



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

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

MINUTES

March 26, 2024

The second meeting of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs for the 2023–2024 Interim was held on Tuesday, March 26, 2024, at 9:30 a.m. in Room 4401, Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138, Legislative Building, 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
Terese Martinez, Research Policy Assistant, 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 this edition of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs. We want to welcome you to the second meeting of the Legislative Committee.

[Chair Spearman reviewed meeting and testimony guidelines.]

Secretary, please call the roll.

[Roll call reflected in Committee Members present.]

AGENDA ITEM II—PUBLIC COMMENT

Chair Spearman:

We have public comment right now. Anyone here who would like to make public comment? Broadcast, anyone on the phones?

Broadcast and Production Services (BPS):

To provide public comment, please press *9 now to take your place in the queue.

Chair Spearman:

We have someone at the witness table in Carson City.

BPS:

We also have a caller on the line who is currently unmuting.

Chair Spearman:

Carson City, if you hold up, let us get the person on the line. Broadcast, we are ready for that.

Dora Martinez, Nevada Disability Peer Action Coalition:

Good morning, Madam Chairperson, and the rest of the Committee. I want to thank all of you in the previous session for passing bills that benefit not just people who are visually impaired, hard of hearing, and low vision, but everybody else. And I want to remind you this month is Disability Development Awareness Month, and Women's [History] Month, Social Workers Month, and Happy Day Month. ([Agenda Item II A](#))

I wanted to thank you so much, Madam Spearman, and I hope to talk to you regarding a braille bill—maybe I will take that offline—for low vision and students K through 12 who are totally blind, who are not getting adequate services for learning braille. Thank you for all you do and take care. Enjoy the sunshine. Thank you, Madam Chair.

Chair Spearman:

Thank you. Broadcast, anyone else on the phones?

BPS:

That was our only caller, Chair.

Chair Spearman:

We will go back up to Carson City now.

Abbey Bernhardt, Public Policy & Advocacy Committee Chair, National Alliance on Mental Illness (NAMI) Nevada:

Good morning. I wanted to let you know we are having our 2024 NAMI Nevada Annual Education Conference on June 18, 2024. This year, the topic is Invisible Wounds of Veterans: Serving Those Who Have Served, Together for Mental Health. It is an opportunity to earn continuing education unit (CEU) credits and learn about the invisible wounds our heroes have. Please join us at Hometown Health, Great Basin Room, 10315 Professional Circle, Reno, Nevada. Available in person or virtually on June 18, 2024. Thank you. ([Agenda Item II B](#))

Chair Spearman:

Thank you, ma'am. Do we have anyone else in Carson City or anyone here in Las Vegas? For those of you who are new to committee meetings, we do not comment on public comment, we simply take it in. If there are things that need to happen afterwards, they can either contact us or we will contact them. That is why there are no questions during public comment. [There were no additional public comments.]

AGENDA ITEM III—APPROVAL OF THE MINUTES FOR THE MEETING ON FEBRUARY 14, 2024

Let us move to Item III, approval of the minutes for the meeting on February 14, 2024. Members of the Committee, are there any questions regarding the minutes? Seeing none, I will entertain a motion to approve the minutes.

SENATOR DONDERO LOOP MOVED TO APPROVE THE MINUTES OF THE MEETING HELD ON FEBRUARY 14, 2024.

VICE CHAIR BROWN-MAY SECONDED THE MOTION.

THE MOTION PASSED (ASSEMBLYMAN D'SILVA WAS ABSENT FOR THE VOTE).

Today is going to be—I think in some respects—an emotional day because we have topics we will be discussing that deal with a lot of life circumstances. I have an opinion/theory that if you do not die young, you are going to get old. And so far, nobody has disproven that to me. I want to welcome those who have taken the time to come and talk to us about these various subjects.

AGENDA ITEM IV—PRESENTATION ON ALZHEIMER’S AND DEMENTIA

Chair Spearman:

We will move now to Item IV, presentation on Alzheimer's and dementia by the Alzheimer's Association. Mr. Challinor, please begin when you are ready.

Benjamín Challinor, Director of Public Policy (Nevada), Alzheimer’s Association:

Thank you, Chair. I am realizing this is my first time here in the Grant Sawyer Building. Usually I am in Carson City, but I wanted to make sure I was here with you and the majority of the Committee.

Good morning, Chair and Members of the Committee. Thank you for the opportunity to be here to present on Alzheimer's and dementia here in the State and what we are doing, what we have done in the past, and what we want to make sure we are doing for our folks here in Nevada living with Alzheimer's and dementia. But before I begin my presentation, I want to introduce Amy Peterson. She is one of our amazing advocates with the Alzheimer's Association here in Nevada, and she will be telling her story.

Amy Peterson, Boulder City, Nevada:

Chair Spearman, Vice Chair Brown-May, and Members of the interim Committee, I am here to talk to you today about Alzheimer's disease and the impact it has on families here in Nevada. My husband, Drew, was a commercial pilot who voluntarily surrendered his license and quit flying at the age of 47. He was eventually diagnosed with a younger-age onset Alzheimer's, and he died two weeks after his 58th birthday. The last few years of his illness, it was not safe to leave him unattended at home, so I resigned my job as a teacher with the Clark County School District to become his full-time caregiver. I have been an Alzheimer widow for nearly a decade now and today I am a full-time volunteer with the Association. I facilitate support groups for caregivers. I increase—hopefully—dementia awareness through presentations and education to a variety of groups throughout Southern Nevada. I advocate for legislation and services that will ease the burden of those diagnosed with dementia and their families, who are equally affected. I am passionate about helping those in our community who are trying to maneuver the complex health system after having such a devastating diagnosis. It is my way of honoring my husband's memory. It was really difficult to get an accurate diagnosis, especially at such an early age for Drew. His primary care physician saw him every six months for a flight physical, but missed the signs of cognitive decline and initially diagnosed him with stress and depression. A common lament I hear often from my caregivers in the support group—spouses, family members—is the difficulty they go through trying to get an appointment, trying to decipher the conflicting reports between doctors, and it is incredibly frustrating to try to get their loved one diagnosed early and accurately. Unfortunately, after a series of appointments and various medical tests, a variety of specialists—they are given a diagnosis, but with little follow-up on what to do now, how to do it, where to turn for resources, and what to expect.

On the caregiver note, the intense responsibilities of providing care for someone living with Alzheimer's, or another form of dementia, take a toll on the caregiver. Providing that care can be emotionally, physically, and financially draining. It is a life-changing role. And while we do it mostly out of love, some out of obligation, very few of us are adequately trained for the medical and nursing tasks, let alone prepared for the daily mental and emotional changes, and the physical declines our loved ones go through. Caregivers often neglect their own health needs when they feel overwhelmed. Statistics show over 60 percent of

caregivers will succumb to a serious illness or even death, unless they get additional help. It seems to me we need standard routine screening for seniors and others experiencing memory or cognitive issues. This screening needs to be available to all residents, especially in rural or otherwise underserved communities. With an early and accurate diagnosis, the outlook on “living” with Alzheimer's can be improved with new research and medications, lifestyle changes, education, and social and emotional support for the patient and more importantly for their caregivers. I want to thank you for your time and consideration and hearing my story.

Mr. Challinor:

Thank you, Amy. I definitely wanted to start with her story, because her story is one of many we have here in the State. I will pull up the presentation in a second ([Agenda Item IV A-1](#)), but our logo, it looks like two round things; they are supposed to represent the brain, the person, the beaker, and the science. That is who we are here at the Alzheimer's Association. We are person centered; we are also data and science. Making sure we do everything data driven, but we are also people centered.

Before I begin, I want to clarify one distinction. We are the Alzheimer's Association, but our full name is Alzheimer's and Related Dementia. There is dementia, which is an umbrella term for memory loss and cognitive decline that is serious enough that it interferes with everyday life. Alzheimer's is the most prevalent, it makes up about 60 to 80 percent of all dementia cases. Vascular, Lewy Body, and Frontotemporal dementias are the other prevalent ones. I realized after I sent the presentation, I did not include that, but I want to make sure I made that distinction up front. When we say Alzheimer's, we are not leaving out other dementia.

This is a general overview about the Alzheimer's Association; facts and figures at the national level, Nevada facts and figures, some federal priorities—what we are doing at the federal level, as well as our State priorities—what we have done in the past, and what we want to make sure we are doing in the future. Our vision as the Alzheimer's Association is a world without Alzheimer's and all other dementia—plain and simple. We are doing that by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support.

How we do that is through three main pillars: (1) care and support—this is through our direct services we provide at our offices, both at the national and the local level. This can range from caregiver support to education, for health systems, or businesses or everyone in between; (2) Research—The Alzheimer's Association is the largest organization that provides support for Alzheimer's and dementia research; and last, but not least is (3) Advocacy—both at the federal and local level. We are always fighting for ways we can make sure we are helping those living with Alzheimer's and dementia—any way we can make their lives easier, so they can live a more fuller life after a diagnosis. That is what we are here for.

Here in Nevada, we have two offices, one in Las Vegas on Cimarron Road and one in Reno, in the United Way building. We are open five days a week. You can always stop by, we are available. I have other contact information at the end. Some of the services we provide here locally, as I mentioned, are caregiver support groups—Amy was one of the facilitators for that and she continues to do so. We provide training and education classes for caregivers, providers, first responders, and for anyone who wants it—we provide these education services to everyone. A colleague up in the North is going to be doing an education class for the Northern Nevada [Central] Labor Council. So, for anyone, any organization, any person

who is interested at all, we are able to provide those education classes. Here shortly, Amy—as soon as we are done here—is going to the University of Nevada, Las Vegas (UNLV) to do a “Lunch and Learn” as well. One of the other things we do is we provide a \$1,000 yearly Respite Grant; we are the State provider for that Respite Grant. It is through the Aging and Disability Services Division (ADSD).

One thing I want to make sure I talk about—before we continue on to the facts and figures—are *10 Healthy Habits for Your Brain* ([Agenda Item IV A-2](#)); this is something we published early this year. It is a public health campaign launched by the Alzheimer's Association that provides easy to understand brain health strategies to reduce the risk of dementia. It is never too early, never too late, to start these. I did provide these as a handout and folks should be able to see it on the legislative website.

National prevalence—we have nearly 7 million seniors living with Alzheimer's, 6.9 million to be more precise ([Agenda Item IV A-4](#)). These are folks who are 65 and older. We found this number by using the most recent 2024 census data and a study, the Chicago Health Study, that looks at Alzheimer's. This is one of the instances where when I say Alzheimer's, it does mean Alzheimer's; the study only looks at Alzheimer's, but we know there are so many more also with dementia. Specifically, one distinction I want to show with this prevalence is two thirds of those are women. Older blacks/African Americans and older Hispanic/Latinos are disproportionately more likely to have Alzheimer's and other dementias [than older non-Hispanic whites]. We do not know specifically why there are these health disparities between the Black/African American community and the Hispanic/Latino communities. There is not enough research that has been done right now. Obviously, we are doing as much research as possible. One of the reasons may be for socioeconomic reasons. For years, these communities have had health disparities, lack of good food, lack of extracurricular activities. If you look back at the ten healthy brain habits, some of those—heart disease, high blood pressure, diabetes—run high within these communities also. If they are not able to manage those, then they also are more prevalent for that. For other ethnic and racial groups, we are still working on trying to make sure we find more data to be able to identify prevalence there.

Caregiving—more than 11 million Americans provide unpaid care. So, if you take a look at that number 6.9—nearly 7 million Americans over 65 have Alzheimer's and over 11 million—that means to each person living with Alzheimer's, there is more than 1—1.4 [caregivers], I believe. They contribute to about nearly \$350 billion of unpaid care. Those are folks who are like Amy. I know a lot of folks have a story in connection to Alzheimer's and dementia; in my family, my great-grandmother on my mom's side, and then my grandmother on my dad's side. On my dad's side, they were able to put my grandmother in a home—in a facility—and she was able to get care there. But my great-grandmother, she was taken care of by my grandmother. All that work and caregiving support was done by my grandmother, unpaid. That is significant.

There is also a workforce shortage across the country. I will be able to show more closely for the Nevada numbers, but there are about a million additional direct workers needed for this, to make sure we are helping folks. This is across the board. These are primary care providers, these are specialists, neurologists, geriatricians, psycho-neurologists—folks who could help diagnose and help provide the care needed. There is a shortage of dementia care specialists who help bridge that gap from diagnosis to receiving the care.

Here in Nevada, we have just under 55,000 Nevada seniors living with Alzheimer's ([Agenda Item IV A-3](#)). When you look at the total population of Nevadans over 65, that is a prevalence of 10.6 percent—so in other words, one in ten. We are not one of the highest in

the country, but it is still pretty high. There are a lot of ways we could try to make sure we are looking towards providing the care needed. Here in Nevada, we have 84,000 caregivers providing 142 billion hours of unpaid care and that totals up to about \$2.3 billion of unpaid care. That is significant; that is a lot of families out there providing that care.

