



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

**MINUTES**

**August 16, 2022**

The fourth and final meeting of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs for the 2021–2022 Interim was held on Tuesday, August 16, 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 A. 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 O. Melgarejo, Principal Policy Analyst, Research Division  
Sarah Baker, 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:***

Welcome to the fourth and final meeting of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs for the 2021-2022 Legislative Interim.

[Chair Gorelow went over housekeeping reminders and meeting logistics.]

If you do not wish to testify, you may want to sign in so there is a record of who is interested in a particular topic in the event the Committee needs to contact you later. As a reminder, meeting materials can be accessed on the Committee's webpage.

We are going to get started. There will be a public comment period at the beginning and end of the meeting and public comment is limited to three minutes per speaker. In addition to testifying in person, members of the public may provide public comment in four different ways, all of which are listed on the agenda.

Members, there is public comment that was emailed to the Committee that is available on the Committee's meeting page ([Agenda Item II A](#)) ([Agenda Item II B](#)). We will start in our physical locations and then move on to anyone who has called in to testify.

## **AGENDA ITEM II—PUBLIC COMMENT**

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

Is there anyone in Carson City who would like to provide public comment at this time? I do not see anyone coming to the table. Is there anyone in Las Vegas who would like to provide public comment at this time? Please come forward.

### ***Michelle Rose, Private Citizen:***

I am the parent of a child with a disability. Thank you for the opportunity to share my family's story and discuss what I believe has become an emergency in the state of Nevada. The issue I will be speaking about is Medicaid home- and community-based provider rates. I come before you as the parent of a severely handicapped 33-year-old adult who has a caregiver. I struggle to keep her as my son's caregiver because her wages are so low.

Medicaid provider rates in the state of Nevada are currently insufficient to cover the hourly wages for direct support professionals or professional care attendants. This state has gone backwards. Caregivers are receiving between \$11.75 and \$13 per hour of the \$17.56 reimbursement rate. After the pandemic, wages were raised exponentially across the state to between \$15 and \$17 per hour for jobs that do not require care for people with disabilities. For example, Starbucks pays \$16 an hour and Target pays \$15 an hour and there are many more.

Providers like Opportunity Village, Easterseals, Capability Health, and the many private companies that provide in-home services that cannot recruit qualified, reliable people to employ without a state Medicaid rate increase. At the current wages, who can compete with the retail sector or other industries? This puts our most valuable people in society at risk.

Without providers, families cannot go to work. We must provide care for our loved ones at home.

This further exacerbates the support system and has become a systemic issue across the state. There are hundreds of families with loved ones sitting at home, unable to get into a program because provider organizations cannot hire the necessary support staff. The waiting list for services grows regularly. One parent or family member has not gone back to work because their parent must stay at home with their child.

I try very hard to keep my son in my home. This is beneficial for him and the state since the residential housing cost is three times more than providing in-home caregivers. With the provider rate as low as it is, this is becoming increasingly difficult. If I fail at caring for my son, it will cost the state more money. Please help me and other families like mine. Please find a way to increase Medicaid provider rates to make sure our family members can get the services they need. Thank you for considering this very important issue I have brought before you today.

***Chair Gorelow:***

Thank you for being here and sharing your family's story. Is there anyone else in Las Vegas who would like to provide public comment?

***Tracey Richards, Private Citizen:***

I am a home care worker in Nevada, and I have been a home care worker for over 16 years. I have to say, I agree with the young lady who came up here. I thank her, and she keyed in on a lot of points that we are dealing with out here. I would like to represent over 13,000 caregivers here in Nevada. It is a struggle to deal with the hardships that I go through day to day as a caregiver from gas to groceries to utilities. Inflation has been an issue since our wages have not been increased. They need to be increased, but as the young lady who just spoke said, for that to happen, Medicaid needs to be increased as well.

We are needed. We are essential. Everyone in this room is going to have a person in their family who needs one of us. This is necessary as well as that second round \$500 payment that has not been sent out either. It does not make any sense. I am here to represent the caregivers in Nevada. I have been a caregiver for 15 or 16 years out here. We are essential. We are needed, and the increases are also needed. I struggle with gas, bills, and groceries. It is real, and it is rough, so I want to get up here and speak on behalf of that and to speak in support of the increases. We are needed out here. Families need us. Thank you for listening to me today.

***Chair Gorelow:***

Thank you for being here. I appreciate you sharing your story with us. Is there anyone from Carson City who wishes to speak? I do not see anyone. Broadcast and Production Services (BPS), is there anyone on the phone who would like to give public comment?

***Lisa Foster, State of Nevada Association of Providers (SNAP):***

Licensed by the Aging and Disability Services Division (ADSD) of the Department of Health and Human Services (DHHS) and funded by Medicaid, SNAP members provide residential services, also known as supported living arrangements; jobs; and day training services to adults with intellectual disabilities throughout the state.

You have heard a parent testify about their frustration with maintaining consistent services for their adult child. These parents cannot count on maintaining employment themselves due to the uncertainty of whether their child will be able to receive services from day to day. This, of course, is due to the provider's inability to maintain a stable workforce. At SNAP, we track the turnover rate quarterly among these providers and that rate is currently at 140 percent on an annualized basis.

The state issued American Rescue Plan Act (ARPA) of 2021 (H.R. 1319, 117<sup>th</sup> Congress) funds to increase wages through 2022, but this increase only allows providers to offer a starting wage of just over \$13 an hour. Fast food has always been SNAP's biggest competitor, with starting wages listed at \$15 an hour on In-N-Out Burgers' website yesterday. The skills required for that job and those needed to care for an intellectually disabled person do not compare.

We are asking the Legislature to approve a budget that will pay a wage that stabilizes the workforce caring for these Nevadans. The wages need to be better than the fast-food industry, wages that will attract caring, consistent workers who will strive to assure that all Nevadans receive the support they need and deserve, especially the thousands with intellectual and developmental disabilities.

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

I want to bring to your attention the slogan "About us, without us." Please consider that as you make recommendations about personal care attendants. My son does work, and he makes more than the important people who are taking care of the disabled community. He makes \$20 an hour, and I wish we would hire these folks at \$25 an hour, which is enough to pay for rent and all the expenses that have gone up. Please keep that in mind. I have always said that the disabled community is always the first to be forgotten and the last to be considered.

I know that Nevada is well known for including people with disabilities. We started with the Right to Parent Act ([AB 140](#)) 2019 sponsored by Assemblywoman Lesley E. Cohen, and everybody voted for it. Thank you for that. Last year, Assembly Bill 121 (2021) ensured that people with disabilities and underlying health issues can vote comfortably at home with this awesome, accessible, and secure voting platform, so please keep that in mind. Home means Nevada.

***Chair Gorelow:***

Thank you for calling in. It is always a pleasure to hear your voice. Are there any more callers who wish to give public comment?

***BPS:***

The public line is open and working but there are no additional callers at this time.

***Chair Gorelow:***

Thank you. Since we have no more calls, we will move on to our next order of business, Agenda Item III, which is the approval of the minutes for the meeting held on June 28, 2022. All members have access to the draft minutes, which are posted on the Committee's webpage along with other documents for this meeting.

### **AGENDA ITEM III—APPROVAL OF THE MINUTES FOR THE MEETING ON JUNE 28, 2022**

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

Committee members, are there any questions regarding the minutes from the previous meeting? Seeing none, I will entertain a motion to approve the minutes from the Committee meeting on June 28, 2022.

