



NEVADA LEGISLATURE

LEGISLATIVE COMMITTEE ON SENIOR CITIZENS, VETERANS AND ADULTS WITH SPECIAL NEEDS

(Nevada Revised Statutes [NRS] 218E.750)

MINUTES

February 14, 2024

The first meeting of the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs for the 2023–2024 Interim was held on Wednesday, February 14, 2024, at 9:30 a.m. in Room 4401, Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas. The meeting was videoconferenced to Nevada 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 or 775/684-6835).

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Pat Spearman, Chair
Assemblywoman Tracy Brown-May, Vice Chair
Senator Marilyn Dondero Loop
Assemblyman Reuben D'Silva

COMMITTEE MEMBER PRESENT IN CARSON CITY:

Assemblyman Ken Gray

COMMITTEE MEMBER ATTENDING REMOTELY:

Senator Lisa Krasner

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Destini Cooper, Senior Policy Analyst, Research Division
Jennifer Ruedy, Deputy Research Director, Research Division
Christina Harper, Manager of Research Policy Assistants, Research Division
David Nauss, Senior Deputy Legislative Counsel, Legal Division
Eric W. Robbins, Senior Principal Deputy Legislative Counsel, Legal Division

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

AGENDA ITEM I—OPENING REMARKS

Chair Spearman:

Good morning, everyone and welcome to the first edition of the Seniors Veterans and Adults With Special Needs Committee.

Madam secretary, please call the roll.

[Roll call reflected in Committee members present.]

I would like to take a moment to welcome all of you all who are here who have taken their time on Valentine's Day to come out and be with us. Since I am a heathen and scheduled this meeting on Valentine's Day, I am going to ask the Members of the Committee and those of you who will be presenting today if you want to do a shout-out to your Valentine, please do that. Before you come up, make sure you text somebody and tell them to tape it so that person can hear it or see it.

We have a quorum. I want to take a couple of minutes to have our Committee Members and our staff to introduce themselves and the same holds true for you all, please. When you introduce yourself, please say hi to your Valentine or Valentines, whomever that may be. Let us start with our Vice Chair.

Vice Chair Brown-May:

I proudly represent Assembly District 42. I am pleased to be the Vice Chair of this interim Committee. This issue area has been something I focused on for the last 20 years. It is nice to be at the dais, finally, instead of at the testimony table. How very interesting is that. My shout-out today would have to go to Jeff May. The reason I show up on time and looking fabulous every day is Jeff May. Happy Valentine's Day.

Senator Dondero Loop:

I represent Senate District 8, here in Las Vegas on the west end. I have been around for a while, and I have served on a lot of committees. It is my pleasure to serve on this one. I think I am almost 100 percent on your Committee, but that is ok because I have a lot of knowledge about Nevada; it is my home. My shout-out today, probably should go to my children, but I have to give the shout-out to the staff of the Legislature who keep us all running. I depend on every Division weekly to assist me with what I do in these positions. I will include my children there so that I do not get in trouble.

Senator Krasner:

Good morning, Chair Spearman and Members of the Committee. I proudly represent State Senate District 16. I am happy to be here today. I was first elected to the Assembly in 2016, and served three sessions there—multiple special sessions. I served my first session in the Senate. I was elected to the Senate in 2022. I am happy to be here today for the Interim Committee on Seniors, Veterans and Persons [Adults] With Special Needs. A shout-out to Valentine's Day would be my husband and two children.

Assemblyman Gray:

Good morning, Madam Chair. I represent Assembly District 39; all of Douglas and the central Lyon County Corridor. My shout-out goes to my wife of 29 years and both my daughters. I am happy to be sitting on this interim Committee; it is one I wanted to serve on. Having been a service member in the Air Force for 26 years—it means a lot to me.

Chair Spearman:

I am going to ask our staff now to do the same. Introduce yourself, tell a little bit about yourself and shout-out. We will start right here.

Mr. Nauss:

I am from the Legal Division. I have been with LCB for three and a half years, and was with the Assembly Committee on Health and Human Services last interim. It is my first time working on this interim Committee. I have worked with the NYL—the Nevada Youth Legislature, in previous interim committees. I am excited to be here. My shout-outs go as well to my wife and my three kids; Deirdre, Avila, and Colby.

Ms. Cooper:

Good morning, staff and Committee Members. I am with the Research Division, LCB. This is my first interim Committee, so this is my first-time staffing Seniors Citizens, Veterans and Adults With Special Needs. During session, I staffed Senate Health and Human Services, and excited to be here with the staff that we have up here behind the dais today. My Valentine would have to be both Coach Coops—Coach Coop, my dad at the University of Nevada, Las Vegas (UNLV), and Coach Coop at Oregon State.

Ms. Ruedy:

I have been with the Research Division since 2001. My Valentine's shout-out would be to my husband, Shawn, and my daughters; Julia, and Sophia. I have to say, thank you to Senator Dondero Loop for getting us all sugared up before the meeting.

Mr. Robbins:

I am serving as backup Counsel on this Committee to David Nauss who is primary Counsel. This will be my fourth time staffing this interim Committee. I am excited to be here.

Mr. Florence:

I am providing assistance today with Destini and Jennifer. I am filling in for the Carson City office. My Valentine's shout-out goes to my girlfriend, Amanda.

Chair Spearman:

I represent Senate District 1, which is most of North Las Vegas. I was elected in 2012. This is my fourth time serving on this Committee, and it might be the second time I have chaired. I am honored to be here and to be serving as a Veteran of the United States Army Military Police Corps. Many of you already know that it is my passion to make sure we take care of our Veterans, and anyone who disrespects our Veterans; I have a problem with that. I am glad to be here. Seniors and adults with special needs are also near and dear to my heart; I am really honored to be here.

My shout-out has to go to the love of my life, Doretha Williams, who has been a fantastic person. She has been in my life for about three years, but it feels like it is 30, which is a good thing. It is a good thing. I want to give a shout-out to her. Also, since Senator Dondero Loop started it, to the staff and to my colleagues here at the Nevada State Legislature. I tell people a lot when I meet them at different conferences I say, you know what, one of the things I am most proud of in Nevada is that we were the first female majority Legislature in the country. Everybody else had to catch up with us. That is probably one of the reasons why we get stuff done. We put it out there on the table. We know there are people's lives that are depending upon it. A lot of the craziness that goes on—grandstanding and that sort of thing—does not happen with us. No shade to the brothers—to the gentlemen—but if you look at our record, we have gotten a lot of stuff done since we have been a female majority.

[Chair Spearman reviewed meeting and testimony guidelines.]

The Committee will meet four times during the interim; Las Vegas will serve as our primary meeting location with video conference to Carson City. Members and presenters may also attend virtually via Zoom. Everyone is encouraged to participate from whichever location is most convenient. The Committee's meeting materials can be found on the Nevada Legislature's website, and you can also sign up for electronic notifications related to any activity on the Committee's website.

With that, let us get started. Committee Members, did I miss anything? I want to say a thank you to Destini. I think someone told her whoever is staffing me in the Research Division I need a lot of help. Thank you for giving me the word-for-word intro. Let us start with public comment.

AGENDA ITEM II—PUBLIC COMMENT

Chair Spearman:

Those who are physically here in either Las Vegas or in Carson City. Does anyone want to come to the table? Two minutes for public comment. Welcome. Can I ask Ms. Cooper if she will keep time for me?

Jacqueline R. Mitchell, Private Citizen:

Thank you. I need to first get this out of the way. Happy Valentine's Day to my great husband of 55 years. If it were not for him, I would not be sitting here right now. And my children who are just absolutely adorable.

Now I am going to start my testimony. Good morning, great people. Thanks for the opportunity to share a few of my concerns with you. Experiences that make me want to cry, but I chose my God's granite smile. In June of 2023, I was diagnosed with pneumonia on the East Coast. After returning home to Nevada to see a doctor, I was sent a bill for \$1,200 of which \$300 was a payment from me. I learned that the insurance company—that the doctor was billed for alcohol, cigarette use, which I never chose. It was never my choice. I was told a directive was prepared for me by the doctor's office, prepared by the Senior Law Center. Years ago, I had it prepared.

After my pneumonia, my right eye was bled. When I asked a doctor, an ophthalmologist, what he thought happened he responded in a nasty tone, "You are old." I recently, in January, went to the doctor for a yearly physical and to address some other issues. He gave

me a pill that was very difficult to swallow and burned my throat. On the second visit, I texted him first and made them aware. On the second visit, which was February 2, the doctor and I discussed a second option. Two \$400 bill payments were requested of me between the first and the second visit. The insurance company said the doctor never submitted the claim. On Friday the 2nd, the doctor wrote another prescription. On Friday [Saturday] the 3rd, I called the pharmacy to learn that they had the prescription, but there were no directives—no orders. The pharmacy and I called over five times each. I went into the office on Wednesday thinking that I could pick up the prescription. The Office Manager told the Pharmacist while I was standing in front of her, that she was going to send the orders right away. Today, Friday the 24th, the Pharmacist still has not received the prescription.

I called Monday, February the 12th, to request my records, because the insurance company has assisted me in finding another provider. I was told that I could pick up the records on Tuesday, the 13th, before 12 p.m. I was there about 11 a.m. or after 1 p.m. at the rate of 60 cents per page. I agreed. I was told that I could pick them up on Tuesday before 12 p.m. and after 1 p.m. I went into the office on Tuesday at 11 a.m. only to be told they would email them immediately at no cost. At about 4 p.m. I called to inform them that I had not received the email. I was told by the young lady that I could pick the records up today—at 1 p.m. I will try again.

What, did I believe, cause this friction? I requested the office order a product that the insurance would pay for and not me. I questioned the \$400 bill. I requested an optional medication. My age and my beautiful black skin. Thank you all for listening.

Ms. Cooper:

Can you please identify yourself for the record?

Ms. Mitchell:

I am sorry.

Ms. Cooper:

Can you please state your name for the record?

Ms. Mitchell:

Thank you so much. I am trying to rush. Jacqueline R. Mitchell. I certainly hope you all can help out with this because I am sure I am not the only one that is suffering.

Chair Spearman:

Thank you, Ms. Mitchell. Anyone else here in Las Vegas? Anyone in Carson City? Broadcast and Production Services (BPS), do we have anyone on the phones?

BPS:

Thank you, Chair. The public lands are open and working. However, there are no callers to offer public comment at this time.

Chair Spearman:

Ok, let us give it a couple of seconds in case someone is trying to figure out how to press the buttons. Still no one on the line?

BPS:

No Chair, there is no one on the line.

Chair Spearman:

Thank you so much. For those of you who may be new to committee meetings, during public comment we do not make any comments afterwards. We do take note of everything that you say. Perhaps at a later date, we will bring the measure back, and there may be someone who will contact you for additional information. But during public comment, we do not make any comments or statements from the dais.

AGENDA ITEM III—REVIEW OF THE COMMITTEE’S DUTIES AND RESPONSIBILITIES

Chair Spearman:

[Agenda Item III](#), review of the Committee's duties. I am going to ask Ms. Destini Cooper, Research Division, staff will provide an overview of the Committee's duties and responsibility this interim. Ms. Cooper.

Ms. Cooper:

Thank you, Chair Spearman. I am excited to be here, and to serve as your lead Policy Analyst for this Committee this interim. As non-partisan staff of the LCB, I can neither advocate for, nor oppose, any of the proposals that come before you. My role is to assist the Committee as a whole and each of you as individual legislators while also providing policy and research needs to help you make informed decisions about the issues reviewed and studied by the Committee.

Before you, or online on the Legislative website, you will find the Committee Brief ([Agenda Item III](#)). The Committee Brief provides a general overview of the Committee, and I will briefly go over the Committee Brief with you.

The history of the Committee: The 2009 Legislature created the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs with the passage of Assembly Bill 9. This Committee predates the Joint Interim Standing Committees created by AB 443 of the 2021 Session. The general powers of the Committee are set forth in NRS 218E.760. The Committee is charged with reviewing, studying, and commenting on issues related to senior citizens, veterans, and adults with special needs. These general powers can be found outlined in the Committee Brief.

In addition to these general powers, certain statutory reports from the Purchasing Division and the State Public Works Division of the Department of Administration are submitted to the Committee. These Divisions are required to report every six months to the Legislature on the number and dollar amount of certain contracts awarded to local businesses that are owned by service-disabled veterans. Past reports are available on the website of the Research Division. I will be happy to provide links to anyone who is interested.

As for the Committee bill draft requests (BDR) from last interim, the past Committee actions, you can find that on page two of the Committee Brief, as well as the status—whether they passed or failed.

As for the future meetings, Chair Spearman has scheduled the first two meetings of the interim with the next meeting scheduled for March 26. The Committee has been allocated funds to meet four times during the interim and a work session may be conducted on the last Committee meeting.

Finally, you will find a list of our Committee staff and our contact information in the Committee Brief. As I mentioned in the beginning, all Committee staff are available to assist the Committee Members on any issues related to the matters before the Committee. In addition, the employees of the Research Division are available to provide information and assistance on a confidential basis to individual members of the Legislature on any topic. Chair Spearman, thank you. I am happy to serve with you.

Chair Spearman:

Committee Members, any questions? Comments up north? Thank you, Ms. Cooper.

AGENDA ITEM IV—PRESENTATION ON THE PROGRAMS AND SERVICES PROVIDED BY THE AGING AND DISABILITY SERVICES DIVISION OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Chair Spearman:

[Agenda Item IV](#), presentation on the programs and services provided by the Aging and Disability Services Division (ADSD) of the Department of Health and Human Services (DHHS). I believe we have someone up North, the Department's Deputy Administrator, Julia Peek, will provide an overview of the Department. Ms. Peek, please begin when you are ready.

Jessica Adams, Deputy Administrator, ADSD, DHHS:

Good morning. We have our presentation for Items IV and V combined into one PowerPoint presentation. Chair Spearman, would you like us to stop after the slides for IV and then take questions, and then go into V after that; or do you want us to present all the way through?

Chair Spearman:

Why do we not stop after IV, in case there may be a lot of questions.

Ms. Adams:

Good morning. With me today is Jeff Duncan, one of our Agency Managers, and Cheyenne Pasquale, our Planning Chief.

Our agenda today. For the first part, we will be going over our general ADSD program overview and our No Wrong Door project (Agenda Item IV and V). The second part of the presentation, which is [Agenda Item V](#), is our snapshot on the demographics of seniors and people with disabilities in the State of Nevada.

Aging and Disability Service Division's mission—our vision is that Nevadans, regardless of age or ability will enjoy a meaningful life led with dignity and self-determination. We have a variety of programs that you are going to hear. We do serve the lifespan, from birth to death, throughout various programs within our Agency with the goal of having people live in a community-based setting in a dignified manner.

First, are our children's programs. There are two programs within ADSD that are focused solely on children. Our Autism Treatment Assistance Program, or ATAP, serves individuals—youth and kids—that are on the Autism Spectrum Disorder. It can serve through the age of 19, so anybody under the age of 20. This service does not provide direct services, but it rather pays for various services. It can help pay for—most commonly it pays for Applied Behavioral Analysis (ABA)—it mostly pays for ABA services. It can pay for insurance co-pays, or it can also pay for the actual service if the child does not have any insurance that covers that.

The main service given by the ATAP itself as far as state staff, is service coordination and helping families and youth access the various services that they need to help them with their Autism spectrum Disorder.

The other children's program is Nevada Early Intervention Services (NEIS). This serves young children from zero to three with any sort of eligible diagnosis of a disability or developmental delay. The focus of these services are the services are given in their natural environments. That could be home settings, playgroups, community settings, and a variety of services. In this case, our State staff actually do provide quite a lot of the actual direct services with the goal of trying to bridge any gap and any delays that youth—or child—may be having so they do not need our services after they turn three.

Developmental services serves any individual, from birth to death, with an intellectual or developmental disability. We have three regional centers in the State that do these services: Sierra Regional Center is up here serving Washoe County; Desert Regional Center (DRC) serves urban Clark County; and then we have Rural Regional Center that has eight offices across the State servicing the rest of the State. Overall, we have about 8,100 people that we are servicing across the whole State at this point. Similar to the ATAP, there is not a ton of direct services that our State staff actually give. The main core service within the State staff is service coordination. We do have small clinical teams. There are some psychologists and some nurses that can give direct services. Otherwise, the bulk of our services are contracted out to various providers across the State.

We have services like residencies, supported living arrangements, services that help people during the day—that we call jobs and day training—behavioral consultation, nutritional counseling, counseling services, and a pretty broad array of services that are mostly provided through a home and community-based waiver for individuals with intellectual and developmental disabilities. Within developmental services, we also operate the only State-run intermediate care facility (ICF). This is down in our Las Vegas DRC location. It is licensed for 48 beds. This is a 24-hour institutional level of care for individuals with intellectual or developmental disabilities with a focus on active, habilitative treatment so that we can promote functional skills and increase their independence, and hopefully get them back out into a community setting. I will turn it over to Jeff.

Jeff Duncan, Agency Manager, ADSD, DHHS:

Thank you, Jessica. Did you want to talk about your day of love shout-out before we go on?

Ms. Adams:

Excuse me, I forgot. My Valentine's shout-out is to my husband, Tom. We have been married for 25 years and our two adult sons.

Mr. Duncan:

I did not want her to miss out on that opportunity. I will take mine now as well. My shout-out would go to my two puppies, Allen and Jolene, but really to my mother Vicky because we lost—I said I was not going to get emotional. This will be more nervous than the testimony—we lost my dad on this day several years ago. I am thinking of him as well today.

The first item that I am going to cover with you today is the Office of Community Living. That is my Team, very proud of this Team. I can talk about this all day, but for the sake of time we are going to stick to the script. I would be happy to come back to the Committee and present further details. We provide services and funding for various in-home services. I am going to talk about grants, through direct service within our Agency, with the ultimate goal to prevent or delay institutionalization.