One of our federal priorities we are working on is the Building Our Largest Dementia (BOLD) Reauthorization Act. This is a reauthorization of the initial BOLD Act and this is BOLD Infrastructure Act. It was passed in 2018, and our very own Senator Cortez Masto was one of the initial sponsors. She is also a sponsor for the Reauthorization Act. She, along with three other Senators, introduced it initially. This provided for additional support. This provided for funding towards the Centers for Disease Control and Prevention (CDC) and funding towards state health departments, so they could build out an infrastructure. In that initial round, we were one of the states to receive that [funding]; I believe it was about \$1.4 million for the initial five-year run. We, the Alzheimer's Association, with the Department of Public Behavioral Health (DPBH)—and our partners at the Dementia Engagement, Education, and Research (DEER) program at the University of Nevada, Reno (UNR) are working towards making sure we are utilizing these funds and utilizing the help we are able to receive from the BOLD Act, to make sure we are doing public health awareness, we are reaching out to health systems, and making sure we are helping bridge that gap. The BOLD Reauthorization Act, if approved, will be able to extend out until 2029.

We also have the National Alzheimer's Project Act (NAPA) Reauthorization Act. This is the national plan to address Alzheimer's, which initially passed in 2012. This was the first time we were able to actually have a plan to address Alzheimer's. The current plan is set to expire in 2025; if we are able to get the Reauthorization to pass, we will be able to get it to be approved through 2035. The goal is to make sure we are able to effectively help our families living with Alzheimer's.

One update of both of these, they—I believe—received the markup and will be up for a vote out of committee—shortly. We received the news this week. This is great news for these—there are hundreds of bills that were heard in this Committee that they were assigned to in Congress and were able to get these moving along. The BOLD Authorization Act was introduced, if I remember, sometime in February; this is great news for us.

One that I was not able to include in the presentation before I submitted the slides—and I did not want to change up the slides too much from what you have—is called the Accelerating the Development of Advanced Psychology Trainees (ADAPT) Act. That was introduced early last week. That looks towards our workforce education—primary care providers—making sure they are trained on Alzheimer's and dementia—and trained on how to be able to give a diagnosis—to be able to help speed up and get an accurate diagnosis sooner. That is through Project ECHO (Extension for Community Healthcare Outcomes), which are across the country. We have one of those in Northern Nevada, through our UNR School of Medicine, and we have one here in UNLV as well.

Now, for a 2023 recap, we had a handful of bills we were working on. Some were able to get passed, some were not. Assembly Bill 208, which has created a new Structured Family Caregiver Medicaid Voucher, specific for dementia, was able to get passed. Right now through ADSD and through Medicaid, that is in the process of working on that application to get it submitted to the Centers for Medicare & Medicaid Services (CMS). That is going to be able to provide—it is similar to the Structured Family Caregiver Medicaid Voucher we currently have. But in order to be able to target folks for dementia, we had to create a new voucher for it specifically, rather than amending the previous Medicaid voucher.

The other bill we were able to get passed is one we came on towards the end to support after folks reached out to us, which is creating the Nevada Neurological Disease State Registry; that was Senate Bill 390. That is a state registry where providers will be able to take note of diagnoses, take note of different aspects and data points of a diagnosis and deindividualize it, and upload it to a state registry that is based out of the UNLV Brain Department. That would help us be able to identify patterns across the State.

Two bills we were not able to get passed were SB 297—that would have set up the Nevada Memory Network, that one stalled in Senate Finance; and AB 167—Dementia Care Specialist, which stalled in Ways and Means. For clarification, I came on mid-March, I believe it was March 15th of last year. If you do the math, that is about three weeks left of the Legislative Session. My predecessor left mid-session and there was not enough work done on these bills to make sure they were able to get across the finish line; because by the time I came on board, the budgets were all locked up and most of the conversations already had happened. So, these are definitely ones we are going to be looking at to see how we can bring them back for next time, because they are amazing opportunities for us to be able to do great work here in Nevada for those living with dementia and Alzheimer's.

One is the DEER program at UNR; they are working on a Dementia Care Specialist pilot program. They have not hired anyone on, but it is through ADSD, and they are working on what that will look like. Hopefully we will be able to get information on how that has been working, so we could be able to provide the Legislature next session with more information on that; as we are hoping to bring it back.

One way we work towards identifying policy priorities here in Nevada, is we have what we call the National Statewide Policy Priorities (NSPP). They are general guidelines—general guides I should say—on what the Alzheimer's Association should work on in individual states. They are to increase access to care, support, and treatment; improve quality of care; advance risk reduction, early detection, and diagnosis; and ensure a coordinated statewide response to Alzheimer's. Some of the upcoming policy ideas I have align with this—some more with others—and there are other ones I am trying to identify through the conversations we are having in the community as well.

One of those I definitely want to bring back—and I am currently working with stakeholders—through previous ones we have worked on—as well as our task force, which I will touch on a little bit—is the Nevada Memory Network. It is based off a program that started in Georgia, and it has been pretty successful. The five main goals are to improve screenings for Nevadans through the Medicare Annual Wellness visits; establishing Memory Assessment Clinics, or hubs—as we called it in the process—one in Northern Nevada, one in Southern Nevada; and making sure we are able to get an early diagnosis to get the care started sooner. The one piece Amy spoke of in her presentation, which would definitely help here, would be including a Dementia Care Specialist or Dementia Care Navigators in this. To make sure we are able to connect folks after diagnosis from a specialist to the primary care, to the resources that are available throughout the community. Whether that be through us, through our partners at DEER—our dementia friendly Nevada—or wherever there are resources, making sure folks are being connected with them.

What that looks like is basically a system of care. You start with the Primary Care; they start identifying symptoms and they either are able to provide a pre-diagnosis or a diagnosis. They send that over to the Memory Assessment Clinic, where they are able to provide the full diagnosis and treatment plan. Then they send them back to the Primary Care—all this while having communications back and forth, as well as a Care Navigator being based at the Memory Clinic and/or at the hubs, where they are able to make sure the

communication between the Primary Care and the specialists is happening—there is a warm handoff; there is no information being dropped—and making sure we are getting folks, once they do have that diagnosis, with the care and need that they have. One other piece of this would be provider training—whether that be a physician, nurse practitioner, physician assistant—making sure they are getting dementia training through the hubs.

In the previous iteration of the bill, we worked with the Lou Ruvo Center for Brain Health here at the Cleveland Clinic—amazing partners we have; we work with them almost on a daily basis. Up north, it would be Renown Neurology. Then there would be the UNR School of Medicine through the Sanford Center, and the UNLV School of Medicine—the Brain Health Department. Initial conversations have been happening with the stakeholders to make sure everyone is back on board. That is who we worked with in the past. And one partner who we know is ready and gung ho—and wants to make sure we bring this back—is the Lou Ruvo Center. I am excited to be working with them on this again.

One other piece we want to be looking at is dementia training. Making sure to require dementia training for these folks, court appointed guardians. This is not multiple classes, multiple five-hour classes. These are—if I remember correctly—three-hour classes we are able to provide both in person and I believe virtually, as well as first responder training. Currently, we reach out individually to different departments. I know in the past—I think it was late last year—we did one with the Henderson Police Department, actually with the entire City of Henderson. The full dementia training for first responders, so that was their fire and police, and then I think it was the ten warning signs training for the rest of the City staff. I think there is a great opportunity to make sure we are having folks being able to identify that, because when folks get sent out—or when first responders get sent out on a call—they need to know how to be able to respond to that, if the person does have a diagnosis of dementia. Just like with mental health, we want to make sure folks are aware of how to respond to those calls, and making sure folks are being safe there.

The last piece I wanted to mention was the Nevada Task Force on Alzheimer's. It was passed in 2013, and they are tasked with publishing the recommendations biennially, as well as a report to the Legislature. We have—I forget how many folks are on there—but we have two legislative appointees: one of them being our esteemed Senator Dondero Loop, on the Committee here, as well as Assemblyman Duy Nguyen. Then we have stakeholders, who are either caregivers or providers; the Lou Ruvo Center has a couple of folks on there, we have folks from the Sanford Center in Reno, the DEER Department, and across the State it also includes a rural representative. We also have a representative on the Task Force; we work together to make sure we will be able to provide recommendations both to the Legislature, as well as to our local and State agencies.

I am realizing I did not include—but it was talked about—if you were on the interim Health Committee, this last meeting was the biomarker registry—or biomarker access—expanding that to include other diseases, aside from cancer. Alzheimer's and dementia would be one of those [diseases] we would want to make sure we are increasing insurance coverage for. That is something we would not be leading on, but we would be partnering with the American Cancer Society.

Lastly, is the contact information for myself, as well as a 24/7 helpline where we have folks trained if you have any issues, or any questions or concerns. If you want to know, “Is this a symptom?” Or “How should I do this?” The 24-hour helpline is available. There are many languages available, if you call that number. Locally those are our offices. That is my presentation.

Chair Spearman:

Thank you. Committee, any questions? Vice Chair Brown-May.

Vice Chair Brown-May:

Thank you for the presentation. My family also has Alzheimer's and my dad is a direct caregiver and primary care provider for my mom. My question is about the state of Alzheimer's supports here in Nevada. Thank you for sharing your story. In that testimony, you noted that families do not have answers to what to do, how to do it, or where to go next. It looks like the Nevada Memory Net system of care is a possible start to that solution. Can you talk about—do we have Care Navigators now, that we can access? How many folks are we serving out of the Alzheimer's Association here in Southern Nevada? How many families are in services? Is there follow up when people drop off? I asked that question because my dad is 91, and he will not proactively pick up a phone and say, "I need help." But if a nurse shows up at his door, he will open the door and let them in. I am curious to know, how are we following up with that type of family?

Mr. Challinor:

I will be able to answer the initial part about the Memory Net. But for the question specific to Southern Nevada, I have our Regional Executive, who would be able to answer that. But yes, the Nevada Memory Net—what we call it for short—would help bridge that gap. Help bridge that, because yes, folks when they get a diagnosis oftentimes, they do not know where to turn to. They do not know what is next, even if they are handed papers and are told, "Here are resources that are available to you." Just like you said, folks do not pick up the phone. That is a key piece of the Memory Net, being able to have that Dementia Care Navigator, being able to have an initial sit down with them and say, "Let us take a look at everything going on in your life right now, and how this new diagnosis is going to impact it." "How we can help you get set up at home with it." "How we can make sure you get your appointments scheduled." "What are the resources you need?" "Based on how your home life is, these are the resources we can connect you with." There are many important parts to the Memory Net. I think that is probably the most important piece, after the initial diagnosis. Because if we are not able to provide the care—provide the support needed—once you receive that diagnosis, then we are failing folks. So that is one way we want to make sure we are helping that. Right now, there is no specific Dementia Care Navigator. In the initial bill language, we eventually amended it to be community health workers—because that is what is already in statute; we would not want to create anything new—but community health workers who are specialized—trained in dementia. At these hubs, they would be able to hire community health workers, social workers, and be able to train them in being able to handle these cases. We do not have any number on the specifics, on how many we have right now. But if we are able to get this passed, and we are able to get folks to come in, get them trained up and able to provide that care, and hopefully be able to expand out. Right now we are looking at two hubs. It is a model that could be expanded out; Southern Nevada could be seen to have multiple hubs, where there could be even more Dementia Care Navigators.

Phil Kalsman, Executive Director, Southern Nevada, Alzheimer's Association:

This is a challenge for us, for sure. We are working with one of the most independent generations of our lifetimes; the last thing they want to do is ask for help. Quite often, what we do is plant the seed and we let people know what to look for, so they will then have the courage to pick up the phone and give us a call. We are working with hundreds of families, here in Southern Nevada and in Northern Nevada, as well as throughout the State. But we

do not know how many people we have reached necessarily, unless they call and we can develop that relationship with them. We have all kinds of follow up. We have two full-time staff members here in Las Vegas, one in Reno; their job is that social work connection with the families, to help them navigate this as best they can. But to the point here, it is a difficult road, and we have the 24-hour helpline people can call in the middle of the night if they need to. We work with families as long as they need us to be a part of their care plan. They quite often go on to become volunteers, like Amy. So, hundreds here in Southern Nevada—to answer your question.

Vice Chair Brown-May:

I have one follow up, if you do not mind, Chair. Can you tell me how is that support service funded? The reason I ask that question is because often we talk about State support services, funded through Medicaid waiver dollars particularly. It seems like that is part of the component. That is how you bill for services. But what about families who do not qualify for Medicaid services, who are primary caregivers and need social and emotional support or a little bit of guidance? Are they able to access your programs? How is that funded?

Mr. Kalsman:

Absolutely. A couple of things, we are fortunate to receive funding through ADSD and the Respite Program. We are able to provide families up to \$1,000 per year for respite services. In the BOLD Reauthorization Act, we are funded to help educate, and that program is just getting started. We are excited about that; it is a statewide program. But frankly, the rest of it is from community support. We have an event called "Walk to End Alzheimer's," and that is what helps support these programs. We have a lot of volunteers, like Amy, who are doing it out of the kindness of their heart and who are providing services for free.

Chair Spearman:

Senator Dondero Loop.