VICE CHAIR SPEARMAN MOVED TO APPROVE THE MINUTES FOR THE MEETING ON JUNE 28, 2022.

ASSEMBLYWOMAN CONSIDINE SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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

We will now move on to Agenda Item IV, a presentation on the report and recommendations from the Home Care Employment Standards Board from DHHS concerning the wages and working conditions of home care employees.

### **AGENDA ITEM IV—PRESENTATION ON THE REPORT AND RECOMMENDATIONS FROM THE HOME CARE EMPLOYMENT STANDARDS BOARD OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES CONCERNING THE WAGES AND WORKING CONDITIONS OF HOME CARE EMPLOYEES**

#### ***Marlene Lockard, Government Relations Consultant, The Lockhard Group, SEIU 1107:***

I represent SEIU 1107, the largest union of health care and public workers in Nevada. Thank you for the opportunity to report on the progress of Senate Bill 340, which was approved last legislative session. I am very pleased to report that the Committee is operating as intended for the first time in the state's history. This legislation has brought together representatives of home care providers, recipients, and employees to discuss and find solutions for the myriad of issues that have contributed to the low wages, poor working conditions, and chronic shortage of home care workers in Nevada.

You have heard firsthand from witnesses this morning who have direct experience with these problems. About a year ago, the Guinn Center issued an assessment of the personal care workforce in Nevada, reporting that a dire crisis was on the horizon, creating a dangerous home care worker shortage which will hurt Nevada seniors, people with disabilities, and home care workers alike.

To compound an already simmering public policy time bomb, *Elders Count Nevada* indicates that the state has been and will continue to experience an aging tsunami. Nevada's population has increased by 11.42 percent while the 65 and older population has increased by 40 percent. Nevada's growth rate for ages 85 and older is double the national rate.

As you have heard, there are approximately 13,000 personal care aides who assist elderly and physically disabled Nevadans with daily living tasks such as bathing, eating, toileting, and mobility in their clients' homes. This workforce is disproportionately made up of women of color who are currently paid an average of only \$11 an hour with few to no benefits. Close to half of the workforce relies on some form of public assistance because of low wages and inconsistent hours.

Home care workers play a critical role in keeping seniors and adults with disabilities out of expensive and less desirable care settings. For example, Nevada saves an average of \$70,000 per year for every senior who is served through the Home and Community Based Services Waiver for the Frail Elderly instead of a nursing facility. Despite the important role that home care workers play, which has been even more evident during the Coronavirus Disease of 2019 (COVID-19) pandemic, the home care industry suffers from a 50 to 100 percent turnover rate due to the lack of compensation and respect afforded to these women.

Lastly, most of the home care in Nevada and nationally is delivered through Medicaid. Most individuals needing care cannot afford to pay out of pocket. Through its role of setting reimbursement rates and other Medicaid policies, the state is responsible for setting unemployment and working conditions for the home care industry at large. It is critical, as you will hear, that one of the recommendations is to increase the rate reimbursement to providers and workers.

I want to commend you and the 2021 Legislature for having the foresight to enact legislation like SB 340 to immediately addresses this critical issue. Deputy Administrator Cody Phinney has been tasked to chair the Home Care Employment Standards Board created by that bill and I would like to thank and commend her for her leadership and professionalism. Cody will now go through the specific recommendations that have resulted from the hard work of this board. I will be available after her presentation to answer questions.

***Cody Phinney, Deputy Administrator, Division of Public and Behavioral Health (DPBH), DHHS:***

I have had the privilege of being appointed the chair of the Home Care Employment Standards Board on behalf of DHHS. Thank you for allowing us to speak today about the Board's recommendations for improving home care in Nevada.

As part of our investigation, the Board has reviewed reports from the Office of the Labor Commissioner, Medicaid, and the Bureau of Healthcare Quality and Compliance (HCQC), DPBH, DHHS, which is the entity responsible for licensing home care agencies. The Board also conducted an extensive survey of home care workers and employers. The Board's final report and set of recommendations are due to the DHHS director at the end of this year, but several recommendations have already been approved and are in the process of being implemented. I will now go through those in more detail.

The first recommendation we worked on had to do with agencies covering the cost of training for employees. Due to some ambiguity in the regulations for personal care agencies, many workers reported that they were paying for the state-mandated training out of pocket. The Board passed recommendations to amend some of our regulations to specify that the employers, not the workers, are paying for those trainings. That regulation is in the

final stage of approval and will require that the administrators of those agencies ensure that training costs are covered.

The next piece of our recommendations has to do with accountability related to the ARPA funding that was made available to improve this service. As part of that ARPA funding initiative, Nevada Medicaid had two initiatives to support home care. The first was two rounds of \$500 checks to home care workers that totaled about \$13 million. The workers had to meet certain criteria like serving Medicaid patients and serving during certain time periods. Unfortunately, due to some of the logistics involved with that, the program for workers was voluntary for employers; about 25 percent of the employers did not apply for that program, so anyone employed by those agencies was not able to get those \$500 payments.

The second piece Nevada Medicaid was working on were supplemental payments to the employer agencies. Those payments could be made automatically to the provider agencies based on what they had billed Medicaid for, but this program did not include a lot of policy on how the funds must be spent. In response to both of those issues, the Board passed recommendations asking Medicaid to: (1) reopen the application period for the first round of \$500 checks; (2) send a notice to employers to the agencies stating that they were expected to apply for those funds; and (3) require the employers to report on how they spent those supplemental payments that went to the agencies.

The next important piece of our recommendations involves the reimbursement rate and wages. As we have heard discussed this morning, the current reimbursement rate for agencies from Medicaid is \$17.56 and the average worker's wage according to our work has been \$11. The Board passed a recommendation that Nevada Medicaid include in its budget an enhancement to increase the reimbursement rate for personal care agencies to \$25 an hour, create a minimum wage of \$15 an hour, and require agencies to pay at least \$15 an hour to the workers providing the service.

Our next focus was on worker education related to their rights as employees. We have referred to this as "know your rights" and the Board has had a lot of discussion, including with the Office of the Labor Commissioner and our employer members, who have provided valuable information on this around compliance with existing labor law. Compliance with these laws is critical for those employers who want to follow the rules, but it can become an advantage to employers who want to break the rules, so it is important that we can enforce this as well.

Many workers testified at Board meetings and reported in the Board's survey that they do not receive benefits, such as paid time off, overtime, and mileage reimbursement, even though there are laws extending these benefits to employees. The Board is finalizing language for a "know your rights" bulletin that is designed to explain in plain language the current labor laws and policies around home care workers' rights and employers' obligations, including benefits that workers are entitled to and the importance of not being misclassified as an independent contractor.

The process the Board is considering would require that every home care worker receive a copy of the notice and sign an attestation that the agency explained what it means. The notice would be updated regularly to ensure consistency with any changing labor laws. In addition, the Board has recommended that Nevada Medicaid require personal care agencies that participate in their program to classify home care workers as employees and not as independent contractors.

Finally, the Board has created a Subcommittee on Systemic Racism and Economic Injustice to dive deeper into that issue and how that intersects with the home care industry. As you have heard, most workers in this industry are women. They are also largely people of color and there is a lot of intersection there. We have heard some very compelling testimony from Board members, workers, employers, and recipients of personal care services regarding this issue, and those recommendations are forthcoming as that subcommittee continues its work.

Those are the recommendations that we have finalized so far. Thank you for allowing me to share our important work. We are happy to answer any questions that the Committee might have.