The first thing that I will break down is what is called our Eligibility Team. Part of this is our Eligibility Team for the Medicaid home and community-based waiver—the frail, elderly, and physically disabled waiver. We have another program to piggyback off of—that is State funded. But I want to take this opportunity to make sure that I highlight the Teams as well. We always talk about the services and sometimes we do not talk about the people that are working behind the scenes. Everybody from our Administrative Assistant to our Adult Rights Specialists, to our Case Managers, to our Social Workers, to our Supervisors. Everybody does a fabulous job with the ongoing vacancy issues we have been facing. I wanted to make sure I make note of them today.

The next thing that I will cover is our Supportive Services. This is the actual case management within those two programs I mentioned in that first bullet. This is made up of health care coordinators, social workers, administrative assistants, et cetera. And then they make referrals out to Medicaid providers for in-home services as well—and that is a wide variety. Lastly, underneath that Team is our communication access services program where we have various programs and services for people who are deaf, hard of hearing and speech impaired.

Next, I will cover Community Services. This would be a daylong presentation, so I will say it like this. We, in this Team, provide millions of dollars to community partners across the State who operate community-based services. This is all done via sub awards. We have 17 different programs or service areas underneath this lane. The majority of the work is clearly done through our community partners, which are our nonprofits, counties, et cetera. So again, taking this opportunity to say thanks to them for not just getting us through the pandemic but everything they continue to do on a daily basis. A huge shout-out to our Team as well—the program coordinators and supervisors—that make this happen on a daily basis.

Last but not least, under my Team is the Planning Team. That is Ms. Pasquale, who you hear from in a second—she is the Chief over that. They oversee our strategic planning, including our community engagement, and our support for our advisory bodies. This is a small but mighty Team. You are going to hear a lot more about the core function of this Team around No Wrong Door efforts. The last thing I want to mention underneath

Cheyenne's Team is that we have a robust Reports Team that does a great job of all the behind-the-scenes things that we put out to the public.

Now, I want to talk about our Protection and Advocacy programs. The first one is our attorney of the rights for older adults, persons with physical disabilities, intellectual, or related condition. In short, this currently is vacant, but we hope to make an offer soon. This individual provides technical assistance, education and training, but they also direct our legislative and regulatory policy accuracy for the Division. We are looking forward to this position getting filled.

The next one is our Adult Protective Services. This Team investigates reports for vulnerable adults 18 to 59 and also individuals 60 older. They do not just investigate the allegations listed there on the bullet [abused, neglected, exploited, isolated, or abandoned by investigating, providing, or arranging for services to alleviate and prevent further maltreatment while safeguarding their civil liberties.], but they also assist with services when that individual enters our program. A huge shout-out to this Team, which I will highlight on the vacancy slide, they have faced major vacancies for a very long time.

The last slide I will cover today is the rest of our Protection and Advocacy Programs. The first one is our Long Term Care Ombudsman Program which advocates for residents in long-term care facilities. They conduct investigations using person centered advocacy. They go into the long-term care facility based on a complaint from the resident or from a loved one. They are the person-centered advocate on their behalf. They also do unannounced site visits to these long-term care facilities as well.

Last but not least, is our small but mighty office of Consumer Health Assistance. They assist consumers with understanding their rights and responsibilities underneath various health care plans. I want to make sure to this last point—and then provide information to Ms. Mitchell who provided public comment today—but they provide arbitrations to resolve disputes between out-of-network health care providers and health plans. I want to take this opportunity to provide that phone number for anybody listening—and Ms. Mitchell who provided public comment—the number is (702) 486-3587.

Lastly, to show you all that we have been—we are not unique to any other State agencies—we have been facing major vacancy rates. Luckily, we have had some successes recently of getting people hired. We still have a wide variety of vacancies across the Agency. The majority of teams that have the largest vacancy rate are social workers which continues to be an ongoing challenge for our Division.

Jessica and I will pause there to answer any questions you have before we go on to the next part of the presentation.

Chair Spearman:

Thank you. Committee Members, questions or comments?

Vice Chair Brown-May:

Thank you for that presentation; Ms. Adams, Mr. Duncan, Ms. Pasquale for being here. I appreciate that data. You knew I was going to have a question. My first question on developmental services is about the Desert Regional Intermediate Care facility and while we are licensed for 48 beds, I am curious to know, are we currently at capacity or do we have less than 48 people in that facility?

Ms. Adams:

I believe right now we are standing around 40 to 41 individuals living at that facility. The reason is we actually have one home that is down. We have had homes rotating down for quite a while now as each home undergoes American with Disabilities Act (ADA) renovations. I believe we are starting the home that is second to last. This has taken a very long time. We have been going through this process for about eight years. Hopefully, we will be done in the next couple of years. With all of these homes finally being renovated, and we will be able to be back open to 48 beds.

Vice Chair Brown-May:

My next question is relative to the Division staffing and vacancies. There are two areas here that are in the 40th percentile. There is 47 percent vacancy rate for the Home and Community-Based Services and a 44 percent vacancy rate for Adult Protective Services and the Long-Term Care Ombudsman. I am curious to know, are those vacancies for a specific job description. Or is it broad? Can you narrow that data a little bit?

Mr. Duncan:

In the Home and Community-Based Services that would be the social workers—that I mentioned earlier. The Adult Protective Services would also be social workers. The Long-Term Care Ombudsman vacancy rate, I believe they are adult rights specialists. Those would be the classifications that are causing those vacancies.

Vice Chair Brown-May:

Chair, I have one more question, if that is all right? On page nine in the Protection and Advocacy Programs that you talked about, I want to be clear that the Long-Term Care Ombudsman, is that for all Nevada residents and not specific to people who are enrolled in ADSD programs or receiving Medicaid services? Will you clarify?

Mr. Duncan:

You are correct. It is for anybody residing in those long-term care facilities.

Chair Spearman:

Anyone else in Las Vegas?

Assemblyman Gray:

Actually, your Vice Chair verbatim asked my question, but I do have a follow-up. I cannot imagine that the number of beds of the ICF would even begin to touch the need that we have in the State. Do we contract with any private facilities or private homes to provide these same services?

Ms. Adams:

There are three private ICF providers in the State. However, the bulk of services that happen in Residential Services happen through our home and community-based waiver. We have hundreds of homes across the State. Serving—I would have to get back to you with the exact number—thousands of individuals in residential settings. The ICF is the highest

level of care—that is institutional level setting. The vast majority of people in our services do not need that level of care.

Assemblyman Gray:

Madam Chair, quick follow-up?

Chair Spearman:

Yes, please.

Assemblyman Gray:

If that is the case, there were 48 beds, is that going to meet the need for that level of care in the State?

Ms. Adams:

This is a constant conversation. Do we need to bring in more ICF beds? I think overall, within the State, we have between the private ICF beds and our State beds, we are close to about 100 beds in the State, maybe a little bit less. The federal government for a very long time has tried to push away from institutional level of care. So really what we have been focused on within Developmental Services is more how do we provide more intensive services in a home- and community-based setting as opposed to an institutional setting where doors are locked, and people do not have free access to everything. Is it enough beds? I do not have an answer to that, but we are doing other things for those folks that are teetering between needing institutional level of care and making it home- and community-based services. Bringing in those higher-level services in a home- and community-based setting.

Chair Spearman:

Any additional questions or comments? I have a couple. Let me start with the waivers first. I guess it was maybe about two sessions ago, there were things that were brought to our attention with respect to how the homes; the disrepair and some of the ways that the staff were not complying with regulations. What must a home, or an organization that is running a home, what must they do to get a waiver? What constitutes grounds for a waiver?

Ms. Adams:

The waiver is an actual funding mechanism for the services. The settings in which those services are given depend on the waiver. I can speak to our home- and community-based waiver for individuals with intellectual disabilities (ID) because ASD actually certifies all of those providers of that service. For the other two waivers, the physical disability waiver and the frail elderly waiver, is health care quality and compliance with the Division of Public and Behavioral Health that certifies those providers. They would have to answer for those settings. For our settings in the ID waiver, again, all of our providers are licensed and certified through ASD. It is a very extensive application process. They are certified for anywhere from one to three years depending on how well they do and the grade that they get on that certification. If they are a residential provider, every home that they open not only has to go through an environmental audit prior to them opening the home by ASD staff, but they have an annual audit by quality assurance staff. They have our service coordinators that are going in there every single month looking at the homes. Within our settings, we have not had the same level of issues with the ID waiver that have been found

in some of those audits. I think you might be talking about the audit that was for the community-based living arrangement homes under the Mental Health Services. That was a pretty bad audit several years ago. Like I said, luckily, we have not been in that path. There is a lot of oversight for our providers to make sure that they are giving the services that we are contracting them to give.

Chair Spearman:

There was a number given for anyone who wanted to contact the ombudsman. Can you do that one more time, please?

Mr. Duncan:

My pleasure. This is the number to the Office for Consumer Health Assistance: (702) 486-3587.

Chair Spearman:

Thank you, someone was listening and did not catch it.

One of the things I want to stress—one of the things that we did four sessions ago was to create enhanced penalties for anyone who was receiving maltreatment, who was over the age of 60. I do not know what that translates to—I am looking here at the Adult Protective Services and Long-Term Ombudsman's 44 percent vacancy rate. Right now, do you have enough people to make sure those who are perpetrators are brought to justice?

Mr. Duncan:

Unfortunately, I am not the individual directly over that program, so I would not be comfortable answering that. I can say this as far as the vacancy rate, it definitely heightens the amount of people that each Social Worker and Team are responsible to investigate. If I were to say this on their behalf, we would love to get all of our vacancy rates addressed so we can continue to provide quality services to the individuals and not increase caseloads.

Chair Spearman:

One more thing. Nevada is one of the fastest growing graying states in the country. I believe Southern Nevada is probably more indicative of that because of the climate and the tax situation. As I look at the staffing vacancies and other things that were brought to our attention during this testimony, I am not so sure we are ready for that. Meaning that by the year, I believe it is 2042, the population for those who are 55 and older will outnumber the population of those who are 54 and under. Is there anything that you may be doing now that would help alleviate the stress as we grow more and more to that number?

Mr. Duncan:

What I can speak to is that we continue to advocate in our budget request to address the ongoing demand. The answer I can share today is that we are trying to do everything in our power in the interim to educate our interim committees and elected officials about our population, which you are going to hear more about the data, and I understand based on your agenda later on about that tsunami that is coming. We do appreciate you continuing to bring that up, and make sure that everyone is aware of what is coming.

Chair Spearman:

Last but not least, are you doing any crossovers with other agencies that seniors and those who are vulnerable adults where they might encounter some type of maltreatment? I am thinking specifically about the Contractor's Board, where people have an issue with someone who is taking advantage of them. Are you doing any cross-walking with them or is it with the homes? Is it with those persons that you know about physically?

Carrie Embree, Governor's Consumer Health Advocate, ADSD, DHHS:

Adult Protective Services has authority to do multidisciplinary team meetings. We call them MDTs. The Contractor's Board, we do have them participate in those meetings for the reasons that you are describing—helping to educate. The Contractor's Board—also for the teams that are at those meetings—educate what they can do in helping to protect the vulnerable adults.

Chair Spearman:

What about the Medical Board?

Ms. Embree:

The Medical Board, we do make referrals to the Medical Board. Adult Protective Services does when there are concerns for maltreatment. Also, the Office for Consumer Health Assistance also makes referrals to the Medical Board, as necessary.

Chair Spearman:

I am going to drill down a little bit further. We had testimony during public comment about a doctor. I believe there were doctors and some people that were involved that did not provide the necessary elements of proper protocol. It is one thing to refer something to the Medical Examiners (ME) Board. But if there is a complaint about someone who is a member of the ME Board or the ME community, do you all have anyone that can pursue that investigation?

Ms. Embree:

The Office for Consumer Health Assistance does not investigate the individual, but what the Office for Consumer Health Assistance does is work with the consumer regarding their concern and can assist the individual in making that referral to the Medical Board. Or if they are unable to, the Office for Consumer Health Assistance can make that referral for them. But it is the Medical Board who investigates the medical health care provider.

Chair Spearman:

I am trying to make sure we are clear. Those who have issues with those agencies where there needs to be crosswalk, they understand the procedures they have to go through to make sure that happens.

I have one more question to ask. The vacancy rate is—I think the lowest one here is 8 percent. If you had to identify two challenges to hiring and retention what would those two challenges be?

Ms. Embree:

The challenges that we face; one is the competition for salaries. For example, with the social workers. Social workers can make more money in the private sector, oftentimes the counties can pay more. So that is a constant competition if you will for the social workers. The other thing with the social work vacancies is quite simply, there are not enough social workers within the State. Aging and Disability Services Division works with the University of Nevada, Reno (UNR) and the School of Social Work in the University of Nevada, Las Vegas (UNLV). We collaborate together in working towards more social workers in the field. That would be the other challenge.

Chair Spearman:

That collaboration includes programs like we are doing for doctors, and I think there is one for nurses—grow your own. So, people who are enrolled in those programs are there specific things they might be able to do that would reduce either their expenses after school or type of incentive for them to stay in Nevada?

Ms. Embree:

I am not aware of those types of incentives for social workers. Some of the things we have done is use grant money to help social workers earn a salary while they are doing their field practicum. We have done that. In relation to what the physicians and nurses do and the incentives in that regard, I am not aware of that exact incentive for social workers.

Chair Spearman:

Last question—we have compacts with several other professional boards and agencies. Is there any way to perhaps look at those who are either in the military and exiting or military spouses who fall under the rubric of a licensed social worker—is there anything that we are doing to maybe do outreach to maybe try to identify those who may be coming in or those who are here already so that might help alleviate the problem?

Ms. Embree:

That is an excellent idea, Senator Spearman. What we are doing currently, is we do work with the Veterans, particularly with their field practicums, hiring them—that is a priority for us. But with the Compact, no. I would be interested in looking into that.

Chair Spearman:

I think that has helped in a lot of instances where there has been a shortage of professionals. I know that we worked with a couple of other professional boards related to the Compact last session. That is certainly one way to look at how you might be able to reduce the number of vacancies.

Ms. Embree:

Yes, thank you.

Chair Spearman:

Committee Members, additional questions or comments?

AGENDA ITEM V—PRESENTATION ON THE CURRENT DEMOGRAPHICS OF SENIOR CITIZENS IN NEVADA

Chair Spearman:

Let us go to demographics on senior citizens in Nevada ([Agenda Item V](#)).

Cheyenne Pasquale, Planning Chief, ADSD, DHHS:

Good morning.

Chair Spearman:

Before you begin, Madam Secretary, please mark Assemblyman D'Silva present.

Ms. Pasquale:

Before we jump into the data, I am going to talk a little bit about Nevada Care Connection and our State's No Wrong Door efforts. When we talk about No Wrong Door, we are talking about supporting people making informed choices around their long-term services or options. To Senator Spearman's point, we recognize that long-term services and supports do not happen in a vacuum, and there are several other needs and systems that impact our populations. To that point, we are currently participating in a learning collaborative to explore developing a multisector plan on aging, which is a tool that many states across the nation have used to help elevate issues related to aging and older adults. More to come on that in a future presentation.

In terms of No Wrong Door, there are four key elements that we look at. These four key elements have been defined by the Administration for Community Living based on best practices. The four key elements are: state governance and administration—ensuring multiple agencies involved in long-term services and supports are coordinating efforts, coordinating policy making, and also being responsive to the changing needs of the community—so the quality assurance and continuous improvement; second, is public outreach and coordination with key referral sources—ensuring people know where to go for assistance and information; third, is person centered counseling—what we call in Nevada resource and service navigation, helping individuals explore all of their long-term service and support options, not just our public program. This could include Veterans' benefits, informal supports, and private pay options. Then streamlined eligibility for those individuals that are seeking public programs—it is ensuring that we are making efforts to streamline that eligibility process and make it as easy as possible to access those services.

When we look at our current efforts, we have a lot going on in terms of public outreach and linkage with key referral sources. Aging and Disability Services Division is currently working with a vendor to help rebrand our Agency and promote our programs and services to the populations that need these services. You should see a new and improved ADSD website as well as outreach materials by the end of this year. We are quite excited about that. We also utilize the Nevada 211 service as our 800 number for accessing health and human services. We are looking at various avenues to promote Nevada Care Connection and increase people's awareness of our resource and service navigation.

In terms of person-centered counseling, this is where efforts have really focused over the last several years. This is our resource and service navigation, and we are looking to increase our capacity for navigation. Currently, we have about 29 navigators across the State—these are in our established Aging and Disability Resource Centers. We are looking at

developing training and a certification program to professionalize the resource and service navigation. We also are looking to begin a project to develop specialized training for specific populations.

When we look at streamlined eligibility determinations, we are working closely with the Division of Welfare and Supportive Services on a No Wrong Door IT project, which will facilitate applications and referrals into DHHS programs across all of the Divisions. The Division of Welfare and Supportive Services is also working with ADSD and the Division of Health Care Financing and Policy on an eligibility engine project, which will help streamline the eligibility process for our waivers and other Medicaid programs. Last but not least, we are looking at modernizing our case management systems to improve our data collection and streamline our processes.

Finally, we have a federal grant to develop an implementation plan and the governance structure for No Wrong Door. We have completed a mapping of our existing access points with recommendations from our facilitator. We are now moving into the planning phase to strengthen efforts in each pillar for our continuation plan.

As one example of our efforts, we wanted to highlight our resource and navigation pilot that we are doing in coordination with Adult Protective Services. The goal of this pilot is to support individuals to ensure that they are connected to referrals made by the Adult Protective Services Program, and work to develop long-term care plans to minimize future risks—looking at reducing recidivism in Adult Protective Services. Currently, this pilot is scheduled to end in September of this year, based on our federal funding. We have served 192 people to date. Some of the lessons learned are there are individuals that have very complex needs impacting their health and well-being. These needs cross multiple domains and go beyond social determinants of health. But this interim support has helped to reduce that recidivism into the Adult Protective Services system. We are actively working with Adult Protective Services and our Agency to look at mechanisms to continue this intensive support.