Senator Dondero Loop:

Thank you for being here today, and always good to see Amy. I have a couple of questions that probably might be yes or no. How are police, fire, ambulance—people who may be called to a scene for whatever reason—if somebody is lost, somebody is at home with someone, somebody falls—whatever it may be—but then they get there and they do not know the person has Alzheimer's. Are we training—my guess is yes, but I want to hear it—are they being trained so they understand the symptoms and recognize what is going on? Especially since that person may not be able to tell them.

Mr. Kalsman:

Yes. The answer is yes, to all of the above. There is a gap, certainly, in what we understand about dementia and how to communicate effectively. We recently met with Red Rock Search and Rescue because they are doing a lot more urban searches for people who wander. One of the obstacles we are having is communicating effectively from the family's end of it to the first responders—letting them know, "My family member is wandering," or "My family member has dementia or Alzheimer's,"—and then letting the first responders have insight as to how to communicate effectively and how to interact effectively with this person.

Senator Dondero Loop:

Thank you, and follow up, Madam Chair. I was glad to hear you are working with the Ruvo Center. I think that is a really important piece of this puzzle we are trying to put together. But also, have you done public service announcements (PSAs) on TV? That may give somebody like Amy, who is at home, or like the Assemblywoman's father, that may give them the opportunity to say, "Oh my gosh, there is a number I can call." Simply, somebody seeing something like that on TV, they can feel okay about calling, because they still are a little bit anonymous. They are making a phone call; they are not in front of somebody—and asking for help, or asking symptoms, or asking all kinds of questions they may have. Because they are starting to see things are going awry, but they do not know what to do. Frankly, you just opened your office here—so they do not even know you are here. Or they do not know where to go. Has there been any outreach like that? Public service announcements or Facebook ads? All the things people might be looking at or watching, so we can get that information out to them and allow them the opportunity to get that information.

Mr. Challinor:

Yes, we do. Our national—our home office, they work to make sure they are putting out ads, updating those, and making sure they are in other languages, with cultural competency as well. I believe there is a different set of ads we work with—I believe the Ad Council—to get them put out. I personally have seen them in Spanish, at home when my father-in-law is watching his news programs, they come on and mention, "Certain things are part of regular aging while certain things are not; if you are not sure about what is, give us a call,"—and it has the phone number. Facebook ads as well—we have ads going, social media ads also. You can pull them up for both our information that is available, as well as for the events we have. Phil mentioned the "Walk to End Alzheimer's." I know that is one big event we advertise a lot come October—in the months leading—weeks leading up to that. It is not just a big fundraiser, but it is also an opportunity for folks to come and find out more information. We have our own information booths, as well as others—our partners who we work with on a daily basis—who are there.

Senator Dondero Loop:

Thank you. I do not know that I have seen those, which is why I ask. There are also—we just had one, a big Senior Expo, right? Every time you go—if you touch five people, they are telling 25 people who they know or they play Bingo with. It is sometimes word of mouth and I have watched this happen with mental health, with Multiple Sclerosis (MS), with everything we do. I feel like that is a really important piece. Thank you Madam Chair. I may have more questions, but that is it for now.

Chair Spearman:

Thank you. Any other questions? Senator Krasner.

Senator Krasner:

Yes, I did have a question. Thank you for your presentation—you mentioned in your presentation something about the biomarker sharing. I want to make sure that is an opt-in process, where the individual or their family member who is responsible for them opts-in to sharing someone's DNA. I feel like there are privacy concerns when we are starting to share people's DNA without their knowledge or consent. There are privacy concerns. Then down the road, if they happen to get dropped from their insurance—and it is for some other

reason or who knows what—it is shared with other parties. It is privacy concerns. I want to make sure that is an opt-in. If you could help me out with that, thank you.

Mr. Challinor:

I misspoke. I did not mean to say biomarker registry; I meant to say biomarker coverage by insurances. That is what I meant. I was thinking about the Neurological Disease Registry that is disidentified; there is no personal information that is connected to the patient. There is that piece, but there is no biomarker registry. It is a biomarker coverage for insurance, and I apologize for misspeaking there.

Senator Krasner:

Thank you.

Chair Spearman:

Assemblyman Gray, any questions?

Assemblyman Gray:

No, Ma'am.

Chair Spearman:

I have a couple. Insurance to cover the testing—I think that is what we just said. Do all insurance providers participate?

Mr. Challinor:

Chair, currently, they do not; they are not required to cover it. For the testing, a computed tomography (CT) scan or a positron emission tomography (PET) scan, they may or may not cover that. There are other types of testing that are not covered by insurance, and that is what we are looking at through the national coalition, as well as the State coalition, to make sure they cover that. Right now, it is only all biomarkers for cancer. If you are trying to get a cancer diagnosis, then only medically necessary biomarker tests are covered.

Chair Spearman:

What concerns me is—I want to say it is maybe slide four—the disparities in black and brown communities for health care. The Coronavirus Disease of 2019 (COVID-19) was revelatory. I say it is revelatory, but the information that burst on the scenes, those of us in those communities already knew that. So it was not news to us, but it was news to everybody else. In your stakeholder meetings, are you including the insurance companies?

Mr. Challinor:

Not yet. For the biomarker coverage, we have not been leading those stakeholder conversations, that is the American Cancer Society. They are leading those conversations, so I cannot speak to that yet. But as for anything else, we have not looked at anything specific to mandate insurance coverage of anything yet. I know now we like to call in the era of treatment. We have two treatments available for Alzheimer's that Medicare and Medicaid cover, but as far as coverage for private and other public insurances, we have not

looked at that yet. Once we start looking at that, obviously we will make sure insurances are part of the conversation.

Chair Spearman:

I think it would be wise for that coverage because we are a graying State and if I remember the numbers correctly—by 2042 the vast majority of Nevadans will be over the age of 50. If we are not looking at that now, we are going to be in trouble by 2040, or 2039. The American Association of Retired Persons (AARP) would probably be interested in joining that partnership to make sure it is covered.

Next thing are you all doing anything with the Veterans Affairs (VA)—any partnering with the VA—because some of the people in your—and that might be a question you ask family members, who either volunteer or who come for support—because if they are Veterans, then there are services that can be covered. Then whatever you have in terms of funding can be stretched, because you have people who can get that service from another place.

Mr. Challinor:

I believe AARP is part of that coalition. I have been meaning to connect with them on the rest of our issues. I know they just hired a new government affairs person, so I have been meaning to reach out to them to make sure we are working together on a lot of our issues, because there is a lot of overlap. Absolutely. As far as the VA, I know we try to make sure we connect with different health systems across the State; and the VA is one of those.

Chair Spearman:

Because we changed the forms, State forms do not ask if you are a Veteran anymore, but we ask, "Have you served?" That is because there are some people, if they did not retire, they do not consider themselves a Veteran. I do not know what you put out there in terms of people letting you know they were a former service member—that they are a Veteran—but that would probably be wise.

The next thing I would say—this is along the lines of Senator Dondero Loop's question. Are you all doing any type of outreach to the faith-based community? Most churches have something called an announcement time, and it might be a good idea also—there is a Shepherd's Breakfast here; you go to the Shepherd's Breakfast, and you make this call, because many of the people who are in churches today are over the age of 45. Just a question.

Mr. Kalsman:

The answer is yes; we absolutely are. That is a great community; it is a great system for us to reach a lot of people. We are getting more involved. We are very involved now and getting even more involved in the faith-based community.

Chair Spearman:

Vice Chair Brown-May.

Vice Chair Brown-May:

I would like to point you in the direction of AB 100, which is a Caregiver Assessment bill we passed last session unanimously. It requires the ADSD to work to identify who our family

caregivers are, so we can get them into some system of service. They are currently working to craft that pilot program. It would be perhaps a good idea—if you are interested—to follow up with representatives there, as a way to get Alzheimer's included in that assessment.

Mr. Challinor:

Thank you, Assemblywoman. One thing I also did not mention is part of that BOLD work we are doing there is the Behavioral Risk Factor Surveillance System (BRFSS) and they have different questions. On that survey that goes out, each state is in charge of surveying the states. And part of that BOLD work we are able to do—I love that “BOLD” work—is adding in a caregiver module to that as well. So to be able to identify those caregivers, and the gaps they have, and how we can better support them. That is through DPBH. I will be sure to connect that with ADSD and everything on AB 100. Thank you, Assemblywoman.

Chair Spearman:

Referring back to someone who made public comment about the blind, that might be another option. Somewhere I read that hearing loss if it is not addressed could accelerate that. Are you doing anything with audiology doctors or audiology providers, because I am trying to make sure there is no wrong door. Are you doing anything with them?

Mr. Kalsman:

We have not established any formal relationship yet. We are working on it, not only with audiology, but also with the dental community because there is a lot of correlation between dental health. But with the audiology—loss of hearing—we see the social decline, the social withdrawal that takes place, which accelerates everything. So, yes, working on it.

Chair Spearman:

One last question. I talked to Dr. Wint and was over there when they had the memory event back in, maybe November. There are medications they are using, that they need more people—they need more diversity. Have you all looked into that and is that information looked into with your outreach?

Mr. Challinor:

Yes, we have. Through the Alzheimer's Association, we have—it is called Trial Match and it is how we try to make sure we are getting folks connected with those trials, whatever it may be to make sure we get that diversity there. And it is something we are working on, and we are making sure we are letting folks—both caregivers, those living with dementia, as well as providers—know that.

Chair Spearman:

Committee Members, additional questions? [There were no additional questions.]

Thank you all for the presentation. If you can do me a favor, in our last meeting we are going to be looking at recommendations for bill draft requests (BDRs)—and so we appreciate you getting that to our policy person, Ms. Destini, so we can look it over. Mr. Challinor earlier is better than later.

Mr. Challinor:

Yes, Chair, I already have draft language I can send over to ease that process. Thank you.

Chair Spearman:

Thank you, no further questions. Thank you all for the presentation, I appreciate it.

AGENDA ITEM V—PRESENTATION ON THE PROGRAMS, SERVICES, AND COMMUNITY OF WOMEN VETERANS

Chair Spearman:

We are looking at women Veterans, and I see a bunch of them out here. Is that right? Yes. Do you know what? I think we are going to move with "Forgotten, Not Gone" first). Welcome Ms. Kelley Guidry to the floor. I want to say I am impressed by the tenacity. I think I met you all ten years ago or so—something like that—and you were just getting started; and thank you for your tenacity and hanging in there. With that, please begin.

Kelley Guidry, Co-Founder, Forgotten Not Gone:

Thank you, Senator. I would like to start by saying thank you and thank you to the Legislative Committee for inviting us to share. It is quite the honor, considering I consider the Senator a great inspiration. She was also in security forces, which was in the Army, Lieutenant Colonel. So a lot of what she has had to endure, I can relate. It definitely resonates, so thank you again. Then to my women warriors, thank you so much. Each one of the ladies behind me and beside me are very active in different things with the Veteran community all the way from military sexual trauma (MST) to just being there and getting Veterans outside of their isolation and depression. I am a Co-Founder along with my husband, Peter Guidry, of Forgotten Not Gone. ([Agenda Item V A](#))

Before I get started, I would like to speak to the previous topic because it plays a great deal in my life. I am also a caregiver to my husband, who is a 100 percent disabled Air Force Veteran as well, even though I am a disabled Air Force Veteran. I have been his caregiver since 2013, and I can relate to everything the past presenters spoke to—not knowing where to go for resources, neglecting your own health as well. Even though that is the space I work in, it is pretty easy to get caught up in concern for the person you are caring for, more than yourself. I commend them for that as well.

Getting started, Forgotten Not Gone is proactive in Veteran suicide prevention by addressing the triggers of suicide and why it continues to happen. To sum it up in a nutshell, we are suicide prevention through Veteran peer support—outdoor recreation. For the longest—like the Senator said—it has been ten years. This is our tenth year. We thought we were riding bikes; it was very clear after the second year that was not what we were doing. We had a gentleman who rode with us almost every single day—we work six days a week—and he let us know at the end of that year that we were probably the only reason he was still alive. We did not realize he had a Veteran roommate who lived with him who took his own life, and he felt extremely guilty about that because he—like many people when you talk to them say, "I had absolutely no idea." There were no signs, I talked to this person every single day. It became abundantly clear to us, that we are doing a lot more than just riding bikes.