***Chair Gorelow:***

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

***Assemblywoman Considine:***

Thank you for the presentation and for your work on this Board. You mentioned the first round of \$500 payments, but I have heard multiple times that the second round of payments has not gone out. Is there any information or updates you can provide on that?

***Ms. Phinney:***

My understanding is that the second round of \$500 payments has not yet gone out, but I would appreciate the opportunity to confirm that for you with our partners at Medicaid.

***Assemblywoman Considine:***

Yes, please. We would like that information.

***Ms. Phinney:***

Kirsten Coulombe is here if you are willing to indulge that.

***Kirsten Coulombe, Chief, Long-Term Services and Support Unit, Nevada Medicaid:***

You are correct that we are currently working on issuing a second round of applications for the \$500 payment. For those who might not be familiar, Nevada Medicaid is utilizing an ARPA-enhanced funding opportunity through Section 9817, so it is a little different than some of the other ARPA funding available through the Office of the Governor, for example. This is specific to home- and community-based services, and the enhanced federal matching does allow us to have some initiatives specific to home- and community-based services. First, we had to submit a spending plan to receive approval, and back in November, once we received Centers for Medicare and Medicaid Services (CMS) approval, we worked on applications, had providers apply, and then we could issue payments in March.

As Ms. Phinney mentioned, we are working closely with the Board to receive feedback on how we can make the next round of payments a better process for the recipients and reach out to the providers that did not apply. We sent out a survey about two weeks ago and we will be sending it out one more time to solicit feedback on why providers did not apply. In Nevada Medicaid, we might have a list of enrolled providers but that does not mean they are always actively serving Medicaid recipients, or they might not have caregivers available.

We sent out a survey to better understand why providers did not apply the first time so we can take that information and incorporate it before the second round of payments. We are trying to make that process a little bit easier. I hope that helps answer the question.

***Chair Gorelow:***

I have a follow-up question. Do we have an anticipated date or timeline when that second round will go out?

***Ms. Coulombe:***

I probably should have mentioned that. I think our Supplemental Payments Unit, which works on those reimbursements, is currently working on our 15 percent supplemental payment. We have some internal challenges because of a few vacancies, but our goal is to have that done in the next couple of weeks. We are working on updating the application. We had some frequently asked questions that were posted on our website. Behind the scenes, we are trying to get that documentation up on our website and ready to go so that when we do send out notices to our partners, that information will be ready. We pulled the last application down from our website because we did not want to confuse anyone.

Also, based on the Home Care Employment Standards Board recommendations, for any provider that responds to our survey or that reaches out to us, we are also opening that first round of \$500 payments for those workers. We are working on processing those if providers would like to apply now, and our goal is to make sure that any eligible caregiver who has their employer apply on their behalf can receive those funds.

***Chair Gorelow:***

Thank you. Are there any other questions from the Committee?

***Vice Chair Spearman:***

I think Ms. Coulombe answered part of my question because I was going to ask how we can use some of the allocated ARPA funds to mitigate this problem. I think Ms. Phinney and Ms. Coulombe were both there when I chaired the Senate Committee on Health and Human Services during the 2017 Session, and we tried to get these Medicaid reimbursement rates up in 2017, 2018, and 2019. As I remember, it came down to a matter of funding in terms of revenue stream with the state. I am glad to see that we are using ARPA funds now.

I want to press to see if there are any other adjacent agencies that might be doing something where there is another intersection. Ms. Phinney, I heard you talk about systemic racism and the intersection between home care workers being women and people of color because those are the people who are also being heavily impacted by the affordable housing crisis. I did not hear the ladies who spoke at the beginning during public comment say that that was part of the struggle. I did hear one person mention gas and groceries and that sort of thing, but I am wondering if there are any other resources that we might be able to tap that are collocated in this dilemma that will help us maximize those dollars. That is number one.

***Ms. Phinney:***

I appreciate you bringing that up. We have heard from the workers on the Board and other workers that housing prices are problematic for them and that some of them are looking for

housing. We have endeavored to bring some of the information from other agencies into the Committee meetings, for example, related to the “know your rights” document, and tried to connect some of those folks with other agencies. I am not aware of a large-scale housing effort at this point that has an intersection here, but we are more than happy to make those connections and help communicate that information wherever we can.

***Vice Chair Spearman:***

I am not quite sure if this crosses boundaries, but what comes to mind is that the Nevada Equal Rights Commission and some other social justice organizations may have some information about how those intersections have become more prominent for women and people of color. If we can look at where those intersections occur—there are probably a lot of them down here in southern Nevada simply because of size and demographics—we could then make the case for more dollars from other tangential agencies to ensure we can maximize that. I cannot imagine the struggles of someone who is trying to make it on \$11 to \$13 per hour. We can look at that.

I am interested in the systemic racism piece because we passed several bills last time associated with Senate Concurrent Resolution 1 from the 32nd Special Session (2020) declaring racism a public health crisis in Nevada. Senate Bill 341 (2021) changed the way health care delivery is supposed to go to Black, Indigenous, and People of Color (BIPOC) communities. I want to look at that because maybe there is some cross analysis that can be done with Tina Dortch, Program Manager, Office of Minority Health and Equity, DHHS.

I am also curious about the enforcement piece. Maybe I did not catch it, but you said we need an enforcement mechanism. We covered this in 2016, 2017, and 2018, and I believe we also did it in 2019. What do we need to be doing differently?

***Ms. Phinney:***

We have some capabilities for enforcement with HCQC. We are working on some of those regulations I mentioned. A number of these issues are also related to enforcement of labor laws, and we have heard from Committee members and other workers in our committee meetings that the labor laws as we understand them appear to not be applied evenly across this industry.

We are also working to educate the population about their rights and make sure that home care workers—who are, by nature of the business, perhaps somewhat isolated from other workers because they are working in people's homes—have that information, understand it, and can make informed choices about being an employee versus being an independent contractor and getting benefits that are afforded to employees.

Again, the board is working closely with the Office of the Labor Commissioner, and we are very hopeful that there will be a new labor commissioner appointed soon. The staff, particularly HCQC staff, has learned a great deal about some of these other issues that are not in Chapter 449 (“Medical Facilities and Other Related Entities”) of NRS that HCQC enforces but exist in labor law. We are exploring where we can make those connections so that if we discover that some other body needs to enforce that, we can make those recommendations and referrals and improve enforcement overall in that way. Does that make sense?

***Vice Chair Spearman:***

It does. I have one last question. I believe the 2016 Interim Finance Committee heard a presentation from the Legal Aid Center of Southern Nevada that highlighted how seniors were being scammed and mistreated. There are probably some seniors in the pool of home health care workers. I know that in 2017, we enacted enhanced penalties for anyone who exploited someone who I think was 62 or maybe 64 years old. That may be another avenue to get people's attention. If there is any information that you can put up on the website or maybe disseminate in a newsletter to alert folks who may be indulging in this behavior, the possibility of enhanced penalties might get their attention.

We are at a critical time right now in terms of people's economic stability and survivability and it irks me to no end to know that there are people providing a service to folks who really need it and are being taken advantage of by their employer or the person who was contracted to do this. Look at what the Office of the Attorney General's Bureau of Consumer Protection; we may find some remedies there. If possible, let us also look at what we need to do if there is another bill draft request (BDR) going forward because maybe something could be done in the BDR that would strengthen that enforcement while working with the Office of the Attorney General to make sure that it is airtight.