I will move into demographics. These next four slides highlight Nevada's growth in population as compared to the United States for both people with disabilities as well as older adults. This data comes from the U.S. Census Bureau, the American Community Survey, and was inspired by the very first chart that you would see in the *Elders Count* report. This data shows the change in populations over a ten-year period from 2012 to 2022.

Starting with children with disabilities, our population of children with disabilities has increased dramatically as compared to the United States population increase in the same time period. Important to note is that children with self-care difficulties is 31 percent growth in just a ten-year period. I would also like to note that the way the census data works, individuals may experience more than one type of disability and therefore could be represented in more than one disability type.

As we move into adults with disabilities. Again, our population has grown exponentially across disability types as compared to the United States. Once again, I would like to draw your attention to the self-care difficulty; 37 percent increase in our Nevada population as compared to a 10 percent increase in the United States population overall. This not only signals a higher potential demand for long-term services and support, but also forecasts potential expenditure increases which we will discuss further.

This slide highlights Nevada's growth in the older adult age groups regardless of disability status—I believe this is figure one in the *Elders Count* report. It is updated from what is in

the *Elders Count* report. As already noted, Nevada is aging faster and at faster rates than the United States. You can see on this slide, the age 75 and older population is almost twice the growth rate of the U.S. population. A couple of things to note about older adults from the *Elders Count* report. We also know that the rate of falls triples from the age 55 to 64 to the age 75 to 84. As people age, the consequences of falls including the death rate increases significantly. Additionally, from the *Elders Count* report, we know that our older population is disproportionately overweight or obese. Approximately 70 percent of our older adult population is overweight or obese. Being obese leads to higher rates of diabetes, heart disease, and other medical issues.

I pulled out the data regarding independent living difficulty from the American Community survey—as a separate slide—because we can see in Nevada that our population has grown more than three times that of the United States across individuals that have an independent living difficulty. This means that not only do we have more adults needing independent living services, but we have not yet seen the impact that this will have as individuals age. You might ask yourself, “Why is this important?” The Medicare-Medicaid dual eligible population is the most expensive population in our health care system. Constituting 59.6 percent of expenditures in Fiscal Year 2020—and that is across the nation. Additionally, this population is largely made up of individuals aged 65 and older. Nevada needs to ensure we are not only supporting the health and social needs of people with disabilities but also needs to consider a cross-sector master plan to support healthy aging of all Nevadans because as I like to say, “every body” is aging.

Mr. Duncan, previously identified:

Before we open it up for questions, I want to say that we have now provided you a very, very high-level overview of the ADSD. We talked a little bit about the pillars of No Wrong Door and then Cheyenne briefly touched on the data. We know that what we do is great. We have fabulous Team members and wonderful community partners and providers. But we are still sometimes the best kept known secret out there. We do not want to be a secret any longer.

Based on your former feedback, we have done some concentrated efforts around outreach. In response to that feedback, we have expanded our outreach efforts including to many target populations. Since February 2023, our various Team members have hosted or attended over 201 events out in the community to talk about what we do or what might be available to them. This includes groups such as Veterans, the LGBTQI+, and tribal events. We will continue to work on this so we are not the best kept secret and track our data so we can continue to diversify where we are targeting and expand our outreach efforts to hopefully help people know what we do and the array of services that we offer.

Now, we will stand for any questions you all might have about our entire presentation.

Chair Spearman:

Committee Members, questions? Vice Chair.

Vice Chair Brown-May:

Thank you for that great overview relative to where we are. I have only two questions for you, at this point. With regard to the No Wrong Door key elements, I am curious to know, have you engaged the contractors, the provider network, that you all are engaged with to

assist? Are you providing them training to help you with that No Wrong Door point of entry in order to get referrals?

Ms. Pasquale:

We do engage with our network and as we go through this planning phase, we are looking at increasing that engagement to not only work more closely with the identified natural access points, but also ensure that we are working in a coordinated effort.

Vice Chair Brown-May:

My next question is specific to the percentage increase to 75 and over—that you presented on page 17 of your PowerPoint. If we know that our folks are aging so significantly and our growth in that area in particular is so significant; I am curious to know, where do we stand with regard to the implementation for the caregiver assessment? How are we identifying where those folks are? Can you give us a quick update? I believe Mr. Duncan was working on that previously so whoever can answer is appreciated.

Ms. Pasquale:

We are looking at implementation. It is AB 100, I believe, for the caregiver assessment. We have looked at several assessments across multiple states. We are getting ready to launch a work group to narrow down what would be the best assessment to implement in Nevada and where are the best places to pilot that assessment.

Chair Spearman:

Any additional questions? Assemblyman Gray.

Assemblyman Gray:

We are outstripping the United States in every single category. Is that because our actual population is getting older here, or are we getting an influx of older population into the State or is it a huge combination of both?

Ms. Pasquale:

It is a combination of both.

Chair Spearman:

Anyone else up North? Senator Krasner.

Senator Krasner:

No, nothing.

Chair Spearman:

Let me start on the heels of what Assemblyman Gray asked. I believe it was 2017, we had a bill that required the Department of Veterans Services to establish an Outreach Coordinator for Veterans who were discharged under "Don't Ask, Don't Tell," (DADT). Many of whom got dishonorable discharge, other than honorable, or other than honorable conditions, which made them ineligible for many of their Veterans' benefits. Here is my question, are we doing any cross walking? I know there are a number of older adults who—before we became

more enlightened—their families kicked them out, they had no recourse, no place to go, they do not have families by birth they have families by choice. I am wondering if this age—because I do know a number of people the age of 65 and older, who are in the LGBTQ community, were it not for the bad Certificate of Release or Discharge from Active Duty (DD214), they would have access to many of the Veterans’ services that I do—but they do not. What is the relationship with you and the Department of Veterans Services? I do know there was—by law—the requirement was for them to establish that person. I would venture to say that person should probably be working very closely with you given the stats we are looking at here 60 and older, 65 and older, and 75 and older.

Ms. Pasquale:

There are two efforts that come to mind. First, through our Nevada Care Connection. We are partnered with the Veterans Affairs (VA) Administration to administer a self-directed Veteran’s home and community-based service program. Secondly, we are in the final year of our current State plan on aging. We are beginning efforts next month to update that State plan on aging, and this is federally mandated. One of the areas of focus for us in our next State plan on aging is the LGBTQ+ community. We are working with Spending and Government Efficiency Commission (SAGE) and—I am drawing a blank on the Nevada organization—but we are working closely with two organizations that will help us to connect with those populations and ensure that our State plan on aging can address the needs of that population.

Chair Spearman:

Is that Silver State Equality?

Ms. Pasquale:

Yes, thank you.

Chair Spearman:

I want to be a little bit more pointed. That is good, but there are Veterans who are in that age group of 60 plus who received dishonorable, other than honorable discharges. The bill in 2017, was specifically to have the Department of Veterans Services develop or have a person who would do the outreach to Veterans who may have what we call bad paper; so that they could get those discharges upgraded. I appreciate what you are doing with SAGE and with Silver State Equality, but I am looking more specifically at those Veterans. Many of whom are in that 60 plus age. I know that Dr. Carter with Helping Our Brothers and Sisters Out, has introduced me to several people who I personally introduced them to attorneys that would help them get their discharges upgraded. The VA will not touch someone that has less than an honorable discharge. If it was for DADT, there are provisions in the law for them to have that upgraded. Some of the services that you are trying to provide, that you may have limited funding for, if we reach that group of people, then they can have services provided for them or to them via the VA. They just need their DD214 upgraded.

Mr. Duncan:

Senator Spearman, we appreciate that overview. We are not familiar with that contact, but we would be happy to work with them. Many of our programs regardless of your Veteran status, it does not matter about your income, you are eligible for our community services. We would always serve somebody who is 60 plus regardless of that. We would be happy to coordinate with them if you can provide us with contact information.

Chair Spearman:

I will do that. I believe the person down south is over at the VA Hospital. But again, I say, someone who was discharged and that was the whole purpose of the Veterans Services Commission providing that person—a contact. You may want to contact the Veterans Service Commission and find out who that person is. It has been brought to my attention that the program may not be as robust as it should be. Given the statistics that I am looking at and the more the numbers increase, there is a correlation between the increase in those numbers and the decrease in budget or funding. Identifying those persons and making sure that they get their discharge upgraded, then puts them in a different category, and the money that you save from those Veterans who now are eligible for the VA services can be applied to those who are not veterans. Does that make sense to you?

Mr. Duncan:

Yes, it does. Thank you.

Chair Spearman:

We did not talk about suicide. I think it was last year, I read a report that Nevada is either number one or number two in senior suicide in the nation. What are we doing? A lot of that has to do with being disconnected. The more people who move here because of climate, tax, and the ability to stretch their retirement—the more people that do that—the more disconnected they are from their families. Someone who moves here from Cleveland, especially during the winter, they are disconnected from their family for various reasons. If we are not doing anything that does outreach through other community organizations—I am thinking specifically now about faith-based organizations and maybe the American Association of Retired Persons (AARP). They probably talk about that a little bit later, AARP—some of those agencies or some of those community organizations that could help buffer if you will, some of the loneliness, the disconnectedness, and the depression that comes along with that. What are we doing to make sure that we are doing a comprehensive outreach? And please do not hear this as castigation or ignoring what you have already said. I am trying to make sure that we are doing everything that we possibly can. Something that has never been disproved—a theory of mine—if you do not die young, you are going to get old. What are we doing in terms of outreach for that?

Mr. Duncan:

Is it that “every body” is aging; is that what we are going with? Yes, we agree with you there. As far as the suicide, we do provide training to our Team members to our community partners. They are well trained and skilled to make your appropriate referrals. As far as us leading any specific suicide initiatives, I cannot think of anything off the top of my head other than we coordinate with Public and Behavioral Health whenever these opportunities come up. We definitely make sure that our social workers are aware of the signs, and make the appropriate referrals to behavioral health providers.

Chair Spearman:

Any additional questions? The last question I had was Alzheimer's and dementia. Recognizing that the onset may be earlier than 60. Are there any coordinated efforts to make sure we are identifying that group or that population so we might prepare, as we move forward? If someone has onset of Alzheimer's or dementia at 55 they may not present to ADSD.

Mr. Duncan:

This will be a two-part response. I will speak to our State funding that we do now have funding for those 55 plus that would be eligible for our service if they are diagnosed with dementia. Then I am going to have Cheyenne speak briefly—because this could go all day—on a grant opportunity that we have.

Ms. Pasquale:

We currently have a federal grant to increase our outreach and support to individuals with Alzheimer's or dementia or who are showing signs of cognitive impairment. We are looking at establishing a pilot program which is called Dementia Care Specialist. It is replicated after a model that was implemented in Wisconsin. These dementia care specialists will work with individuals in crisis to help stabilize them. They will also provide memory screening, as well as outreach and assistance on Nevada's dementia toolbox. We are working with the Division of Public and Behavioral Health under their Building Our Largest Dementia BOLD) Grant to coordinate efforts.

Chair Spearman:

Are you also working and coordinating with the Lou Ruvo Center downtown, part of the Cleveland Clinic? I know that Dr. Wint, et al. are doing a number of things too. I mention this because if you are doing the same thing, perhaps there is a way to collaborate so that you can stretch your money a lot further.

Ms. Pasquale:

We have several partners in addition to the Cleveland Clinic Lou Ruvo Center. We are also working with the Alzheimer's Association and the Dementia Education Engagement Research Center at UNR.

Chair Spearman:

Questions or comments up North? Thank you all. I appreciate the presentation. It was very thorough. I would like to speak a little bit more offline with the questions that I had with respect to DD214 upgrades. I have been contacted by some Veterans who had no idea where to go ,and that disturbs me. If you all can, I will have Ms. Cooper set up a time that we might be able to meet.

Mr. Duncan:

Looking forward to it.

AGENDA ITEM VI—PRESENTATION OF REPORTS RELATED TO EFFORTS TO ADDRESS DISPARITIES IN HEALTH CARE AND BEHAVIORAL HEALTH DUE TO RACE, COLOR, ANCESTRY, NATIONAL ORIGIN, DISABILITY, FAMILIAL STATUS, SEX, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, IMMIGRATION STATUS, PRIMARY LANGUAGE, OR INCOME LEVEL OF PERSONS REQUIRED PER NRS 433.359 AND 439.259

Chair Spearman:

We will move to [Agenda Item VI](#), presentation of reports related to the efforts to address disparities in health care and behavioral health due to race, color, ancestry, national origin disability, familial status, et cetera, et cetera, et cetera, language, or income level of persons required. You will see here is quoted. I would also like to establish for the record, that in 2022, we did pass a constitutional amendment that requires people to be treated fairly without discrimination. If that does not happen that is a violation of their constitutional rights, not just a statutory infringement. It is a violation of their constitutional right here in Nevada. Ms. Neal, please proceed.

Alexandra Neal, Minority Health and Equity Specialist, Office of Minority Health and Equity, DHHS:

Good morning, Chair and Members of the Committee on Senior Citizens, Veterans and Adults With Special Needs. I will be co-presenting on the topic of equitably proportionate distribution of funding required by Senate Bill 341 from the 81st Legislative Session in 2021 with Julia Peek, one of the Deputy Administrators for the Division of Public and Behavioral Health. ([Agenda Item VI](#))

During today's presentation, we will briefly introduce the Nevada Office of Minority Health and Equity and the Division of Public and Behavioral Health; review Senate 341 components codified in NRS 429.259 and NRS 433.359; provide a brief overview of DHHS block grants addressing disparities in health care and health outcomes on categories of persons listed in NRS 439.259 subsection 3; provide a brief overview of DHHS block grants addressing disparities in behavioral health care and behavioral health outcomes on categories of persons listed in NRS 433.359 subsection 3; and briefly touch on American Rescue Plan Act (ARPA) funding.

The Nevada Office of Minority Health and Equity, also known as NOMHE, is located within the Director's suite of DHHS. In 2021, NOMHE worked with Chair Spearman to provide equitable input into her SB 341. As previously mentioned, the Division of Public and Behavioral Health, also known as DPBH, one of the five divisions within the DHHS, will assist with the presentation on efforts to address disparities in health care and behavioral health. Both DPBH and NOMHE work to embed health equity principles in our work, and we are looking forward to sharing the information requested today.

Senate Bill 341 contained multiple components. Two components codified the requirements for reporting on efforts to address disparities in health care and behavioral health. *Nevada Revised Statutes* 439.259 authorizes the DPBH to apply for grants for addressing disparities in health care and health outcomes based on race, color, ancestry, national origin, disability, familial status, sex, sexual orientation, gender identity or expression, immigration status, primary language, or income level. Where the extent is authorized by a grant, DPBH is authorized to use a competitive process to select and award a grant of money to a nonprofit organization to serve as a lead partner to ensure that the health care services supported are funded and allocated in an equitable manner. Where the extent is

authorized by a grant, DPBH can also establish and consult with an advisory committee to ensure that health care services supported by a grant are provided in a culturally competent manner.

Nevada Revised Statutes 439.259 also requires that the DHHS complete a report that includes the amount of money allocated by the Department during the immediately preceding calendar year to support the provision of health care services or other services to promote physical well-being in communities with higher risk of health problems, decreased access to or usage of health care services or worse health outcomes or physical well-being than the general population based on race, color, ancestry, national origin, disability, familial status, sex, sexual orientation, gender identity or expression, immigration status, primary language, or income level. This report should also include a description of services provided, the efforts made to locate persons in need of such services, the numbers of persons who receive the services as well as the demographics regarding them including income level, age, race, and ethnicity of those persons.

Similarly to NRS 439.259; NRS 433.359 also established by SB 341 in 2021, authorizes the DPBH to apply for grants for addressing disparities in behavioral health care and behavioral health outcomes with the same demographic considerations and authorizations as those listed for the previous statute.

Nevada Revised Statutes 433.259 also requires the DHHS to complete a report that includes the amount of money allocated by the Department during the immediately preceding calendar year to support the provision of behavioral health services, review of service usage, and behavioral outcomes in the mirror demographics mentioned in NRS 439.259. This report is to provide a description of services, efforts to locate persons in need, and the number of persons who receive the services. I will turn the presentation over to my co-presenter, Ms. Julia Peek.

Julia Peek, Deputy Administrator, DPBH, DHHS:

Thank you, Ms. Neal, and excellent job. That was her first time presenting and she did phenomenal—so hard act to follow. Thank you, Chair Spearman and Members of the Committee on Senior Citizens, Veterans and Adults With Special Needs. I will be presenting on the grants today that are highlighted in the reports, we have provided. They show our work in health care and health outcomes as required within the Director's office and DPBH.

I wanted to note that we are providing a subset of the programs that support the work in addressing health disparities at our Agency. Our categorical and block grants are intended to identify the populations at most risk of certain health outcomes and develop strategies to prevent or intervene to improve those outcomes. Much of the work we do has disparity in one form or another as we review the data and develop interventions. I provided our mission statement, but that was already provided.

During the Coronavirus Disease of 2019 (COVID-19), Nevada had an influx of funding to support the prevention and intervention efforts for our public health programs. One substantial grant was focused on addressing the health disparities highlighted during the COVID-19 response. This grant allowed Nevada to increase and improve data collection to identify disparities, then build the infrastructure to support COVID-19 prevention in those areas. This was most often done through our community partners. I will note that I am joined today via Zoom by the leader of this work, Godwin Nwando—he is actually having a military training right now; he has stepped away from that, to join us.