My husband was pretty much the reason why we started Forgotten Not Gone. He was going through a really rough time. He had bilateral knee damage, back damage, and was medically separated from the military. Around 2015, he had lost a lot of weight—

154 pounds; he was having fainting spells. He was not sleeping at all, like maybe two hours a night. If you are familiar with any type of body recovery, when you sleep is when you heal your body. So he had gotten to the point where he could not really even speak and engage in a conversation because he had started to stutter. Cognitively he was not well because he was not sleeping. We were then sent to the war-related illness center in Palo Alto, California, where they put together a comprehensive plan for you. We got to stay there for a week and find out everything that was wrong with him. He got to see Stanford doctors. He had Magnetic Resonance Imaging (MRI), he had a torn gastrointestinal (GI) tract; so he was throwing up blood. They found out a few things, but at the end of that, they put together a comprehensive plan, and we found out a lot of things of which I was unaware. At that point, the young lady who he had to see—it was checkpoints you had to go to. I will get to the part when we got to see a chaplain, because our spiritual health has to be the number one reason why we serve, and why we continue to be tenacious, like the Senator said. But anyway, she asked—at about 16 years of marriage—it will be 26 in June for us—was there anything he wanted to discuss where I was not invited to that? So I planted myself in my seat because I thought, what could he possibly have to say that I cannot hear? He put his head down to the table and he asked her to ask me to leave. So I am sitting outside, and I am thinking about a trillion things. “Well, maybe it is this, well maybe it is this. Oh, I hope it is not this.” When she came out, she came out with five gun locks and at that particular time, we had five guns; we were both security forces in the military. And it dawned on me then—I could not understand how I could be sleeping next to this person and not know he had thought about leaving me here by myself, but we were both so unemotionally unavailable for each other that it was just inevitable. She gave me the gun locks. We went to see the Chaplain and when we got back home, we read through the plan.

One of the things they recommended was a recumbent trike, and they said it would help with his anxiety. It would help with sleep because he would finally be able to move again, which we were very physical people from being cops, and other things and I thought to myself, “Man, they put a lot of pressure on this bike that I have seen at the VA several times.” But I was like, “Oh, that is a lot of pressure to put on just that bike.” But anyway, we realized at that moment—I had just gotten sober, I had got addicted to pain pills that the VA gave me for fibroids. When I realized I was addicted, my body really would not let me stop. So I was fortunate enough to go through a recovery center. When I started to get better, he stopped getting his medicine delivered to the house to support me. But it was through that process he realized it had affected his cognitive behavior as well. In that instance, we began to go through faith-based—spiritually, we realized we needed to have some backup. Even though I was getting sober, I have chronic pain and now I had to deal with that, without any pain medicine or anything—so that had to be addressed. We started reading the Bible, and we started keeping the Sabbath and I would have to say that 24-hour period—that we devoted to ourselves and to our Creator—really changed the trajectory of our life. And, it made us want to do for others. I have been a nurturer by nature for quite some time, but that really lit a match moving forward. When we got back, for whatever reason, the VA prescribed the trike, however, they would not purchase the trike. So we took out a personal loan, and we bought two bikes, we bought the bullet kind, and I think we have the video you will be able to see. But we bought that one and we bought a regular trike—and I will point those out to you—so I could ride with him when I was not working at the Internal Revenue Service (IRS); and maybe a Veteran buddy could ride with him as well.

We had moved to Soho Lofts because like I said, we had started to get on track as I got sober, and he came off the medication as well; they had him on pain and psych pills. Within two months he was a different person. Soho Lofts is a mid-rise downtown and it is—at that particular time—was doctors and lawyers and Peter was not even speaking. And so when we

came out, he is in the elevator and he is talking to everyone. He was like "How you doing, Leroy? What is going on, Tyrone?" And they were calling him "Vegas Vet." I was like, "He has a nickname? Like what is going on? Who is this person?" But come to find out, riding that bike—it is such a unique-looking bike, that people will come up and talk to him; children would come up and talk to him. It pulled him out of that isolation, out of his comfort zone; and that is what made the difference. After a couple of months, he was a different person and he told me, "I really want to start a nonprofit. I really want to start a nonprofit for Veterans. I think no matter how much these bikes costs, they are worth it, and we should do that." So I am thinking, "I do not know where we are going to get the money from this at, but maybe I can buy one more bike and he will be happy." We bought one more bike, and we bought that bike to address a lot of things that happen to Veterans. When we are put on certain medications, it causes us to gain weight or we cannot be active again. We wanted to have a Mission Critical bike for a Veteran who was on the heavier side could ride; we got a bike that could hold 350 pounds and was easier to get in and out.

That is my husband. I will not go into any more details about him, but he is my greatest inspiration. When we first started, he was walking with a four-prong cane, and he no longer needs that anymore. He still has the falling spells, but he is strong enough to catch himself and that is really huge for him.

We got the bike, the Mission Critical bike for a heavier set Veteran. Then it really took off from there; we started to get more and more bikes. We moved to a "live-work" in 2015, which is how we ended up in the City of North Las Vegas, which we now call home. It was something instant in the City of North Las Vegas for us that really resonated with us, and we decided that is where we were going to put down roots. From 2015, we started meeting Veterans in the community. They started what is called the Veterans Community Commission (VCC) at the City of North Las Vegas, we participated heavily in that, and they were at some of our first Veterans Day parades and different things we were in.

Moving forward, we were actually outgrowing that place. We already had—we were maybe up to about 20 or so bikes. We had started looking for other places, but the landlord decided he wanted to sell that place. The one we were in was for show, so we went to look for another live-work; because we were really passionate about helping Veterans at that point. God had other plans for us. We were able to find a Marine Veteran who was on the VCC and he helped us move into a home. This is what I know, and I know so much now, having a home—a place that is your sanctuary, where you can go and let your hair down—causes tremendous growth. I thought we were doing well at that point, but when we got our home—that was ours. It changed a lot of things with us, and we continued to grow. We thought since we had a home, we would not be able to continue doing Forgotten Not Gone. We wanted to take a break, but we kept getting bike after bike after bike. Luckily for us, it is a horse property; so we were able to house all those bikes in the back.

Fast forward a little bit, in September, we opened up our brick and mortar. Again, we are involved in suicide prevention. We had the grand opening on World Suicide Prevention Day and what we have learned over these past ten years is that none of us have the gift of talking somebody off that ledge or talking to someone—even if they do give you hints—it is being proactive. I realized if I had not been separated from people who I called family for ten years—just flopping around like a fish out of water—it would have been better for me because I would have had people who counted on me, who depended on me. Being in the military and then not being in the military is not going from one job to another job. It is really a way of life—eat, sleep, and drink it. I have three Veteran women that reside in Las Vegas who I have known for longer than my husband, for over 26 years. It does not change; I pick up the phone, whatever I need, they are there. I realized that was family.

We have recently been cleared at the warfare level for resiliency program, which is their Suicide Prevention for Creech Air Force Base and for NELIS; we are going to do Military Mondays with them. Creech leadership just came out and rolled, and now we have about 70 different sports adaptive bikes. Anything you can think of, any excuse they could possibly have, we have those different types of bikes. Those are our three tiers: emotional, spiritual, and physical. So the Creech, their leadership came out and they roll with us, and it was comprised of three chaplains, two of their physiologists, all of the leadership there—and to be able to see them really dig into what we do. They had a young man who was on his way to work at Creech and he was hit by a car. He is 22, and he no longer has the use of his legs. Well, his first sergeant found out they were cleared to come see us and they came on their own. We have a hand-cycle that is very expensive, but we have four of them and to see him get on that handcycle and now be completely independent, where he can ride by himself; he can stop; he can start. There is a little trigger on it where even if he cannot—if his arms are tired, he can press the button. Seeing him interact with his girlfriend, who is also 22; she said this was the first time he smiled since he had that accident. It is things we take for granted, having that wind on your face. We would not change anything, for any reason, what we do. Pretty much, that is it—I mean, there is so much more, but I do not know what to cover at this point. Do you have any questions?

Chair Spearman:

Thank you. Committee Members? Vice Chair Brown-May.

Vice Chair Brown-May:

Thank you for that great presentation. I have a road bicycle; I am a road cyclist, and I love what you are doing. I think it is really great work and supporting the Veteran community. Can you talk to me a little bit about how you are funded?

Ms. Guidry:

Yes, ma'am. Initially we were funded from Peter and I's retirement, seriously, and then grants and donations—we did buy the majority of the bikes. In November 2022, we were awarded a \$1.6 million grant from the City of North Las Vegas. Although we present really well, that money was for our infrastructure. Now we have an almost duplicatable entity, so we can go somewhere and duplicate. Part of that was to do jobs; we have a phenomenal staff of disabled Veterans and their spouses, who are all caregivers as well for their spouses and for children, which I think most women fall under, not out of choice most of the time.

We have a trike side; we do trike tours with different trikes. We are dealers for all the trikes we sell, and it is a store. On the right side of our store is all the Veteran nonprofit, where they can come—military active duty and their family and friends—even when they are not there, we have membership cards; some of our members have their families come and participate in all the things we offer. We have stationary trikes as well. We also have what are called compression sleeves, ultimate fighting championship (UFC) fighters and the national football league (NFL) people use them; it helps them with rehabilitation. We have one member who is in Los Angeles now having spinal surgery and she is like, "I cannot wait to get back to start using the compression sleeves again." We have four sets of those. The other side is the Trike Life side. That side feeds the nonprofit side, so we can become more self-sufficient. But mainly, it is going to be grants and then our trikes and tours side.

Vice Chair Brown-May:

Just one last piece, being on the road—I am assuming you are out on the road and cycling. Do you have set routes that you go? Where do you go, when you are out on a ride?

Ms. Guidry:

Absolutely. Is there a way, Destini, to get to YouTube or to show the video on here? That is an excellent question. The best way to see it, is to see it in action. But we do ride on the trails. Contrary to popular belief, the City of North Las Vegas has wonderful trails. The 215 just opened up, and it is the best scenic view you have ever seen. It is amazing, and we pretty much follow the Lower Las Vegas Wash Trail, right where our shop is situated is on West Craig Road. You make that right, that first right is Valley. Valley goes down to Tropical, from Tropical we enter onto the Trail and then you are in Craig Ranch—you are on that Lower Wash. It goes all the way to Craig Ranch around the Army Garden Reserve; we ride with them as well. Then you are safe, you are on the Trail. I find that to be a more pleasurable experience for my Veterans. Some of them are a little bit car shy and some of them have Traumatic Brain Injuries (TBIs), which is why they ride our bikes because of the three tires for the stability. Loud sounds and cars in general bother them. But right from our shop to there is a straight shot, and then we are protected on the trails. We want to build an establishment for ourselves, so they never even have to leave our property, and they feel safe to go around on different things we have. They are really specialized bikes. We go to Red Rock; we ride at various different places, but we try to stay on trails because of what you said. There are a lot of places and a lot of bike lanes in the City of North Las Vegas and the surrounding area. We love Bruce Trent Park too, at the City of Las Vegas.

Vice Chair Brown-May:

Thanks. One last question, how long is your average ride?

Ms. Guidry:

About two hours, give or take. The thing I am most proud of is most of our bikes have electric assist. Heading back to the caregiver, we have something called a YUMI, and it was developed by a gentleman whose wife was very active and she was paralyzed and wanted to ride again. It is a tandem, where you can ride side-by-side or forward and back. The person on one side does not have to do anything, the other person does everything. I always thought we had unique bikes because I would see people come out with their—we have dedicated carriers for dogs and for children.

I was hit with vestibular issues—not this October, but last October—where I was spinning; I thought I was having a stroke. It was really bad; I had to walk with a cane, I could not drive. I was at home for two weeks and they told me not to do anything, just wait until the spinning stops. I was so depressed and I told my husband, “Look, you gotta take me for a ride, you gotta do something.” So when we got on one—we have two of those—when we got on the tandem, and he was riding, and I felt the wind on my face and the sun, I was like, “Oh my goodness. This is Mission Critical. This is what we purchased this bike for.” Which is the \$18,000 bike; and most people would be like, “That is too expensive,” but we are worth it.

Chair Spearman:

Anyone else? Committee Members? Assemblyman D’Silva.

Assemblyman D'Silva:

Thank you for your great presentation. I know your organization really well. Pete is a good friend of mine. I want to thank you for the tremendous work you do with the community. Also, everybody here who has donned the uniform, thank you for your service. My question is this—it is more of a demographic question. What is the oldest member of your organization? Or who is participating in the organization? How old are they? And then the youngest as well, what is the age range there?

Ms. Guidry:

I love this question. So, three years old for the youngest and then—like I stated before—I am in recovery, so it has always been a dream of mine to be of assistance to recovery houses and sober houses. We do consistent rides, free of charge, for the Veterans of those groups. One of our groups is Lionheart Recovery, and I had the awesome pleasure of riding with an 80-year-old Veteran who had decided to get sober—and talk about inspirational. He told me when we were on that ride at Bruce Trent Park, he said, "Kelley, I realize I might only have two to four years left, but I made a decision that I wanted to remember those days. Even if it is just, a slight here or there," he said, "I wanted to remember those days." I thought to myself, "Man, how courageous to want to get sober at 80!" That has been our oldest. They were in the Martin Luther King Day parade with us, and I have him on video doing a dance break with one of my Trike brand ambassadors. He is now 82, because we have been doing that with him for a couple of years.

It is amazing to see a 69-year-old Veteran get on a hand-cycle and do 16 miles. We have had people who have not ridden bikes in over 20 years, and the first time they get on, they can do that Trail I was telling the Committee about, which is about 16 miles. We drive there and we come back and they are like, "I do not move. My muscles have atrophied, and you have just got me out on a 16 mile,"—and that opens everything. It is such a mind-body connection when you do start moving, and your body does things you did not think you were capable of doing, your mind then starts to understand it is possible to do things it thought was over for it or incapable. We do a lot of education on supplements and things like that because I was dealing with chronic pain and I had to have a new normal way of life. So after a while they are like, "Well, what magnesium are you taking, Kelley? Which vitamin D?" Because most people do not know, vitamin D and magnesium deficiency can manifest as depression.