***Chair Gorelow:***

Are there any other questions from Committee members? I do not see any. I want to take a moment and thank the home health care workers for all that they do. It is an essential position. I know how important it was to my mom when we had a home health care worker taking care of my dad before he passed away. We will continue this conversation.

If there are no more questions, we will close this item of business and move on to [Agenda Item V](#), our work session.

**AGENDA ITEM V—WORK SESSION—DISCUSSION AND POSSIBLE ACTION ON RECOMMENDATIONS RELATING TO:**

***Chair Gorelow:***

You should have the "Work Session Document" (WSD) in your binders ([Agenda Item V](#)). It is also available on the Committee's webpage. Ms. Kalina will walk us through the document.

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

As nonpartisan staff, I can neither advocate for nor against a measure that comes before the Committee. I will now provide a short overview of the work session. While the WSD is designed to assist the Committee in determining what actions it wishes to take, each item in this document may be subject to further discussion, refinement, or action.

It is important to remember that the Committee is limited by statute to six legislative measures or BDRs and any recommended legislation proposed by the Committee must be approved by a majority of the members. The members may also vote to send as many letters of recommendation or support as they choose and include position statements in the Committee's final report.

I will now walk the Committee through the recommendations in the WSD.

## **A. PROGRAMS TO ASSIST SENIORS WITH DEMENTIA AND THEIR CAREGIVERS**

**Ms. Kalina:**

The first recommendation is to draft a bill to include structured family caregiving as a covered home- and community-based service for certain Nevada Medicaid recipients. The program would include: (1) a choice for participants to have a spouse or other legally responsible individual as caregivers; (2) a choice for participants of the community settings where they will receive care; (3) a requirement that caregivers must become employed by a personal care agency or intermediary service or organization and receive training stipulated by the ADSD of DHHS for a participant's personal plan of care; and (4) a daily stipend based on the percentage of the per diem rates paid to the personal care agency or intermediary service organization.

As an additional note, other states have designated the percentage of the per diem rate anywhere from 40 to 65 percent, and in discussions with Chair Gorelow, she recommended that the percentage be set at 65, but that is open to discussion with Committee members. There are three attachments related to this recommendation, which are labeled A, A-1, and A-2. Attachment A-1 is an example of a similar program enacted in Missouri, and Attachment A-2 compares the Missouri program against similar programs established in Georgia and South Dakota.

This recommendation was proposed by Charles Duarte, the Nevada Director of Public Policy and Advocacy of the Alzheimer's Association, and Barry Gold, the Director of Government Relations with AARP Nevada, based on information and testimony provided during the Committee meeting on March 22nd, 2022. Mr. Duarte is participating in person in Carson City and Kirsten Coulombe with the Division of Health Care Financing and Policy is participating via Zoom. They are both available to answer questions from the Committee.

**Chair Gorelow:**

Are there any questions or comments from Committee members?

**Vice Chair Spearman:**

This is a comment, not a question. One thing that has been proven in research is that hearing loss for seniors is connected in many ways to the advancement of dementia. Maybe I missed it, but I did not see it here. Even if we cannot cover it, we might consider adding some language that acknowledges that we must make sure that hearing aids for seniors are covered in some form through Medicaid. I know that dementia is also a form of memory loss. I am not a doctor, and I do not play one on TV, but I think that is true.

**Chair Gorelow:**

Mr. Duarte, are you available to comment on that? We were having a discussion, and we do not think that quite fits with our recommendation, but your thoughts would be appreciated.

**Charles Duarte, Nevada Director of Policy and Advocacy, Alzheimer's Association:**

It is a pleasure being here and I appreciate the fact that you are considering a couple of our proposals for potential BDRs. Regarding hearing loss, Vice Chair Spearman is correct; studies show that it can exacerbate or advance dementia in individuals who are already experiencing the early stages of dementia. I do not think this recommendation directly

addresses whether Nevada Medicaid or even Medicare covers that as a medical expense. I believe Medicare does not cover it, but if Medicaid were to cover it for individuals, that would certainly be a benefit and something a physician could recommend or prescribe.

***Vice Chair Spearman:***

I think last year, United States Congress proposed changes to Medicare that included hearing aids. That is not directly associated with this bill, but perhaps we might look at some resolution urging the U.S. Congress to revisit that and pass funding for hearing aids. Dementia is a very serious issue not only for our seniors, but also for their caregivers and family members who are living with them. If we cannot do it with this BDR, then maybe we can consider some type of concurrent resolution asking our federal delegation to revisit that. I just want to get this on the record.

***Chair Gorelow:***

I agree. Hearing aids are very expensive, and they are definitely a necessity for our elderly population.

I am requesting a motion to approve the recommendation for the Medicaid Structured Family Caregiver Waiver.

VICE CHAIR SPEARMAN MOVED TO APPROVE RECOMMENDATION 1 AS STATED IN THE WORK SESSION DOCUMENT.

ASSEMBLYWOMAN CONSIDINE SECONDED THE MOTION.

***Chair Gorelow:***

Is there any discussion on the motion?

After discussing it with our policy analysts, it looks like we will write a letter of recommendation to our Congressional Delegation as Senator Spearman suggested. We will include that in the motion with the Medicaid Structured Family Caregiver Waiver. I will rescind the last motion and ask for a new motion with the letter included.

VICE CHAIR SPEARMAN MOVED TO APPROVE RECOMMENDATION 1 AS STATED IN THE WORK SESSION DOCUMENT, INCLUDING A PROPOSED LETTER OF RECOMMENDATION TO THE CONGRESSIONAL DELEGATION REGARDING THE FUNDING OF HEARING AIDS.

ASSEMBLYWOMAN CONSIDINE SECONDED THE MOTION.

***Chair Gorelow:***

Is there any discussion on this recommendation from the Committee? Seeing none, I will now request a vote to approve the recommendation with that letter included.

THE MOTION PASSED UNANIMOUSLY.

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**Ms. Kalina:**

The second recommendation is to draft a bill to require DHHS; the University of Nevada, Reno School of Medicine; and the University of Nevada, Las Vegas School of Medicine to establish a system of care for the diagnosis and care of Nevadans with dementia called the Nevada Memory Network.

In establishing the program, these entities will contract for the services of memory assessment clinics that would expand capacity by hiring or contracting with neurologists, neuropsychologists, and geriatricians to perform the duties described in the request: to diagnose dementia in patients referred by primary care providers, create plans of care, and train primary care providers by screening for and treating dementia.

Clinics will use telehealth where appropriate to perform these duties for patients and providers in rural Nevada and employ or contract with four community-based dementia care navigators to perform the duties described in the request: to provide care coordination and referrals to community-based services and in-home care, monitor the well-being of care providers, and provide support to care providers including respite care. More information concerning this recommendation can be found in Attachment B.

In addition, proponents of this recommendation included a biennial appropriation of \$684,573. You can also find the proposed summary budget on the Committee's webpage and within members' binders ([Agenda Item V A](#)). This recommendation was made by Charles Duarte, Nevada Director of Public Policy and Advocacy for the Nevada Alzheimer's Association, and Barry Gold, Director of Government Relations for AARP Nevada, based on testimony provided in the Committee meeting on March 22nd, 2022. Again, Mr. Duarte is available in Carson City to answer questions.

**Chair Gorelow:**

Thank you, Ms. Kalina. Are there any questions or comments from the Committee?