Continuing on that same grant, this also created our Health Equity Unit within the DPBH. It is a great compliment to the work that Ms. Neal and her colleagues do in the Director's office for our State Office of Minority Health and Equity, and also our Minority Health and Equity Coalition that is housed out of UNLV.

We wanted to share and highlight the work done under this Grant. We have shared specific projects and partners on this slide. We have also prepared a more comprehensive detailed report that we are happy to share with the Committee. In addition to supporting the COVID-19 response directly, and as you can see, we also provided funding to the community-based partners. That includes our local health authorities and Coalition who serve as the boots on the ground to lessen the impact of COVID-19 for those they serve but also to address some of the underlying comorbidities that we saw when COVID-19 hit—those could be cancer, HIV, and other conditions. We also mobilized community health workers, which are an integral part of our public health response—both prevention and interventions.

The next grant we wanted to highlight is our Maternal and Child Health Block Grant, otherwise known as Title V. This Grant includes performance measures centered around equity across race, ethnicity, disability status, language access, insurance status, geography, gender, and more. This project has a foundation in using a health equity lens in our work, inclusive communication, and preferred terms.

We highlight infant mortality data in Nevada versus the United States, to highlight a focus of work under the Title V Grant. Understanding infant and maternal mortality and identifying disparities and targeted interventions is a focus of this project. Also a topic that has come in front of the Legislature.

This next graph depicts the maternal mortality in Nevada versus the United States. The Maternal Mortality Review Committee reviews this data to understand the disparities and possible interventions to reduce this burden.

We wanted to share this illustration to show how our Team is collecting and analyzing data to understand disparities related to maternal health and developing interventions to address the burden in those communities. I will note that one of these interventions includes developing the Alliance for Innovation on Maternal Health, also called AIM, and that focuses on addressing severe hypertension.

I wanted to highlight the Preventative Health and Health Service—that is the title with two health's in there—Block Grant; I will call it PHHS. This project is designed to allow states to fill gaps in public health services that are not supported fully with other categorical grants or local projects. The work under this project must align with the Healthy People 2030 Objectives. There are noted objectives provided here on the slide that help align the work done in Nevada with our federal objectives. Like all grants as we align specific activities with grant requirements, we address those Nevadans at most likelihood of experiencing that condition, disease, or outcome and try to intervene to get a better outcome.

Slide 18 provides more details on what Nevada specifically uses our PHHS grant to accomplish. This work includes equity training and work with agency partners in this area.

Slide 19 provides an overview of our Women, Infants and Children (WIC) program. This is one of the largest projects in DPBH fiscally, and provides supplemental foods and nutrition education to low-income, pregnant, and breastfeeding women and their children up to the

age of five. As can be seen on the data dashboard for WIC, over 55 percent of our clients are Hispanic, followed by almost 20 percent that are white non-Hispanic, and 60 percent being Black non-Hispanic.

We wanted to highlight another program for women in Nevada, the Women's Health Connection (WHC) and Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN). The acronyms for those are WHC and WISEWOMAN. These projects provide screening supports for low-income women who do not have adequate health insurance. To date we have served over 80,000 women in Nevada under these programs.

On slide 21, this grant is managed by our Director's Office. It is called the Community Services Block Grant. It supports a wide range of services. Highlighting a couple; these are direct services for Nevadans who are considered low-income and underserved. This includes a focus on Nevadans with a disability and seniors.

On slide 22, this is another project that is overseen out of our Director's Office. It is called the Social Services Block Grant, also known as Title XX. Title XX is designed to support Nevadans achieve or maintain economic self-sufficiency to prevent, reduce, or eliminate dependency on social services.

We wanted to highlight the work of the State's Immunization Program. This program does support every Nevadan. However, there are certain projects that provide specific support for children who are uninsured or insured by Medicaid, adults without insurance, and other efforts to promote vaccine awareness and points of access within underserved communities throughout the State.

We wanted to highlight one of our newest projects, the Public Health Infrastructure Grant. This is a Centers for Disease Control and Prevention (CDC) grant, we refer to it as PHIG. Please note the Southern Nevada Health District was directly funded by the CDC for this project, so I am not going to highlight efforts done in Clark County because they are providing those services directly. The State portion of the grant did require a certain percentage to go to the local public health agencies. Those entities are noted here and the work that they are doing as well. I want to highlight that this funding stream will allow the Northern Nevada Public Health Department to continue the great equity work they did with the prior Grant I mentioned—the Health Disparities—as that will be ending.

Slide 25 is more on the PHIG grant. This funding is also continuing to support our colleagues at the Nevada Office of Minority Health and Equity as well as the Nevada Association of Counties, both incredible partners in COVID-19 and public health generally. Lastly, I wanted to highlight under this Grant, we are going to be hiring our first full time Cultural Navigator specifically designed to work with the tribal entities in the State. We do have tribal liaisons at all of the DHHS agencies. However, this position will be able to do that full time now.

On slide 26, I am going to switch gears now and highlight the behavioral health projects that are looking to address disparities.

We wanted to note how the Health Disparity Grant transferred funds to our partners on the behavioral health side of the house. One of the things they were able to do is support resilience ambassadors, as well as the crisis support services and many other services.

Slide 28 provides an overview of the Substance Use Prevention, Treatment, and Recovery Services Block Grant. This Grant does fund targeted efforts for the LGBTQI+ community and Native American youth. There is also a focus on military and Veteran outreach, pregnant women, and other Nevadans who use IV drugs. This also supports residential treatment services statewide.

We wanted to share information about the State Opioid Response Grant otherwise known as SOR. The SOR works in various target populations; some of note include faith-based organizations, peer groups, labor associations, tribal partners, and those experiencing homelessness.

We wanted to outline that we are supporting a Pilot Grant to look at Treatment for Pregnant and Postpartum women. This Pilot Project is focused in Washoe and Lyon Counties, and offers peer support and wraparound services.

On slide 31, we wanted to highlight another one of our block grants called the Community Mental Health Services Block Grant. This Block Grant supports the Suicide and Crisis Lifeline 988—which has been presented many times in front of this body—the National Alliance on Mental Illness (NAMI) Warmline, and the Pediatric Access line. This project also supports services for those experiencing homelessness and those who may be justice involved.

The PATH grant, which is also known as the Projects for Assistance in Transition from Homelessness, supports the connection between those experiencing homelessness with resources and housing navigation.

Slide 33 is again speaking to 988, this is the 988 Cooperative Agreement. It works with numerous stakeholders, but we wanted to highlight the work with our tribal communities, an assurance of culturally competent programs for Veterans and LGBTQI+ clients.

On slide 34, we did want to take time to acknowledge the work done under the ARPA, and provide a thank you for all the projects that have been funded through the Legislature with this funding. The Department of Health and Human Services has had a total of 148 projects and initiatives funded; 45 projects are totally complete, which is 30 percent of the total. In total, DHHS has received more than \$574 million for those 148 projects.

I do want to highlight a couple that I have had the pleasure to work on at DPBH. One of which was working with Silver State Equality, and Director Wade specifically, in addressing the MPOX challenges that were facing. That work still goes on through other funding streams. Also, one of the projects that the body has allowed us to work on has been workforce initiatives.

We developed a website that I would love to get on record. It is called nvhealthforce.org. That is a project that we are working on to increase visibility of workforce pipelines for public and behavioral health. It also is going to highlight much of the opportunities for the public to get scholarships, clinical rotation dollars, et cetera that were provided through ARPA to get more folks into the health care field.

We wanted to provide our contact information if there are questions from the public after they can reach out to Ms. Neal and me. We are happy to answer those.

Slide 36 provides a list of our acronyms.

I wanted to mention much of the data that we use is provided through our Office of Analytics, and they have developed dashboards for many of our projects. Those can be viewed online through that link.

We are happy to take any questions that you may have. We do have a number of subject matter experts here that can also help us with those questions.

Chair Spearman:

Committee Members, questions? Anyone up north? Thank you, Ms. Peek and Ms. Neal. I would have expected nothing less than excellence based upon whose daughter you are. I will make sure that I tell your mom you have done her proud.

I have one thing. In SB 341 Section 2 and 17, there was a requirement for a report to go to the Legislature in terms of how the program was doing. How are you addressing it? What metrics are you using to make sure that the letter and the spirit of equity is followed, and health care, and distribution of funds?

Ms. Peek:

I do not know if Ms. Neal wanted to provide comments, or if I could jump right in?

Ms. Neal:

Two reports were submitted to the LCB last week regarding the requirements from Sections 2 and 17, which I believe is also codified in the NRS that we read. I will turn it over to Julia Peek to provide additional comments.

Ms. Peek:

We are apologetic for not providing the reports. We do have a lot of reports that we prepare for the Legislature, and this was one that we were deficient on. We have now prepared those two reports and submitted them. We also prepared an additional report at the Division that we are happy to provide as well that details out the work. Though we did not share through the report all the efforts we have been doing the last couple of years, I hope you could see it is really embedded. We will document this going forward. Certainly, our apologies at the Division, our apologies out of the Director's office that we did not provide that timely after the legislation was passed.

Chair Spearman:

I think what that will do, moving forward is it will help to see whether or not we are preparing for and beginning to address in advance the diversity that is taking place here in Nevada. In addition to graying, Nevada is beginning to look more and more like the entire American population. That way everyone at DHHS has a handle on not only where we are, but where we might be going. I know that the Director wants to stay ahead of those sorts of things.

The second thing is we talked about mental health. There is still acute trauma in many of the communities that suffered greatly during COVID-19. I still get calls from people who lost three people in their family—two in the same generation and one in another generation. Is there anything we are doing to help provide information and or assistance to people who are still dealing with the trauma? Some of the ARPA funds may have been allocated for that, but I am trying to get it on the record. What are we doing now and what are the plans for

the future? Not only were there adults, but there are still young people—students—who are wrestling with that. Recently, I learned the school district here is looking at reducing the number of social workers and counselors that would address that. I want to get out ahead of that if that indeed is true. I want us to get out ahead of that to make sure the service that people need—that students need—and make sure we are able to provide for that; and to the extent possible, elevate that so the trustees of Clark County School District (CCSD) understand what that trauma looks like. What it might mean for the future and there are resources available to make sure they do not reduce the people we need the most right now.

Ms. Neal:

I would be able to speak to the things that we are operating under the Office of Minority Health and Equity, and then I will turn it over to Julia and the rest of the Team in Carson City who can also provide additional context.

Under the CDC Health Disparity Grant, and now continuing under other grant funds as well, there was an initiative established with faith-based organizations and community health workers. The pilot was done in Southern Nevada for a year. After that, they worked to expand to Northern Nevada as well as primarily Christian faith-based organizations. I do know that they were looking to expand outside of Christian faith-based organizations. Those community health workers were trained in a multitude of different subjects. They had a specialized curriculum that went past the typical community health worker certification. This was done, thankfully, with the assistance of the UNR School of Public Health. I say all that to say that one of those things was with Mental Health First Aid—their Mental Health First Aid projects. In addition to that training on Mental Health First Aid, they completed a number of projects and commissioned a number of presentations to help guide the congregants within their faith-based organizations on a variety of topics. They started out their project by doing COVID-19 testing, and distributing at home tests, and tracking the impact within their faith-based organizations. We have those reports that we can share following today's meeting for anyone who is interested. I am going to turn it over to Julia Peek and any other DPBH staff in Carson City.

Ms. Peek:

Excellent resources that were provided. I will add a couple—in addition to that, I want to encourage folks to reach out to “Nevada 211”, as was mentioned prior, to find resources as well as “988” if they are in crisis. Some of the things I did want to highlight as well—I noted it on one of the pages—our resilience ambassadors and the good work done by them. Also, community health workers and the opportunity to continue to utilize them in various settings including schools. Our nonprofit organizations—we are hoping to continue to do the good work with the community health workers that was started under the Diversity Grant. One of the projects that the Legislature funded was to get more scholarships for community health workers to serve the communities in need. I encourage folks again, to visit our website “nvhealthforce.org” if they are interested in becoming a community health worker—to be boots on the ground—to help with whatever public and behavioral health resource navigation is needed.

I also wanted to mention we are doing a lot of work in the interim. We are partnering with Nevada's Department of Education (NDE), all our DHHS agencies, and the universities, to look at providing holistic health services for our kids of school age and their families as well. As we have gone through meetings and looked at needs, behavioral health continues to be at the top of our list. We are thinking about a comprehensive way with all of these agency

leads to figure out how to best address the needs of our youth, be it funding, policy, or resource navigation within the schools but also as I mentioned to have the family involved. That good work is going on now and hopefully initiatives will be highlighted in the future when we solidify much of our recommendations from that group.

Chair Spearman:

I want to do a follow-up. To the extent possible—I do not know whether that is you Ms. Peek or Ms. Neal—can we find out whether or not CCSD has indeed decided to reduce the number of counselors or social workers? I think that would be a very grave mistake. If that is indeed a reality, what is it that we can do to make sure the services the students need are still available to them despite whatever the district has decided to do or not to do?

Ms. Peek:

I am happy to follow-up with CCSD. I do not know their stance on that and will follow-up. I will say we are trying to do that holistic approach to addressing the needs of our youth, be it within the walls of the school or outside the walls of the school. We will follow-up with NDE who is working with us on that and see if they know more on CCSD, but we are also happy to follow-up directly with them. If they are reducing that staffing, we can look at how our efforts can complement that. Again, either within the walls of the school or outside.

Chair Spearman:

Senator Dondero Loop.

Senator Dondero Loop:

Tagging on to the Chair's comments. I think it is great that we would complement them if they were cutting back on that, but I do not want that to be the excuse to be able to cut back on that. If you are going to follow up with CCSD, would you check with them regarding their contract with Hazel Health? I understand they may be counseling that districtwide and asking schools to take that on individually. That to me is a little bit of a problem. Personally, I had three kids in three different schools. If I have three kids in three different schools and one person has a problem—one child has a problem—and that school does not have services, or that school does have services, but my other child needs help because that child needs help now that school does not have services. Most families may have more than one child and it may be at some point in their life they are in different schools. With that being said, all schools need to have access to that to service our families. That is the problem, to service families, which is why we are there. That is another thing that I would certainly think is important for us to put on the radar. Thank you both for your presentation.

Chair Spearman:

Let me follow up on that. I think what we are looking at here—and SB, I think it was 402 or 204. I may have that, but it was in 2019—it was the bill that required the Superintendent of Education along with each district to develop an instructional program—a curriculum—so that everyone who was anywhere in a school—that is the staff, the faculty, administration, custodial workers, food service workers, all of them—everyone was supposed to get training in identifying depression and/or suicide ideation. It was not asking them to diagnose it, but there are certain things that happen that should raise a red flag. That bill was brought to me by a student, who was my youth legislator, who began his testimony by reading his suicide note that he had written exactly one year before that date. I want to make sure in conjunction with what is going on with social workers and any other mental health

professionals that should be in every school. I agree with you, Senator that it should be districtwide and not school-by-school. Let us look and make sure the statutes that are already in place should be complied with. To my knowledge that has not been undone since we passed it in, I want to say it was 2019. Any statute that was passed and implemented, unless it has been reversed, people are still required to comply with that. I want to make sure that we are doing that. This is almost like when you drive down the highway and you see you are on an eighth of a tank and you see a sign that says next gas station 400 miles and you keep going. I want to make sure that we are following-up on this.

Chronic Disease prevention, this caught my attention because I have worked—I guess about four or five years—with Janet Wheble and some others on kidney disease. We were trying to get something done in 2021, that would address that. The program also implements chronic disease prevention and health promotion; is there anything embedded in here that would address chronic kidney disease?

Ms. Peek:

I will call up one of our Bureau Chiefs, Vickie Ives who oversees that Section. I know we had recent communication on the Kidney Disease Advisory Council, as well. I believe that falls in her unit for her to highlight. Introducing Vickie Ives, our Bureau Chief.

Vicki Ives, Bureau Chief, Child Family and Community Wellness, DPBH, DHHS:

Thank you for the question. The chronic disease prevention and health promotion section and specifically that PHHS—Preventative Health and Health Services—Grant does include components around kidney disease. The Kidney Disease Advisory Council is in a building phase. They work in concert with the larger Council on addressing chronic disease issues. Recruiting members for the Kidney Disease Advisory Council is a priority as well as there are goals within the PHHS Grant specific to supports in that arena.

Ms. Peek:

I will also add for the record, a thank you for SB 118, of which you provided, \$15 million to public health. That starts July first. Like PHHS, you designed the legislation to help identify gaps in services. Chronic disease is probably one of the greatest underfunded public health services that we have, simply because we run on categorical grants often for that work. So, SB 118, in addition to what we can get through the PHHS Block Grant, will hopefully supplement our chronic disease efforts because much of the work does not have categorical funding. It is challenging for us at DPBH when we do not have a categorical grant because we often do not have flexibility in funding. Through SB 118 and the PHHS Block Grant, those are the two that are unique that give us some latitude.

Chair Spearman:

My specific question would be how are we addressing women Veterans, and members of the LGBTQ+ community mental health services? Because again, unless we put these things in here with specificity—if we look at an overall umbrella, it is almost like throwing something against the wall, but the target is missed if that makes sense to you. I am looking at Veterans; specifically, women Veterans because we do not do a lot that addresses their needs specifically. How are we handling that? What does that look like for members of the LGBTQ community? I will go right back to what I said with respect to the bill that was passed in 2017, requiring the Nevada Department of Veterans Services to establish an outreach person. The only reason they exist—or one of the main reasons they would exist—is to do outreach to find those Veterans who were discharged under “Don’t Ask, Don’t Tell”

and give them an opportunity to upgrade their DD214. The more of those members we find, and they now become eligible for VA benefits, that reduces the amount of money you have to spend on a category and those monies can be used for other people if that makes sense to you. That was part of the thinking behind that bill.