Chair Spearman:

Thank you for the presentation. I have a quick question. I see Mr. Challinor here. I know you do these for Veterans. One of the things the Alzheimer's Association does is respite care for caregivers. Is it possible to partner with them? You may have some Veterans as caregivers and that would probably help them as well.

Ms. Guidry:

I was thinking about that too, Senator, when you brought it up in their presentation. I am definitely going to reach out because, like I said, I am a caregiver myself and I know I can go, go, go and neglect myself. I was going to try to talk to them. We do a lot of things—you only have to be sponsored by a Veteran—so sometimes I sponsor people of my own volition, because that is my right. We help a lot of people in the community that are disabled, that are seniors—maybe they had a son, or a daughter, or a spouse that participated, that moves forward. I would definitely love to partner with them.

Again, my Women Warriors program was really hard to get off the ground. For years, I was only able to ride with one other lady, Ms. Teri. I started my Women Warriors right after we got our grant, and it has really taken off. I kept wondering, why now are so many coming out? There was an article, I will send Ms. Destini as well, in 2021 that our women suicides are up three to one to our civilian counterparts. A lot of different changes—we are using weapons where we normally would use pills and things of that sort. We are leaving children behind where that would be a motivator to not do it. It is a serious thing. I am realizing the reason my Women Warriors has taken off—and I am really proud of that and happy for that—is because there is a need.

One of the testimonial videos I will send—the young lady has given me permission to share her story—we met her at Craig Ranch Park, and it was six of us—six ladies riding. She was going to take her life that day. That was the last time she was walking her dogs. She had made a commitment that after she walked them, it was over; and she happened to see us, and she saw us all in green. She said, “You look like you belong together.” If I just cried in someone's arms for 30 seconds, it would be a long 30 seconds; she cried in my arms for five minutes and has been my shadow ever since. I am really happy to have—God to have placed me—to have placed us there—for her to see herself. That is really what she said, “When I looked at you ladies, I saw myself; I saw another Veteran. I saw some women of color and it was more than I have seen doing something physical, in quite some time.” It almost—like it shocked her brain—and she has been really digging in.

We do a lot of different resources where we vet different people and handoff. I am really happy about collaborating with them as far as caregivers and stuff like that. I see a lot of need for homes for women Veterans, we do not get a lot of things for ourselves. I made sure we had bikes specific to women, to the needs of our women. We get a lot of hand me downs because it is a male dominated career field, being in the military, even though there have been women for quite some time.

Chair Spearman:

There is the information the Secretary provided about a week ago; the fastest growing number of Veterans are women. Let me say this, and I think I introduced you all before the meeting, but I would make sure you stay close to get information, to get a meeting with Dr. Mae Worthy Thomas about housing. That is one of the things I know for women Veterans that could trigger a commitment to complete suicide. The other thing I would say is we had a bill, I think it was 2017, and the bill required the Nevada Department of Veterans Services (NDVS)—to establish an outreach program to Veterans who had been discharged under “Don't ask, Don't Tell.” So, as you all get more Veterans or even the ones you have, if you can spread the word to them, because it is mandated by statute, and they should have somebody in that organization. That is the only reason they live is to make sure they help Veterans who have that type of classification because most of them have bad paper. And, when they do, they cannot access a lot of the programs—they can access your program, but they cannot access other programs. I would ask that you—when you see somebody tell them—what is your discharge status, in confidence, and make sure they get access to the opportunity to upgrade their discharge. I know Toni Washington was there for a period of time. That is very important.

Ms. Guidry:

To speak to that, Ma'am, we are very proud of that. We do that, and we have had at least four of our members have it overturned. How I found out about it—we have community partners that wrap all of our vehicles and our bikes, and they had a Veteran who killed

himself—and he had five children at home—and we happened to know his back story and it was because of something that happened that was not handled properly. That is when it came on my radar, that usually those instances where there is some sexual type or something that is not norm in the military per se—they are not handled properly. I was finding out that these dishonorable, or other than honorable discharge, was because of that reason and they never had anybody tell them—I have an avenue, I have a resource where you can get that overturned. We have one; she got hers overturned and now she is 100 percent. It was a struggle for her prior to that, and she did not believe it could be done. We do go out of our way to try to find that out. Luckily for us being a Veteran nonprofit that is run by Veterans, there is not that gap in trust. The minute they come in, I can usually get them to open up and tell me what they need by way of help. That is on our radar and I am seeking more funding, so I can get people to have that as a specific area—where they only look at that. Teri got her master’s degree in social work, so we are going to be offering a lot more things and I will keep that in my purview for sure.

Chair Spearman:

Thank you. Questions? Assemblyman Gray.

Assemblyman Gray:

As a Veteran and the father of two young lady Veterans, I appreciate everything you guys are doing. It is a great program. I actually, literally, just got my bike back up and ready to start riding again here this week, and I am back into a position where I can actually ride again. But wondering, do you guys have any plans to expand to the North at all? Or how can we get you guys to expand? Because it sounds like a great program.

Ms. Guidry:

Absolutely. Thank you, sir for that question. We do, we have a 24-foot box truck, and we do travel. We have gone to Los Angeles, we have gone to Utah, and we plan to get to other markets. We have had joint things with Mesquite, because they have a good population of Veterans as well. We are excited about expanding. We would love to come up north to Reno, absolutely. Because we have been following the programs you guys have, that are facilitated for the senior Veterans—super impressed—and we modeled a little bit of our infrastructure on how you guys have been able to do things. We ride, we ride every single day. We would love to make it up to Reno, and we do have plans to expand.

Assemblyman Gray:

Awesome. On your next trip this way, can you guys please reach out to me to help advertise and get you guys out there? Whatever we need to do to make it successful, and maybe get a groundswell of support up here, to get you guys to have an expansion project up here full time.

Ms. Guidry:

Absolutely, sir. Thank you for that.

Chair Spearman:

Thank you, Assemblyman. Senator Krasner.

Senator Krasner:

Thank you for your presentation, and thank you for your service to our country. You said there is a resource to get dishonorably discharged Veterans overturned. What is that resource, please?

Ms. Guidry:

It depends on, once I hear their story, who I pass them off to. I will make sure I get that information to the Committee, so they can pass that information on. It is my own individuals I use.

Senator Krasner:

I know I am bringing up another topic that belongs at a later agenda/meeting today. But there are issues where female military members get sexually harassed and even sexually assaulted by other members of the military, and when they report it instead of something being done about it, they get retaliated against—they get dishonorably discharged. I am not saying that happens all the time, but I do know of one case; and then they are dishonorably discharged. If you could help me with this one answer, I would sure appreciate it, please. Or, if you want to text and talk to me offline.

Ms. Guidry:

I will, but I did not hear the end of the actual question.

Senator Krasner:

I am sorry—

Ms. Guidry:

What can they do about it?

Senator Krasner:

Yes, how can they overturn when they are dishonorably discharged because they are being retaliated against for reporting sexual assault.

Ms. Guidry:

There is a process you go through; I do not know that process. However, I do have vetted resources out there and that is what they do. We have had four successful cases where they were able to do that.

Senator Krasner:

Who did they go to? Was it a procedure?

Ms. Guidry:

It is a procedure. Yeah, it is a procedure, but I will make sure I get that information to you and the individual who does that, or that I use most often, so they can walk you through it, because everyone's situation is very different. That is one of the things that is the cause of that dishonorable discharge is because you decided to speak out and because it was a

supervisor—or for whatever reason—you in turn get retaliated against and get an other than honorable or dishonorable discharge. There is an avenue and a way to go for that.

Senator Krasner:

Thank you very much.

Ms. Guidry:

You are welcome.

Chair Spearman:

I have been provided the NRS for that bill; it is NRS 417.121, the requirement to have an outreach person, NDVS. I think I got it right.

Ms. Guidry:

Can you say it one more time, Senator?

Chair Spearman:

Nevada Revised Statutes 417.121. Additional questions? Assemblyman Gray, you have an additional question?

Assemblyman Gray:

Yes, Madam Chair. Just a point of clarification and stuff regarding Senator Krasner's question. To clarify, a dishonorable discharge can only be given through a military trial—a court martial. That is going to be a totally legal process, but there are avenues which I can actually help you with also, for individuals that have general—if they do not get the honorable discharges, they get discharged under other than honorable conditions, or a lesser—I can actually help you with that process. I have been successful in several, but any characterization of service that has been granted by a military court martial is going to be a full-on legal process, not just a correction process to the Board of Military Corrections. I can help you with that, if you would like. ([Agenda Item V B](#))

Chair Spearman:

Thank you. Assemblyman, I ask you to get that information to the Committee, so we can have that available; Ms. Guidry and you can talk. There are other women's organizations here too that will be coming up next, and that would be helpful for them. Let me just say this, I have been talking a long time about what we need to do with women Veterans, because we have not focused on women Veterans. We build accommodations—housing accommodations—they say, "Oh, well women can come here." Women are not going there, for precisely that reason. Many of the women have experienced MST. That is a nice name for rape, and they had no place to go; so they are not going. Thank you for addressing that. We have got housing coming up a little bit later. I hope you all will stay around for that because I know a lack of housing, and support like that, also creates a dilemma for all Veterans, but women Veterans in particular. Thank you for your presentation.

AGENDA ITEM VI—OVERVIEW OF ACCOUNT FOR AFFORDABLE HOUSING

Chair Spearman:

We have now Item VI, Dr. Mae Worthey-Thomas from Nevada's Housing Division. You are presenting an overview of the account for affordable housing and pilot programs you are working on; begin when you are ready.

Dr. Mae Worthey-Thomas, Deputy Administrator, Housing Division (NHD), Department of Business & Industry (B&I):

Hello, I am very pleased to be here. Thank you for the opportunity to come and talk about our programs. I have a PowerPoint presentation ([Agenda Item VI](#)). To go ahead and get started, this was very inspirational, hearing all of the services that are being provided to these groups. A little background about NHD. I know I am here to talk about the Account for Affordable Housing, but a little background, we are a Division of B&I. We were established in 1975. We are considered the State Housing Finance Agency. Our mission is to improve the lives and strengthen Nevada communities by expanding housing opportunities, building self-sufficiency, protecting the residents and industry of manufactured housing, and by fostering economic development. We have 47 full-time employees.

A little bit about what we do—our Agency—we touch the lives of one in four Nevadans through our programs. Some of those programs, besides the Account for Affordable Housing Trust Fund, are our home-ownership programs, production and preservation of multifamily rentals, our State and federal grants, and we also have oversight of the manufacturing housing compliance, weatherization efficiencies, as well as being a resource for economic data. In being here today—and I thank the Senator for the foresight to invite us here to talk about these programs, in particular, the State Trust Fund, which I will get to—but in listening to all the services and wonderful work that has taken place for our seniors and our Veterans, we touch the lives of all of those populations. We are using State and federal funds to build housing for seniors and Veterans to take advantage of those housing services. Our Down Payment Assistance program, we specifically have a program for Veterans who are interested in purchasing a home; so we serve that population in that way. Our Weatherization programs definitely help our seniors and Veterans and people with disabilities in lowering their energy bills, so they can maintain their homes and be able to utilize their funds as efficiently as possible. We also have oversight of the manufactured housing industry, here in the State of Nevada. We have numerous seniors specifically, who live in our manufactured housing, and we assure that housing is safe and affordable for them as well.

The Account for Affordable Housing Trust Fund is what I am here to specifically talk about today. A little background about that; it is formerly known as our Low-Income Housing Trust Fund, which was established in 1989 by NRS 319.500, in our regulation *Nevada Administrative Code* 319.885. The United States Department of Housing and Urban Development (HUD) provides HOME Investment Partnerships Program (HOME) funds. It is a special grant we receive from the federal government, and they require that our jurisdictions who receive those funds have matching funds. The Account for Affordable Housing was started so they could have funds to provide that match. That is a huge source for our jurisdictions, who all receive these HOME funds from the federal government, including the funds we receive here at the State.

The Account for Affordable Housing is funded by proceeds from the Real Property Transfer Tax; we receive 10 cents for every \$500 of value from that particular tax. To share a little

bit about how the funds are used—specifically, any program that receives these funds from us must benefit individuals who are at 60 percent of Area Median Income (AMI). We also have an allocation per the NRS; this particular list comes specifically from NRS that guides us in how we are required to use these funds. We have an allocation for NVhousingsearch.org, which is a database of all the low-income housing that is available here in the State of those multifamily housing programs and services that are provided. We have the Lot Rent Subsidy for manufactured housing, for people who live in manufactured homes who are having a little trouble paying their lot rent. A misnomer is that if you live in a mobile home, you own the land, but really you do not, you are renting that lot; and we can provide a subsidy to help individuals with that. Then we have the Welfare Set-Aside. We give an allocation to all of our counties and that is used for emergency rental assistance, utility assistance, deposits, and things like that. We use some of the funds for affordable housing projects, multifamily projects that are being erected using federal tax credits. We have our jurisdictions; we give them those funds as a match—as I mentioned before—and that is specifically written in NRS. We also have projects that receive a commitment from local government. A lot of times projects are developers who are interested in building housing will go to our local jurisdictions and ask for an allocation and they will receive that there as well.