**Vice Chair Spearman:**

I hope we can add the quality of life for seniors and veterans. I have had an opportunity to speak to several veterans who have participated in the Adopt a Vet Dental Program, and it has been an invaluable service. If we could expand that, I think we could serve more people. Just like with hearing loss for seniors, when there are dental problems, people isolate themselves and it decreases their quality of life. Maybe there is a way to add an amendment to encourage our federal delegation to go back and revisit the legislation that did not pass in 2021, I believe, because it had both hearing aids and dental coverage in it.

**Chair Gorelow:**

Vice Chair Spearman, are you talking about the Adopt A Vet Dental Program that we are coming up to in the agenda? I think you might be ahead of us just a little bit.

**Vice Chair Spearman:**

I am ahead of my time.

**Chair Gorelow:**

Are there any other questions or comments from the Committee? Okay seeing none, I will call for a motion to approve the recommendation for the Nevada Memory Network.

ASSEMBLYWOMAN CONSIDINE MOVED TO APPROVE RECOMMENDATION 2 AS STATED IN THE WORK SESSION DOCUMENT.

VICE CHAIR SPEARMAN SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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**Mr. Duarte:**

I want to thank the Committee for the work you have done on this issue on behalf of 49,000 Nevadans living with dementia.

**Chair Gorelow:**

You are very welcome. Thank you for being with us today.

**B. SUPPORT OF SERVICES FOR VETERANS AND MILITARY SPOUSES**

**Ms. Kalina:**

The next recommendation is to draft a bill to appropriate State General Funds to support the Adopt A Vet Dental Program in the amount of \$500,000 for northern Nevada with an additional increase of \$500,000 for southern Nevada for a total of \$1 million. Information concerning this recommendation can be found in Attachment C. This recommendation was made by Demetrio Gonzalez, Executive Director of the Adopt A Vet Dental Program, during the Committee meeting on April 12, 2022. Mr. Gonzalez is attending today in person here in Las Vegas and is available to answer any questions from the Committee.

**Chair Gorelow:**

Are there any questions or comments from the Committee?

**Vice Chair Spearman:**

I want to reiterate the comments I made before. The Adopt a Vet Dental Program is an essential program in Nevada. To my knowledge, there is a major provider of implants that is not a part of the program, but perhaps there is a way Mr. Gonzalez could see how we might entice them to become a part of it. As I understand it, the payment for their services is quite expensive, and even if they just adopted ten veterans a year at \$20,000 per person, that would be significant. They could divide it between the north and south or however they want to do it, but there must be a way we can encourage some folks who have national presence within the cosmetic dental industry to become a part of this valuable program.

**Chair Gorelow:**

Mr. Gonzalez, would you like to comment?

***Demetrio Gonzalez, Executive Director, Adopt A Vet Dental Program:***

Thank you for having us here. To the left of me is my assistant executive director and chief financial officer for our program in case there are any budgetary questions. Vice Chair Spearman, if you do not mind, I will talk about some of the partnerships that we have made here.

Since we have expanded to southern Nevada, we have found that the number of veterans is more than double what we have seen in northern Nevada, as is the need and urgency of the types of cases that we are seeing. We have been in practice in northern Nevada for 12 years and have done such a great job, but that is 12 years where we were not in southern Nevada and these veterans have not been able to see dentists. Because of that, in the cases that we are seeing now, two "in-processings" have been extreme. The cases that are coming into the program are so much more difficult and extreme than the cases that we are seeing in northern Nevada because we have not been here, and they have not been able to seek out dentists.

We knew before coming to southern Nevada that this would be an issue for us, and we knew we needed to think differently about how we were going to approach it. In northern Nevada, we initially started by asking local dentists to help us out. Our founder, Linda Haigh, was the first one to ask her dentist to volunteer, and it compounded to the 142 dentists we have today in northern and central Nevada. We knew that because of our numbers here in southern Nevada, that we must approach it differently.

Since we started last year, we have 22 dentists who have volunteered to start taking dental patients for our program, but because of the volume of our patients, we knew we needed to act quickly on making different partnerships with different clinics to see if there was a possibility for us to emulate what we are doing at Truckee Meadows Community College (TMCC), which houses a dental clinic with two retired dentists and technicians who we pay to assist the dentists and our staff.

We were able to make those partnerships, one of which is with Lydia Wyatt, D.D.S., the dental director for the Volunteers in Medicine here. She has offered up her clinic to do the same thing we do in the north with TMCC, and that has been so exciting. Getting retired dentists to participate in our program this quickly is going to put us ahead of the game. When we first started using TMCC, I think we were in our ninth year in practice as a dental program, and now we are going into our second year in southern Nevada. We are excited to see that this can be a possibility. Dr. Wyatt has offered a space for us in her dental clinic. The only items we would need to procure are dental equipment like hand pieces, consumables, and other things we use normally at a dental clinic. Obviously, they have their own materials, but we cannot take from their supplies because they are also a nonprofit.

The other partnership we made was with Matthew Thacker, D.M.D., College of Dental Medicine, Roseman University of Health Sciences. It is a Utah-based dental school, but they have a charter in Nevada. Dr. Thacker is a U.S. Navy dentist. He just got out of the Navy, and he has offered his services to partner with us to do more sophisticated and advanced dentistry for our veterans who need extensive dental work. Working with the University is a great partnership because we can use them at minimal cost and their students need the topic cases that we have. We must pay for the labs just as we always do, and we need to make sure the patients meet all the requirements for the medical side of things before they are treated there.

The third partnership we made was with Christian Medical & Dental Associations throughout the United States. They have a charter here and I met with them last week; we are trying to put together a process where their dentists can start seeing patients as well.

Since Las Vegas is so much larger than Reno, we knew there was no way we could put an office like we have in Reno in one central location and expect patients to go there and meet us for in-processing. We have partnered up with eight Calvary Chapels throughout southern Nevada as well as several Baptist churches, and they have offered us their business centers to do in-processing all throughout Nevada. How does that help us? It lowers our costs. We do not have to have a large office. I can go from location to location, and regardless of how close those veterans are to those churches, we can bring them in there and do in-processing. We do not have to rent a space to do that. We have been able to lower costs with that.

We eventually want to set up some type of office in southern Nevada but coming here last year at the end of COVID-19 was not the time to do that. I live in Las Vegas and my office is in my home. I am running this program out of my home office right now, which is fine, but eventually, we want to have an office where we can have a central location. For the time being, because we are so new, we wanted to minimize costs because we have not increased our budget and costs from northern Nevada. Last year we tried cutting every cost we possibly could to make up the difference for us being in southern Nevada.

Another organization we partnered with is the LV Reach Community Health Center, which is an organization that gives educational and medical services to low-income veterans and civilian sector personnel, individuals in the city of Las Vegas and surrounding areas. We can partner with them and use their facility, and our veterans are also able to get educational services from them. We know when you go into the military you get technical expertise that you can use on the outside. Dental is not the only thing that we do here. We do so much more than that. We try to get veterans to the point where they can start to go into the community, face the community, and not be embarrassed about what their teeth look like.

We want to add education as part of the work we do in getting veterans off being homeless by partnering them with the U.S. Department of Housing and Urban Development's VA Supportive Housing Program (HUD-VASH) to get them involved and excited to live again rather than being hermits in their homes and not coming out because they are so embarrassed for others to see what they look like. We have partnered successfully with LV Reach twice since I have been here in July. They were able to get in contact with different services that they can use to reach veterans. The goal is to get them out in the community and start working rather than being homeless.