Ms. Peek:

I did follow that part, and I will follow-up. I do know our Office of Suicide Prevention lead, Misty Vaughan Allen, does work closely on Veterans' issues. I would do an incomplete answer if I did not reach out to her first and provide more information to the Committee. She has done work with them. I will find out who and I will find out if it is specifically addressing the DD214 issue that you identified. Also, the issues around women and veterans' suicide and mental health. I will follow-up with the program and get back to you. Because again, I would give an inadequate answer just myself.

Chair Spearman:

I am going to ask Ms. Cooper—there are a couple of people that I really need to meet with after this to make sure that Veteran's outreach is actually being addressed. Because as I look at the finiteness of agency budgets, this appears to be an area we could save money on that, but we could still accomplish the same thing in terms of serving Veterans.

Last but not least—do the grants, Ms. Neal, maybe that is in your purview but maybe both—the grants that you have, one of the things we heard in the 2021 Session when we were looking at SB 341 was the lack of diversity. Do those grants offer any type of incentive to diversify in hiring? Let me hasten to say, before someone says we are doing Equal Employment Opportunity (EEO) hiring. No, we are not. We are talking about making sure we are casting a broad net so that people who would be eligible and qualified—who happen to be a member of a marginalized community or of a different ethnicity—make sure that they have an opportunity to be interviewed and to be hired. I am looking at ways that we can diversify our staffing throughout DHHS. As your slides clearly indicate, there is a lot of grant money that is coming that addresses—or is designed to address—the disparities in many of these communities. If we are going to have cultural competency as part of the training, then we probably need to have cultural competency with hiring because it matters who sits at the table. Does that make sense to you?

Ms. Peek:

I know Ms. Neal has done a lot in this area so I did not want to speak over her. She, in addition to myself and many members of our community, have been working the last year—year and a half—on a workforce pipeline specifically for health and behavioral health to look at how we better prepare staff to work in the field and serve the community. That includes both diversity related to race, ethnicity, sexual orientation, also geographic disparities across our State, looking at rural and underserved communities as well geographically. We have prepared some reports outlining what we are going to do. I will note again on that “nvhealthforce.org” one of the reasons we developed that is because of challenges with pipeline and folks not understanding what they could qualify for.

My specific interest is to get folks into State government, but that is a much broader tool. The ARPA workforce pipeline funds that we have calls out within it, looking at the geographic and the demographic need in the communities for community health workers, clinical rotations, doulas, lactation consultants—all of the funds in which you all provided us through ARPA have a diversity lens. Looking at that, they have to within their applications,

identify who they are going to be serving and then how they are looking at providing the funding for those applying and how they are going to reflect the community in which they are going to be serving. There is a lot in this area on which we are working. Again, the Nevada Office of Minority Health and Equity and the Minority Health and Equity Coalition are helping center us on a lot of this. We go to them often for feedback. Ms. Neal has been a great advocate in those meetings to give us ideas of how we can recruit within State government—recruit and retain the combination of both of those things within State government—to have a more diverse workforce. I do not know if she wants to add more on that, but I have appreciated her feedback and also Tina Dortch’s in those meetings.

Ms. Neal:

What I would add to her remarks regarding the Public Health Workforce Plan. In addition to that, around the same exact time the State Health Improvement Plan was also being worked on. Those same equity considerations are embedded in there. Also, other examples of where there is an equity lens actually embedded within the infrastructure of some of these considerations and decisions includes from 2021; SB 390, which is what instituted the 988 Crisis Hotline in the State of Nevada, but also designated money towards opioid funds. There was an opioid needs assessment and statewide plan that was done after that. That reflected who should be at the table and who should be involved in those conversations, and how should organizations that are in that space engage communities that have been marginalized or communities that have disparate outcomes. There was a choice point equity lens created by the Nevada Office of Minority Health and Equity and is written into the report. That can be found on the DPBH’s website.

In addition to that, one of the sub grantees through the Office of Minority Health and Equity to UNR but specifically for the Larson Institute—not the broader School of Public Health that was mentioned earlier—facilitated a Nevada public health workforce gap analysis. As a result of that, there was also a health equity in the workplace report and toolkit created that can be utilized and is promoted by our office to community organizations. It can be found through the Larson Institute’s Making Health Happen website.

In addition to that, there is a concept called Health In All Policies. It is the same thing as No Wrong Door. At its core, the idea is that no matter what area you are entering in; in your life there is a health component. That traces back to the Healthy People 2030 Goals, as mentioned earlier. There is an executive report that reviews a lot of interesting things. One I would note is transportation equity across the State. And how can the workforce around transportation equity be mindful of the disparate outcomes that exist within the State of Nevada.

Those are a few examples of equity lenses, we are trying to embed them into the reports, wordings, and the toolkits. I know for DPBH and NOMHE, we are also trying to take this to the community, to community partners, to State partners, to national partners, and agencies; and let them know this is a tool. We strongly advocate for those tools. We would like for them to implement them. We could do a training and a workshop if they would like to organize that as well. That is the one of the ways that we try to change the system and not necessarily a moment.

Chair Spearman:

I know there have been consideration for what happens, especially in the rural areas, with respect to transportation because there are several inequities that exist there.

For the record, a couple of things: the Bill I have been talking about that requires the Director of Veterans Services to do outreach is SB 148 of the 2017 Session; it was codified in NRS 417.121.

The Bill that I talked about requiring training for awareness to identify signs of depression and/or suicide ideation is SB 204 in 2019; codified in NRS 388.256. As I said before, I am not aware of any bills that have come forward since that time that have reversed those statutes; those are statutes that need to be there.

I am going to press hard about the collaboration and coordination with the Department of Veterans Services because that is—I believe—an avenue that we have not done a lot in. I am not blaming anyone. I am saying that is an avenue that we have not done a lot in. If we can get help from the VA in addressing these issues, there is more money to go to people who do not qualify—civilians, those who have not served—if that makes sense to you.

Any other questions? I think Assemblyman Gray had a question.

Assemblyman Gray:

Yes, Madam Chair. It is actually for you and possibly a suggestion. With the Bill you have been referencing you have mentioned “Don’t Ask, Don’t Tell” several times. Is that specific to the legislation from 1994 and beyond, or is it applicable to Veterans prior to 1994 that were put out for the same reason under other Uniform Code of Military Justice (UCMJ) actions?

Chair Spearman:

I am glad you asked that, because in the bill we do address “Don’t Ask, Don’t Tell” specifically. Prior to that time, there were other areas that people were, “witch hunted” into being discharged. The whole purpose for the outreach and the Department of Veterans Services is to help find those individuals and if that is a reason they were discharged to make sure we upgrade that. Depending upon the homophobic nature of the Command, the person might have received a dishonorable discharge which is just like getting a felony.

Assemblyman Gray:

They would have had to have been convicted by a court martial.

Chair Spearman:

Not necessarily. Well, they may have been convicted, but the only conviction had to do with their sexual orientation.

Assemblyman Gray:

Right.

Chair Spearman:

We have become a more enlightened society now. Okay, so that is it. It is SB 148, and the codification is in NRS 417.121. We were specific about what that would look like because there was an executive order that was issued to make sure that happened. I know that because I happened to Chair the National Conference of State Legislatures (NCSL)

Subcommittee on Military Veterans and Families. We can go through that offline, and I can satisfy whatever the real question is on that. It was not designed to give everyone blanket [upgrade], it was designed to make sure those persons who were kicked out of the service based solely upon their sexual orientation.

Assemblyman Gray:

Agreed.

Chair Spearman:

And by the way, I have seen about three or four of them already. That is the purpose of the Bill. As I said before, unless it has been reversed—and to my knowledge it has not—in succeeding sessions so that is the law.

Assemblyman Gray:

Yes, that is great. My concern was that we have Veterans out there that are being missed. I am specifically thinking of a friend who in 1991 was discharged prior to "Don't Ask, Don't Tell" for the same reasons. I think some work this Committee may consider—I would like to bring up later on—is maybe looking at some of the Veterans that were discharged for Traumatic Brain Injury (TBI) related actions; TBIs affect behavior. When I worked in a Congressional Office, there were a lot of Veterans that were denied Veterans' benefits because of TBI related issues. Just a thought.

Chair Spearman:

I think that is valid and we can certainly look at doing that. I think some of that may fall under some of the statutes we do with Veterans Court. That is a good idea. We will take a look at that. Even if they were discharged prior to "Don't Ask, Don't Tell" we all know the witch hunt that took place in the military. People who were willing to serve and had to serve in the closet—raise your hand, Senator Spearman, I had to serve in the closet—all we wanted to do was to serve our country and because of who we loved we are denied an opportunity to serve openly. Those who were discharged whether they were or were not—sometimes there were people who were discharged because there were trumped up charges—anyway, there were charges that were not valid, but they were discharged. The whole idea of SB 148 is to make sure those Veterans had an opportunity to get their discharges upgraded. It was a shame because there are people who are in Arlington National Cemetery who served, and they happened to be members of the LGBTQ+ community.

Anyway, are there additional questions? Okay. Any additional comments, DPBH?

Ms. Neal:

Thank you for allowing us to present today. We will follow-up on those actions that were noted.

Ms. Peek:

I will follow-up on the bills you noted. I will also follow up with CCSD on the various items noted; I was not aware of those. A Valentine's Day shout-out to my husband, a native Nevadan from Eureka—and I am a native Nevadan from Douglas—and our three kids. Thank you for the opportunity to present.

AGENDA ITEM VII—PRESENTATION ON FEDERAL AND STATE INITIATIVES PERTAINING TO SENIOR CITIZENS

Chair Spearman:

Agenda Item VII, a presentation on federal and state initiatives pertaining to senior citizens. We have a representative from AARP. I think it is Jessica Padrón. You have a new name that I have not committed to memory—congratulations on your recent nuptials. Jessica happened to be my legislative assistant in 2017, when I had an opportunity to work on a lot of these things. Thank you for your work then and thank you for your work now.

Jessica Padrón, Associate State Director - Advocacy, AARP Nevada

It is my pleasure to be here today and to present to a Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs. A Valentine's Day shout-out to my husband, Gregory Alcequiez and to my family, Jose and Maria Padrón.

Thank you for the opportunity to speak today. Today is a friendly presentation overview ([Agenda Item VII A-1](#)). I will be covering an overview of my organization's mission, our policy priorities based on advocacy being done at the national level, and what is going to guide our work in the coming year. A recap of our 2023 legislative priorities that were done prior to me joining the organization. To the best of my ability, I will be covering that; some of our local resources and programs that we offer here at the State level through AARP. I provided exhibits to the Committee, both our State level overview of caregiving laws and policies supported by AARP ([Agenda Item VII A-2](#)). This was provided to me by my colleague, Deanza Valencia, who at our national policy level handles caregiving and was kind enough to support with that material for today's presentation, as well as my other exhibit, which is the AARP State Fact Sheet ([Agenda Item VII A-3](#)). This is a very helpful overview of information of our members and their concerns here at the State level in Nevada.

Our mission at AARP of course, for those of you who have not worked with us previously, is dedicated to enhancing the quality of life for all as we age. We lead positive social change and deliver value to members through advocacy which at the State level is under my bailiwick. Service and information to make things better for society and play a positive role in communities of all kinds. While many associate AARP specifically with the 50 plus demographic, our work and our organization is open to all who fall under and can benefit a lot from our policies. One example specifically is caregiving which is something that this Committee has worked extensively on.

On the advocacy perspective, AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age. Our advocacy efforts have been nonpartisan since our founding in 1958. As a result of that, we do not support or contribute to political candidates, parties, or campaigns—and never have, which I thoroughly enjoy and keeps me out of drama.

Here at the State level, we have 352,000 Nevadans that are members of our organization. Now I am going to be covering the things that we are focused on for this year and moving forward. As of right now, nationally, our organization is focused on two primary priorities, which are protecting social security and supporting family caregivers. We currently are pushing for legislation at the national level through my colleagues in D.C. for things such as a tax credit for caregivers. That is something that I am looking forward to here at the State

level. Since we do not have a state income tax, there may be other creative ways that we can look forward to supporting family caregivers.

Other priorities and these things we have worked on such as lowering drug prices; thank God, after nearly a decade of advocacy now Medicare drugs are being negotiated. That takes and alleviates the burden for seniors, financial security issues, food security, telehealth, and of course, something that is very privy here to Nevadans; fraud, financial exploitation, and consumer protection issues. That is going to be guiding the work that I will be doing moving forward now that I have joined the organization. I would like to cover more detailed information on that guided by what we have seen in other states and through our work at a national level.

Fraud and elder financial exploitation are often confused. A really great tip that was shared with me at differentiating the two is; elder financial exploitation is usually known—the person you know who is most likely a caregiver or someone in a position to oversee that power over this vulnerable adult or individual and exploiting them and taking access to their funds. And then of course, fraud is stranger danger. That is an easy way to differentiate the two. That would include things such as imposter scams; romance scams this time of year—we actually are doing Cupid Crew right now at the Martin Luther King Senior Center giving roses to seniors and discussing issues which many folks unfortunately fall victim to where someone romances them and then empties out as much funds as they can from their assets—lottery scams; and identity fraud are also considered forms of fraud. To review, elder financial exploitation is the known danger that includes embezzlement, falsifying records, coerced property transfers, and denial of access to assets.

A little bit more on fraud, and important facts to consider, younger people reported losing money to fraud more often than older people—they make up a larger percentage. However, even though they lose money to fraud more often, it is typically smaller amounts. This is why it is so devastating to the 50 plus community because older people lose so much more of a percentage of their total funds when they fall for a scam. Unfortunately, usually it can be driven by fear, urgency, some those common tactics used by scammers, and they pull much larger amounts.

Specifically, here to Nevada, one of the statistics I was able to pull is the State of Nevada ranks fifth in the number of identity theft reports, which also constitutes 22 percent of all reported fraud in the State of Nevada. In the year 2022, the loss for fraud and scam victims over the age of 60 as a total was \$38,563,008. These are very large numbers and as I said, devastating to those who get affected. One thing I do want to mention before I move forward into caregiving is when it comes to fraud, one of the reasons why it is such a large issue is it is vastly unreported. Many people feel embarrassment that they fell for the fraud and maybe see a little recourse in reporting it. Therefore, these scams are able to continue to proliferate. What we really push for at AARP through our fraud watch network and our many other services when it comes to fraud is the importance of reporting. That allows us to identify trends, to report them and work with other agencies. In the case here at the State level, we have done a number of tele-town halls to our members across the State, working with the Attorney General's Office to talk about trends, what to look out for, and prepare and warn folks so they do not fall victim to scams and frauds.

When it comes to caregiving, AARP has an over 60-year history of advocating for older adults, empowering them to choose how they live and age, and fighting for policies that allow them to age in their own homes and communities where—we know through our research—they would like to be. Recognizing that family caregivers are critical to aging in place. AARP accelerated our advocacy work on behalf of family caregivers since 2014 with

things like the Care Act, which is now law and across the country in many states. We are continuing to do that work. I was able to pull some information specific here to Nevada. We have 340,000 caregivers currently here in the State of Nevada that we were able to identify. When I say a family caregiver, I mean an unpaid family caregiver. Someone, such as myself, caring for my parents, someone caring for their spouse, or maybe for a child, or someone who is of limited mobility capability. A lot of people when they think of caregiving, they may think of parents caring for their children, which of course is an important part. In AARP's terms, we are talking about this major labor force that is holding together a broken care system.

In Nevada, specifically, here in the State of Nevada, we have over 320 million hours of unpaid family care. That equates to \$5.1 billion in unpaid labor per year. I also provided the statistics for nationwide. I do want to highlight 42 percent of caregivers quit their jobs or cut back on hours to meet their caregiving responsibility. It truly is a labor of love. Many families are very concerned about the cost—to the State and to their own families—of putting their loved one in a long-term care facility or other facility pertaining to their needs. Not just the cost, the quality of life and the change. Through our research, as I stated earlier, AARP has identified that for many those facilities are a last resort. They want to do everything they can to be where they are comfortable—where they are familiar. My dad, for example, has very limited vision and only knows how to get to our old house, to our new house, and to the grocery stores that he goes to every Wednesday. When I moved, he was very disappointed. Small changes like that can make a huge effect for people who may have vision issues, mobility issues, things like that. What we see in our membership across the country through our research is we want to do everything we can to allow them that comfort of being able to live in an age-friendly city, county, state that allow a lot of these policies that would make it more comfortable and easier for them to age in place—including things like supporting caregivers.

Moving forward, our three guiding advocacy principles. When it comes to our major objectives on caregiving, it really makes it easier to guide all of our legislative work, which is make providing care easier. Through our organization individually, we have an expansion of navigation resource tools, navigator training, as well as through increased access to care at home and other support. Through AARP, we have a number of partnerships with organizations across the country, such as CareLinx that offers respite to caregivers, which is a very important side of caregiving that is not often looked into. Caregivers, in addition to the financial cost to caregiving, also have a huge mental health toll in many cases. Their own health declines with care if they are not offered the proper support. Time and time again, polls have shown that caregivers feel stressed out, and they do not have as much support as they need.

The second guiding advocacy principle is alleviating the financial challenges faced by many family caregivers. Challenges that can undermine their own well-being, including better access to respite care, paid leave, family caregiver tax credit, and reimbursement programs.

Finally, improve health and well-being of caregivers themselves. As I mentioned, many of them have seen their own personal situations worsen. Through needs assessments and other tools, we are trying to address that at our own level. But of course, through advocacy, working with state legislators, working with other organizations, working and doing what we can outside of our network—using our resources to help spread the message and increase those resources available.

I am going to provide a quick recap of the 2023 Legislative Session. Some of the bills that my colleague, our State Director Maria Moore, helped work with many of you on. With great support from our National Policy Team, I joined shortly after the session ended. I was able to write up a recap on some of these things. I am happy to follow up afterwards offline; if there are any questions, I will be providing my contact information at the end.