Then we have our new construction projects. Our projects of rehabilitation to keep some of those projects, those particular multifamily housing units, up to par. We want them to maintain livability, so those funds are sometimes used for rehab as well. We also provide funds to organizations that help to rehab single family homes, because as you know, that is an important area as well, helping people maintain their homes so those homes are livable and not falling apart. We have other special projects and then we just added—thanks to the Senator—in 2023 Session through SB 363, that now when we are allocating these funds, we give a priority to support projects and services that support women Veterans, women seniors, women who are formally incarcerated, and unmarried persons with primary physical custody of a child, and women fleeing domestic violence.

How are the funds distributed? These funds are distributed through using a formula; we calculate percentages for each required set-aside and each year that changes. Each county is offered an allocation based on their population. We look at what the new population figures are for the year, and we calculate the allocation, and counties have the option to accept or decline, but they typically accept. Some of our very small counties only get a very small allocation and they may not always accept. After the statutory priorities are calculated, remaining funds are opened up for application and that is a competitive round where different developers will bring a project to us, and we will allocate those funds on a competitive basis. We also use these funds for special projects or needs that may receive funding throughout the year, from perhaps the discretionary set-aside or the Administrator's set-aside.

Our annual allocations; this gives you a snapshot of about how much money we are receiving each year. This amount does fluctuate. This year, we just opened applications, and we have about \$8.5 million available. In 2024, we had a significant amount more; we had \$13.8 million. In 2023, about \$10.4 million. In 2022, we had about \$7.7 million.

To give you a snapshot about how we allocate those funds. We have not allocated the 2025 funds yet, that application process is still ongoing. I am giving you a rear look at how we spent the funds in 2024. This is how those funds were divided up—the NHD discretionary, about \$1.3 million. Administration—basically, payroll, admin, any of that type of work—is about \$180,000 that we take per the NRS. The Housing Database, which is NV Housing Search, we give \$175,000 per year, that is a set amount. Our allotment subsidy program

that I mentioned, we give about \$75,000; that is a set amount each year. The administrative set-aside is \$750,000; and that is a set amount. These other funds are calculated by percentages by population. Last year, for our welfare set-aside, we divided up about \$1.6 million among all of our counties. Our local share by population, we give a share to these larger parts of our State. We have Clark County getting the largest share at \$4 million. Then the City of Las Vegas getting about \$1.9 million. Henderson getting nearly a million dollars, and then the City of Reno getting about \$1.4 million.

After we divided all of those up and gave everyone their particular share through calculations, we now have the leftovers to do competitive grants. We are able to do quite a bit with that competitive amount of money. We did have a little bit more last year than what we will have this year. This was a list of the competition that was provided through this process. We gave about \$90,000 to Carson City Health and Human Services. About \$7,500 to another nonprofit (Consolidated Agencies of Human Services). Churchill County requested funds in the amount of \$20,500. Crisis Intervention, which is a domestic violence nonprofit, received almost \$30,000. To Douglas County, we gave an allocation of \$70,000. Elko, \$10,000. Lyon County, \$80,000. Nation's Finest, which is a Veteran service organization, received \$95,400. The Nevada Rural Housing Authority received about \$406,000. Nye County, \$15,000. Washoe Housing Authority, about \$233,000. Winnemucca Domestic Violence, about \$28,000.

Our State Fiscal Year applications just opened up and the deadline to apply for those applications is June 10, 2024. We leave those open for about 90 days. We have less than \$1 million this time for our competitive applications. Our SB 363 priorities will be considered in evaluating the applications we receive. Our discretionary Administrator's set-asides will be available throughout the year. Those projects and services do not have to wait for the application process; they can submit a special request to us to be considered for an allocation. In particular—I know this is of special interest to the Senator—I did send out a special notice to interested parties announcing the addition of SB 363 into the NRS, and those particular populations were going to receive special consideration. I did outreach because that is new, and we typically serve the same organizations; so those organizations may not be aware of this new priority that we are placing. As I mentioned before, those particular populations being seniors, reentry program providers, domestic violence service providers, Veteran service providers, and social services agencies that receive housing requests from single parents. Those are a few of the interested parties we purposely reached out to, in order to share that we are providing this priority. This is the public notice that went out, so you can see what we shared with everyone, letting them know about that new list of priorities. We want to provide mentorship to them, because sometimes managing these grants can be a bit technical and a little difficult. We want to specifically offer them our help, so they do not feel daunted by the application process. Perhaps they are not in an operational position this year to receive funds, but maybe we can help them along and help them understand what their needs are in order to qualify for these funds; be able to meet the compliance, understand the NRS, and what the requirements are. There are reporting requirements. We monitor these funds to see how you are spending them, to ensure you are qualifying the recipients of your funds, by making sure they are under 60 percent of the AMI. Those are a couple of the requirements organizations may struggle with—ensuring they are keeping up with the recipients of the services. Specifically, if they are living in these multifamily units that are ongoing and they are living there ongoing; they are required to be income qualified. That gives you a quick overview of the Account for Affordable Housing. I am glad to take any questions.

Chair Spearman:

Committee Members, questions? Vice Chair.

Vice Chair Brown-May:

Thank you for the presentation; I appreciate the detail and the numbers in particular. You have helped with my data brain this morning. I am going to the slide that talks about the history of the Account for Affordable Housing Trust Fund. It says it is 10 cents for every \$500 of value in Real Property Transfer Tax. Are there instances where we are not capturing that tax, which would help us increase that fund? That is my first question.

Dr. Worthey-Thomas:

In this past session, there was attention drawn to the possibility that all of the different properties may not be paying into the fund as they should. There was an increase in how that is going to work—I cannot quote that NRS—but there is an expectation that fund will increase.

Vice Chair Brown-May:

Then secondarily, on that same slide, HUD provides the Home funds to the State that requires a match. Are we maximizing Nevada's drawdown? Do we have access to the maximum amount of funds that are available to us federally?

Dr. Worthey-Thomas:

Yes, we are absolutely drawing everything that is due to us. Those funds are provided to us by formula, nationwide. Each state is given an allocation down to the bigger jurisdictions. The State—we typically receive about \$3 million a year in HOME funds.

Vice Chair Brown-May:

One last question—do we have a number of units available? Are we able to meet the demand with regard to the number of units we have available?

Dr. Worthey-Thomas:

Unfortunately, no, not at all. We need about 80,000 units to fulfill the need for low-income housing.

Chair Spearman:

Assemblyman Gray.

Assemblyman Gray:

I applaud you guys for what you are doing, but, we have got an ever growing homeless population. I am not sure how it looks down there in Las Vegas, but up here, especially along the Truckee River and those areas under bridges, along the train tracks. Are you guys looking at doing anything for transitional housing or maybe dry housing, where these folks could at least get a roof over their head, people can get them on their feet, and move them into something more permanent. It seems like that population is growing by leaps and bounds every day.

Dr. Worthey-Thomas:

We receive from the federal government, from HUD, about \$480,000 per year that we allocate statewide for transitional housing shelters, for shelters, and homeless services. Each of the larger jurisdictions, they also receive an allocation of those funds, which is called the Emergency Solutions Grants. Most recently, this past year, we received a new grant called the HOME Investment Partnerships American Rescue Plan Program (HOME-ARP), part of the American Rescue Funds, and that was about \$6.4 million, which we are allocating specifically for populations that are in danger of homelessness or fleeing domestic violence. That particular grant also focuses specifically on homelessness. But I would absolutely say no, we do not receive nearly the amount of funding we need to tackle the homeless population. Our housing authorities, they focus on Section 8 and getting folks into housing. We have all of our nonprofits who have shelters, and they receive funding from various sources. With the small amount we receive, we try to supplement as much as we can for those particular programs, specifically street outreach. Some of the nonprofits do go out and specifically look for individuals living on the street to help them out—to at least get them some sort of shelter.

Chair Spearman:

Thank you. Additional questions?

I only have one; it is real simple. The information you have given here, is it possible to—even if it is a Zoom—to set up some type of a workshop for the organizations that presented today and maybe there are others that help Veterans, but I am interested specifically in women Veterans because those are the ones who are most underserved. Just to get the information out, and especially the grant for 2025. For those organizations who are here today, I would encourage you to get this information because you are probably working with people who, if they do not need it now, they probably will within the next 30 days.

Dr. Worthey-Thomas:

Yes, we actually have a workshop tomorrow, and I did take the cards of two of the presenters to specifically share with them that contact information. I have also offered my time to sit with them, if they are unable to make that workshop, to talk specifically about that. We do make ourselves available for questions specific to how to access the different funds and programs we have.

Chair Spearman:

Thank you. Assemblyman D'Silva.

Assemblyman D'Silva:

Thank you for your presentation, Dr. Worthey-Thomas. I have a quick question. Are there any nonprofit partner organizations that are helping you do your work, that we should be aware of—that we can reach out to as lawmakers?

Dr. Worthey-Thomas:

All of our sub recipients—there is quite a list of sub recipients who we consider our partners in this process. As a housing finance agency, our specific mission is to be a pass-through for funds, to get those funds deployed to organizations, then can get them directly to the residents who need those particular services and funding. We are always open and

welcoming of new organizations who want to receive funds we have and partner with us in doing the work we do.

Assemblyman D'Silva:

Thank you.

Chair Spearman:

Assemblyman Gray?

Assemblyman Gray:

Nothing further, Ma'am.

Chair Spearman:

Thank you, Dr. Mae Worthey-Thomas. This has been quite helpful, and I want to thank you too for working with me last session to make sure we had 363 tight and right. Thank you.

Dr. Worthey-Thomas:

Thank you for having me.

Chair Spearman:

Committee Members, if we can power through, I think we have a couple more presentations, and we will do that. I am going to turn the gavel over to the Vice Chair right now.

AGENDA ITEM VII—PRESENTATION OF REPORT RELATING TO PREFERENCE IN AWARDING OF CONTRACTS TO VETERAN-OWNED BUSINESSES CONTRACTING WITH THE STATE PURSUANT TO NEVADA REVISED STATUTES 338.13846

Chair Spearman:

Let us move on to Item VII, presentation of a report relating to the awarding of contracts to Veteran-owned businesses contracting with the State pursuant to NRS 338.13846. I believe we have presenters, Wil Lewis and Brian Walker, Deputy Administrator of State Public Works. You may begin when you are ready.

Wil Lewis, Administrator, State Public Works Division, Department of Administration:

Thank you for the opportunity to present this afternoon. ([Agenda Item VII](#)) Along with covering the introduction, I am going to give a brief overview of the State Public Works Division. Deputy Administrator, Brian Walker will cover the details of how we qualify contractors to be able to bid projects through Public Works. We will also cover how the Veterans preferences fit into that process. In this particular slide, the language is taken from NRS and the Legislature. It acknowledges that the planning, construction, and maintenance of State buildings are a very specialized, complicated, and expensive undertaking. Based on that, the State Legislature declared that all planning, maintenance, and construction of buildings for State use are to be performed by the State Public Works

Division. As an overview, the team responsible for planning, constructing, and maintaining all State buildings consists of the following. The Administrator—me—I am responsible for overseeing all of the functions of the Division. The State Public Works Board, which acts as a policy board, they assist us in developing our Capital Improvement Program (CIP). They also provide approval of our regulations and they help mediate contract or contractor disputes. Next, the State Public Works Division, Professional Services section, is comprised of architects, engineers, and other professional staff that help develop our CIP and manage all approved projects. The State Public Works Compliance and Code Enforcement section is the building official functions. They are responsible for permitting and inspecting construction on all State properties. Last, but not least, is the State Public Works Building and Grounds section. This Department is responsible for maintaining all buildings and grounds assigned to them. "B and G," as we affectionately refer to them, is also responsible for managing all commercial leases of State agencies. We are all governed by NRS 341, 338, and 331.

Nevada Revised Statutes 338.010, governs how the Division and all other public agencies implement construction projects. It broadly defines a public works project, which includes construction, repair, or reconstruction of a project or building; and how projects are financed in whole or in part with public funding for any publicly owned infrastructure. When implementing a public works project, the Division follows NRS 338. *Nevada Revised Statutes* 338 provides us with directions when qualifying contractors or bidding projects, as well as implementing the Veterans preferences consideration. A big part of what we do at State Public Works Division is no doubt governed by NRS 338.

Next Deputy Administrator, Brian Walker is going to highlight a little bit of how we cover the details of the process.

Brian Walker, Deputy Administrator, State Public Works Division, Department of Administration:

Good afternoon. Contractors must be prequalified to bid on our Public Works projects. If they are not prequalified, we will not open their bids. The qualification process is in essence a screening process to ensure the contractors have the ability to successfully complete our projects. It is also worth noting that our list is used by multiple public agencies to qualify contractors, not just State Public Works.