The other person we have partnered with is Byron M. Blasco, D.M.D., who is well-known in the community. He is the dentist for the Las Vegas Golden Knights and for many sports teams, one of the prominent implant dentists here in the State of Nevada, the president of the Southern Nevada Board of Dentistry, and he holds many offices throughout the general community. I spoke with him yesterday and he is excited to come on board. His whole practice is built around implants.

Dr. Blasco also does training and continuing education courses for dentists around the State of Nevada, and that can only help our program even more. We are limited on the amount of implants we can do because of the cost, as Vice Chair Spearman mentioned, but partnering up with Dr. Blasco is a great opportunity for us to cut that cost. I do not think there will

ever be a point where it will not cost something, but the ability to cut down the cost is a promise we can look forward to.

Those are the partnerships we have made so far. But despite the ability to have all those partners, there are so many dentists we cannot approach because the cost is too great. Given the 22 dentists and the budget we have now with just what we received for northern Nevada, we cannot reach out to any more dentists because we can not afford it.

One of the biggest reasons why they like partnering with us is that we do all the administrative work. Whenever they take a patient, they do not add that administrative work to their staff. Our staff members are with a new patient from the time they come into the program. They process that individual all the way through. They go with them if there are any medical issues that need to be mitigated prior to starting their treatment and remain with them throughout the treatment until the end.

Another reason is while the dentist may see the patient pro bono and pay for all the services that way, we pay for all the dental laboratory costs associated with dental care, which are significant, for things like bridges, crowns, and certain types of dentures like replaceable partial dentures. If you get enough of those going, the cost becomes excessive, and it is hard to keep up. We do monthly and yearly fundraisers, but those funds deplete quickly because of these associated costs. We are excited about the implants excited. We do not know what that looks like yet, but Dr. Blasco and I are still in conversation on that, and hopefully we will get those going.

***Chair Gorelow:***

Are there any more questions or comments? Seeing none, I will now ask for a motion to approve the recommendation.

ASSEMBLYWOMAN CONSIDINE MOVED TO APPROVE RECOMMENDATION 3 AS STATED IN THE WORK SESSION DOCUMENT.

VICE CHAIR SPEARMAN SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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***Ms. Kalina:***

The fourth recommendation in the WSD is to send a letter to Nevada's Department of Education (NDE) expressing the Committee's desire for the NDE to work with the Heroes to Education program to help service members, veterans, and military spouses transition into careers in public education. The program is intended to be a public/private partnership to help fill K-12 positions including education support staff, security, and/or resource specialists.

This letter would also encourage the creation of a state coordinator position to oversee and manage the program and two facilitators or recruiters within the Department to collaborate with nonprofit organizations and local, state, and federal agencies to better connect veterans to available K-12 employment opportunities throughout Nevada.

This recommendation was proposed by Assemblywoman Michelle Gorelow, Chair of the Legislative Committee on Senior Citizens, Veterans, and Adults with Special Needs, in consultation with LCB staff and additional communication with Dr. George Ann Rice, Representative of the Heroes to Education Program in Nevada, in response to testimony provided during the Committee meeting on April 12, 2022. Dr. Rice is participating in this meeting via Zoom and is available to answer the Committee's questions.

***Chair Gorelow:***

Are there any questions or comments regarding this recommendation?

***Vice Chair Spearman:***

This is a comment, and they may already be doing it, but one of the things we might be able to look at is working with the U.S. Department of Defense, specifically at Nellis Air Force Base, to see if they have any incoming service members who might fit the qualifications for the Heroes in Education program. I know when I was overseas, once I was getting ready to come back home, I used to get a lot of mail about different opportunities and things of that nature, so that might be someplace where we could get additional information up front so that we could prepare for that.

The next thing would probably be working with the Blue Star Moms who have family members deployed overseas. Some of them may fit the qualifications for that, or their loved one who is overseas might qualify as well. We can also check with our National Guard, U.S. Army, and the U.S. Air Force to see if there is anybody who is not full time and may fit some of those bills. Those are some of the ways we might be able to expand the program with a relatively minimal amount of additional staffing.

***Chair Gorelow:***

Dr. Rice, would you like to address those comments?

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

We are already working with the Nevada National Guard, the U.S. Army Reserve, and the Department of Veterans Services. They get a list from the U.S. Department of Labor every single month of the people who are leaving the service who have indicated that they are moving to Nevada, and they have agreed to put within that packet information about jobs in public education that are available in the areas to which they are moving.

We also have talked to the Airman and Family Readiness Center at Nellis, and we are involving community groups like the Vegas Chamber's Military Affairs Committee as well as anyone who has a connection with the military that we could think of, and they are committed to working with us in trying to staff the schools of the 17 school districts plus the public charter schools.

***Chair Gorelow:***

Does anyone have any other questions or comments? Seeing none, I will now accept a motion to approve the recommendation.

VICE CHAIR SPEARMAN MOVED TO APPROVE RECOMMENDATION 4 AS STATED IN THE WORK SESSION DOCUMENT.

ASSEMBLYWOMAN CONSIDINE SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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### **C. PROPOSALS TO ASSIST VULNERABLE ADULTS**

#### ***Ms. Kalina:***

Recommendation 5 in the WSD contains two recommendations that are independent from one another but are proposed together so that if the members decide to move forward with both, then they would be included into a single BDR.

Recommendation 5-A is to draft a bill to create a Vulnerable Adult Protection Order under Chapter 33 ("Injunctions: Protection Orders") of NRS to protect vulnerable adults against abuse, neglect, or exploitation. This would be a redraft of AB 407, which was a failed measure from the 2021 Legislative Session with proposed amendments which can be found on Attachment D-2 of the WSD.

Recommendation 5-B is to establish an independent authority for Adult Protective Services (APS) to apply for access warrants in cases of suspected abuse and/or neglect of vulnerable adults. The execution of the access warrant would include a partnership effort with law enforcement and/or a peace officer, probable cause standard, and additional language to instruct the person in control of the premises and prevent them from barring access or interfering with the investigation. This provision would ensure APS can meet independently with the adults suspected of being abused and or neglected without coercion or undue influence. More information concerning Recommendation 5-B is available in Attachment D and D-1 in the WSD, which contains statutory examples from Arizona, Mississippi, and Missouri.

Both recommendations were made by Jennifer Richards, Chief Rights Attorney with ADSD, in response to testimony provided during the Committee meeting on June 28, 2022. She is attending the meeting in person in Carson City and is available to answer any questions. She can also give further explanation on how this is different from AB 407 (2021) and the content of the proposed amendments.

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

Ms. Richards, would you like to come to the table and provide some comments?

#### ***Jennifer Richards, Esq., Chief Elder and Disability Rights Attorney, ADSD, DHHS:***

Thank you for the opportunity to be in front of this Committee again. I will be brief. We did a comprehensive presentation to this Committee previously, and the protection order is substantively the same. We incorporated the recommendations from the Public Defender's Office that we received last session, and I also took the liberty of adding in some language from Florida's Elder Exploitation Injunction Order. It is both highlighted and italicized within Attachment D-2 of the WSD, and it addresses financial institutions, freezing assets and joint accounts. When I talked to our national experts on protection orders and our partners at

Florida Legal Services, they felt that this was a very important addition to their statute to address financial exploitation in their state, so I added that language. Otherwise, the protection order is substantively the same as it was in 2021 with those additions.