In 2023, two highlights that were very important to the organization—that we were grateful passed—was SB 305, which created what we call our Auto Individual Retirement Account (IRA) bill or the Nevada Employee Savings Trust, which created a public private retirement savings program for about 300,000 workers. Basically, for folks who do not already have an employer retirement program—pension program, IRA—this really helps them out, so they have the ability to take in their own hands and financial responsibility to plan for their retirement. What we are seeing as we get into—as Senator Spearman said—a graying Nevada, many people do not have as much funds as they need. Some of them are realizing it the hard way through very limited income. I will give a very specific example, when it comes to social security, 47.9 percent of Nevada recipients have a reliance of 50 percent or more of their monthly income on social security. When we look at 90 percent or more—basically their entire income—that they rely to survive on, that is 26.8 social security recipients. That is a very hefty portion of people that are relying on that program, and it does not stretch far enough for many of them. What we want to do for the coming generations—this is an example of a bill that is for all—through our work and our mission is making sure that people have the ability to take their retirement in their own hands if they do not already have that option provided to them.

Senate Bill 355 is a bill that for us was very, very important. When it comes to what are known as NTRAPS, an unfair real estate filing fee and a secret thing that gets added to your contract for many vulnerable citizens—not just seniors. We saw Black, Indigenous and Other people of Color (BIPOC) individuals and other vulnerable folks that maybe are not in the best financial situation—or maybe they are—being constantly harassed by those sell your home now groups. What happens, and when AARP caught wind of it, it started working at the state level in several states working on addressing NTRAPS, so it could be removed from the deed of those documents. What was happening is it was staying there as a lifetime addition; so no changes could be made without permission. Sometimes you were forced to use the vendors they use. Which is a very limiting and very predatory practice.

I am going to go over Assembly and then Senate bills.

- Assembly Bill 100, which was briefly mentioned earlier, authorizes a study of family caregivers to assess the capabilities, needs, qualities of life of family caregivers.
- Assembly Bill 119 is the Vulnerable Adult Fatality Review Committee to review deaths resulting from adult maltreatment.
- Assembly Bill 130 requires assisted living facilities to include operations costs when applying for grants through the State's tobacco product settlement. Facilities that meet the criteria will be prioritized for future grants.
- Assembly Bill 208 established a program for a structure for family caregiving recipients of Medicaid suffering from dementia in Nevada. This will allow any person to serve as a family caregiver and permit care to be provided in the home, or by an intermediary service organization, with Medicaid picking up at least 65 percent of the daily rate paid—this expanded access.

At the Senate level, we have three bills to highlight.

- Senate Bill 45 provides for at least \$30 a month Medicaid allowance for personal needs for a resident of a skilled nursing facility. AARP, as I mentioned, is very much about choice, options, and allowing people to have, for lack of other words, dignity. I feel this is a great bill that allowed them to get those other things they need.
- Senate Bill 61 cleans up existing laws related to the ownership of joint accounts and the exploitation of older vulnerable persons. This is something I want to look into more in the future as well. Making sure when it comes to scams and financial exploitation of older individuals that we are looking at every avenue possible to limit that and work to provide a safer Nevada for older Nevadans.
- Senate Bill 298 ensures providers of home- and community-based services in a provider-owned, or controlled residential setting receive comparable protections from evictions under the State landlord tenant law. That would allow a little bit more of a time period, so people are not suddenly day of, or with a very limited window, forced to make other plans. Especially—as mentioned earlier—some of those folks that are of older age that move here for the weather, their family is far away. They cannot just make an arrangement day to night.

I am going to move into our local work. Here at AARP Nevada, some of the programs I want to highlight that can be of benefit to Nevadans would be our caregiving resources at our Nevada State Office located here in southern Nevada. We also have a lot of ability to send throughout the State, our Prepare to Care Guide. We have a number of these materials in both English and Spanish; and I believe a couple of other languages.

Our AARP Fraud Watch Network Scam Tracking Map is a very useful tool. It shows—as I mentioned earlier—trends, what kind of scams are prevalent, where they are taking place, and that is just one of our tools. It came to my attention early on when I joined the organization, AARP is one of the main organizations, nationally, that has a number of tools and resources at its disposal to help people who are victims of fraud and scams and help implement measures in place to prevent or limit it.

Our AARP Livability index is one of the tools through our age Friendly Advocacy. I did a brief mention of this earlier, but AARP has a program known as Age Friendly or Livable Work. That is where certain communities can apply and offer a proclamation saying they want to be an age friendly community. With their investment, either through resources, citizen task force, or volunteers; AARP then provides a number of resources to help them develop these plans. I believe one of the presentations earlier mentioned a multisector plan on aging—Age Friendly really goes hand in hand with that. It is something that brings in elements of public health, planning, transportation, all of that, into making a place “age friendly.” For example, if it takes widening a sidewalk slightly more or looking at the walkability in a region where there is a huge population of seniors.

I want to highlight some of our current age friendly communities. Starting off with Henderson. Henderson has received national attention, and has been recognized for their work as an age friendly community. A sizable investment from the city. Most recently I testified in support of one of their new ordinances which allows ADUs [Accessory Dwelling Units] and tiny homes on a larger scale. That will help address home affordability for folks who may want to size down or age in place, and have that ADU to live with family members as they age.

Age friendly currently includes Henderson; we have age and dementia friendly, Winnemucca; and we are working right now with age friendly Sparks, Reno, and Washoe—hopefully, we can bring them all on coordination. I am hoping to continue expanding that to other cities such as—hopefully—North Las Vegas, which I see huge potential as a very large, growing, and diverse community.

Other things to highlight is our AARP Smart Driver Course. This is part of our driver safety and driver's aids programs available.

And our tax-aid locator. I want to give a quick shout-out. It is almost tax season. On a wide scale, we have an army of tax volunteers to do taxes for free, for the community, if they sign up in a timely fashion. It does fill up very quickly. AARP has that service in mind particularly for seniors who are on a fixed income, or anyone on a fixed income. This includes Veterans, anyone on an underserved community, check it out.

And, of course, our volunteer network and statewide opportunities include things like Walk with the Doc and some of our other regular programs. We do have a number of events coming up soon. I hope folks can reach out.

I am providing our information. Our State office is located on Eastern and Russell. We do not typically work with the membership side. Signing up can be done online, but the State office does offer local resources and information. My contact information for any follow-up questions. I yield my time and if there are any questions, comments ,or anything I can support with—or I can follow-up at another time. I tried my best to be brief and concise. I appreciate your time.

Chair Spearman:

Committee, questions? Vice Chair.

Vice Chair Brown-May:

Thank you for the presentation. I love the data, the numbers of caregivers. I am curious to know if you have any additional delineated data that would help us better understand who are caring for seniors? Who are caring for their parents? Who are caring for children, perhaps with disabilities? I would like to know if we can drill down a little bit more on the slide that you presented Nevada unpaid family caregiving labor force?

Ms. Padrón:

Thank you, Vice Chair. As I mentioned earlier, we do have a very robust research team, so I can definitely send the question to them and see if we are able to delve down into that information. I am happy to follow-up and provide that at a later date. Absolutely.

Chair Spearman:

Any other questions? Assemblyman D'Silva.

Assemblyman D'Silva:

Thank you for your excellence presentation. You mentioned that identity related fraud constituted about 22 percent of all fraud that was faced by seniors. My question is where is it happening? Is this primarily through data breaches; I am assuming? Has any sort of way of looking at how to protect those certain forms of data breaches? Is this happening through

health care agencies, other entities like that? Is there any delineated understanding as to where their identities are being compromised?

Ms. Padrón:

I would love to loop in my colleague, Riley Franco, on this. She is our State expert when it comes to fraud work and leads that work. She could provide more detailed information on fraud. I have learned quite a bit in my time with the organization; you would be surprised. Even some of the old school scams—prior to Thanksgiving we had a contact in the Attorney General’s Office who reached out to us to make sure that we sounded the alarm on gift card scams that were on a huge uptick once more. They had updated their techniques on how they do it. A lot of folks were losing money from the trends they were seeing. I will be happy to follow-up on that information.

But from what I have seen, we look at all types of scams from fraud breaches. I think a lot of times it comes to that one-on-one contact and misrepresentation of either a romance scam or some sort of urgency or fear driven scam to where do this now or something negative will happen to you, a loved one, you will lose your home, things like that. They are basically driving on our emotions and our fears to get someone to act quickly without thinking or consulting with their family first prior to depositing those funds. I would be happy to follow-up.

Chair Spearman:

Anyone up north, questions or comments?

Last summer they had a seminar in California for senior members of the LGBTQ+. Are there any plans to do something like that here in Nevada? We have a lot of information from DHHS about the programs that are going on. Given the dual disconnectedness of that particular community, are there any plans to do something like that or partner with somebody to do something like that?

Ms. Padrón:

In a lot of our work, especially now that I have taken on our multicultural work, I try to bring intersectionality into all of our programming, all of our events, everything we do. Last year one of the things we did was participate in Pride and that was our main LGBTQ focused program, including our LGBTQI+ Prepare to Care Guide specifically for that community, along with other materials and swag that we had specifically for that community. That is something I would like to see us expand and do more on. My colleague Erin [Neff], in the past has led on that work. She also leads our communications here at the State level. I would be happy to follow-up with her and see if there is time in our tactical timeline that we can fit it in, and make sure we work with partners such as The Center, and other groups that are doing year-round advocacy on this. And are the forthright experts on working with that community; so we can make sure we are doing culturally sensitive, appropriate engagement—maybe offering education and opportunity for those members that may not have felt previously open to discussing those issues.

Chair Spearman:

What about any programs especially during election cycles? Sometimes seniors are targeted for misinformation. Are you doing anything relative to that? I am thinking specifically about with the Secretary of State’s Office?

Ms. Padrón:

I am glad you asked that question. Misinformation has been a huge issue for everybody, communities of color, any demographic has been targeted in a number of ways. When it comes to seniors, AARP is doing our part. At the very beginning of the year, on the 18th of January and we followed up on February 1st, we hosted two tele-town halls. The first of which, was specifically about the upcoming election. On that call we worked with the Deputy Secretary of State and someone from the Clark County Elections Department to discuss all the very confusing details of our presidential preference primary versus caucus, and addressing and inoculating a lot of that misinformation, so folks knew when, where, how to vote, how to contact those two elections experts; as well as resources such as our AARP voter guide. We are a nonpartisan organization. We offer all the material required for people across the spectrum and all the details of when, where, how, and thank goodness we have a lot of those options available here in our State.

Chair Spearman:

I heard from a couple of seniors last session about Homeowners' Association [HOA] exploitation—charges being charged for something they had no control over and the fines or the fees escalated, and they were about to lose their home. Are you all doing anything with those sorts of activities?

Ms. Padrón:

Per my knowledge, I am not aware that we have done HOA advocacy work in the past, either at the local or legislative level. That is definitely something I can look into and get back to you, and see if we have taken previous action and where our policy stands on that currently.

Chair Spearman:

One of the things I would recommend—if you do not already do it—there is a question you can put on any survey that says have you ever served? That would help us identify Veterans and where they are. If you have not done that, it might be something to consider.

With respect to the voting piece, in the *Nevada Constitution*—as of 2020—the Help America Vote Act. All of those tenants—I think there are 13—you might want to employ that as part of your discussion with seniors with respect to voting. The things they have a right to—receive another ballot, get questions answered, and those sorts of things. As well as the constitutional amendment, the Equal Rights Amendment to our *Nevada Constitution*, age is specifically identified there and any one of those areas now elevate to a higher level of scrutiny. If anyone is ever discriminated against, they have a constitutional right to do XYZ.

Questions or comments, anyone else? Thank you, Ms. Padrón.

Ms. Padrón:

Thank you, Committee for allowing me to present. I am at your disposal for any questions or follow-up.

AGENDA ITEM VIII—PRESENTATION ON QUALITY-OF-LIFE ISSUES AND HEALTH CARE CONCERNS RELATED TO SENIOR CITIZENS IN NEVADA

Chair Spearman:

We are going to Agenda Item VIII, presentation on quality-of-life issues and health care concerns related to senior citizens in Nevada.

We are going to be going to a representative from the University of Nevada, Reno, School of Medicine, Sanford Center for Aging. Is it Mary Tabor Griswold? Please proceed.

Mary Tabor Griswold, Ph.D., Director, Health Workforce Research, Office of Statewide Initiatives, School of Medicine, UNR:

Dr. Peter Reed sent me an email, and said he was not able to present. He is obviously the Director of the Sanford Center, which does many different programs helping seniors. He told me; you are good with data; I think you should talk. I chose not to do a PowerPoint because I know a lot of data. Once I get going—you thought the other presentations were going to be long—I will put you to sleep however long I can do it.

Thank you for this opportunity to discuss the quality of life, and what I can add to this discussion about our seniors in Nevada. It is my understanding that few people have seen this document, which is the *Elders Count Nevada 2023* ([Agenda Item VIII A-2](#)) [Due to copyright issues, the handout is on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. For copies, contact the Library at (775) 684-6827 or <https://www.leg.state.nv.us/Division/Research/About/Contact>.] It was originally done by the Sanford Center and then the Center for Healthy Aging; and then Deena Schmidt decided this would be a good publication at the Aging Division; and then they updated two years later. Since 2005, there have been four editions, two of which have been in the last two years—this is a high-level look at data. There are very few tables that go down to the county level, which is my specialty. I work for the School of Medicine and the Office of Statewide Initiatives. Our primary publication is the *Nevada Rural and Frontier Health Data Book* ([Agenda Item VIII A-1](#)), which many grant writers use and a lot of health policymakers. It does not have a lot about the aging population in it. I updated strategic factors at the county level about the aging and demographics. I discovered a website which I will discuss in a moment.

What I wanted to discuss first, was at the beginning of the *Elders Count Nevada 2023* book, they actually have put together their policy recommendations. Our seniors, as a whole, are living well—whenever you look at the data. It is when they have not built their retirement well, or they have an unexpected injury, or a chronic disease, or an economic factor, negating what they thought they were going to have as a retirement. That is why all day long, I have been listening to all of these interventions that are happening because they are helping the minority of our seniors to be able to function and have a good life.

The policy recommendations in the *Elders Count Nevada 2023* is improving access to evidence-based chronic care interventions, increasing family caregiver support, creating innovative mental health support, strengthening protections against elder abuse, housing, employment, transportation, empower individuals to develop an action plan for successful aging, and the development of a statewide healthy aging campaign. These are what everybody has been talking about today. If you go to the DHHS website on their data dashboards, they have a lot of information about the health condition in Nevada, but not a lot on seniors. That is why this is a very important publication for what we have been

discussing today. I am flipping through this because there was actually a suicide chart in here. It shows the bottom line for the 55 in the United States and every age break in Nevada is above it. That is why this is something you can have in the back of your pocket. Within this, they have links to three additional studies as well as the list of the local Nevada sources they use and the U.S. Census.

The first one I want to talk about is a study that I was brought in on in 2020. It is a *Feasibility Study of a Combined License for Assisted Living Facilities, Adult day, and Respite Care Services in Non-Urban Nevada: Response to AB 122 Part 1 (Chapter 1-4) (Agenda Item VIII A-3)* [Due to copyright issues, the handout is on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. For copies, contact the Library at (775) 684-6827 or <https://www.leg.state.nv.us/Division/Research/About/Contact>.] This is 350 pages and includes an economic impact. The piece I was asked to write was on the workforce in Nevada; that was requested by Senator Goicoechea. He said, I can have the mines build an adult daycare in Eureka. Can we run it? And the answer is not just no, but an emphatic no, because there is no staffing. You cannot bring the staffing to Eureka to run an adult daycare center. I sent this link on to the Committee. Because it is such a big study, I am leaving a copy but if you want to look at it, they have the link. The major part that I wanted to discuss has to do with the housing piece and the support staff needed for the health care industry—for seniors' home health care industry.

We have an evaluation here at the United States level so that you can see, this is not a problem that is unique to Nevada. It is worse in Nevada because we—and this was in 2020—we were forty-eighth then. Now we have more people that have moved in, and we have these all these other issues. Hence, I am not so sure we treaded water. Supporting this large study was a study from the Guinn Center which is *Helping Hands: An Assessment of the Personal Care Aid Workforce in Nevada*. ([Agenda Item VIII A-4](#)) [Due to copyright issues, the handout is on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. For copies, contact the Library at (775) 684-6827 or <https://www.leg.state.nv.us/Division/Research/About/Contact>.] I had to pull this down and read it because I wanted to make sure that it supported what we had discovered in AB 122—it does. This particular part of the long-term services and support workforce sits at 60 percent of what we need. What is nice on the AB 122 study, is it actually went into the why of the shortage in the personal and home health aide workforce. It had to do with their payment structure, work structure, travel reimbursement, all of that. It is well documented in this study. I highly recommend someone take a look at it to figure out possible ways of fixing that why of the shortage.

From the Guinn Center report it says there is a need to increase this workforce by 81 percent to keep an adequate number of home health care staffing for services for older adults and disabled in their homes. That is a piece. When you look at the chart that was displayed earlier, you saw it was a 50 percent number on that chart for the personal care and home health aide services; so ignore my 81 percent. We will go with theirs because that is more recent—but still, 50 percent, and that was on their staffing of 1,335 people. I looked at the entire workforce that we should have compared to the national average, which is 15,000. We have eight that are working in this category. The other people who are helping on this are the therapists, nurses, nursing assistants, licensed practical nurses—but they are not the primary support system.

Another report that was mentioned in the *Elders Count Nevada 2023* is by the Nevada Office of Food Security about the *Nutrition Programs for Older Nevadans and Their Primary[Preliminary] Recommendations* ([Agenda Item VIII A-5](#)) [Due to copyright issues, the handout is on file in the Research Library of the Legislative Counsel Bureau, Carson City,

Nevada. For copies, contact the Library at (775) 684-6827 or <https://www.leg.state.nv.us/Division/Research/About/Contact>.] I found that very interesting because we think everybody has food, and when you are looking here about the distribution of the food bank—and there was something in the news recently where there was a huge number of meals that had been served—that makes you wonder how well people are able to deal with their housing issues and food issues—which are primary concerns for this group of the population.

