilities, severe cognitive disabilities, severe autism, and all sorts of other disabilities and physical impairments.

Nevada is the national leader in what I would call settlement ABLE accounts through mass litigation where a lot of beneficiaries are coming from either medical malpractice lawsuits or prescription drug lawsuits, and they are often entitled to benefit and settlement checks. If they take those settlements, which are often lump-sum settlements, they will break their Medicaid and Social Security eligibility. We have worked with benefits consultants and members from the trial or community to make sure that when those settlements happen, that we are actively setting up ABLE accounts for those folks. What we have seen with that population is a ton more in the autism spectrum, mental health space, and the severe emotional disturbance space, which we see a lot with our foster youth. We are trying to make this as broad as possible.

Families, if there are people listening to this, if you believe your child has a disability that impairs their life and they need to access this account, you can set one up. You can affirm under penalty of perjury when you set those accounts up. We are not going to ask for medical records and those sorts of things, but there are federal statutes governing this. We want to make sure whenever someone signs up, they are affirming that they do in fact have

a disability. That is a long way of answering your question, but we are trying to make this work for a broad spectrum of the disability community.

***Chair Gorelow:***

You stated that a couple years ago there were only 90 accounts, and now you have over 3,000 accounts. That is amazing. Can you tell us a little bit about how you were able to reach that number?

***Mr. Jimenez:***

We did that with hard work. We do not need marketing budgets and other things. I know a lot of people will say otherwise, but no, you need to get into the community, meet people where they are, get in front of folks who people trust in this community, and that is the work we have done. We worked with Nevada's Department of Education (NDE) in the 2017 Session. [Assembly Bill 64](#) (2017) was passed, which allowed an alternate pathway to a high school diploma for a kid with a disability. If a student or a school is pursuing that option, that alternate diploma does not count against their graduation rate; it adds to it. To get that alternate diploma, that student needs to be educated about ABLÉ accounts. We have worked with NDE to start implementing ABLÉ accounts into all Individualized Education Program (IEP) meetings with families. We are slowly making sure that when people ask, "What is my child going to do next," or "How do I care for our child when they graduate high school?", that they are getting this information in front of them. We can always do more. We can always use more resources, but it is just getting in front of the community and meeting folks where they are.

***Chair Gorelow:***

Thank you. I am seeing there are no other questions. We will close this agenda item.

**AGENDA ITEM V—PRESENTATION ON THE UNITED STATES DEPARTMENT OF LABOR'S STATE EXCHANGE ON EMPLOYMENT AND DISABILITY INITIATIVE TO PROMOTE STATE POLICIES RELATED TO DISABILITY-INCLUSIVE WORKFORCE DEVELOPMENT**

***Chair Gorelow:***

We have a presentation on the U.S. Department of Labor's (DOL), State Exchange on Employment and Disability (SEED) initiative. We will let you go ahead and start.

***Josh Cunningham, Project Manager, Employment, Labor and Retirement, National Conference of State Legislatures (NCSL):***

Thank you, Madam Chair, and Committee for inviting us here today. I work on various employment and labor issues, including disability and inclusive employment policies as well as broader state government employment policies. I will have Bobby quickly introduce himself, and then we will dig in.

***Bobby Silverstein, Principal, Powers, Pyles, Sutter and Verville PC; Policy and Legislative Counsel, SEED:***

I am the former staff director and chief counsel to the United States Senate Subcommittee on Disability Policy. I was there in Congress when we passed the [Americans with Disabilities Act of 1990](#) (S.933 of the 101<sup>st</sup> Congress) and 20 other pieces of disability-related

legislation, including multiple view authorizations of the [Rehabilitation Act Amendments of 1986](#) (H.R.4021 of the 99<sup>th</sup> Congress) and the Individuals with Disabilities Education Act.

**Mr. Cunningham:**

Bobby and I work together, along with various other policymaker membership organizations, on a collaborative we call SEED ([Agenda Item V](#)). This ongoing initiative is funded by DOL's Office of Disability Employment Policy (ODEP). The goal of SEED is to foster a workforce that is more inclusive of people with disabilities through state and local policy. To do this, SEED engages policymakers in various ways. These include public testimonies such as we are doing today, individualized policy research, state legislators, legislative staff, state agencies, et cetera. We can provide gap analyses and customized policy development, pulling from experiences in other states and connecting legislators and policymakers with subject matter experts and federal agencies, advocates, and business organizations from around the country. We proactively build resources on disability-inclusive policy options as well as developing those from using examples from other states. These resources are largely based on a framework developed in 2016 by a bipartisan national task force consisting of state legislators, state agency staff, and private sector stakeholders. The task force's [Work Matters](#) report identifies hundreds of state policies and examples falling into five key themes: (1) laying the groundwork, which includes establishing a state level commitment to disability inclusive employment; (2) preparing for work; (3) getting to and accessing work opportunities; (4) staying at work; and (5) supporting self-employment and entrepreneurship. The full *Work Matters* report is available on NCSL's [website](#). The SEED tracks legislative actions and states related to the Work Matters' policy framework monthly. Bobby is going to talk to you about some of the principles that really guide the work we do.

**Mr. Silverstein:**

If I could take 30 seconds to summarize what we are not—we are not advocates. We provide policy assistance and describe policy options. We are not here to advocate for any position. We share what your colleagues around the country have been doing in terms of enhancing disability-inclusive policy. Now, when the state and local policymakers came together to develop Work Matters, the first thing decided on was a set of principles to guide the development of the Work Matters framework. The group rejected what we call the "old paradigm" of disability, which looks at people with disabilities as crippled, defective individuals who are totally dependent. We rejected the historic approach that looked at people with disabilities as a menace to society, responsible for many of the social ills that society experiences. This is what we called the old paradigm—malevolent and benevolent in nature and based on pity and paternalism and resulting in isolation, segregation, and denial of opportunity. Instead, a new paradigm is recognized that says that disability is a natural and normal part of the human experience, that in no way diminishes a person's right to fully participate in all aspects of society. The focus of the policy should be on fixing the physical and virtual environment and attitudinal biases. The report is based on four goals of disability policy: (1) provide equality of opportunity to treat people as individuals not based on labels; (2) provide effective and meaningful opportunity, which might be a reasonable accommodation for a person with the disability; (3) have an outcome of independent living and economic self-sufficiency; and (4) provide the necessary services and supports to make that happen.

Some of the themes of Work Matters is to recognize that people with disabilities are underutilized in the workforce, that they can provide a valuable and unique contribution. Another key thing is the simple sentence that is kind of modeled on management theory—what gets measured and reported and has consequences gets done. The last key

theme is universal design, which is basically the notion that when you design a building, website, or a new service of support, you take into consideration the needs of the greatest number of folks so that the initial stages address the needs and you do not have to provide accommodation.

Work Matters basically came up with eight policy options based on discussions with staff. They asked us to focus on four: (1) states as model employers; (2) building the capacity of the private sector; (3) interagency coordination and collaboration; (4) and transportation.

**Mr. Cunningham:**

We have been asked by the Committee to talk to you about state as a model employer. As with most states, the State of Nevada is one of the largest employers in the state. Because the state's own employment practices are largely outlined in statute and regulations, the Legislature has a greater ability to modify those employment practices than they do with the private sector. State legislatures can adopt policies that emphasize disability-inclusive practices and cover state government employee recruiting, hiring, accommodations, promotions, and retention.

Nevada already has some model policies in place that we like to highlight when we are talking with other states. This includes the [700-Hour](#) program that connects eligible candidates with disabilities with temporary employment opportunities within state government. Nevada also has an interview requirement and hiring preference for veterans with disabilities who are applying for state job openings. Last year, the state enacted [AB 365](#) (2021) establishing a process of evaluating policies designed to increase equity and diversity among marginalized populations, including those with disabilities. [Senate Bill 222](#) (2021) was enacted last year, which requires each state agency to collaborate with minority groups, including the disability community, to ensure that programs and services are accessible and inclusive. These are just a few of the highlights that we noticed when we were looking through existing programs in Nevada. These all align with the Work Matters policy framework of state as a model employer policy.

There are some additional policy options outlined in the framework that you may be interested in exploring. The state can examine the strength of its training of hiring managers on disability inclusion and the unique challenges people with disabilities face in the workplace. Nevada can evaluate its process of providing reasonable workplace accommodations for state employees with disabilities. What does that process look like? What is a person with a disability have to go through if they are seeking an accommodation? State Exchange on Employment and Disability has found that a more centralized accommodations process is an effective way of ensuring workers are receiving the accommodations they need to succeed in their job. This approach can centralize accommodations expertise that will help identify affordable and effective accommodations and can also centralize the financial cost of accommodations, particularly for smaller, budget-strapped agencies. Lastly, with many jobs relying more and more on technology, Nevada can examine the software and hardware systems utilized by state employees as well as by the public, both internal and external, to ensure that they are accessible to people with disabilities, and if not, make changes to improve their access. This is a quick run over state as a model employer, and we will take some questions at the end and can provide some additional follow-up.

**Mr. Silverstein:**

The next topic area is building the capacity of the private sector. You have a number of programs operated by DETR, providing technical assistance to businesses developing a pipeline. You have a lot of companies that contract with the state, and other states have developed affirmative action or strategic plans—diversity, equity, inclusion plans—that require workforce analyses, goals, and progress reports. We can share with you what your colleagues around the country are doing in terms of diversity, equity, and inclusion strategic plans that are required of government contractors. A number of states have developed Work Matters task forces to look at issues ranging from state as a model employer to engaging the private sector to disability on businesses.

Some states have developed tax incentives to increase the hiring of the provision of accessible technology and accommodations for people, and others provide tax credits for employing people with disabilities. Part of the issue is—particularly for small businesses if they have to provide an interpreter, reader, or assistive technology—whether there are some credits that can be employed and other incentives for hiring people with disabilities.

Another topic area is the issue of interagency coordination and collaboration. In 2014, your governor issued an executive order establishing the governor's task force on integrated employment. This is one of the efforts that almost all the states, except for one, called [Employment First](#), which has the default presumption that priority is competitive integrated employment. In this executive order there was a provision for a three-, five-, and ten-year strategic plan. One of the questions is, have you folks, in terms of oversight, looked at those strategic plans? I downloaded it to see which of those policies have in fact been implemented and what might require legislative action rather than action by the executive committee. Interestingly enough, the topics included in the report pretty much parallel the topics that were included in Work Matters, ranging from state as a model employer, private sector, interagency coordination, and transportation.

In 2019, Nevada passed [AB 456](#), which deletes the exemption for some minimum wage. The question is, have you done oversight of the implementation of that provision? There are a lot of states that have enacted legislation creating Employment First. Some states have both an executive order and legislation. Some have only an executive order, like Nevada. Others only have legislation. We at SEED have developed a comprehensive policy brief called “Evolution of State Policies” facilitating competitive integrated employment for people with disabilities, which has links to every one of the state policies, whether it is an executive order or legislation in terms of Employment First, as well as links to every state that has addressed the issue of minimum wage for people with disabilities. If you are interested in updating some of your policies, this policy brief might be helpful to you.