We have two qualification categories for a contractor to qualify with. The first is \$100,000 or less. The second is \$100,000 and up to a multimillion-dollar qualification. This means to bid a Public Works project of, let us say \$250,000 the contractor must be prequalified for up to and over \$250,000. Likewise, for a project estimated at \$75,000 the contractor must be prequalified for at least \$75,000. The under \$100,000 category is a two-page application. While the application to qualify for larger projects is much larger and more involved. However, the process to receive the Veteran's preference on both applications is the same. The contractor simply checks a box on the application and then submits a Veteran's preference form from our website. The process to qualify for the Veteran's preference has been intentionally made as simple as possible. It is a simple one-page form.

The Veteran Certification Form is a single page document where the individual indicates they meet the criteria. Meaning that the submitter or the business is—the person who submits it—has 51 percent of the business ownership, it is an actual business organized to engage in commercial transactions here in the State of Nevada, and it is managed on a day-to-day basis by a Veteran with a service-connected disability, which also includes a transfer business to the spouse as needed. The percentage of the disability is assessed by

Veterans Affairs, and we do not ask for backup or documentation of that assessment, that is something somebody else does. Once the contractor is qualified with Public Works, their name is put on a list that is accessible on our website for other governmental agencies to use. If they qualify for the Veteran's preference, the contractor is included in a separate list which is also available for our use—but, again, also for other government entities to use. Currently, we have four contractors listed as qualifying for the Veteran's preference on our site.

Once qualified, contractors can bid on Public Works projects up to the amount of their qualification. Our statute splits Public Works projects into informal and formal categories. Informal projects up to \$25,000 require soliciting of one prequalified bidder. Projects between \$25,000 and \$100,000 require soliciting of three qualified bidders. Formal bidding is for projects over \$100,000, these projects are publicly advertised and contractors submit bids through an online system. Contractors must also comply with the submission of a subcontractor list. There are bid bond requirements, they must be prepared to pay prevailing wages, and follow the apprentice utilization requirements. These bids are opened publicly. In both informal and formal bidding, the project is awarded to the lowest qualified bidder.

How the preferences apply change based on the size of the project. A preference is applied on projects of \$100,000 or less if a contractor is owned or operated by a Veteran with a service-connected disability. A higher standard is applied to projects over \$100,000, less than \$250,000. On these projects, the Veteran's service-connected disability must be 50 percent or more. The preference is applied by deeming the bid to be 5 percent lower than actually submitted for the purpose of selection. Also, please note, there is no Veteran's preference for projects over \$250,000.

The State Public Works Division provides biannual reports to this Committee and the Legislature or Interim Finance Committee, depending on whether we are in legislative session or not. The report consists of the number of contracts subject to the Veteran's preference, the total dollar amount of those contracts, qualified Veterans that submitted bids, contracts awarded to qualified Veterans, and the total dollar amount of awarded contracts.

Here is a summary of the last couple of Veterans reports we have submitted. Looking at this, you will see a lack of participation by Veterans on projects; it is pretty obvious. I would like to remind the Committee that projects subject to the Veteran's preference is actually a small subset of the work we do. Remember the preference only applies to projects under \$250,000, and most of our work—most of our contracting—is above that amount. To illustrate that, if you look at the left column, from January 1 to January 30, 2023, we bid six projects that are subject to the Veteran's preference. Overall—State Public Works—we bid 63 projects. The following six months, the right column, we bid 26 projects that were subject to this preference, compared to 49 projects overall at State Public Works. With that, I would like to turn it back to Administrator Lewis for concluding comments.

Mr. Lewis:

I would like to thank the Committee also for the opportunity to present on this topic. Before I open it up to questions, I would like to say we have done our very best to make the process of applying and qualifying for preferences for our Veterans as easy as possible; and by no means are we saying we are done. We are constantly looking for ways to improve and to make the process even more streamlined. We did not come to this Committee meeting with any preconceived suggestions for the Veterans contracting community; rather

we came with a willing attitude and an open attitude towards the community, the Committee, and any other stakeholders, so we can better support our Veterans contracting community. With that as a backdrop, I will open it up for any questions you may have.

Chair Spearman:

Vice Chair and then Assemblyman D'Silva.

Vice Chair Brown-May:

Thank you, Administrator Lewis and Deputy Administrator Walker, for the information and the presentation. I am troubled—we have four qualified contractors. Could you clarify for me the qualifications of those four contracts—they are for the \$250,000 or less limit, right? As opposed to the higher limit. Have we prequalified those contractors to do larger projects, even though we do not have a preference for the larger contracts?

Mr. Walker:

When we qualify the contractors for the preference, the Veteran's preference portion of that qualification does not come with a limit of whether it is under \$100,000 or between \$100,000 and \$250,000. Part of the qualification—is we record the percentage disability for that contractor. If it is over 50 percent, they are eligible to get the preference for \$100,000 to \$250,000. If it is less than \$100,000 it applies without the percentage. These folks are also prequalified for bidding on all State Public Works projects. I am looking at somebody on this list here that has a qualification list of \$5 million, which is above and beyond the Veteran's preference, but they are welcome, and we do see them on some of our other projects. It is just the Veteran's preference does not apply to those bids.

Vice Chair Brown-May:

Thank you for that clarification. One step further, even though we may not be awarding contracts based on preferential for Veteran status, do we ever have Veteran contractors win those higher contracts, competitively, without the preferential treatment?

Mr. Walker:

We have had these contractors win some of these bids in the past. I believe, we do report on that when—or we watch when that comes in. It does not show up on the report because it is not subject to the preference, but we have seen these folks on other projects.

Chair Spearman:

Assemblyman D'Silva and then Assemblyman Gray.

Assemblyman D'Silva:

When it comes to qualifying entities that are now allowed to do business with the State, if a business does receive a bid, it can be—you said—transferred to a spouse regardless of whether or not the spouse is a Veteran.

Mr. Walker:

Yes, that is correct. The spouse does not have to be a Veteran.

Chair Spearman:

Assemblyman Gray.

Assemblyman Gray:

Two quick questions. One, when was the last time these limits were looked at? They seem extremely low for this day and age. I would say you would have a hard time remodeling a public restroom these days for less than \$250,000. Part two is, I was following along during—I think it was Brian's presentation on the website—and I found everything else, but I cannot find the Veteran's Preference Certification Form anywhere on there. I am thinking maybe placing it somewhere up front, so people see it and know it is there, may help out. But like I said, I went through each tab and everything and I cannot find it anywhere.

Mr. Lewis:

Thank you for that, Assemblyman, and we will make sure we put that into our presentation. In regards to the numbers, you are absolutely correct. I cannot give you a specific date, but we are governed by NRS. I know we review that on every cycle, but to say when we looked at the dollar amount, I cannot speak towards that as of yet, but we certainly will take a look at that.

Assemblyman Gray:

Thank you for that answer. Madam Chair, I would like to bring that up for possible consideration for legislation from this Committee, that we take a look at those numbers and maybe making them larger to allow for more Veterans to competitively bid for projects. I cannot even say bigger projects because most projects are more than that amount now. I think it would be a good thing to go forward with.

Chair Spearman:

We can do that.

Chair Spearman:

I have one and perhaps they would qualify. We have this little train, it is getting ready to come through here. We also have—even though it is a private entity—we also have a ball club that is coming in and using tax abatements—I want to say it is like \$385 million, something like that. Do you plan on doing any type of outreach to Veterans? Sometimes the skilled trades have Veterans in them, so that could qualify. But I am speaking specifically about business owners, because a lot of times people are so busy making a living they cannot pay attention to this. Just a thought.

Mr. Lewis:

I agree with you, Madam Chair. That is something we are concerned with—when we look at the amount of participation from our Veterans and the provision of this clause to allow them to participate on Public Work projects. I would like to give you an example, we have a contractor that is only licensed—has a licensed contract—to pour concrete. Unfortunately, we do not put out concrete projects on Public Works. We note there is an alignment issue between what we put out and what the contracting community are being licensed for. We are cognizant of that; we are concerned with it. Obviously, we would like to bridge that gap moving forward, so we can be more inclusive.

Chair Spearman:

Thank you. With that, thank you so much, I appreciate it.

AGENDA ITEM VIII—PRESENTATION OF REPORT RELATING TO PREFERENCE IN AWARDING OF CONTRACTS TO VETERAN-OWNED BUSINESSES CONTRACTING WITH THE STATE PURSUANT TO NEVADA REVISED STATUTES 333.3368

Chair Spearman:

We are now at Item VIII, a report relating to preferences in awarding contracts to Veteran-owned businesses contracting with the State pursuant to NRS 333.3368. Someone is in Carson City. Please begin when you are ready.

Gideon Davis, Administrator, Nevada State Purchasing Division, Department of Administration:

Good afternoon, Madam Chair and Members of the Committee. I have with me today Homa Woodrum, who is the General Counsel for the Purchasing Division. Similar to the Public Works Division, the Purchasing Division is responsible for solicitation of contracts for the State of Nevada. The Public Works Division that spoke previously is responsible for construction contracts and the Purchasing Division is responsible for basically all of the other contracts—supplies, materials, equipment, technology, and services are all within the purview of the Purchasing Division. We solicit and award—or individual agencies of the Executive Branch—solicit and award pursuant to NRS 333, the State Purchasing Act, for those goods and services. The Purchasing Division, in doing that, oversees those and as part of that, implements the Veteran preference that exists within NRS 333, similar to how the Public Works does for their preference in NRS 338. The difference for us is we do not have a prequalification process for vendors the way Public Works does, because the types of goods and services we solicit can vary broadly. There is often a last-minute opportunity for vendors to participate and having them prequalified does not work in that sort of environment. The request for the Veteran's preference from a vendor being applied to them occurs during the bid or proposal process, whereas part of their submitted bid or their submitted proposal, the vendor provides a letter on their own agency's letterhead that indicate they are a Veteran-owned business, and then that can be considered as part of the preference for award. We have a presentation, and I am going to hand it over to Homa to give more specific information about the Veteran preference that exists within NRS 333 and the other preferences we have in the law, and how those affect the applicability of the Veteran preference.

Homa Woodrum, General Counsel, Nevada State Purchasing, Department of Administration:

Good afternoon, Madam Chair, Members of the Committee.

As Administrator Davis mentioned, there are a number of preferences in NRS 333 related to our presentation today ([Agenda Item VIII](#)). They are provided for in statute, and they create an advantage for certain bidder categories. Just as a point of clarification, the bid preferences are not in any way related to the Preferred Purchase Program. The Preferred Purchase Program relates to supporting certain types of businesses that do various job training functions related to individuals with disabilities. *Nevada Revised Statutes* 333.3351 relates to a preference for Nevada-based businesses, NRS 333.3361 relates to Veterans

with service-connected disabilities, and NRS 333.33695 relates to an inverse preference against bidders with a principal place of business out of state.

What we came here today to point out—and we do have our report later in the presentation—is the way Nevada has structured its bid preferences has a number of pitfalls that create actually no preference at all for our Veterans with service-connected disabilities, because the preferences do not stack. If you have a Nevada-based business, bidding on a purchasing contract, whether it is for goods or services, they will receive the same preference—the Nevada-based business will receive the same preference as a Veteran owned or operated Nevada-based business, where that Vet has a service-connected disability. I will repeat—the Nevada-based business preference nullifies the Veteran preference. Therefore, there is no advantage when you have two bidders, where one is a Nevada-based business and the other is a Nevada-based business owned by a Veteran with a service-connected disability.

The inverse preference actually harms Nevada businesses when they attempt to bid on contracts out of state. In 2017, Nevada reintroduced the Nevada-based business preference. It had been removed in 2009, when the Veteran preference was put on the books. Then in 2021, Nevada reintroduced its own inverse preference. What I mean by that is that the Nevada-based business preference gives a certain percentage—5 percent—benefit to a Nevada-based business. But it also means when a business is bidding from another state that has its own preference for its own state businesses, then we actually penalize them. It is really important to consider the legislative history. We all know our Legislature often works in an iterative process, so adjustments from one session had impacts on prior sessions and those ultimately nullified the effect of the Veteran preference.

I have included a slide, which I will walk through. How do the preferences work in practice? On this slide, we indicate Vendor A, B, and C offer to sell goods to Nevada agencies for \$100 per item. Vendor A is based in Nevada and is owned by a Veteran with a service-connected disability. Vendor B is a Nevada-based business. Vendor C is based in California. They have all bid \$100. Vendor A's price, in terms of competition, will be considered as if it was \$95, because it has reduced the price by 5 percent in order to give them the preference; that is our Veteran with a service-connected disability owned Nevada-based business. Vendor B's price will also be considered at \$95, because the preferences do not stack, so the Veteran-owned business is on the same footing as the Nevada-based business. Vendor C, our California-based business, will be treated as if they proposed \$105 per item. Even though every single one of these businesses actually bid \$100, we do different math in order to effectuate the preference.