My professional research into the health care workforce, I finally pulled out the geriatricians that we have in Nevada and compared it to the national ratio. We are comparable so that does not mean that we have a shortage. What that means is most of our people have a primary care provider. If they have insurance, there are a lot of ifs in there. Once you have one, you do not leave that person unless you have a situation where you need to have specialized care. When we talk about how well people are doing, that is because they are healthy, they have money, they have ways of dealing with being retired or they are continuing to work. This the whole discussion, and everything I have been looking for is where is the race, ethnicity, diversity? The thing I have been able to identify is a difference between the rural and the urban. In discussing the feasibility study, when you look at the Bureau of Labor Statistics, they have 100 people working as caregivers in rural Nevada. What that actually means is that everybody is dependent on their neighbor—if not their family, their neighbor—they are dependent on their community resources. As people said earlier, these are unpaid people who are willing to help out. There is a little anomaly where it says that Carson City has way too many of these people for the population because that is where the people are from, and they are going out to the rural communities. It is the way the health care distribution works in Nevada.

I wanted to close with the online website that we support in the Office of Statewide Initiatives, it is called Nevada Instant Atlas. It is a compendium of county level data that is accessible from established sources. I put data out there if I find a project or a program that has been vetted and established by someone else with good data. I will put those special items of data out in the Nevada Instant Atlas. One of them was a discovery that is called *Mapping Medicare Disparities by Population*. It has been out for ten years. It actually was to track those hospital readmission rates—when the hospitals were going to be fined if they had let somebody out within 30 days. It has turned into a very robust website. It tracks prevalence rates, strategic mortality rates, and a very large section of 30 indicators on behavioral screening, activities, as well as the chronic diseases and conditions leading to chronic diseases. I have not had the staff to be able to do this data. Centers for Medicare and Medicaid Services (CMS) has put it out there for the whole country. There is one caveat: it is the Medicare fee for service data. This meant when you do the dropdown button on Medicare Advantage, the last thing they put out there was 2018. The current data is from 2012 to 2022. Plus, they do rounding, and it is at the county level for the whole country—maybe not all 17 of our counties are representative because we have counties with very small populations. The data is by the residency of the Medicare enrollee. It is all phrased in terms of a percentage of the Medicare enrollees. If you know what the Medicare enrollees are for a county, you can interpret the actual number that is in there.

I did a presentation years ago with Dr. Hunt from UNLV. We explored the depression factor with obesity and Alzheimer's. You can do a little ANOVA on it and the takeaway was if it is a condition that you can control and that you have health care for it, your depression factor becomes negligible. If it is something that you have no control over, then the depression is a full correlation up to like 80 percent. It is very, very informative. The idea I have always had—and I would love somebody tell me they could do this—is a county profile using the CMS data showing what the status is of the care, the preventive care, and obviously

the prevalence and serious hospitalization. Plus, it also has costs out there of the impact on these counties of their senior population.

I will now open it up for questions. I did not want to talk about data. I wanted to talk about how to find it because we have amazing ways of doing that. Thank you for this opportunity.

Chair Spearman:

Questions? Vice Chair.

Vice Chair Brown-May:

Thank you for the presentation; I have one question. I opened up the *Nevada Rural and Frontier Health Data Book*, 10th edition; it says that it was printed in 2021. Is there a new version available?

Dr. Griswold:

Courtesy of American with Disability Act (ADA) requirements, we can no longer post the digital version of our *Data Book* on the UNR website. I have sent the link—no, I have actually sent the digital copy of it—and I brought 11 copies of this and *Elders Count*, and it will be distributed to you. This one is the 11th edition. The Nevada Instant Atlas database currently—when we find the county level for the 12th edition—it is in the Nevada Instant Atlas online database because that is where my database resides. I am sorry to hear that you have the 10th edition, but we are dealing with the fact that we cannot put it out there. I keep trying to find bureaus who will be willing to post my digital copy of it on their website, so that people know how to find it. There are around 150 tables in here and to do ADA compliance on it is impossible.

Vice Chair Brown-May:

I appreciate that information.

Dr. Griswold:

Very important question. The article and what I have here is coming your way.

Vice Chair Brown-May:

I appreciate that. As a disability rights advocate, I would encourage you to work with your accessibility folks over at UNR. There is a way to put the book online to make it accessible and in compliance with the ADA, which is more than 30 years old. It would be awesome to have that book available to the population of people who are also interested in reading that, who may have low vision or be unable to access it in other ways. There are mechanisms, and I do appreciate the complexity in that, but having public information available to all our residents is really important.

Dr. Griswold:

I do my own ADA compliance; that is why I know what I can do. There was a new program that they put in at UNR and they will not share it with me, so I cannot do it. It is not that I cannot do it, I do not have the time to do it. I appreciate your comments that it could be done, but it is not going to happen in a time frame conducive to getting the distribution out.

Vice Chair Brown-May:

I sincerely appreciate the complexity of that. I would be happy to reach out to the President's office to assist you in any way possible to ensure that the data that you are circulating publicly is also available to the population of Nevadans that are not able to access it in this format.

Dr. Griswold:

Yes, thank you. I do not want to cause waves.

Chair Spearman:

I do not mind waves; we will get a bigger boat if they get too big. I believe our Vice Chair is correct because as we have heard in previous testimony, Nevada is graying, and I think there is a multiplicity of layers that need this information to make sure that we are ready. Vice Chair, I am going to encourage you to use that contact you have with the UNR President. Some of us had a relationship with him when he was at another less prestigious job—pun intended. The one thing that I am going to ask you to do—because you presented a lot of information—if there is a way to put that on one sheet of paper, the names, and if you can do it as a link to get it to us, that would be great. Does anybody have the page?

Dr. Griswold:

I did create my own one-page script. Yes, I can certainly send that.

Chair Spearman:

If you can get that to us because the people who are listening have a right to have the same information that we do as well. Additional questions, Committee Members? Comments? [No additional testimony was provided.]

AGENDA ITEM IX—PRESENTATION ON EMPLOYMENT, AGE DISCRIMINATION, AND POLICIES TO SUPPORT A MULTIGENERATIONAL WORKFORCE

Chair Spearman:

[Agenda Item IX](#), presentation on employment, age discrimination, and policies to support a multigenerational workforce. Want to begin when you are ready?

Glenn Jacoby, Policy Associate, Employment, Labor and Retirement Program (ELR), National Conference of State Legislatures (NCSL):

For anyone who might be unfamiliar with NCSL's work, we are the bipartisan membership and professional development organization for legislators and legislative staff in all 50 states and territories. We exist to provide nonpartisan research, testimony, and technical assistance to help the legislative institution be as strong as it possibly can. The policy areas I work on for NCSL are relevant to this Committee in particular. I cover issues of disability, employment policy, paid leave, workplace harassment, and discrimination, among others. I am going to be reviewing ways that states are working to support the multigenerational workforce. This is a buzzword that we hear a lot about nowadays. We are going to talk about what exactly we mean by that in ways that you, as legislators, can help support workers of all ages. I am going to be going over information that was compiled, not only by

me, but by my wonderful colleagues at NCSL, as well as those on my team. I want to give them my Valentine's shout-out, my wonderful ELR coworkers. Anything they have provided that I will be going over—if you have specific questions about it that I am unable to answer—I can always connect you with any of them. They are a wealth of knowledge.

We are going to be covering three different areas today: first, what we mean when we say multigenerational workforce; (2) the phenomenon that we are seeing more and more nowadays, which is people reentering employment after they have previously retired; and (3) as well as age discrimination.

People are living longer than we have ever lived, which is very exciting. It also means that we are working longer than we have ever worked, historically, and that comes with an array of challenges. We have five generations in the workforce right now, for the first time in United States' history. We have folks from the Silent Generation all the way down to Gen Z—all working together sometimes, which is really exciting. It creates an opportunity for a diversity of perspectives and experiences, but it also creates unique challenges for State policymakers to support all workers, but especially older workers.

To give a brief overview of how we got here, this is a graph from the Department of Labor. It shows the civilian labor force participation rate, which is the percentage of everyone who is working, out of the overall noninstitutionalized population; the number of people working, out of everybody who theoretically could work. We are seeing, if you look at the beginning of the graph starting in 2003, we have about a 66 percent participation rate and then it begins to have a steady decline. We see a very sharp drop-off around the time when the Pandemic happens. A lot of people left the workforce or were laid off. A lot of people retired early, out of safety concerns. Then as we emerge from the Pandemic, we see that we are starting to creep back up, and we are essentially back where we would have been on the original trend line.

There is one interesting aspect of this graph that I want to highlight for you—this is also from the Department of Labor. It has workers broken down by age group, each of these little sections is an age group. It is the labor force participation rates projected from the year 2000 up to projected 2030. The main takeaway here is—if you look at the slope of each of these groups—they are all descending, except for the last one, which is workers 75 and older that is increasing. We do have fewer people overall in the labor force, as we are having demographic changes—baby boomers aging, retiring, and leaving the workforce often. But for those who are remaining in the workforce, the percentage of older workers is increasing.

That is similarly represented in this slide. The main takeaway here is the outer group—the age 75 and older group—where there is essentially a doubling between that light blue line and the red line. This is the percent change in the labor force by age. That light blue line is for 2010 to 2020 and the red line is for 2020 to 2030, the decade that we are currently in as we continue, the number of workers in this 75 and older category is going to double. How do we address this? How do we ensure that these workers are having their needs met?

The main discourse around the multigenerational workforce is focused on the managerial side of things, from the employer perspective. The main question seems to be, “How do you, as a manager, support multigenerational teams?” This is obviously important, but states are starting to get a little bit more into the mix and the conversation through a few main initiatives. There is a lot of overlap between issues that are related to supporting a multigenerational workforce and how to support workers with disabilities, because disability is a natural part of the human experience and as we age, we are more likely to acquire disabilities.

A lot of work has been done in the disability/employment space to support workers with disabilities and ensure they can access employment, if they would like it, and a lot of that work can lend itself well to supporting older workers also. For example, providing flexible work schedules, especially in public sector employment, is one option. Encouraging private sector employers and mandating state employers to increase access to reasonable accommodations, things that are required under the ADA, but oftentimes people do not fully understand what they are entitled to, or private employers might think they are costly to provide, which is not necessarily true. Also, as we heard from our lovely representative from AARP, providing supports for family caregivers—because we want to support our oldest workers. But a multigenerational workforce also means that the middle generations are caring for their older relatives, so ensuring that they can have the flexibility to do what is required; we need to address those needs as well.

Some specific legislation to highlight here—last year Mississippi granted all state agencies permission to authorize telework to any workers, as deemed appropriate. It is not a mandate, but it is essentially giving agency by agency discretion to allow their individual agencies to go remote, which is a unique approach. Fifteen states also allow telework as a reasonable accommodation for workers with disabilities. This is something that could lend itself well towards supporting older workers also. Several states are in the fact-finding period of reaching out to folks with caregiving duties and trying to determine and research what would be most helpful for them. There is a link on the slides to see what states are doing for the “task force phase” of many of these initiatives.

I want to zoom in now on a more niche aspect of the multigenerational workforce—something that has seen a lot of action in the last few years—and that is reemployment after retirement, also known as “unretirement”. People unretire for a lot of reasons, oftentimes it is out of financial necessity, but it could also be due to boredom, or wanting the emotional and social benefits that come with employment. Oftentimes people who unretire were members of a sector of the labor force that now is experiencing workforce shortages, and they see that, and they want to contribute the expertise they have and that they earned over the course of their career; they may reenter the workforce for that reason. Also, inflation is a very large reason. There was research out of the U.S. Senate in December of last year that showed that of people who are considering unretiring, almost half of them cited inflation as a significant reason. The mathematical reality of that is also important to keep in mind.

In terms of understanding broad trends regarding unretirement; pandemic inflation and labor shortages have driven a lot of retired people back to work. We also saw a large wave of retirements during the Pandemic, but there were more unretirements as Pandemic fears waned and safety concerns became less of an issue. Some people realized they might not have wanted to fully retire yet and wanted to get back into the workforce. This is likely to remain a trend, not only this year, but probably future years as well.

However, when people do unretire, those who have pensions can face unintended consequences. Most states restrict the number of hours or the amount of compensation that a person can earn while still accruing pension benefits. One way that states are trying to address this is by increasing caps on the number of hours that a person can work or on the amount of compensation they can earn while still collecting their pension benefits. Some states have also removed these caps on hours and compensation altogether. One thing to note though, is that in situations where this has been done to alleviate a labor shortage, oftentimes those pieces of legislation have a built-in expiration date. You can shop this however you want and whatever you think makes sense for certain workforce sectors in the state.

Once we have folks who want to reenter the workforce, how do we make sure that older workers are protected and understand their legal rights? We need to first understand the broad phenomenon of age discrimination and how significant it is. Age discrimination is illegal; you cannot do it; it is outlawed by the federal government, as well as almost every state, including Nevada. This means any worker or applicant for a job who is 40 years or older cannot be discriminated against simply for that reason. That said, we know from a number of studies that age discrimination is very real in the job application process. A lot of people report feeling they have been treated unfairly in the course of their employment because of their age. We know that whenever there is a face-to-face interview involved in a job application process, younger applicants are offered roles at significantly higher rates than older applicants with similar qualifications. We can chalk that up to age discrimination. It seems like outright banning it, while a good first step, has not completely solved that problem. States are beginning to see this and are taking a few steps. The main trend we have seen in this arena is we have five states that have passed bills that prohibit employers from requesting age-related information during the hiring process. Not only does this mean they cannot ask your exact age, but they cannot ask questions that are clearly trying to get at your age, without asking it. For example, they cannot ask what year you graduated from high school because that would potentially allow them to accurately guess your age. This is obviously a first step, but it is something we are seeing as a trend in a few states.

Lastly, I want to highlight the potential for the overlaps between disability and employment policy and policies that could be used to support older workers. I want to highlight the potential for state hiring preferences for older workers—to bring those folks back into the workforce—as well as addressing labor shortages. This is not something that I have found any states doing, but it is something that seems like it could be of interest to you all in your work. Or if not explicitly state hiring preferences, using the framework of the state as a model employer. This is a framework that a lot of folks who are disability advocates have pushed for and a lot of states have adopted it and found success with it. It is the idea of having the state create an environment that is designed to actively bring people with disabilities into the public sector workforce. Then also retaining them by creating an environment that is culturally supportive, as well as practically supportive, by meeting their needs—accommodating them—ensuring that the environment is built so they succeed. That framework potentially has implications for older workers.

Why does all this matter? It matters for a number of logistical reasons, as we have heard about today. Pretty much everyone, everywhere, is experiencing labor shortages in every industry. That does not look like it is going to change anytime soon. So, ensuring that everyone who wants to work is able to, this includes older workers, is one way to begin to chip away at that. Obviously, it will not solve everything, but it is one step. We also know that a multigenerational workforce benefits everybody. It creates a diversity of perspective and skills. Teams with multiple generations represented are more productive. They also tend to create more stable workplaces because older workers tend to remain at the same

job longer than younger people, who are in the process of building their career and are more likely to job-hop. We have these practical reasons, but then there is also the reason that it is the right thing to do. Work is something that gives us all meaning and connection. I really love my job. I love the chance to come here and talk to all of you and hear what you are doing to better the State. I love hearing about your passion, and I know that your work gives you meaning and connection as well, so we want to make sure we can be doing that for everybody. If anyone has any questions, I will do my best to answer them, or I can connect you with any colleagues who focus on certain policy areas.

Chair Spearman:

Committee Members, questions? Comments? Assemblyman D'Silva.

Assemblyman D'Silva:

Thank you for your great presentation. I had a question. I do not know if you have the answer or not, but I was wondering if you have any data on unretirement in Nevada, and what may be driving unretirement in this State?

Ms. Jacoby:

I do not have any information specific to Nevada, but my colleague, Angie Rowe, works on retirement issues for NCSL. I can get you her contact information and connect you with her. She would be a great person to answer that question.

Vice Chair Brown-May:

It is great to see you in person, not on Zoom; thanks for making the trek over. Similar to my colleague, I am curious to know if you can get additional information on the slide you presented with the 75 and older age group increasing in the workforce. The percent change in civilian labor force, by age, and in 2020 to 2030 we see 75 and older folks in the workforce increasing significantly. I am curious to know if it is a self-determination, or if it is driven by the economy, or health care needs. Do we know what the driving factor is beyond that? Studies are now telling us that the longer you stay in the workforce, the healthier, cognitively, you are likely to remain because of the social interaction and other intellectual stimulation you get by being in the workforce. I am curious to know if this is a choice that is being driven as we are getting older and are healthier longer and able to work, or if it is driven by an economic factor.

Ms. Jacoby:

It seems to be driven by a lot of different things; there is not one factor that we can pin it on. It is all the things that you named. But we know that economic reasons are a significant driver—especially concerns around inflation—that seems to be significant for a lot of folks. It is driven by a lot of different reasons and people might have multiple reasons themselves for entering the workforce. We do not know what the breakdown is of that significant jump in terms of percentage of each reason, but all the ones that you mentioned are relevant.

Chair Spearman:

Senator Krasner.

Senator Krasner:

Thank you for the presentation. My question is, if a citizen sees on a federal government website that there is a job posted and it says applicants cannot be over 60 years old, what are their remedies? What do they do?