Here are some additional examples of what are included in Employment First policies developed by other agencies having support for job coach programs and transportation, particularly matching transportation options for people with disabilities. The other key thing is measuring progress; as I said earlier, what gets measured and reported and has consequences gets done. A number of states have extensive reporting mechanisms to measure success.

**Mr. Cunningham:**

The final policy area that we are going to be discussing in a little bit of detail is accessible transportation. Getting to and from work is regularly cited as one of the biggest barriers that people with disabilities face in accessing employment. Accessible, affordable, and

reliable transportation systems can help overcome this barrier. Convening a task force or working group that regularly evaluates transportation accessibility challenges can be an effective way to identify any necessary policy changes. States can also help ensure emerging transportation technologies, such as autonomous vehicles and ride hailing services, are being designed and implemented with built-in accessibility features and processes. This includes accessible software and apps that allow riders with disabilities to participate in these emerging technologies in the same manner that those without disabilities can, particularly when we are talking about an economy that is moving to a place where it is more reliant on these technologies. If they are not made accessible by those with disabilities or by a significant portion of the people, then those individuals will be even more marginalized from participating in that economy.

Here are a few of the options if you are interested. With limited time, we were not able to dig into these too much. I want to reemphasize that these examples are all based on existing policies in other states. We are happy to follow up with the Committee with more details about how other states approach these issues. We can also develop some customized policy resources that you can share with your colleagues on these issues.

Thank you for the invitation today, and we look forward to working with this Committee going forward. We are happy to take any questions the Committee might have.

***Chair Gorelow:***

Thank you for the presentation. Are there any questions from the Committee members?

***Vice Chair Spearman:***

I appreciate the overview and the work being done. One of the things that happens to us, all too often, is we make policy based upon the people who already can do and do not think about the people who want to do but need a little bridge to make sure that happens. I appreciate working with this Committee, and now that I remember that SEED is around, I will be calling on services a lot more. Within the military, it seems like it is a real close system in terms of support, family support, et cetera, but often that is not translated to the people of the families who live off base and who live out in the economy. Is there anything happening with respect to making sure there is some type of informational connectivity between those persons in the military who would need and understand these types of services and those who are off base but also connected to the military and working in and around the various communities where the service member might be stationed?

***Mr. Cunningham:***

I am not familiar enough with those processes, but I am happy to look into that and connect you to some colleagues who work more closely on military issues who can give you a better answer to that. Unfortunately, it is a little bit outside of the realm of some of the work we have been doing.

***Vice Chair Spearman:***

Thank you. I have noticed that a lot of the information available to the civilian population is stovepiped, and it does not get out to the military. Because we do not have on-base housing for all military families, that information then gets lost, and people living in communities go hither, thither, and yon trying to find it. It would be awesome if we could connect the dots on that and make sure we are getting that information out to members of the military families and veterans.

**Chair Gorelow:**

Are there any other questions from the Committee? Okay, seeing there are no further questions, we will close this item of business and move on to our next item. We are going to skip a couple agenda items and move on to agenda item x.

**AGENDA ITEM VI—PRESENTATION FROM THE NEVADA HEALTH WORKFORCE RESEARCH CENTER, OFFICE OF STATEWIDE INITIATIVES, UNIVERSITY OF NEVADA, RENO SCHOOL OF MEDICINE, ON THE HEALTH CARE WORKFORCE TRENDS AND POLICY IN NEVADA**

[This agenda item was taken out of order.]

**Chair Gorelow:**

We will have a presentation from Dr. Packham. Please proceed when you are ready.

**John Packham, PhD., Associate Dean, Office of Statewide Initiatives; Co-Director, Nevada Health Workforce Research Center, University of Nevada, Reno (UNR) School of Medicine:**

I appreciate the opportunity to share a little bit of our work. I would like to highlight some of what I believe will be driving the demand for health care in Nevada in the next decade, as well as some unique features of the supply of health workers in Nevada, including some enduring shortages in some critical fields ([Agenda Item VI](#)). I will conclude with some discussion of policy measures. We have plenty of well-vetted policy measures and strategies that we can undertake as a state. To piggyback on the last presentation we heard, one thing I hope the Legislature takes a closer look at in 2023 more than they did in 2021 is a nursing licensure compact. Just as there are compacts for military spouses and others to take advantage of employment opportunities in education, there are compacts also in nursing and a number of other fields. We are a party to four of nine health-related compacts in Nevada; nursing is not one of them.

I am going to share some information from resources that are contained on my office's [website](#). The [document](#) on the far right is also available in hard copy to any individual who is interested in receiving it. My contact information and the workforce data and information I am sharing with you today can readily be found on these web locations.

To begin, I want to point out what is driving current and projected demand for health care in Nevada. We had the mother of all disruptions with the pandemic, but we are slowly returning to some of what has been driving unprecedented workforce demand in our state. At the top of the list are demographic trends, most notably population growth and aging. We are becoming a more diverse state. I look to and think of policy solutions to increase the overall supply of health workers in Nevada, and we need to double down on efforts to make sure that the workforce is diverse and reflects the communities they serve. Additional drivers are insurance-related, particularly those associated with the [Patient Protection and Affordable Care Act of 2009](#) (H.R.3590 of the 111th Congress) and the Medicaid expansion in our state. I have listed a couple others there and can go into additional detail if the Committee would like.

I mentioned the pandemic, and there are a couple of issues we will need to keep our eye on as a state, such as whether we embrace some of the changes to health care and other areas of our economy, such as keeping a reimbursement for telehealth that was permitted during

the public health emergency. Are people leaving professions as you anecdotally read about in the newspapers? I am optimistic that there is a lot of shuffling between jobs and that nurses, for example, are not bailing out of nursing. Contrary to what you might read in the papers, they are just changing jobs and taking opportunities to become traveling nurses and increased pay and so forth. Where we are now is slowly turning our back on the pandemic. The pandemic is still with us, but there will be impacts that we will be dealing with from a workforce perspective for a long time.

Employment in Nevada in health care has been relatively steady. I would argue it has been recession-resistant—if not recession-proof—for most of the time, and that includes during the pandemic. Employment levels in the hospitality and casino world cratered in March and April of 2020 and were slowly returning to that figure of about 280,000 at the close of last year. I do not know that we will see sectors such as hospitality return to the prepandemic level. In contrast, health care is another matter; we have just recently returned to that prepandemic level, but we did not drop like other parts of the economy, such as construction, retail, trade, and hospitality.

We recently completed a new hospital construction in Reno, the Northern Nevada Sierra Medical Center, as well as an outpatient orthopedic clinic, and there are hospitals under construction in southern Nevada. While we may have some concern about whether demand will return to prepandemic levels, all the available evidence on the ground in every corner of the state shows that at least industry is preparing for substantial robust demand over the next decade.

When I look at health workforce supply, of course shortages leap out. I will share a little bit of data on that. I want to point out a good news, bad news story. We continue to see a steady growth in licensed health professionals and medicine, nursing, and other fields; however, when you adjust that data, particularly for southern Nevada, what we see is a treading of water in terms of per capita growth of licenses. Other trends we need to keep our eye on is that we have an aging health workforce that is serving an aging population. We are a state that attracts retirees or those approaching retirement and we are slowly aging statewide, demographically. We also have an aging workforce that will be retiring out in greater numbers over the next five to ten years. I also want to point out geographic and diversity mismatches or maldistribution of health professionals, particularly when we look at numbers in urban versus rural parts of the state.

When I speak of shortages, I am typically talking about a situation where the demand for a professional is greater than the supply. Psychiatrist and pediatricians are good examples, but even if we are not sure whether demand exceeds supply, in most cases, there is certainly plenty of need, whether there are enough workers or not. Demand is more of an economist or econometric type of concept that simply says what the market is willing to pay exceeds the supply of available workers.

I am going to quickly walk you through what primary care, oral health, and mental health shortages look like in Nevada. This map we update continuously looks at shortage areas that are federally designated by the [Health Resources and Services Administration](#) (HRSA). When I talk about a primary care health professional shortage area (HPSA), these are federal designations that illuminate shortages. They are also very critical for our state in terms of programs that are tied to shortage designations such as reimbursement for rural health clinics, critical access hospitals, or loan repayment programs. A little over two-thirds of the state resides in health shortage areas. Importantly, when we look at geographic

A recent release of data from the 2022 [County Health Rankings and Roadmaps](#) highlights county-level differences. In some cases, they are quite striking. For example, Pershing County has approximately 6,700 residents for every single primary care doctor. It is a little bit better in urban areas by contrast. Most counties in this state exceed our U.S. average of population to primary care doctors. In this case, 1,300 nationally—1,700 residents in Nevada and a lot well above that line.

It is a similar story with respect to dental workforce shortages; roughly three and five Nevadans live in a dental shortage area. More importantly, 11 of 14 rural and frontier counties are single-dental HPSAs, as was the case with primary care doctors. We see a lot of geographic variation in these population to dentist ratios. I would argue that they are even more striking in rural areas than was the case with primary care doctors. Most counties in Nevada are well above the U.S. average of 1,400 residents per provider for dentists.

I saved the worst for last. This is mental health workforce shortages in the state—essentially, the entire state, 95 percent, resides in a mental HPSA. There are a few areas of northern Nevada, particularly more affluent communities than in the southern part of the state, where we do not see those shortages. This focuses exclusively on psychiatrists. There are, for all intents and purposes, no psychiatrist practicing in rural areas. Sixteen of our counties, including Clark County, are in an entire county mental HPSA.

This is important—part of that [2022 County Health Rankings National Findings Report](#) that I wanted to share with you is that this does not focus exclusively on psychiatrists. It looks at psychiatrists, clinical psychologists, marriage and family therapists, counselors, and licensed clinical social workers who provide mental health services. This provides a more nuanced view in that if we were just looking at psychiatrists, there would not be any bars in those rural areas as was the case with Eureka County. But what we do see is our other mental and behavioral health providers filling those gaps and playing those roles in very important ways in our rural counties.

In presentations past, I have talked about our state's poor rankings, whether it is physicians at 46<sup>th</sup> in the country, positions per capita, or 48<sup>th</sup> or 49<sup>th</sup> for registered nurses. I want to leave you with a couple of factoids here. We should strive to be more than above average. If we look at what it would take right now in Nevada to meet national averages or national metrics in population to providers, we would need an additional 2,100 physicians. We need an additional, it is a staggering number, but we would need close to 4,400 additional registered nurses just to meet that average. We are doing better in some fields, such as dentistry and pharmacists. That pharmacist number is still a staggering number that we need to at least fall in the middle of the pack, but we have made improvements. It matters if you have a pharmacy school in the state, which we now have in southern Nevada.