Regarding the access warrant, that is a new proposal this session, and as we presented to the Committee, we are trying to address adult maltreatment across the system. We are looking at preventative measures through the protection order and in improving outcomes at the investigation stage of the case as well. The access warrant will allow us to intervene earlier and assess the situation of these adults. When it is bad, it has been very bad for some of the cases we have seen; individuals are coming out on a stretcher, or they are not coming out of the situation at all. I do not want to belabor the topics. I can answer any questions the Committee may have on either of these initiatives.

**Chair Gorelow:**

Are there any questions or comments from the Committee?

**Vice Chair Spearman:**

I just want to make sure the issue of enhanced penalties is addressed.

**Chair Gorelow:**

Ms. Richards, do you want to comment on that?

**Ms. Richards:**

I heard the question of whether there are enhanced penalties for violation of the protection order. Is that correct?

**Vice Chair Spearman:**

Yes ma'am. Throughout the whole bill, are there enhanced penalties so we make sure that we get the attention of the people who are perpetrating this type of insidious act on seniors?

**Ms. Richards:**

Thank you for the clarification. Yes, in the proposed bill there is a tiered penalty for violation of the protection order itself that already exists in state law and enhancement for crimes against a vulnerable adult under Chapter 200 ("Crimes Against the Person") of NRS.

**Chair Gorelow:**

Are there any additional questions or comments? Seeing none, I will accept a motion to approve the recommendation.

VICE CHAIR SPEARMAN MOVED TO APPROVE THE RECOMMENDATIONS 5-A and 5-B AS STATED IN THE WORK SESSION DOCUMENT.

ASSEMBLYWOMAN CONSIDINE SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

**Ms. Kalina:**

Located at the top of page four of the WSD, Recommendation 6 is to draft a bill to establish a baseline of eviction protections for all individuals in residential facilities for group residents that mirrors federal regulations; complies with the requirements of the Settings Rule; incorporates a notification process to alert the Long-Term Care Ombudsman Program of ADSD within 30 days of a proposed eviction; provides for penalties for facilities that do not follow the process with enforcement mechanisms; and designates a forum to adjudicate eviction disputes. According to ADSD, the Department of Administration is the current forum for skilled nursing appeal hearings. Federal regulations provide a method and guidance for appeals officers to follow.

Proponents of this recommendation note that Illinois Compiled Statute should be considered, especially the essential contract requirements, which would mirror Nevada's existing landlord tenant law under Chapter 118A ("Landlord and Tenant: Dwellings") of NRS. Information concerning provisions enacted in Illinois are located on page 60 of the WSD in Attachment E-1.

This recommendation was proposed by Marie Coe, Interim State Long-Term Care Ombudsman with ADSD, in response to testimony provided during the Committee meeting on June 28, 2022. She is attending the meeting in Carson City in case members have questions about this recommendation.

**Chair Gorelow:**

Are there any questions or comments from the Committee? Seeing none, I will accept a motion to approve the recommendation.

VICE CHAIR SPEARMAN MOVED TO APPROVE RECOMMENDATION 6 AS STATED IN THE WORK SESSION DOCUMENT.

ASSEMBLYWOMAN CONSIDINE SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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**D. PROPOSALS TO UPDATE GUARDIANSHIP LAWS**

**Ms. Kalina:**

The next recommendation is to draft a bill to amend the provisions of Chapter 159 ("Guardianship of Adults") of NRS to make the statute more consistent with the Protected Persons Bill of Rights, which is geared toward preserving as much autonomy and independence as possible for protected persons given their unique circumstances.

More specifically, the amendments would:

- a. Require petitions for temporary guardianship to identify the specific risk that warrants the temporary guardianship, and the court should limit the scope of the temporary guardianship to address the specific, identified need;

- b. Clarify that the protected person has the right to decide who to visit and communicate with, and this includes the right to decide who they do not wish to communicate with and visit;
- c. Allow protected persons to appeal court orders that have significant, life-changing impacts on the protected person's life, such as an order restricting a protected person's ability to communicate with a friend or family member, or when the court grants the guardian permission to move the protected person out of state;
- d. Terminate a guardianship if a protected person presents sufficient evidence showing the guardianship is no longer needed, and the burden shifts to the party opposing termination to show why the guardianship should not be terminated;
- e. Require the court to make written findings on each of the reasonableness factors when attorneys seek fees from a protected person's estate;
- f. Remove the award of attorney's fees when the notice of intent to seek fees from the protected person's estate is not timely filed;
- g. Prohibit attorneys from seeking fees under NRS 159.183 who fail to seek fees through the process outlined in NRS 159.344;
- h. Reimburse an attorney as a guardian ad litem and not as an attorney at attorney rates if a court appoints an attorney to act as a guardian ad litem;
- i. Include the petitioner in the proposed guardian's phone and email information in the petition for appointment of a guardian and have the needs assessment attached to the petition; and
- j. Require written findings in the order granting guardianship that less restrictive alternatives are not available to meet the needs of the proposed protected person.

Information concerning this recommendation can be found in Attachment F. This recommendation was proposed by Deborah Bookout, Esq., with the Legal Aid Center of Southern Nevada, and Jonathan Norman, Esq., with the Nevada Coalition of Legal Service Providers, in response to testimony provided during the Committee meeting on June 28, 2022. Deborah Bookout is attending the meeting here in Las Vegas and is available to answer any questions from the Committee.

***Chair Gorelow:***

Are there any questions or comments from the Committee? Seeing none, I will accept a motion to approve the recommendation.

VICE CHAIR SPEARMAN MOVED TO APPROVE RECOMMENDATION 7 AS STATED IN THE WORK SESSION DOCUMENT.

ASSEMBLYWOMAN CONSIDINE SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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#### ***E. SUPPORT FOR TELEHEALTH SERVICES AND APPLICATIONS***

The next recommendation at the bottom of page five of the WSD is to send a letter to the Division of Health Care Financing and Policy of DHHS to seek approval from CMS expressing the importance of offering telehealth options for seniors, veterans, and adults with special needs in Nevada, particularly in rural communities to allow Nevada Medicaid to finance project ECHO applications for telehealth providers and services in Nevada. Information concerning project ECHO is available in Attachments G and G-1 of the WSD.

This recommendation was developed by Chair Gorelow in consultation with LCB staff and additional communications with John Packham, Ph.D., Co-Director of the Nevada Health Workforce Research Center at the University of Nevada, Reno (UNR) School of Medicine, in response to testimony provided during the meeting on June 28, 2022. Dr. Packham is available via Zoom along with Dr. Gerald Ackerman, Assistant Dean, Rural Health; Director, Office of Rural Health; Director, Nevada Area Health Education Center Program, Troy Jorgeson, Senior Program Manager, Project ECHO-Nevada; Assistant Professor, and Dr. Mordechai Lavi, Assistant Professor, UNR, to answer any questions from the Committee.

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

Do we have any questions or comments from the Committee? Seeing none, I will take a motion to approve the recommendation.

VICE CHAIR SPEARMAN MOVED TO APPROVE RECOMMENDATION 8 AS STATED IN THE WORK SESSION DOCUMENT.

ASSEMBLYWOMAN CONSIDINE SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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#### ***F. CONTINUED EFFORTS TO ADDRESS THE HOMELESSNESS OF SENIORS, VETERANS, AND ADULTS WITH SPECIAL NEEDS***

#### ***Ms. Kalina:***

The final recommendation of the WSD is to send a letter to the governor and DPBH expressing the Committee's support of the Nevada Interagency Advisory Council on Homelessness to Housing emphasizing the increasing need for greater coordination of state agencies and consolidated efforts to address the growing need for safe and healthy housing and wraparound services for Nevada seniors, veterans, and adults with special needs. Information concerning Nevada's homelessness is included in Attachments H, H-1, H-2, and H-3 in the WSD.