Ms. Jacoby:

That is a good question. I would be surprised to see that posted on any federal websites, which is not to say it does not happen. There are certain positions—I do not know, to be honest with you, a lot of the nuance of the specifics. But I do know that there are provisions in the Age Discrimination in Employment Act (ADEA) that state for specific jobs, if there is a strong reason why there needs to be an age requirement for it, there are situations that can be exceptions. However, from my understanding, that is very rare. I would imagine a good option for those folks would be to reach out to their regional Equal Employment Opportunity Commission (EEOC) office. That is what I would recommend those folks do, because anyone at that office would probably understand the law in a more nuanced way than I do, so I cannot necessarily speak to that, but I think that would probably be a good starting point.

Senator Krasner:

So, reach out to the EEOC office here in the State of Nevada, and make them aware of the federal government posting that is discriminating based on age. Is that correct?

Ms. Jacoby:

Yes, that is what I would recommend because they are the ones who are responsible for the enforcement of laws that protect certain classes of worker from discrimination. I would imagine they probably would be the best resource for that.

Senator Dondero Loop:

As a person who—I prefer to say—I have reinvented myself several times. A pilot would be a person who cannot work past age 65. I believe Federal Aviation Administration (FAA) workers that bring in our planes, I think they might have an age limit. Those would be age limits based upon that specific job, I believe. I do not know, you probably know more than I do, but I do know there has been discussion on the news, for example, could we extend those ages because people are healthier/living longer? That was part one. Part two is—I always struggle when I hear these statistics. Are there more jobs, if you will; people are looking for workers—restaurants, the Legislature, schoolteachers, whoever they are—everybody's looking for job applicants. Where are these people? Are there more jobs? We know there are not less people. We know that people are retiring later, so that would put a few more in the workforce, maybe not a lot, but that would put some in the workforce. So, is there any data on that or any discussion on that?

Ms. Jacoby:

Yes. It is a little bit counterintuitive going from the initial graph I showed that is a declining labor force rate, then the latter two are showing increasing numbers of older workers. Ultimately, it comes down to there is a larger number of older people, in general, leaving the workforce; the baby boomer generation is retiring in large numbers. While we are seeing people on a whole, living longer and that does mean more individuals choose to stay in the workforce longer, that is not a high enough number to balance out the number of people who are retiring. So, while we are seeing more people working for longer, ultimately

the long-term demographic change is what is behind that declining graph that we saw at the beginning.

Chair Spearman:

Additional questions? I have a couple. One of the things I have been concerned about is it is not that they have reached retirement age. But as we look at the jobs that are going to be going away by 2015, you have got retail salesperson, cashier, journalist, market research, librarian; a lot of the jobs that we have right now are service connected will be going away. What can we begin to do? Maybe I already know the answer. What can we do proactively to make sure we are using all the educational and trade resources we can to make sure that we are reskilling or upskilling? I spoke with one of the labor unions, their average age of their members is 47. Therefore, in 10 to 15 years—if they are displaced by technology—then the younger workers will probably get that job quicker than they will. What can we do? Are there resources out there we should be looking at to make sure we are including them in workforce development now, as opposed to scrambling to do it later.

Ms. Jacoby:

That is an important question that certainly has strong implications for Nevada and Las Vegas, so I definitely understand why you are asking it. I have a couple of colleagues who are strongly focused on workforce development initiatives that I can connect you with. But a few things that come to mind for me would probably be focusing on—as you said—reskilling through initiatives that states have tried, to essentially allow folks who have been in one sector for the majority of their career to transition into another. There are initiatives that states have taken on to help reduce costs of getting certain types of degrees that are helping to alleviate workforce shortages; that could be a potentially relevant approach. If you were to enter into a sector that has a lot of need, part of your education could potentially be compensated by the state. That is one approach that we are seeing.

We are also seeing a push for apprenticeships. Apprenticeships are something the federal government has also put a lot of support behind, specifically registered apprenticeships. That model could potentially be useful. I can connect you with a couple of colleagues who probably know a little bit more about it in detail and would be able to provide you with information.

Chair Spearman:

This is more of a comment than a question. Has there been any exploration to use libraries as a learning center? About 15 years ago, everybody said libraries were going to be extinct because of the multicolored search engine that starts with a G. Can we look to do something like that? And like I said, comment probably more than a question.

Ms. Jacoby:

As a frequent user of the Denver Public Library system, I am very pro-library. I like that approach; I think it is creative. I have not seen anything at the state level related to that. I have heard—as a person who is interested in libraries—I know that there are county-level initiatives in some states that try to create spaces for public libraries to essentially be like a first stop for accessing certain services. I would assume there are likely initiatives around that. I am not familiar with it though, but I think it is an interesting approach.

Chair Spearman:

I am going to ask the same question—and you probably cannot answer this—but is there any way to integrate these sorts of services—workforce development—by reaching out to Veterans’ organizations? I know the first Veterans and Military Families Subcommittee—I Chair that—I think it is still around. Is there any way to marry that with some of the challenges that we face? Also, I think this would be a good idea for anybody that has any type of paper or questionnaire for a job application or a resource application, to ask, “Have you ever served?” So that we can identify those who are Veterans; that provides another resource that could potentially take some of the strain off of limited resources in other places.

Ms. Jacoby:

I have not heard of any initiatives that are specifically related to seeking out Veterans’ organizations and tying that to employment, which is not to say that it does not exist. I do know there are a lot of state laws that have been passed in the past few years that are designed to incentivize the hiring of Veterans; sometimes it is narrowed down to service-disabled Veterans, but not always. That would potentially be one approach. I can reach out to the person at NCSL who covers Veterans’ issues. He is very helpful, and he would probably know a little bit more about that as well; and I can connect you with him.

Chair Spearman:

Regarding the State as a model employer, we had that bill and passed it last time. So, you can add that to your slides; Nevada is doing that already.

Ms. Jacoby:

Glad to hear it.

Chair Spearman:

Additional questions or comments?

I would be interested in talking to whomever is dealing with the Veterans’ issues. I mentioned that question because a lot of people, unless they are retired, they do not believe they are Veterans. But if you ask the question, have you ever served? They can either say yes or no.

AGENDA ITEM X—DISCUSSION OF POTENTIAL TOPICS TO BE ADDRESSED AT FUTURE MEETINGS

Chair Spearman:

Agenda Item X, discussion of potential topics to be addressed at future meetings. I have some topics, but I would like to hear from the Committee Members first. Vice Chair.

Vice Chair Brown-May:

I know we are looking at a Committee meeting that is specific to addressing the needs of people or adults with disabilities or special needs. I am curious to know if we can spend time working on the State as a model employer, disparities in employment for the special needs populations and adults that are dealing with that, in particular. I would also like us to

consider accessibility—as we heard earlier today—some of the materials are not being made accessible for people who have other barriers. I think that is really important, so I would like us to consider spending time on that issue in particular.

Chair Spearman:

Committee Members? Anyone else?

I would like to put back on the agenda for a future meeting, Agenda Item VIII, because I would like to know what that looks like. That was the presentation on the quality-of-life issues and health care concerns related to senior citizens in Nevada. I think this is quite germane to the work that we have to do now and what we need to prepare for in the next session. Also, like to look at how we are or are not collaborating with Veterans' resources to make sure that we identify and do outreach to Veterans in whatever category they are in, so the limited resources we have can be stretched. I would be anxious to see if we can bring the agencies back in, along with the Department of Veterans Services, to take a look at how we can do that.

Looking at other things that we are facing—particularly the reskilling or upskilling—perhaps we need to look at our labor partners and see if there are ways to integrate what they do with any type of preretirement for people who are 45 or above, so that they have time to reskill or upskill. That would also go in line with what is available to members of the Veteran community to make sure they have these options.

I know we are dealing with adults with special needs, but maybe we can consider discussion about parents who have children who have special needs and what that looks like in the workforce, particularly in light of the fact that we have a lot of daycare centers that closed during the Pandemic. What is available to us in terms of government funding? We might be able to look at making sure that is available. I had a friend who has two children, both of whom have special needs. At the age of 18 and 20, a lot of the resources that are usually available—when we think about adults with special needs, we usually think about somebody who is over 50—but, what happens to the children when they “age out” of the child status, and they need to have these things? I want to make sure we are looking at that and making sure we have resources available. Maybe that looks like a town hall, I do not know.

Finally, in the future, whenever we invite someone to come and present, let us ask them what they are doing in terms of outreach and making sure they are educating the public. We are the collaborative partners that exist. We heard some, but I think an underutilized resource is the faith community and that is not just Christian, but is the faith community, broad-based or lack thereof. Some people have a faith system that is not a faith system, so we need to be sensitive to that. I would like to know what they are doing to make sure the outreach exists and what levers are they pulling to make sure they are un-siloed; make sure that everybody is talking to each other, and you do not have duplicative activity going on—this side, the left, and then the right, and both of them are doing the same thing and spending money on the same thing when, if they were un-siloed, then we could perhaps build capacity.

We talked about transportation as well. For example, here in Southern Nevada, we are getting ready to get the bullet train. What does that look like? What can we be doing in our rural areas to make use of the advancement in technology? When we start talking about transportation, we are not just talking about trucks, cars, and buses; but we are probably also talking about what that looks like in terms of the fueling—whether we are talking about EVs (electric vehicles) or hydrogen fuel cells—what are we talking about? How do we make

use of all the resources that are available to us that will shore up and secure more transportation options for people in rural and frontier areas?

Those are some of the topics, and here is what I am going to ask Ms. Cooper to do, if you will—those things that we talked about—we will send around a survey and see how much interest there is or not. If mine does not make the list, I am committed to at least talking about it on an individual level to make sure that we get something done. I would encourage you all to do the same thing. We may not be able to talk about all of it, and maybe there are some processes and things that we talked about that could be integrated at a secondary or tertiary level.

Vice Chair Brown-May:

Senator, I wonder if you would consider adding housing to that bill, knowing that I get seniors on a regular basis who are in fixed income households, but their rents are continuing to increase. I think the specialized populations would be an important topic for us to consider, including the long-term support services we heard about earlier. What is our capacity as a State for people who have high behavioral support needs, as well as people who are trying to live independently?

Chair Spearman:

I think if we couple that with the curriculum of our institutions of higher learning and even community colleges, that might be something worthwhile. As we talk about that, I would like to put under that SB 363, the bill that we had last time that provides priority placement for women Veterans, formerly incarcerated women, women who are over 55 and housing insecure—there was another one—it is four categories. One of the things that is happening is as homelessness increases—if we drill down and look at the age categories, up to 35, 35 to 50, et cetera—I think we will probably see there are more people above the age of 50 who are housing insecure. Some of them are invisible to us because they are staying with their children and do not want to.

Additional questions? Comments?

Assemblyman D'Silva:

Maybe this is out of the purview of this Committee's jurisdiction, but I know we have a member of one of these organizations here—our Veteran Service Organizations (VSOs)—and maybe inviting them to come and give a presentation/an overview as to the resources they are doling out to our Veterans' community here in Nevada.

Chair Spearman:

Good point. I think with all of these topics, let us make sure that we have somebody from the Nevada Department of Veterans Services (NDVS) and any of the other Veterans' organizations here that can speak to whatever collaborations—or not—we are doing. I want to make sure we are fully integrated, so we are maximizing all of the resources we have. Good idea. Let us make sure that in the future, we have somebody here from Veterans' Services that can speak to these issues and how we can do crosswalk. Good point. Anyone else?

AGENDA ITEM XI—PUBLIC COMMENT

Chair Spearman:

Let us move now to [Agenda Item XI](#), public comment. Anyone here in Las Vegas? If there is someone in Carson City, if you would move to the table. I see someone here in Las Vegas. Anyone else for public comment; you can move to the table too.

Fred Wagar, Southern Nevada Legislative Liaison, Veterans of Foreign Wars (VFW):

Senator Dondero Loop made a great comment about reinventing oneself, and I certainly appreciate that. I was appointed by Commander Bill Pierce. We have a legislative team—Candace Lopez, who is the State Coordinator up in the north; and Dan Sander, who is with the Congressional Delegation. We are all appointed by the Commander.

Thank you for allowing me the opportunity to make this public comment, as I retire from the State and move into this volunteer position. My primary responsibility is to be available to you to provide any guidance you may want as a State Legislator on Veteran's issues that you may wish to place into a bill draft request in the next session.

A main focus from VFW will address claim sharks. This is a national effort, but we are taking it on in the State. Claims sharks or those who are nonaccredited individuals or organizations who are charging Veterans and survivors for assistance that is provided free by accredited organizations. There are already bills in New Jersey, Nebraska, and Florida. We are looking at those to provide information to this Committee and others as we go forward.

Another issue is the item of compacts—I heard that mentioned earlier—between states that allows individuals, especially military spouses, who have their military members moving to Nevada on military orders and with the spouse having to start over in employment, as Nevada has no compact. My wife followed me all over the country as I moved around in the military, and she had to start over each time.

We will be working closely with the United Veterans Legislative Counsel on pushing Veterans' bills to continue the legislative success seen over a number of years. We have the list of recommendations from the Interagency Council on Veterans Affairs, the Veterans Services Commission, and the Women Veterans Advisory Committee that was recently sent to the Governor and the LCB for distribution to the legislators, and has been published by the NDVS on their website as well. We would be happy to discuss those at any time.

I have heard it mentioned numerous times today, that it is Valentine's Day, so I want to thank my very patient wife of 34 years, Terry, for supporting me as I transition into this new position. I think she thought I was actually going to retire; I do not know where she got that idea. I also want to thank you for all you have done over the years, for Veterans especially. I want to thank you for your time today. Have a great day.

Chair Spearman:

Anyone else down south? Do we have anyone up north for public comment? I do not see anyone. Senator Krasner.

Senator Krasner:

Mr. Wagar mentioned that he has a list of priorities that he wanted our help with. Would it be possible for each Member of this Committee to get a copy of that list via email, please?

Chair Spearman:

We can do that. Assemblyman Gray. I think you are still there, and I owe you an apology. I got really animated when we were talking about Veterans who were discharged under "Don't Ask, Don't Tell," and I hope you did not take that personal. It is a real sore spot because I know there are a number of people who served their country, honorably, some who died in Iraq and some who came home with missing limbs and still were not able to stay in because of who they loved. So please forgive me, my humble apologies, and I will try not to be as animated the next time.

Assemblyman Gray:

It is unnecessary. We are both—like I said—on the same side. I was interested if we can go back and capture the ones before "Don't ask, Don't Tell," because there are a hell of a lot of good people that served. They bleed the same way you and I do, and there is no reason for it.

Chair Spearman:

You are correct. Let us talk. All right, have we said everything/done everything that we came here to do? With that, we will end this meeting. Our next scheduled meeting is Tuesday, March 26th, 2024, beginning at 9:30 a.m. We are now adjourned.

AGENDA ITEM XII—ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 2:00 p.m.

Respectfully submitted,

Christina Harper
Manager of Research Policy Assistants

Destini Cooper
Senior Policy Analyst

Jennifer Ruedy
Deputy Research Director

APPROVED BY:

Senator Pat Spearman, Chair

Date: _____

MEETING MATERIALS

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item III	Destini Cooper, Senior Policy Analyst, Research Division, Legislative Counsel Bureau	Committee Brief
Agenda Item IV	Dean Schmidt, Administrator, Aging and Disability Services Division, Department of Health and Human Services (DHHS)	PowerPoint Presentation
Agenda Item V	Dean Schmidt, Administrator, Aging and Disability Services Division, DHHS	PowerPoint Presentation
Agenda Item VI	Alexandra Neal, Minority Health and Equity Specialist, Nevada Office of Minor Health and Equity, DHHS Julia Peek, Deputy Administrator, Division of Public and Behavioral Health, DHHS	PowerPoint Presentation
Agenda Item VII A-1	Jessica Padrón, Associate State Director – Advocacy, AARP Nevada	PowerPoint Presentation
Agenda Item VII A-2	Jessica Padrón, Associate State Director – Advocacy, AARP Nevada	Caregiving State Laws Handout
Agenda Item VII A-3	Jessica Padrón, Associate State Director – Advocacy, AARP Nevada	Nevada State Fact Sheet
Agenda Item VIII A-1	Mary Tabor Griswold, Ph.D., Director, Health Workforce Research, Office of Statewide Initiatives, School of Medicine, University of Nevada, Reno (UNR)	Link to the <i>Nevada Rural and Frontier Health Data Book</i>

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
<u>Agenda Item VIII A-2</u>	Mary Tabor Griswold, Ph.D., Director, Health Workforce Research, Office of Statewide Initiatives, School of Medicine, UNR	<i>Elders Count Nevada 2023</i> This is on file in the Research Library of the LCB, Carson City, Nevada. For copies, contact the Library at (775) 684-6825.
<u>Agenda Item VIII A-3</u>	Mary Tabor Griswold, Ph.D., Director, Health Workforce Research, Office of Statewide Initiatives, School of Medicine, UNR	Feasibility Study of a Combined License for Assisted Living Facilities, Adult Day, and Respite Care Services in Non-Urban Nevada. This is on file in the Research Library of the LCB, Carson City, Nevada. For copies, contact the Library at (775) 684-6825.
<u>Agenda Item VIII A-4</u>	Mary Tabor Griswold, Ph.D., Director, Health Workforce Research, Office of Statewide Initiatives, School of Medicine, UNR	Helping Hands: An Assessment of the Personal Care Aide Workforce in Nevada. This is on file in the Research Library of the LCB, Carson City, Nevada. For copies, contact the Library at (775) 684-6825.
<u>Agenda Item VIII A-5</u>	Mary Tabor Griswold, Ph.D., Director, Health Workforce Research, Office of Statewide Initiatives, School of Medicine, UNR	Nevada Office of Food Security Recommendations This is on file in the Research Library of the LCB, Carson City, Nevada. For copies, contact the Library at (775) 684-6825.
<u>Agenda Item IX</u>	Glen Jacoby, Policy Associate, National Conference of State Legislatures	PowerPoint Presentation
<u>Agenda Item XI</u>	Susan Meuschke	Written Public Comment

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