What I hope you take away from this is that we have shortages. We have health workforce deficits that touch upon a lot of the work of this particular Committee and the work of the Legislature. We have some well-vetted strategies, and I want you to be thinking about this in the following terms: there is not a single solution to addressing workforce shortages; however, I feel optimism in that we have a variety of tools in the toolkit to address those. At the top of my list, and there is no substitute for this, is the need to increase both the number and diversity of health care education graduates. This means health care, and I would argue public health care programs are the best strategy to attract students and residents from Nevada, train them in Nevada, and prepare them for licensure in our state. We see this in medicine. We see this in public nursing programs. The public nursing programs in Nevada keep upwards of 90 percent of their grads there. They are doing

exactly what they need to do. Those programs need to be increased. There are also strategies that I am going to point to that include stretching the existing health care workforce through a variety of means. Telehealth is a good example of something that we can do as a state. I have spoken with providers, particularly behavioral health outside of Nevada, that would like to continue what they started during the pandemic, and that is provide services to Nevada residents. Those agreements are temporary and will expire with the public health emergency. Stretching the workforce is something we need to pay attention to.

The final category, and I stole this line from Hamilton, is to beg, steal, borrow, and barter workers from other states. What we had to do out of necessity in Nevada, like a lot of other states that use traveling nurses, is provide expedited licensure for individuals who wanted to come to Nevada or provide services through telehealth. They complement other efforts, but at the top of my list will be our need to “grow our own,” and in some cases, start new programs. There is a Chinese proverb that says, “The best time to plant a tree was 20 years ago.” The second-best time is right now, or today, and we can still build on what we have already accomplished.

When I talk about “grow your own” strategies here are some examples. I couple that with strategies such as loan repayment programs or scholarship programs that can be used. At the top of my list is the need to expand publicly supported health care programs, and that is above and beyond medicine, nursing, allied health, and other areas.

Here are some examples of how we can stretch the workforce. I mentioned earlier, telehealth applications and so forth. One of the things that happened in nursing and inpatient hospital care in Nevada during the pandemic is hospitals went back to team-based models where we did not have the luxury of providing the right number of nurses, or we did not have allied health and those inpatient settings, so we went back to team-based models, which stretched what was available at the time of severe shortages in most quarters of the state.

Here are some examples of the beg, steal, borrow, and barter bucket, if you will. During the pandemic, Governor Sisolak’s [Emergency Directive 011](#) helped create the [Battle Born Medical Corps](#). We also have reserve medical corps in our big urban counties statewide. A lot of the measures here, and it is not to be dismissive of them, are typically efforts to lure or get individuals who are licensed in other states to practice and resettle here. These are important and necessary parts of complementing what I mentioned in the preceding slides. One last plug for licensure compacts because that discussion in the previous presentation about Heroes to Education program, we need to do a Heroes to Health Care as well. I suspect there are a lot of active-duty military and those approaching retirement who have a spouse with a nursing license or another type of health care license. We need to have an all hands-on deck in approaching this.

In conclusion, I have a couple of good news stories. The first is [Graduate Medical Education \(GME\)](#). The red arrow is the first installment of then Governor Brian Sandoval’s GME Task Force funds that have been distributed to teaching hospitals and schools of medicine across the state for the past six or seven years. Those grants delivered on what they were promised to do, and that is increase the number of physicians trained in residency and fellowship programs in the state. I would argue that a complimentary proportion of them, 50 to 60 percent, have remained in state to practice.

Another important measure of success in Nevada has been our ability to attract and keep both nurse practitioners and physician assistants (PA). It is hard to imagine in Nevada right

now what our primary care shortages and needs would be like if we did not have this pretty substantial influx of nurse practitioners in [inaudible]. We have also had an existing PA program in southern Nevada and a relatively new one in northern Nevada. We have about tripled the number of nurse practitioners now licensed and practicing in Nevada versus a decade ago, and we have more than doubled the per capita numbers. This is a great story that we can model and apply to other areas that had nothing more to do than a change in licensure.

Full disclosure, this is a program that my office oversees. This small but mighty program has done a great job of providing loan repayment or loan forgiveness to not only physicians and nurses, but also a wide range of health professionals who, in exchange for that loan repayment, agreed to practice in medically underserved areas. It is a win-win strategy. Once those individuals have completed their service obligations, we are keeping about seven in ten practicing in the State of Nevada. It is a great strategy to complement other policy measures that I mentioned previously. The young woman in the picture is a nurse practitioner in Lovelock, Nevada, with a specialty in psychiatric nurse practice. They went from zero to one behavioral health provider in that community. This is important in that they still have plenty of unmet behavioral health needs, but a strategy for small communities that will never attract a clinical psychologist or psychiatrist is a use of what we have now, and that is psych mental health and nurse practitioner programs in both the north and south and individuals interested in serving in those communities.

I want to leave you with a [link](#) to some of the recent work of my office, the Nevada Health Workforce Research Center, and reports that will help inform your work and the work of the Legislature as we approach the 2023 Session. We are coordinating with nursing education programs to hold a [Northern Nevada Nursing Summit](#) on July 13, 2022. I would be happy to provide the Committee and anybody taking part in today's meeting with additional information. I am happy to take any questions you have.

***Chair Gorelow:***

Thank you for your presentation, Dr. Packham. Are there any questions from the Committee? Senator Spearman, do you have any questions?

***Vice Chair Spearman:***

Thank you, Dr. Packham. One of the things that we probably need to do better as a state is to look at the licensing time frame for many of the positions. Often, I hear from people who are trying to come into the state that either the timing is protracted or some of the things that some of the boards require for health care professionals are so cumbersome that they decided to go someplace else. I do not think it is a matter of protecting the public safety as much as it probably is just antiquated processes.

***Chair Gorelow:***

Dr. Packham, I was going back to the slides, specifically the ratio population to primary care physicians where the U.S. average is a little over 1,300, and the Nevada average is a little over 1,700. Looking at that U.S. average, is that range where we should be as a country? It seems when I hear from professional organizations, their staff-to-patient or staff-to-student ratios are always less than what the averages are. Could you talk a little bit about what the averages should be versus what they are?

**Dr. Packham:**

I want to be careful because without dodging your question, there is a more nuanced answer, and that is it is only looking at primary care physicians. It is often the case if you go, for example, into a federally qualified health center or a rural health care clinic in rural Nevada, you are probably going to see a nurse practitioner or a PA most—if not all—of the time. I like to think of that U.S. average as a nice aspirational target for our state. Currently, as a state, we are now about twice that rate. If we set the goal to have 1,400 Nevadans per primary care doctor by 2025 or 2030, that at least gives us something to move toward. I would also argue in point, and I want to be careful, is that in many instances, we have health care behavioral health needs that exceed any reasonable definition of what the need is compared to the United States. We probably need more than that average number, but it gives policy makers such as yourself a means of setting a target and then thinking about how to get to that target or approach and improve on that number.

**Chair Gorelow:**

I realize we may be begging, borrowing, and stealing from other states that are also short, in many cases, of these health care professionals as well. I like the idea of growing our own, but what are your thoughts or recommendations on growing someone who is already in the profession? For example, what do you think about taking someone who might be a registered nurse (RN) or has their bachelor of science in nursing (BSN) and making them an advanced practiced registered nurse (APRN), PA, or a doctor? What kind of a process would that look like so that we are not starting from scratch?

**Dr. Packham:**

We already have some of those in progress, and I would point out the work both in southern Nevada, Reno, and Elko. We have an [Area Health Education Centers](#) (AHEC) program that strives to get kids interested in talking about health care careers as early as middle and high school. More importantly, the work of AHEC has shifted to what they refer to as interprofessional education, working in team-based care, but also thinking about career ladders. That young woman I showed in the slide who is a loan recipient now practicing in Lovelock, Nevada, started out as a nursing assistant in that hospital. She quickly moved up and decided she would pursue her RN degree, which led to her pursuing an online master's degree and getting a certificate to practice in psychiatric behavioral health from a nurse practitioner's perspective. It is important in that journey or career ladder, as it was in her case; she always had one foot in health care from a young adult. Having that foot in health care and having an organization, such as the hospital, that was attentive to the fact that they have other needs requiring more advanced education, is one strategy that is dynamite for rural areas. You have students and residents who would like careers in health care, but they want to make more than whatever a nursing assistant makes and stay in the community. There is some of that work already in place.

**Chair Gorelow:**

Thank you for clarifying that because I was not aware of that program. I will look into that.

**Dr. Packham:**

One other thing that is getting a lot of attention right now is our partnerships between higher education institutions and largely hospitals to foster apprenticeship programs. One thing I would like to see disappear are unpaid internships. The idea of apprenticeship

models is you get paid while you are learning how to become a nurse or a medical assistant. Those will go a long way to attracting students compared to the way that we have done that for the past generation.

**Chair Gorelow:**

Thank you. Senator Spearman, did you have a question?

**Vice Chair Spearman:**

Last session, Assemblyman John C. Ellison had a bill that would allow students in high school to take various courses and then at the completion move into some type of an apprenticeship program. Could that model accommodate growing someone who is already there? I do not remember the exact bill number, but students in high school can start taking courses and maybe even looking at some type of combination between that and students who are in high school who are taking college courses, concurrently.

**Dr. Packham:**

The short answer is anything we can do as a state to shorten the time span between when that individual begins their educational journey and when they become licensed and practicing in Nevada, we need to give serious consideration. School of Medicine has a program that accelerates the undergraduate component by allowing folks interested in attending medical school to begin some of that work as early as their junior and senior year and shortening the time frame between when they began and when they get their degree and become prepared for licensure.

**Chair Gorelow:**

Are there any other questions? Okay, seeing none. Thank you again, Dr. Packham. We appreciate you being here, and with that we will close this agenda item.

**AGENDA ITEM VII—PRESENTATION ON ADULT GUARDIANSHIP AND THE PROTECTED PERSONS’ BILL OF RIGHTS ([NRS 159.327](#)) IN NEVADA**

**Chair Gorelow:**

We have [agenda item vii](#). We have presenters, Jonathan Norman and Debra Bookout. Please feel free to begin when you are ready.

**Jonathan Norman, Esq., Statewide Advocacy, Outreach and Policy Director, Nevada Coalition of Legal Service Providers:**

Thank you for the opportunity to present today. The Coalition is made up of northern Nevada legal services, which is [Washoe Legal Services](#); [Legal Aid Center of Southern Nevada](#) (LACSN); [Southern Nevada Senior Law Program](#) in Clark County; and the [Volunteer Attorneys for Rural Nevadans](#) ([Agenda Item VII](#)). Between those organizations, we have around 20 attorneys who are doing full-time direct representation of protected persons and proposed protected persons. This amounts to the representation of thousands of Nevada’s most vulnerable citizens every year. In 2017, there was a major shift in guardianship and the adoption of the Protected Person’s Bill of Rights, and I like to think of the Protected Person’s Bill of Rights as protecting the freedom of people who need a guardianship as much as possible given their situation. It provided those proposed protected persons counsel and the ability to get accurate information. In looking at the guardianship statute, there was a

lot of change in 2017 that was all positive. Now there are some tweaks that could make the statute even better for people who need guardianships in our state.