This recommendation was developed by Chair Gorelow in consultation with LCB staff and additional communication with Niani Cooper, Manager of the Homeless to Housing Program, and Social Services Manager I of the Division of Welfare and Supportive Services (DWSS) of DHHS. Ms. Cooper and Ms. Kelly Cantrelle, Deputy Administrator, Program and Field Operations, DWSS, DHHS, are attending and are available to answer any questions related to the Interagency Advisory Council on Homelessness to Housing.

**Chair Gorelow:**

Are there any questions or comments from the Committee?

**Vice Chair Spearman:**

I want to include in the record that a 72-year-old called me a couple of months ago in tears that her Social Security income was only \$1,600, and she had just received a letter from her landlord that her rent, which had been \$900 for several years, was going up to \$1,400. I think this is a very timely recommendation.

I want to know if there is anything we can do between now and the first Monday in February when the Legislature reconvenes to make sure our seniors are not pushed out because of increased rates. When I talked to this lady, she told me there have been no improvements made to the property. There has been no painting, no carpet refurbishing, nothing, but the rent was going up. I do not know what can be done in terms of working with interagency folks, but we certainly need some relief for them right now.

**Chair Gorelow:**

Ms. Cooper, would you like to comment on that?

**Niani Cooper, Manager, Homeless to Housing Program, DWSS, DHHS:**

That exact question has been raised by not only the Council but our three Continuum of Care programs for the northern, rural, and southern areas. That is also continuously being worked on and updated in the Council's *Strategic Plan* for homelessness, so that is an issue that is being worked on as we speak.

Are there any other questions or comments for Ms. Cooper? Seeing none, I will now accept a motion to approve the recommendation.

VICE CHAIR SPEARMAN MOVED TO APPROVE RECOMMENDATION 9 AS STATED IN THE WORK SESSION DOCUMENT.

ASSEMBLYWOMAN CONSIDINE SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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**Chair Gorelow:**

Thank you very much. We will now move on to Agenda Item VI, our second round of public comment.

**AGENDA ITEM VI—PUBLIC COMMENT**

**Chair Gorelow:**

We will begin with public comment from those in our physical locations and then move on to anyone who has called in to testify. Please remember to clearly state and spell your name

for the record and limit your comments to three minutes. Staff will be timing each speaker during public comment to ensure everyone is given a fair opportunity to speak.

We will start in Carson City. Is there anyone who would like to provide public comment at this time? I am not seeing anyone come up to the desk. Is there anyone in Las Vegas who would like to provide public comment this time?

***Shanieka Cooper, Private Citizen, Las Vegas, Nevada:***

I am a home care worker here in Las Vegas. I am also a member of the Nevada Home Care Employment Standards Board and the Subcommittee on Systemic Racism and Economic Injustice. I am here today because I am a displaced worker. I recently reached out to Vice Chair Spearman and some of the other colleagues I know because I am struggling. As you may know, the cost of living has gone up here, and as a home care worker who also takes care of my disabled son, I do not make enough money. We are asking for \$15 an hour, but even at that wage, it is not enough. I do not know what else to do. Aside from myself, we care for elderly people for whom we are the only people they see. They do not have family and it is a scary thing for me. I can only imagine how they feel to not have anybody to call on or to go to and something must be done.

In my situation, the owner does not live here. He lives somewhere else. He does not live in the state, but he raised the rent and instead of saying, "Hey, I will give you time," he wanted us out in three days. What do you do in three days? It is a crisis, and it is a scary thing; I am here in support of others and myself to try to see what we can do to get help in the state. It has gone up; they ask for three times the rent and we cannot make the rent, so I am asking for the state to help people like myself and elderly people. I cannot get sick because if I do not work, I do not make money.

I want to thank you and everyone on the Board for trying to do something to help people like myself and elderly people in the state. I am hopeful that something is going to be done, and I want to say that Nevada is a great state, but it is a scary situation right now with the housing crisis and the things going on here.

***Chair Gorelow:***

Thank you for sharing your story and being here today. We do appreciate you very much.

I do not see anyone else in Las Vegas who would like to provide public comment at this time. Is there anyone on the telephone, BPS, who would like to provide public comment?

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

I want to agree with the brave and courageous young lady who made the previous public comment. I hope it is possible that instead of \$15 or \$17 for home care workers to make it \$25. I train disabled people and people who are elderly, hard of hearing, or visually impaired. I go to their homes and teach them how to use their iPhone, Android tablet, or their personal computer. While I was at a client's home, her home care worker came in and was hungry. She did not have enough money to buy groceries. My client offered her food. She barely has enough, and I think that is an impactful story that shows \$15 an hour or even \$17 is not livable. You go buy milk and my kids tell me it is \$5. Gas is expensive, and luckily, I do not drive; I use public transportation, but even that is sparse here in Reno.

I am jumping to another topic because I know time is limited. My coalition has been trying in Washoe County to work with the Regional Transportation Commission (RTC) to subsidize bus fare for people because \$3 per ticket is expensive for public transit riders. It is simply hard for people who need to go to dialysis, for example. They must choose if they are going to pay for groceries or go to the doctor's office. We are trying to work to see if RTC can subsidize that. Thank you so much for all that you do. You guys are the best and thank you for listening to us. Take care and drink lots of water.

***Chair Gorelow:***

Thank you. Are there any other callers online who wish to testify?

***BPS:***

Chair, the line is open and working but there are no more callers at this time.

***Chair Gorelow:***

Thank you. That brings us to the end of our meeting. Committee members, do you have any questions or comments before we adjourn?

***Vice Chair Spearman:***

I want to take this time to thank you for your leadership and the timely recommendations that you and the members of the Committee have come up with for those persons we are tasked with assisting. Thank you to the Chair, the members, and our staff, who have done a yeoman's job, especially at making sure that those of us who had to participate remotely were able to do so. I also want to thank the community for their comments because the public comments help make us better and more precise in the work that we do for those who elected us and to whom we have this sacred trust.

***Chair Gorelow:***

You beat me to it. I would also like to thank everybody who has made this Interim Committee special and productive and for all the commitments and contributions everyone has made. Thank you as well to our staff—they have been amazing, and I could not have done it without them—as well as all our presenters who spent time researching, coming to us with their recommendations, and explaining the issues that are so important to Nevadans. Thank you as well to BPS for making sure that all of this can be accessed by the public via video and people can participate via Zoom and calling in rather than having to testify in person. We appreciate all the support this interim.

## **AGENDA ITEM VII—ADJOURNMENT**

There being no further business to come before the Committee, the meeting was adjourned at 10:50 a.m.

Respectfully submitted,

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Sarah Baker  
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</a>	Nevada Health Care Association	Public Comment
<a href="#">Agenda Item II B</a>	Hasani Horton, Private Citizen	Public Comment
<a href="#">Agenda Item V</a>	Ashlee Kalina, Senior Policy Analyst, Research Division, Legislative Counsel Bureau (LCB)	Work Session Document
<a href="#">Agenda Item V A</a>	Ashlee Kalina, Senior Policy Analyst, Research Division, LCB	Nevada Memory Network Biennial Budget

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