We have identified nine things that I have lumped into three categories: (1) maximizing the freedom of the protected person and proposed protected persons before guardianship, during guardianship, and those seeking to end the guardianship; (2) protecting the life savings of the protected person and creating accountability when it needs to be spent; and (3) tweaking what is required in the petition.

I will turn it over to Ms. Bookout.

***Debra A. Bookout, Esq., Deputy Directing Attorney, Guardianship Advocacy Program, Consumer Rights Project, LACSN:***

I have been representing adults and guardianship since 2014 when our office accepted our first referral from the Office of the Long-Term Care Ombudsman, ADSD, DHHS. Later I sat on the original Supreme Court [Commission to Study the Administration of Guardianships in Nevada's Courts](#), which recommended several changes to the guardianship statutes and ultimately led to the reforms of 2017. Since January of 2018, LACSN has been appointed to represent every single vulnerable adult and guardianship in Clark County. The court appoints legal aid on an average of 75 new adult guardianship cases each month. Currently, our program consists of 14 attorneys, including myself, and we represent well over 2,000 adult protected persons in guardianship in Clark County. Over the last few years, we have become the experts in guardianship. We have seen firsthand the positive impact of the 2017 legislative reforms and the impact those reforms have had on the lives of our clients, but we have also learned where the changes still need to be made. We will address several provisions in guardianship that are not quite living up to the protections outlined in the Bill of Rights with the revisions that they can do so.

The Supreme Court of Nevada created the Commission to Study Guardianship in 2015. The Commission sat until late 2016 when it issued its final report in September. The report recommended numerous guardianship statutory reforms, policy statements, and other suggested rules. The most significant legislative reform stemming from the Commission's report would be the mandatory appointment of counsel to every person facing guardianship. Another significant change is the enactment of the Protected Person's Bill of Rights, and critically important in that report, was the philosophical shift in viewing guardianship. The Commission's report recommended moving away from viewing guardianship as paternalistic and focusing on person-centered guardianship. The principles outlined in the Protected Person's Bill of Rights that the 2017 Legislature enacted detail the rights that a vulnerable person and guardianship retains throughout the life of a guardianship, the right to be independent, the right to certain freedoms, the right to be treated with dignity, the right to autonomy and decision-making regarding how their money is spent, where they live, who they interact with, and the right to have their wishes and preferences considered when decisions about those things are made. Our proposed revisions are guided by those principles of the Bill of Rights.

While we do not see a lot of temporary guardianships happening, the impact of a temporary guardianship can be extraordinarily devastating to a protected person. Currently, a person seeking a temporary guardianship does not have to specify the risk or medical treatment that the proposed protected person faces, nor do they have to adhere to the general notice requirements. We think the guardianship should have to specify exactly what risk the protected person is facing or what medical treatment is required, and the court should limit any order granting a temporary guardianship to the authority to address those specific

needs. When those protections are not there, a temporary guardian's actions can cause irrevocable harm to a protected person, and we have seen those harms. For example, we had a case in which the petitioner alleged only that the proposed protected person needed medical treatment. The court granted the temporary guardianship, and the order gave the temporary guardian broad authority to act. Before, we could speak to our new client and talk to the family, medical providers, and friends, the temporary guardian had ordered the removal of life-supporting treatment, and the protected person died. We had no opportunity to explore whether this is what the protected person would have wanted. The court had no idea, no information, and did not hear from the protected person about what their wishes were. Therefore, our client had no voice in the decision to end her life. Another example is a case in which a granddaughter filed a temporary petition over her grandfather, alleging that he was being financially exploited. The court granted the temporary guardianship and granted broad authority for the temporary guardian to act. The granddaughter went to the bank, drained her grandfather's accounts, and we never heard from her again. Had the court limited the order in that case to blocking the accounts to protect the grandfather, this would not have happened. The court should be required to limit the authority that a temporary guardian seeks to that need, and the petitioner must identify specifically what that need is.

The issue of visitation and communication was a very important topic during the original Commission hearings. Ultimately, the Commission recommended the protected person be in control of who they communicate and interact with, but this has not been the practice. The courts have consistently allowed families to control who the protected person communicates or visits with, and the court regularly overrides a protected person's desire not to communicate with family or others. The revision we recommend would make clear that this right of communication, visitation, and interaction lies solely with the protected person, and a family cannot force visitation if a protected person does not want it.

There are many life-altering decisions made throughout the life of a guardianship case. For example, where a protected person lives, their community, and the connections they have within that community are extraordinarily important to the health and well-being of a protected person. Yet, when a court allows a guardian to move a protected person to another state or city where there are no community or connections for the protected person, the protected person currently does not have the right to appeal that decision. Similarly, when a court restricts interactions or communications of a protected person with folks they choose to communicate with, the protected person does not have the right to appeal that decision. These decisions affect a protected person's mental health and well-being. We have many senior clients who do not have many years left, and for any decision affecting their quality of life, they should have a remedy. We strongly recommend that these decisions should be appealable, and they currently are not.

The Bill of Rights demands that a protected person be allowed as much autonomy and independence as possible and that their wishes and preferences should be considered in any decision affecting their life. Yet, when it comes to terminating guardianship, the courts have consistently ignored the preferences of the protected person. The protected person faces an uphill battle to terminate a guardianship, and we suggest that anyone objecting to a guardianship carries the burden. If a protected person has provided evidence to the court that the guardianship is no longer needed, then they have met their burden, and anyone objecting to that would then have the burden to prove that the guardianship should not be terminated. That is more in line with the Bill of Rights than we currently have right now.

It seems in guardianship cases that everyone involved wants a piece of the protected person's life savings. Anyone can seek fees from the protected person in guardianship—the

guardian, guardian's attorney, guardian ad litem (GAL), accountant, and so on. Currently, anyone who seeks fees from the protected person must first file a notice of their intent to do so, and if they have done so, the court cannot award them fees unless those fees are determined to be reasonable. There are several reasonableness factors outlined in the statute, including whether the estate can sustain the award of fees, the rate for the work provided is reasonable, there was a delegation of work to others who could do the work at a lower rate, and so on. However, we are seeing the courts routinely awarding fees without making any determination about reasonableness of those fees and awarding fees when no notice has been filed. These revisions would clarify that the court cannot award the fees without notice and require the court to make determinations on reasonableness.

A protected person's entire life savings can be wiped out with an award of fees. Therefore, it is incumbent upon the court to determine whether those fees are reasonable under the statute. For example, we have a case in which the court awarded fees amounting to one-third of the protected person's entire estate without ever addressing whether the estate could sustain such a hit. In another case, the court left a protected person with only \$10,000 in their estate after awarding fees at the attorney's senior rate when the work should have been performed by a paralegal or associate at a much lower rate. The court failed to determine whether that rate was reasonable for the work performed or whether the estate could sustain the award of fees.

In another case, the court awarded \$150,000 in fees in a guardianship case where there was no objection to the guardianship. In that case, the court made no findings regarding whether those fees were reasonable, and the attorneys had failed to file the proper notice of intent to seek fees.

In another case, our client objected to the guardianship. The court granted it. Our client objected to the guardian; the court appointed him anyway. Then the court granted \$40,000 in fees from the protected person, making no findings as to whether those fees were reasonable. In that case, the attorney failed to file a notice of intent.

When the courts have awarded fees in those cases that I just described where there has been no notice, they have done so under the provision that allows compensation and expenses for the guardian. This practice should be prohibited. The 2017 Legislature enacted a specific provision to guide the court in granting fees for attorneys in guardianship, and that is [NRS 159.344](#). It clearly outlines what the attorney and the court must do in granting fees. Any award of fees under [NRS 159.183](#) should be prohibited. The revisions we are recommending would prohibit the court from doing this.

A GAL appointed in a guardianship case can also seek fees from the protected person. While a GAL is prohibited from offering or providing legal services, they nonetheless will bill at their attorney rate if they happen to be an attorney. As you can imagine, an attorney's hourly rate is much higher than that of a nonattorney or GAL, and this practice must also be prohibited. Our recommendation would require the court to award fees to a GAL at a nonattorney GAL rate, which is significantly lower than that of an attorney's rate.

For judicial expediency, we are recommending a couple of other changes. We are recommending that the petition for guardianship provide an email contact address or information for both the proposed guardian and the proposed protected person. We are also recommending that the needs assessment be attached. Currently, a needs assessment is required for the court to grant a guardianship; however, it is not required to be attached at the time the petition has filed. This has led to a lot of confusion and delay in the conclusion of the guardianship petition. Finally, the guardianship Commission's report made it clear

that a guardianship should only be granted as a last resort and that there should be consideration as to whether there are less restrictive alternatives available. We are recommending that for any order granting guardianship, the court should include whether less restrictive alternatives were available, considered, not available, and the reason the guardianship was granted. This is in line with the Commission and also the Bill of Rights in granting independence to the protected person.

Those are the recommendations that would bring the current statutes more in line with the Bill of Rights and what the Commission intended. We have come a long way since the Commission was first created. With a few more little tweaks, we can get much further and provide the protections that vulnerable adults in Clark County and Nevada require. [Chapter 159](#) of NRS would be more in line with the 19 enumerated rights outlined in the Protected Person's Bill of Rights.

I am going to turn it over to Jonathan.

**Mr. Norman:**

Things we think should be changed: (1) the temporary guardianship should identify why the temporary guardianship is needed and be limited to that need; (2) the protected person gets to decide on communication; (3) the protected person should be able to appeal court decisions that have a significant impact on that protected person's life; (4) the protected person's wishes and preferences should be taken into consideration when we are talking about terminating the guardianship; and (5) when the court awards attorney's fees from the protected person's life savings, there should be more accountability. If we are allowing the government through the court to take someone's life savings, even if it might be necessary, we should show our work. That is where the judge should make findings on the reasonableness factors. It should not only be an order that this is reasonable.

It is hard for me to understand when a GAL bills at an attorney rate. I liken it to if you hired a contractor to remodel your kitchen and they break out some drywall. You find out they are billing the demolition of that drywall at a master electrician's rate, you are not going to want to pay that bill because that was not a master electrician doing master electrician work. Having GALs billing at a full attorney rate should not be happening to someone's life savings.

The final thing is shutting that loophole to attorneys who do not file that notice that you are required to serve on all the parties that you intend to seek fees. If you do not go through the right door, then you should be barred and should not be allowed back in; you do not get a second bite at the apple to come in as a professional. That goes for accountants and other professionals that the Commission thought the guardian might need.

Finally, we need to tweak the petition so it has information that makes it easier for the attorney to get to the protected person, talk with them, and understand, with the attachment, what is needed. Those are the changes that would make our guardianship statute really embody the Protected Person's Bill of Rights. I do not want to say our guardianship statutes are not doing a good job. We have come so far, and the changes the Legislature enacted in 2017 were incredible. We are 95 percent there, and we can get that A+.

We are open to questions.

***Chair Gorelow:***

Thank you for the very insightful presentation. This is not my wheelhouse, so tell me a little bit more about a guardianship. What conditions would someone need to be under a guardianship? In my mind, it would be someone who maybe has Alzheimer's or dementia and needs a guardianship. What other reasons would someone need to have a guardianship placed over them?

***Ms. Bookout:***

Our clients present with all kinds of disabilities that make decision-making difficult for them. We have clients who have intellectual disabilities and cannot manage their money. Clients with Alzheimer's and dementia and adults who have been in car accidents and suffered from traumatic brain injury. The range is broad. Because it is so broad, there is not one thing that works to provide the support for everyone. There should be a range of options for folks who need assistance with decision-making, whether it is managing their medical care or paying their bills, which is why the original Commission focused on the person and shifted the view of guardianship from a paternalistic view to the person and the person's needs. We have a lot of seniors with cognitive decline like dementia, different types of dementia like Lewy body or Alzheimer's, but we also have a lot of young people who have suffered from some injury or are born with developmental delay or intellectual disability.

***Chair Gorelow:***

Thank you for that clarification. Can you walk me through the process so I have a better understanding of a court case? You talked about the granddaughter who drained her grandfather's savings. Was the grandfather part of this process or were other family members brought into it? How would something like that look?

***Ms. Bookout:***

In a general case, the petitioner—the person seeking to either be the guardian or have someone else appointed to be the guardian for the protected person—used to be called the protected person's ward. That changed after the 2017 Legislative Session. The petitioner would file a petition explaining why the proposed protected person needed a guardian and then would be required to serve notice to a list of entitled folks, generally folks within the second degree of consanguinity—siblings, parents, children. That is in a general case. Once the petition is filed, and there is service on those entitled to notice, there is a citation hearing. The legal aid gets appointed as soon as the petition is filed. We get notice of a case immediately so we can get involved at the outset. At the citation hearing, all of those entitled to notice can come to the citation and object or not to the request for guardianship. In the temporary guardianship situation where the granddaughter drained her grandfather's account, that was a temporary. Those notice requirements are not required under certain circumstances for those temporaries. In that case, no other family member was notified. We were notified, and the client was notified, but the temporary guardianship was granted before there was a hearing, which is currently what the provision allows. That is how that was able to happen. That is why the suggestion would be, if there is a need for a temporary guardianship, the very specific need should be identified, and the order should only grant authority to address that specific need. That would have prohibited what happened in the temporaries. Those are rare, but the consequences are dire.

**Chair Gorelow:**

You were talking about the fees. Is there any sort of a global fee scale? Balancing a checkbook does not require a certified public accountant. Who gets that? How much would something like that be? Obviously, that is a very simplistic responsibility, but is there any sort of list that would say if a responsibility can only be billed no more than this amount of money?

**Mr. Norman:**

There is no list; that would be great. However, in the provision that addresses fees, it outlines what would be reasonable for services that would be provided outside of guardianship—for example, what it would cost for you to hire a bookkeeper to keep your books. Those are usually guardian expenses though, so if a guardian is hiring an accountant at \$600, but a bookkeeper could do it for \$60, then that is where the court can look at whether those fees are reasonable. The litany under the provisions for attorneys outlines a lot of those different factors for the court to consider what reasonable is for a particular task performed.

**Chair Gorelow:**

Thank you so much. Questions? Seeing there are no questions, thank you again for presenting today to us. We will close this item of business.

**AGENDA ITEM VIII—PRESENTATION ON ADULT MALTREATMENT IN NEVADA AND CHALLENGES AND OPPORTUNITIES TO IMPROVE SYSTEM RESPONSE**

**Chair Gorelow:**

We will have Ms. Tammy Severs and Ms. Jennifer Richards present on adult maltreatment in Nevada. Please begin when you are ready.

***Jennifer M. Richards, Esq., 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:***

Good afternoon. My position was established in 1989 under [Chapter 427A](#) of NRS as a governor-appointed position. For the over 700,000 adults in Nevada living with a disability, the rights attorney works to advance systemic improvement in the aging and disability services network through legal and policy advocacy to ensure that Nevadans can live independent, meaningful, and dignified lives. In addition, the office acts as the designated legal assistance developer under the [Older Americans Act of 1965 \(Agenda Item VIII\)](#). I am joined this morning by Tammy Sever who will celebrate 27 years in state service on July 10. I will turn over the beginning of the presentation to Ms. Sever.

***Tammy Sever, L.S.W., Social Services Chief, Office of the Community Advocate for Elder Rights, ADSD, DHHS:***

The first five types of adult maltreatment that Adult Protective Services (APS) investigates—abandonment, abuse, neglect, exploitation, and isolation—are allegations that we may send over to law enforcement for criminal investigation. Self-neglect, while not a crime, is the failure of a person to provide for themselves. If they are unable to, we do investigate those and get resources and services if the person is acceptable. There is no single pattern of

abuse. Sometimes abuse is a continuous, longstanding pattern of physical, emotional, or financial abuse within the family. Abuse can be related to changes in living situations and relationships brought about either by the older vulnerable person's growing dependence on others for companionship and for meeting basic needs or by a family member's increased reliance on the older vulnerable person for shelter and financial support. It is not unusual for our investigations to have more than one type of allegation for the same person.

We follow [NRS 200.5092](#) for the definitions of a *vulnerable person* for us to open an investigation for those who are 18 to 59 years old. That definition is "one who suffers from a condition of physical or mental incapacitation because of a developmental disability, organic brain damage, mental illness, or has one or more physical or mental limitations that restrict the ability of the person to perform the normal activities of daily living." If we are receiving an intake call on someone who is over age 60—the only criteria a person over 60 years old needs to meet is their age—we can open an APS case.

The demographics of those most victimized by abuse later in life are older females. In 2011, statistics from the [National Center on Elder Abuse](#) and the [Center of Excellence on Elder Abuse and Neglect](#) show a person over 80 years of age is two to three times more likely to be abused and likely to be a person with cognitive impairment. Two-thirds of the reports that were examined identified women as victims; however, victimization does not discriminate by race, sex, income level, cultural ethnic groups, sexual orientation, religion, or marital status. It has been estimated that abuse of elderly women by their spouses is increasing among the growing over 60 age category and that women suffer a higher percentage of abuse than men. Often the client resides with the alleged abuser and has developed a dependency on them to meet some or all their daily care needs. The vulnerable senior often is living with an adult child, significant other, or spouse.

According to the article "[The Sexual Epidemic No One Talks About](#)" by Joseph Shapiro in 2018, the rate of rape and sexual assault against people with intellectual disabilities is more than seven times the rate against people without disabilities. Among women with disabilities, it is about 12 times the rate. I have done this presentation numerous times, and every time I read that last bullet of more than 90 percent of people with developmental disabilities will experience sexual abuse at some point in their lives, it touches me and hurts my heart to read that.

In the lifecycle of an APS case, APS first wants to prevent, so we provide community trainings for the general public and for our community partners—nursing homes, group homes, and hospitals. If we do receive a case, we have a centralized intake that takes our reports and is reviewed by our intake supervisor. The case initiation must be done within three business days. We do triage with a level one or two. Level two cases would be the 72 hours; however, a level one would mean that the worker would have to initiate the case within 24 hours. Often, if we receive the level one, the worker is going out the same day. Once they go out and do their first visit, there is the investigation and then, most importantly, our intervention; we want to stop the abuse. We want to get services in the home for those who need it and who are wanting it. After the case's allegations are [inaudible], there is case closure. After the worker closes the case, but before it is put in case closure, the supervisor must review it to make sure the appropriate investigation was done.

We obviously have a growing problem with elder abuse. It has been referred to as the hidden epidemic in the United States, with estimates that one in ten community-dwelling older adults experienced some form of abuse in the prior year. In FY 2018–2019, APS opened 6,544 cases. In FY 2019–2020, we opened 7,421, and so far in 2021, we opened

8,236. As of yesterday, we have opened 8,298 cases statewide. It is going to continue to grow. They projected state FY 2021–2022 to be 8,485, and we still have this whole week to go, so I think we will definitely make that number. With our outreach campaigns we know that our numbers are going to be moving up.

A person of interest (POI) is the person who is alleged to do the abuse. The highest number is where no family relationship exists, which is 38 percent of our cases; the child is at 30 percent; other relatives are at 20 percent; and 12 percent is the spouse or domestic partner. It used to be the child was the highest number for the POI, but within the last three or four years it has changed; now it has moved up to be the no family.

As far as our workforce, APS is facing a lack of licensed social workers in the state. We recruit and we will get a list of eligible social workers to do an interview, and we may possibly get two or three people on the list to interview. There is the competitive compensation—our state social workers do not make as much as somebody in the private sector, such as a nursing home, home health, hospice, or hospitals. There is the nature of our work that ties in also with the one point of dangerous situations. Most people would prefer to work in an office setting where they are behind a desk and safe. They are meeting one-on-one with people in their own office space. Adult Protective Services social workers are out in the field. We do not know what we are getting into; we have gone into hoarding situations where it is absolute filth where you cannot even go into the home. Our vacancy rate for May was 56 percent, and the Las Vegas APS social worker vacancy rate is 60 percent, which means a higher case load per worker. We have an increase in caseload statewide because of the outreach we are doing and because of our population growth. Our standard that we look at is usually 40 cases per social worker. We have one social worker who currently has 70 cases, so a 50 percent plus vacancy rate means APS staff are carrying double the case load of normal times, placing the quality and timeliness of services at risk.

I will turn it over to Ms. Richards.

***Ms. Richards:***

Now that Ms. Sever has outlined the landscape of adult maltreatment in the state and the challenges of the agency, I would like to go over several national best practices and trends that this body may consider bringing to Nevada to improve system response. The first item is the vulnerable adult protection orders. [Assembly Bill 407](#) (2021) from last session was sponsored by the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs. We believe this is something Nevada should look at and consider for this session. I have submitted an outline of protection orders in Nevada. Existing Nevada law does have several types of protection orders, but typically there must be a specific relationship, especially for the domestic violence protection order. As you heard earlier in the presentation, the majority of POIs in APS cases do not have a family relationship. They will not fit into that box of relief.

When I conducted a national jurisdictional survey, I noted that approximately 18 states and territories have a specialized protective order that provides relief to older persons and or vulnerable adults. Some of the states call them different names. For example, Florida's protective order is called "Exploitation Injunction," but they serve the same purpose and the same function. All these states have recognized the need for this specialized order and put that in their state law. Recently, California and Washington have amended their statutes to expand their protection orders.

As far as what this protection order looks like, in our research analyzing the other states that have these laws on the books, there is some common criteria and elements. First is a broad definition of vulnerable adults, including both the vulnerable adult and an older person over 60 years of age. Another common element is empowering the individual to seek the order for themselves but also allowing APS to act as the petitioner when there is a circumstance that presents as such, and they have outlined that in statute. Some states, such as Washington, have brought in their criteria to allow any interested person to file for the protective order. That seems to be the minority, and I would caution against that practice. What we would like to see in Nevada is empowering the individual to have this remedy and also APS to be able to act as petitioner. Some of the judicial relief that is common to the orders across the jurisdictional survey include restraining conduct, restraining physical access, or prohibiting physical access to a particular location, restraining certain contact, requiring an accounting, restraining the transfer of property, and other judicial relief. Oregon specifically includes custody of a pet in their statute.

With the protection orders, part of why APS is bringing this forward is because it is part of the national recommendation when the agency expanded to serve all vulnerable adults ages 18 to 118. Not only is this a national recommendation, but it will also help us collect and track data that is historically very difficult to obtain for this population. Allowing APS to act as a petitioner will also build upon existing relationships and partnerships with our legal aid service providers throughout the state. This is a tool we can use for early intervention and early case initiation to prevent some of these cases that we see in the headlines when it is too late.

Moving from preventative options, I would like to next talk about access warrants. In a moment, I am going to invite one of our colleagues from law enforcement. He graciously agreed to be here to give the law enforcement perspective. Let me give you a brief background on access warrants. In Nevada, there is no current statute authorizing APS to petition for or obtain an access warrant following denial of entry to a private property premises. While we do have warrants for police officers to obtain in criminal cases, we are talking about a very specific access of the individual to facilitate investigation. What do I mean by that? We have an actual case example that Ms. Sever is going to relay to the Committee for some context as we move forward through this discussion.

***Ms. Sever:***

This case example is only one of many. Our APS received a report of abuse from an apartment complex manager who was concerned about an elderly woman who was living with her adult child. The adult child was not on the lease, so she basically moved in on her mother. There were reports that the daughter was yelling and screaming and intimidating the parent. When the apartment staff would try to speak with the parent regarding the adult living in the apartment who was not on the lease, which was not legal, the adult child would not let the parent come to the door. Our APS social worker attempted to contact and knocked on the door, but the adult child would not let her come in and speak to her parent. The adult child responded to the social worker that she knew her rights and did not have to let anybody have access to the apartment or to her parent. She stated that her attorney informed her of this after several welfare checks were called in by her family. The social worker could see the client sitting in the kitchen; however, the adult child would not allow the social worker to speak to her. The social worker contacted law enforcement's nonemergency line, and a patrol officer arrived at the scene. The adult child refused to let the police in the home, and the police officer informed the social worker that without a warrant, they could not force access as they could see the client was sitting at the table, and there was no apparent distress. This was a southern Nevada case, and we made a

referral to the local law enforcement's detective bureau that specializes in abuse and neglect regarding the isolation. A case was not opened, unfortunately, and we were not able to continue our investigation because we could not get into the home to see our client.

***Ms. Richards:***

As I said in the introduction, there is no current authorization to access the individual when they have been denied entry, even for the purpose of interviewing the client to ensure their safety, well-being, and conduct the investigation. While that is the case in Nevada, most jurisdictions do have a mechanism for applying for and executing a warrant that allows APS to access and conduct their investigation concerning the reports of a vulnerable or older adult. We can get into a bit more about the law, but I would like to welcome Sergeant Mendoza to the table. He has a few words on the law enforcement perspective.

***John Michael Mendoza, Deputy, Storey County Sheriff's Office:***

I am here to provide the perspective of law enforcement on these proposals. I have over 22 years of experience working with law enforcement, and many of my cases have involved seniors or adults with disabilities. My partnership with APS or other multidisciplinary team (MDT) groups is critical to investigate and prosecute cases for adult maltreatment in our jurisdiction, especially in rural Nevada. The cases for adults have used neglect, isolation, and exploitation, and are often difficult and require additional resources that our agency simply cannot provide, such as transportation. Our agency supports this initiative because it will improve early case intervention, thus improving the quality of life of our elderly. Often, we are called to do multiple welfare checks and have no legal authority to access the property. The access warrant will help maximize law enforcement response and use of our limited resources, especially in rural areas. The access warrant will help strengthen coordinated responses between law enforcement, APS, and MDT groups. Regarding the protective order and fatality review teams, our agency supports any initiatives that improve coordinated efforts to help protect Nevada's most vulnerable adult population. Thank you.

***Ms. Richards:***

Thank you for being here, Sergeant Mendoza. With that said, what do the other states look like? I have outlined the national practices. Most states follow a probable cause standard to obtain the warrant. Our sister jurisdiction in Arizona has a robust statute that outlines the process. Additionally, the national practices outline not only to allow access for APS but also for those not to interfere with the investigation. What that entails is oftentimes the APS social worker who is trying to access the individual will be denied interviewing them alone. The person insists on staying in the room, and there is continued concerns of undue influence and exploitation because we cannot speak to the person alone to assess what is going on in that situation. I listed some other states and practices that were unique to those minority states. New York allows the warrant to identify if another party, such as a nurse, is going to accompany execution of the warrant to provide a medical perspective to assess the individual.

Recommendations from the national survey, APS has the independent authority to apply for the warrant. A probable cause standard is used by a majority of states that would be consistent with the Nevada law in this area. The national survey revealed that there must be a denial or refusal of access in order to prove up the affidavit. This is a case where APS has tried to respond to initiate the case and has been denied. Some language outlining that access also includes not interfering and allowing the individual to be interviewed. Best

practice across the jurisdictions that we reviewed indicates that law enforcement or a peace officer will execute the warrant in partnership with APS.

Finally, I would like to look at the end of the life cycle of the case and improvements that can be made in system response, your case evaluation and retrospection, and that is the use of Elderly Abuse Fatality Review Teams. These teams are emerging as a national best practice. The [American Bar Association](#) (ABA) has prepared a robust amount of materials on their website, a list of all the states deploying these tactics, and how they utilize these teams. Essentially, it is a multidisciplinary group with the goal of identifying system gaps in improving victim services across the state. It is unique and is focused on vulnerable adults and older adults. Currently, there are 35 teams in 13 states. According to ABA, members of the teams come from an array of agencies—APS, law enforcement, prosecutors, LTCOP, and other community partners. What is unique about these teams? They are truly geared towards system improvement. It is not a blame and shame. We are not here to look at what went wrong in the case but to address how can we improve the dignity and well-being of Nevadans. The EAFRTs have been demonstrated to be effective. According to the ABA study, participants reported that it enhanced their knowledge, ability to do their jobs effectively, and to collaborate with their colleagues. It facilitated large-level policy changes in practices that lead to systemic changes statewide and in their local communities.

Nevada is already deploying fatality review teams in a few areas. We have in state law a domestic violence fatality review team, a child death review team, and last session, this body passed a maternal morbidity death review team as well.

In conclusion, if we look at the challenges that we are facing in addressing adult maltreatment in Nevada and the caseloads that are increasing, there is a need to address if Nevada should bring some of these national trends and best practices here to improve the system through prevention with a protective order through the investigative stage with the access or special visitation warrant, and through case assessment and evaluation by utilizing the EAFRTs.

I will be open for questions.

***Chair Gorelow:***

Thank you both for that very thorough presentation. Are there any questions from Committee members? Seeing no questions, thank you again for your presentation and we will close this item of business and move forward to the next agenda item.

**AGENDA ITEM IX—PRESENTATION ON RESIDENTS’ RIGHTS ISSUES IN GROUP HOMES AND ASSISTED LIVING FACILITIES IN NEVADA**

***Chair Gorelow:***

We have Ms. Marie Coe here to present on issues related to residents’ rights in group homes and assisted living facilities in Nevada. Ms. Coe, you may begin when you are ready.

***Marie Coe, Interim Long-Term Care Ombudsman, LTCOP, ADSD, DHHS:***

On behalf of the 7,610 residents and licensed residential facility for groups and assisted living facilities, we would like to thank you for the opportunity to speak with the Committee today regarding these issues. I will give you an overview of LTCOP, a short overview of the

regulatory rule and settings rule, some additional challenges that we see, the proposed role of the ombudsman, and then an opportunity for questions ([Agenda Item IX](#)).

The LTCOP is authorized under the [Older Americans Act of 1965](#), which is the federal law requiring each state to have an ombudsman program. If you are unaware of what an ombudsman is, we are advocates for residents in LTC. We receive complaints in LTCOP from anywhere, and based on the complaints we receive, if it is within our role, we will open an investigation and proceed. Some items we can look into are assisting residents with day-to-day concerns, such as health, safety, and personal preferences. We provide information to the community regarding LTC programs in Nevada. We work closely with network partners and educate about our role in our program and how that affects resident advocacy and facilities. We also provide in-service trainings to LTC professionals, whether that be within the facility or out of the facility. A lot of times there might be a misunderstanding of our role or what can be provided in a facility. In addition to our investigations, we also conduct regular unannounced visits into facilities. In this particular setting, we go a minimum of once every quarter into every single facility licensed in the state. We visit skilled nursing facilities, which are a higher level of care, once a month.

A home for individual residential care (HIRC) is a home in the community in a regular neighborhood—could be the house right next door to yours—that is licensed to provide care for two residents. The next facility type is residential facility for groups (RFGs). If a resident has a diagnosis of Alzheimer’s and needs some additional supervision and care, this facility type can provide that additional care with an endorsement. The skilled nursing facilities (SNF) are the highest level of licensed facilities in Nevada, and typically somebody in this setting would have increased medical needs. Currently in Nevada, we have 16,613 licensed residential beds to provide care for residents who need it. Specifically, in RFGs, there are 7,610 licensed beds, so these residents can be affected by this presentation.

The current law regarding lower levels of care and the RFGs requires that within ten calendar days of providing a written notice to a resident, to allow the resident to be able to talk with them if they are being evicted from this setting. The concern is that there are no protections right now for residents in these settings if they are facing an eviction. They should receive a 30-day notice when transferring or discharging, and that notice should also be sent to our office. However, that does not always happen, and there is no mechanism to enforce or penalize the provider for not following that part of the law. If it does happen, that is where the ten calendar days comes into play. The resident has ten days to meet with the owner or administrator of the facility to try to compromise and come to a resolution in order to stay. Oftentimes there may be a behavioral aspect or financial issue that has brought about the eviction in the first place, and there is no forum to adjudicate any of these eviction disputes and allow the resident to have due process.

I provided a chart, and on the left is SNF information, and on the right is the nonskilled facility information, and that would apply to RFGs. You can see the similarities and differences between skilled nursing and nonskilled nursing facilities. One major difference is the discharge or eviction appeal rights. Residents in lower levels of care, regardless of a payer source, are not protected from being evicted by providers. The SNFs currently have protections for residents in these facilities. There are very specific reasons that residents can be evicted or discharged from SNFs, such as if they needed a higher level of care or if there was a behavioral need that the facility could not provide resources and meet the resident’s needs. In nonskilled nursing settings, they do not have these protections, and residents are being evicted to homeless shelters where their needs cannot be met. They may be sent to a hospital. This just happened yesterday where a resident was sent to a hospital and when they were ready to return to their bed, their bed was filled by someone

else, and they were not permitted to return back to their home. With these eviction protections in place, this process would be prevented, and the resident would be afforded due process.

There is an additional concern regarding the home and community-based services (HCBS) settings rule and resident rights. A provider-owned or provider-controlled residential setting is one where the service provider also owns and controls the real estate where the individual lives as distinct from a setting owned or controlled by the person receiving services or their family where the provider merely arrives to deliver services. Some additional requirements apply because research shows that these settings are more likely to limit residents' rights in part due to the inability of residents to fire their service provider without having to move to a new home. Individuals in these settings must have eviction protections in order to be in compliance with the federal settings rule, which will become effective March 2023. This has to do with residents in these lower-level settings who are on a Medicaid waiver. This is a federal requirement that is not currently in place.

The federal language regarding the settings rule states:

The State must ensure that a lease, residency agreement or other form of written agreement will be in for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

Nevada is currently not in compliance with this rule. A change to [Chapter 449A](#) of NRS would bring the state into compliance as well as provide increased protections for all residents in nonskilled nursing settings.

Implementation barriers we have seen are that we do not have the appeal process. Currently, there is a process if somebody is on the Medicaid waiver. If they are denied services, there is an appeal process for that, but not regarding the evictions. Nevada's [landlord tenant law](#) also does not apply to these settings. Illinois has had a law on the books for quite a while that addresses the eviction process for residents in these care settings. Part of Illinois' law is for the residents to receive 30 days' notice of the eviction, including the reason for the eviction and the opportunity to request an appeal of the eviction. That eviction is mandated to be sent to the ombudsman's office; that way, the resident can receive assistance, if they would like, from the ombudsman. In addition, Illinois also has contract requirements that ensure compliance with the eviction requirement so that every contract made by the provider and a resident addresses these eviction requirements and affords the residents the rights to have due process, adequate notice, and specific reasons for being evicted.

Additional challenges that we are currently seeing in Nevada have to do with hospital contracts. We have seen residents who go to the hospital and are transferred to an RFG where the hospital signs a contract for several thousand dollars for three or four months, and when that contract ends, the resident does not have the means to provide the current payment that the hospital has been paying, and the resident then receives an eviction notice. The resident's care needs are being compromised because of this practice, and there are no protections in place for them.

Other issues are the need to apply for services. If the resident does not have the ability to apply for services on their own, they may need a guardianship. Again, there are no protections for this resident to have assistance with that process.

What we are looking for today is protections for all residents. We would like to: (1) establish a universal appeal process to match protections currently in place for SNFs; (2) require a process for eviction letters that are sent to the Ombudsman's Office within 30 days of the proposed eviction—that way, an advocate can go out and meet with the resident and the providers to provide advocacy; and (3) impose penalties for facilities who do not follow this current process.

Our proposed role in this eviction process would change a little bit. We would like to receive all the notices consistently. We would screen the letters and open case investigations as necessary. Currently, we receive all discharged notices from SNFs, and if we see a resident is being discharged to a homeless shelter or somewhere that may be an unsafe location, we open a case for investigation and go meet with that resident to make sure their needs can be met in that setting and that they are consenting to that transfer. Our advocacy role would be to obtain consent first from the resident and then we would assist the resident to file an appeal regarding that eviction. If needed, we could refer to legal services, and we would continue our ongoing advocacy. This is a similar process that happens right now with SNF discharges.

I am open for questions.

***Chair Gorelow:***

We greatly appreciate your time and the assistance and services that you offer to our seniors in Nevada. Are there any questions from our Committee? Seeing none, thank you for the wonderful presentation. We look forward to continuing working with you.

**AGENDA ITEM X—PRESENTATION ON THE HEROES TO EDUCATION PROGRAM TO SUPPORT TEACHING LICENSES FOR VETERANS AND MILITARY SPOUSES IN NEVADA**

[This agenda item was taken out of order.]

***Chair Gorelow:***

We now have Dr. George Ann Rice to present. Please proceed with your presentation when you are ready.

***George Ann Rice, Ed.D., Chief Operating Officer, Heroes to Education:***

Thank you very much. I am grateful to this Committee for letting me come and present [Heroes to Education \(Agenda Item X A-1\)](#). As we all know, there is a crisis in public education not only in Nevada but in all states. We have positions that are unfilled—teachers, Information Technology, custodians, and bus drivers—early retirements, job abandonment, and colleges show declining enrollment. We know what happened because of the pandemic, and we also know that when [Blue Star Families](#) does their annual [survey](#), one of the top issues is employment for spouses of active-duty personnel. Heroes to Education is a public-private partnership. We reach out to veterans, National Guard in each state, reservists, those leaving the service within six months and earlier, and spouses of active-duty personnel to make all jobs and public education available to them—not only teaching but also skilled trades. Participants will have an array of support, not only marketing of what is available in their area but also support in going through the process to get the necessary training and certificates once they get the job. There will not be a cost to participating states, districts, or personnel.

Leadership is under Lieutenant General David H. Ohle. We have eight retired military officers. We have one retired college president, human resources, and me. I am the kindergarten through grade 12 representative. All of them are on the East Coast; I am the only one in the Pacific Time Zone living in Las Vegas. I retired with 34 years of service to the Clark County School District (CCSD). My father was career military with 26 years in active-duty military. We are all volunteers. We have been working at this for five and one-half years without a budget, so any out-of-pocket expenses were truly out of pocket. That is very important.

We are working with and have worked with [Troops to Teachers](#) in order to make sure nobody falls through the cracks. Recruiting these heroes will be conducted by district representatives to identify jobs that go along either with their aspirations or with their current skill sets. We make arrangements and provide mentors for them to help fill in gaps between their knowledge and job requirements. One of the things that is very big is transition mentoring. When we brought together a group of current CCSD and Los Angeles Unified School District teachers who are veterans, we asked them what kind of support they wished to have as they made the transition from military into the school districts. They said they needed transitioning, help with navigating the system, before they need job training, so we built that into the program.

We are also working with the Interstate Compact for Teacher Licenses. The U.S. Department of Defense (DOD) is working with the [Council of State Governments](#) to have interstate compacts for teacher licenses. They have carved out a whole section for military spouses in [Army Research Laboratory](#) (ARL), similar to what our Legislature passed in 2019 to make sure that those spouses who have to go from state to state do not have to continuously meet requirements of new states with each move. Heroes to Education is heading the strategy passage because we cannot wait two to three years to have a majority of the states pass this legislation. We are heading that group to look at how we can get the information to the influencers so that state legislators around the country will know why this is so important.

On the national front, we have presented to the White House [Domestic Policy Council](#), and we are looking for a presidential executive order. The reason for that is we need to get started and be funded right away. Step two is congressional legislation. We have briefed people on the senate and house side of the federal government who are ready to go as soon as we have the nod from the White House. We have total support from Senator Spearman and the U.S. Department of Veterans Affairs—the secretary, deputy secretary, and the undersecretary for benefits. They have designated people who head departments to work with us in a memorandum of agreement stating they support us and what they will do for us. Senator Joe Manchin III (D-West Virginia), Senator Scott, Senator Tammy Duckworth (D-Illinois), Senator Joni Ernst (R-Iowa), Senator Jon Tester (D-Montana), Senator Steve Daines (R-Montana), Representative Michael Turner (R-Ohio), and Representative Elaine Luria (D-Virginia) have been briefed, along with many others, to make sure we have the support.

We have also briefed the leadership of the veterans' services organizations. We are creating models in California, Florida, and Nevada—you may wonder why California and Florida. When we first presented this idea to the [Council of the Great City Schools'](#) human resources directors that make up the 77 largest districts in the country, Los Angeles, San Diego, and Miami-Dade stood up and said if we do not go along and support this effort, we are missing a great opportunity. They have been with us this entire five and one-half years. Those are the states in which we are building prototypes so that when we get the green light, we know

what to do first, second, and so on. These are the districts within the states that are helping us build the models.

We also have advisory groups because you cannot come up with a plan and hand it down. You must involve those who will be the benefactors of the work as well as those who will administer the work. We have an advisory group of military spouses for school safety, transition mentoring, induction and teacher leadership, and alternative route.

These are the outreach agencies. We can reach out to state departments of veterans services for people who are leaving the service and moving to your state. We can make them aware of jobs that are available in public education. We can reach out to state departments of employment and work force development boards. California has 48 of these workforce development boards. Of course, being much smaller, we have two, and Florida has 30-something of these boards. We can reach out to the state departments of education, and every city and county government—Las Vegas, Henderson, Boulder City, North Las Vegas, and Clark County—are willing to put openings on their websites and include them in their representatives' newsletters. We can also reach out to state National Guards, [Work for Warriors](#), [Employer Support of the Guard and Reserve](#) (ESGR). I am working with a person in ESGR in California who lives in Las Vegas who has made an agreement and is trying it out where, if a school district says it has a unique position but it cannot seem to locate anyone for it, he will take the job description, convert it into DD214 language, and take it to all the reserve and guard units to see if there are people who would fit and are looking for jobs. We are also working with the state and the commissioner for the [Military Interstate Children's Compact Commission](#), and [Soldier for Life](#) has become a very important part of this work.

We are working to have access at [Nellis Air Force Base](#) (AFB), and [inaudible] access to the [Airman and Family Readiness Center](#), local military spouse professional networks, and their education offices for [SkillBridge](#). We already have the Air Force's SkillBridge online. I talked to the head of the U.S. Army SkillBridge, which is exciting. Last week, I talked to the president of the board of directors for the Army's Transition Assistance Program (TAP) to get them involved. This is all outreach to make these jobs available and to help them secure the jobs within the school districts. For example, if someone is stationed at [Tinker Air Force Base](#) in Oklahoma and they plan to get out of the service within six months and want to go home to Winnemucca, we want to connect them with the Nevada representative while they are at Tinker to help with the transition.

Chambers of commerce have been very important with their military affairs committees (MAC), and Blue Star Families and [Student Veterans of America](#) are important community groups. We have different locations for community groups—Goodwill in Nevada, Mission United in Florida, United Education Credit Unions, and Silver State Schools Credit Union have helped us immeasurably. We are going to go after the defense-related credit unions such as Navy Federal. We have reached out in Florida to the [U.S. Southern Command](#) for all the military installations that come under the Southern Command. We are working very closely with the [U. S. Army Partnership for Your Success](#) program as well as the Army Reserve units in each of our states. Then we have the national associations working with us.

In each state, we will have a state director. On military installations, we will have a recruiter, counselor, and a placement assistance person. In states like California, Florida, Virginia, or Texas that have multiple installations, they will have more than one of these teams that will become partners for the school districts. That is why the models are so important. How do you go about that? What are those departments? What are those groups that can help you?

On the military installations, we will give personalized service and then help with the transition. We do not want to say, "Okay, here is the job. We are done with you. Move on." We want to make sure that we have training available so they can grow within that job. If someone who wants to be a teacher does not have a degree yet, they can become a paraprofessional or something in their current skill set area. Then they can work in that job, build seniority, and at the same time, prepare for the ultimate career goal that they have.

This is the Nevada prototype ([Agenda Item X A-2](#)). I have state government, the entities within Nevada, and then every single entity, community groups that we have identified so far. What I would like to ask is, if you look at this and you say, oh they have forgotten, or here is a whole group that is just concerned with veterans, National Guard, or spouses, if you would let me know that entity's contact information so that we can bring them in. We have developed this very same thing for Florida and California, and we will be doing it in all the states as soon as we are approved.

The NDE has announced on the reciprocity interstate compact for teacher licensure that they want to be the first in the nation to approve it, so that will go through. They are looking for a sponsor in the interim, a senator who would sponsor it to go through the education committee because it has to do with certification licensure and so on. Nevada announced during a nationwide webinar that they plan to be the very first, and I was very proud of that announcement. I can tell you that in every one of those advisory committees we have, I always make sure there is Nevada representation. I want us to have credit for and be recognized nationally for these things that we are doing.

***Chair Gorelow:***

Thank you for sharing. That is a very exciting. Do we have any questions from the Committee? Senator Spearman.

***Vice Chair Spearman:***

In 2019, we passed the [Nevada National Guard Youth Challenge Program](#). I want to say it was [SB 295](#) (2019) for the school that is going to open up in Elko. The school is for students for whom education is a priority, but the way it is delivered is not. They do not get in trouble. They just need a different way of learning. Have you given any consideration in terms of staffing to that school?

When we talk about Nellis, Creech Air Force Base, and Naval Air Station Fallon, one of the things that I do not know that we do is the National Guard. This is full-time Guard. You have those who do drills once a month, but those who are full-time Guard and those who are members of the Individual Ready Reserve (IRR) are not a part of a unit per se, but they are attached to units when personnel strength falls below what it should be. These are the people that fill in. So all of the branches of the military and all aspects thereof—National Guard, [United States Army Reserve](#) (USAR), and IRR—we need to make sure they are all a part of it.

I have been talking about military spouses forever. When we serve, our families serve. We get the recognition and the retirement, and they get a thank you card and some roses. For the most part, we do not do anything to show our appreciation for what they put in and their sacrifice. How we can use this issue of reciprocity to move Congress towards establishing a federal retirement system? When military spouses go someplace, they must learn or take additional courses for certification, and they are never there long enough to establish any type of retirement. So how can we use this? Can this become part of the

ongoing discussions that you are having? Can we bump it up to Dr. Jill Biden? I know she has a great concern for military families and for education, but at some point, we must do this because we have military spouses who are flipping from one place to another, and they never get a chance to retire.

**Dr. Rice:**

We are working with a school, a military institute in Oakland, and they have this same thing.

**Vice Chair Spearman:**

We modeled it after that.

**Dr. Rice:**

We are working with them. We are working only in southern California because I am the one-man staff working in the field. I thought I was going to get the low-hanging fruit, and they contacted me and asked, "Can we be part of this?" I said, "We are not looking at charter schools right now; public charters in the future, definitely, but we are not doing charters right now." Then they said, "Well, let us tell you who is on our board—the head of the National Guard, the person who is the chair of the Governor's Military Council, and former Governor Edmund G. "Jerry" Brown. Can we be part of this?" I said, "Welcome." We are having to expand to northern California just to accommodate them. We are working with them and whatever lessons we learn with them we will be able to transfer over to Elko.

The National Guard has so far been our go-to agency in all three states. They call the outreach Work for Warriors here and in California. In Florida, they call it [inaudible] or something else. Every single week, they publish openings in school districts and get it out to their people. The agencies in California and Florida have on their databases not only National Guard and Reserve, but also the veterans, separately. As far as the readiness, we have been in contact with the [63<sup>rd</sup> Readiness Division](#) out of California that covers Nevada. We have made them part of this and aware of what we are trying to do.

As soon as we are recognized nationally, military spouses will be one of our top priorities. I believe it can be fixed with a military spouse retirement. If you have a federal government retirement plan for the [Department of Defense Education Activity](#) schools, why could you not include spouses of active-duty personnel within that plan? Once we get all our states, agencies, and so on involved in this, we can reach out and make the case in Congress. We will have community groups, veterans' groups, state groups, and so on to say this must be fixed. That is one of the things with teacher licensure. General Ohle's wife has six or seven state certificates. Every time he received orders that the family was to go, she had to start all over with her career. That is why the law that was passed by our Legislature in 2019 was so important. To say that if you come, number one, you are going to get top priority and not go to the bottom of the pile, and number two, if you are in the middle of an alternative route to licensure (ARL) program, getting that professional experience you need, we will pick up where the other state left off, so you do not have to start all over again. Retirement must be a top priority once we get this outreach established, and it seems to be a no-brainer because you already have the federal system set up; you just have to put spouses of active-duty personnel within that system. By the way, General Ohle's wife has no retirement after 30 something years. We have not been able to get to Dr. Jill Biden, but we are still trying.

**Chair Gorelow:**

Dr. Rice, you answered my question regarding whether this was only targeting public schools or if charter and private were included with that. It sounds like you are just targeting public schools currently, correct?

**Dr. Rice:**

Public schools, currently, but charter schools will be included, no doubt about it.

**Chair Gorelow:**

Any questions from the Committee? Seeing none, thank you again for your presentation. We appreciate you very much.

**AGNEDA ITEM XI—PUBLIC COMMENT**

[Chair Gorelow reviewed instructions for providing public comment]

**Chair Gorelow:**

We will start in Las Vegas. Seeing none, is there anyone in Carson City who would like to make public comment? I do not see anyone coming up to the table. BPS, is there anyone waiting to make public comment on the phone?

**Dora Martinez, Nevada Disability Peer Action Coalition:**

Good afternoon, Madam Chair, Vice Chair, and the Committee. The disability community was informed that, due to the powers that be, they did not eliminate this Committee, and we appreciate that. For some people, the disability community is out of sight, out of mind. We appreciate that you all know we are here and listening. You guys are doing a fantastic job. Thank you so much for the ABLE guy, the famous [inaudible] Eric Jimenez, and Jennifer Richards for doing a great job. Thank you, everyone. I appreciate all of you.

**Chair Gorelow:**

Thank you, Ms. Martinez. It is always a pleasure to have you here. Next caller.

**BPS:**

Chair, there appears to be no other callers on the line who wish to give public comment.

The following submitted written public comment for the record:

- Charles Duarte, Nevada Public Policy and Advocacy Director, Alzheimer’s Association ([Agenda Item XI A](#));
- Anonymously Submitted ([Agenda Item XI B](#)); and
- Terri Laird, Executive Director, Retired Public Employees of Nevada ([Agenda Item XI C](#)).

***Chair Gorelow:***

Are there any comments from members before we adjourn? Seeing none, I want to thank everyone for being here today, especially our LCB staff and BPS for all the hard work you have put in behind the scenes. That concludes our meeting for today. Our next meeting will be our work session on Tuesday, August 16 at 9 a.m. Meeting is adjourned.

**AGENDA ITEM XII—ADJOURNMENT**

There being no further business to come before the Committee, the meeting was adjourned at 1:25 p.m.

Respectfully submitted,

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Erin Andersen  
Research Policy Assistant

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Ashlee Kalina  
Senior Policy Analyst

APPROVED BY:

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Assemblywoman Michelle Gorelow, Chair

Date: \_\_\_\_\_

## MEETING MATERIALS

| AGENDA ITEM                        | PRESENTER/ENTITY   | DESCRIPTION                        |
|------------------------------------|--|------------------------------------|
| <a href="#">Agenda Item II A-1</a> | Steven Cohen, Alumni, Lee Business School, University of Nevada, Las Vegas   | Written Testimony                  |
| <a href="#">Agenda Item II A-2</a> | Steven Cohen, Alumni, Lee Business School, University of Nevada, Las Vegas   | Email clarifying Written Testimony |
| <a href="#">Agenda Item IV</a>     | Erik Jimenez, Chief Policy Deputy, Office of the State Treasurer   | Microsoft PowerPoint Presentation  |
| <a href="#">Agenda Item V</a>      | Josh Cunningham, Project Manager, Employment, Labor and Retirement, National Conference of State Legislatures; and Bobby Silverstein, Principal, Powers, Pyles, Sutter and Verville PC; Policy and Legislative Counsel, State Exchange on Employment and Disability      | Microsoft PowerPoint Presentation  |
| <a href="#">Agenda Item VI</a>     | John Packham, PhD., Associate Dean, Office of Statewide Initiatives; Co-Director, Nevada Health Workforce Research Center, University of Nevada, Reno School of Medicine   | Microsoft PowerPoint Presentation  |
| <a href="#">Agenda Item VII</a>    | Jonathan Norman, Esq., Statewide Advocacy, Outreach and Policy Director, Nevada Coalition of Legal Service Providers; and Debra A. Bookout, Esq., Deputy Directing Attorney, Guardianship Advocacy Program, Consumer Rights Project, Legal Aid Center of Southern Nevada | Microsoft PowerPoint Presentation  |
| <a href="#">Agenda Item VIII</a>   | Jennifer M. Richards, Esq., Chief Advocacy Attorney, Office of Attorney for the Rights of Older Persons and Persons with a Physical Disability, an Intellectual Disability or a Related  | Microsoft PowerPoint Presentation  |

| AGENDA ITEM                       | PRESENTER/ENTITY   | DESCRIPTION                                 |
|-----------------------------------|--|---|
|                                   | Condition, Aging and Disability Services (ADSD), Department of Health and Human Services (DHHS); Tammy Sever, L.S.W., Social Services Chief, Office of the Community Advocate for Elder Rights, ADSD, DHHS |   |
| <a href="#">Agenda Item IX</a>    | Marie Coe, Interim Long-Term Care (LTC) Ombudsman, LTC Ombudsman Program, ADSD, DHHS   | Microsoft PowerPoint Presentation           |
| <a href="#">Agenda Item X A-1</a> | George Ann Rice, Ed.D., Chief Operating Officer, Heroes to Education   | Microsoft PowerPoint Presentation           |
| <a href="#">Agenda Item X A-2</a> | George Ann Rice, Ed.D., Chief Operating Officer, Heroes to Education   | Heroes to Education State Outreach Contacts |
| <a href="#">Agenda Item XI A</a>  | Charles Duarte, Nevada Public Policy and Advocacy Director, Alzheimer's Association  | Written Public Testimony                    |
| <a href="#">Agenda Item XI B</a>  | Anonymously Submitted  | Written Public Testimony                    |
| <a href="#">Agenda Item XI C</a>  | Terri Laird, Executive Director, Retired Public Employees of Nevada  | Written Public Testimony                    |

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