In services, it is not a pure price consideration. Nevada is tasked with seeking best value under NRS 333.140, so this is not limited to price. When we write our requests for proposals, we detail other features or things a vendor should accommodate in order to earn our business. So maybe a vendor with a higher price, but a better warranty or a better insurance policy to stand by their services might prevail, or a vendor who perhaps is more responsive to our request. In this scenario, vendors A, B, and C offer services to Nevada agencies for varying rates and varied abilities to perform the work. In this hypothetical, Vendor A is owned by a Nevada-based Veteran with a service-connected disability. Vendor B is a Nevada-based business, and Vendor C is based in California. Each vendor score would be affected by the preferences. Vendors A and B, if their scores were tied, would stay in a tie. Vendor C would be affected by the inverse preference, but only to the extent that the scores make a difference. You can imagine in goods contracts, that 5 percent actually might make a difference. In services contracts, it is a lot less likely, because we are looking at a number of other factors that represent best value for the State, in terms of what we call the

responsiveness of the vendor. Did they respond to our request for details? And their responsibility, which is their ability, for example, their references, their success in other projects to actually perform.

Some additional considerations related to our bid preferences, for services contracting and procurement, having the skills to be responsive to the agency solicitation is a greater determinant of success in your scoring. That is where Purchasing always recommends more educational opportunities in order to increase getting those points that should be easy to get in our rubrics. Did you answer the questions? Did you describe what you do? For goods contracting and procurement, the inverse preference hinders Nevada businesses as they seek to expand. Because if a Nevada business that produces goods is now trying to expand their business and sell their goods in California, their goods will be more costly because of the way reciprocal inverse preferences work. The Nevada-based business and the Nevada Veteran with a service-connected disability preferences nullify the effect of the Nevada Veteran with a service-connected disability preference, while also harming competitiveness elsewhere because they get dinged by the inverse preference when they attempt to bid on out of state contracts.

This chart represents our report related to contracts. The number of State purchasing contracts that were subject to the provisions of NRS related to the Veteran preference, in the first part of 2022, we have about 1,300; through the second part of 2022, we have about 600. In the beginning of 2023 to June 2023, we had about 600 again. For our reporting period for the second half of 2023, we had 271. We indicate the total dollar amount of the contracts that were subject to these provisions, meaning ones that would have had a related preference. You can see those are sizable amounts of money that are being contracted. But then you can see, sadly, the effect for our Veterans specifically is minimal, related to the number of businesses owned and operated by Veterans with service-connected disabilities that submitted a proposal and were awarded contracts. Because remember, if another bidder was proposing, who was a Nevada-based business, then they did not actually benefit from the preference; it would only be perhaps if they were bidding against an out of state business. Then [you can see] the number of dollars' worth of State purchasing contracts that were awarded to local businesses owned and operated by Veterans with service-connected disabilities. I will also mention that NRS 333 actually covers all of State contracting related to, not just the threshold amounts that State Purchasing lead solicitations, which is that \$100,000 and above or \$25,000 per fiscal year, but it also relates to requirements for what we call our agency-led solicitations. Purchasing does not have the pulse of those smaller dollar contracts and how they are implementing the Veterans preference. They are required by law to be implementing that preference, same with the Nevada-based preference, inverse preferences. Purchasing only has the pulse on those procurements that we lead. So there may be other data about other opportunities that is out there which we are not able to collect.

We wanted to come to this Committee—we knew the news was not great as far as serving our Veterans in terms of the goals of this legislation when it originally came forward. Assemblywoman Debbie Smith, later Senator Debbie Smith, brought the bill in 2009, and specifically wanted to give our Veterans with service-connected disabilities a competitive edge. That was on the books until 2017, when the Legislature decided to reintroduce the Nevada preference, which nullified the Veteran preference. Then in 2021, when the Legislature opted to reintroduce the inverse preference, which would count against out of state businesses—by doing that, harm our competitiveness additionally, out of state. I would note for federal contracts, these preferences are not permitted, same with our cooperative contracts where we join with other states or work with other states. Because if

you use federal dollars on a project our federal government frowns on preferring one state over another.

What we wanted to do is suggest options for the Committee to consider: remove the inverse preference and the Nevada-based business preference from statute, that would revive the true effect of 2009's Veteran with a service-connected disability preference. It would also allow all Nevada businesses, and Veteran-owned businesses to be competitive in neighboring states, to not only continue providing great Nevada jobs, but then also increase their productivity here, so they can sell their services and their goods elsewhere.

Another option would be to allow the preferences to stack. You could have a Nevada-based business and then have a Nevada-based Veteran-owned business with a service-connected disability and have not just that 5 percent, have it be 10 percent when it is a Veteran. This would not address the harmful inverse preference, but we wanted to put that out there.

Then obviously anything we can do to encourage outreach and education for any of our partners that are looking to work with the State. We are a great business partner; we pay our bills. We are a balanced budget state. People should want to work with Nevada, and we always want to be welcoming the utmost in competition and best value for the State. Those are considerations we wanted to offer the Committee. But as Administrator Lewis also mentioned, we come open to your suggestions, your considerations of how we can better serve the goals of this Committee.

We have our Purchasing website. We have the State of Nevada electronic procurement system (NevadaEPro); if you are a Veteran-owned business or any business watching this presentation, please sign up for NevadaEPro. That is where you will get notice when we post solicitations and opportunities for you to work with the State of varying contract values, including State agencies doing their own solicitations through our platform. We also wanted to give a shout-out—we have a federal surplus program that helps businesses, especially including Veteran-owned businesses, that includes for profit or nonprofit businesses, to receive federal surplus. There are minimal fees associated with that, but there are great federal items being surplus that our businesses can take advantage of. With that, we would like to open up for your questions.

Chair Spearman:

Committee Members, questions? Have any up north?

Assemblyman Gray:

No, Ma'am.

Chair Spearman:

No questions. I have one. Contact our policy person, so we can talk about those suggestions.

Ms. Woodrum:

Thank you for the invitation to come speak to you, and thank you for the Committee staff and support.

AGENDA ITEM IX—PRESENTATION OF HOUSING ASSISTANCE

Chair Spearman:

With that, we are at Item IX, presentation of housing assistance. That is NDVS, and you are in Carson City, please begin when you are ready.

Lisa Maciel, Deputy Director of Benefits, NDVS:

Hello, Madam Chair and Committee, thank you for having me here today. I have a PowerPoint presentation ([Agenda Item IX](#)). I was asked to come here and speak about housing assistance and NDVS is a bit limited in what we can do for housing assistance. I wanted to give an overview on how we work, and how we help our Veterans and our family members. The NDVS is separated into three different sections: the National Cemetery Administration; the Veterans Benefit Administration; and the Veterans Health Care Administration. Housing through the VA falls under the Health Care Administration and NDVS works more in line with the Benefits Administration, as far as what we can directly do for Veterans benefits. The NDVS works in different capacities based on what the needs of the Veteran and the family member are. With housing falling under Veterans Health Care Administration, we would refer a Veteran directly over to the VA Medical Center for health care or our community partners. But what we do in that aspect is we still help our Veterans with their benefits. One of our goals is to make sure all of our Veterans get the benefits they have earned—that they are entitled to. One of them is with their service-connected disability compensation or Veteran's pension, which is for low-income Veterans. What this does is it will hopefully help a Veteran get on their feet with their family members and keep them out of a homeless situation in general.

One of the limitations NDVS has, is regarding health care eligibility. We cannot determine if a Veteran is eligible for health care, but we can guide them. We can help them fill out the paperwork, and we can help them generate their Certificate of Release or Discharge from Active Duty, DD Form 214 (DD 214), or whatever service documentation they need to go to the VA and get that determination.

We cannot help with education eligibility. But in the same aspect, we will help them get their personnel records; we will help them get their DD 214; and we will help them with any paperwork we can to help them work with a school or through the education line to get them reeducated; to help them become productive members of society in whatever job they choose.

With housing, we refer over to Nation's Finest; they are one of our community partners. We have a memorandum of agreement here in Carson City, as well as in Reno. In Las Vegas we work directly with the VA Medical Center—in Reno and all across the State. Some of the other resources we use are Nevada 211 and Catholic Charities as well.

Some of the ways we can help our Veterans is with our Veteran Service Officers (VSO). We are accredited by the VA Office of General Counsel. We provide assistance for free. We assist with VA appeals. We assist with obtaining DD 214s, military and medical records. And we work with an organization called the National Veterans Legal Services Program (NVLSP). This is an organization comprised of attorneys who offer pro bono work for Veterans and their families in certain circumstances. They assist us tremendously with discharge upgrades, when our Veteran Service Officers cannot do it on their own, or with appeals when it comes to a point where a Veteran Service Officer cannot offer that legal expertise. We have a LGBTQ+ VSO in our Las Vegas office who works for us throughout the State, and

we have a woman Veteran Service Officer who also works with us throughout the State. Our Veteran Service Officers are available to help in various capacities, providing outreach or being available to assist Veterans in claims initiation. We work with different organizations such as the Elks and the VA health care system at various stand downs, so we can directly work with our homeless or our at-risk Veterans. If anybody needs assistance with getting a hold of a Veteran Service Officer, that website listed on the PowerPoint is probably the fastest way; <https://veterans.nv.gov/ask-a-vso/>, but they can also call our office or go to [Veterans.nv.gov](https://veterans.nv.gov) to reach out to one of our Veteran Service Officers. We are more than happy to help.

Nevada Department of Veterans Services also has two members that are on outreach specifically for providing information to our community all over the State of Nevada. We are more than happy to help in any capacity we can. We work with women Veterans, LGBTQ, Native American Veterans, justice involved Veterans—that are incarcerated, our Black and African American Veterans, Hispanics, Asians, homeless, and at-risk Veterans. We go out to rural locations such as in Elko, Ely, Austin; and we now have a full time VSO in Mesquite who will be finished with her accreditation here shortly and will be able to provide services in that area as well. Right now, we need your help; only 37 percent of Nevada Veterans are connected with the VA in some capacity. We need your assistance in making sure Veterans know we are available. Ask somebody if they served, ask a family member, make sure their family members know we are here.

One of the ways we help Veterans get connected with their service is their claims. If we get a Veteran rated at 100 percent service connection, they could be getting a compensation payment of close to \$4,000 a month. What we need to do to get these Veterans connected is to determine what their diagnosis is, what event in service they had, and make sure there is a link between that disability or that injury and their service, so we can initiate a claim for them and do it right the first time; so they do not have to go through the appeals process. Some of the other benefits we can assist with, if eligibility requirements are met, is Aid and Attendance/Housebound Benefits, which helps Veterans if they require assistance with activities of daily living. This also applies to spouses. It is not a large payment; it is roughly around \$200 a month in addition to their compensation, and it is not a standalone benefit. The Veteran has to qualify for a service-connected disability or qualify for Veterans pension, which is based on income, and they must be a wartime-era Veteran.

There is other special monthly compensation that is available for Veterans that a lot of them do not know about. Some of them are for loss of use of a foot, for instance, which pays an additional benefit. Caregiver benefits, which are a large benefit that could pay approximately \$3,000 to a caregiver who is helping a Veteran with their daily needs, if the Veteran meets certain requirements, which is a 70 percent service-connected disability rating. We can assist with the paperwork on this, but we cannot see what the status is of the claim on it. We can also assist with helping a Veteran get Total Disability Individual Unemployability (TDIU); TDIU is unemployability for a Veteran who cannot work, which can help at-risk Veterans. If they cannot work and they have a certain service-connected disability, we can apply for this and demonstrate to the VA why this Veteran can no longer work and get them paid at the 100 percent rating and essentially get the Veteran all the same benefits as a 100 percent service-connected Veteran.

The VA enacted the PACT (Promise to Address Comprehensive Toxics) Act on August 10, 2022, and recently expanded it on March 5, 2024. What this has done is added various presumptive service connections the Veterans can file for. Many of them do not even know, one of the conditions that was recently added was high blood pressure or hypertension for a Vietnam-era Veteran who was exposed to Agent Orange. While many of

these Veterans are only receiving a 0 percent service-connected disability rating and they are not receiving compensation for it, it still gets them linked with VA health care. But the recent change to the PACT Act added health care for many Veterans exposed to toxins in Vietnam, after 9/11, and during the Gulf War. These Veterans do not even have to have a diagnosis. They do not have to be ill, but it gets them connected with VA health care, so if the need ever arises, it is there for them. They may have health care copayments. But again, it all depends on what their condition is, but it will get them linked into that system, and then we can start getting them other benefits and help them avoid becoming homeless. Once we go through this portion, there are three different programs.

As was mentioned before was the HUD-VASH voucher; this is the Housing and Urban Development, Veterans Administrative Supportive Housing assistance. This is basically rental assistance with case management and clinical services. What this does is the VA Medical Center can look at the Veteran, help them get rental assistance, but then it looks at them as a whole person and gets them the help they need—whether it be supportive services for education, readiness in employment, or clinical care, including mental health.

Another program that is available is the Supportive Services for Veteran Families. This is case management and supportive services to prevent imminent loss of home or find more suitable housing for the Veteran.

The next one that is available is the Homeless Providers Grant and Per Diem Program. This is used to develop and operate transitional housing and service centers for homeless Veterans.

Finally, is the Domiciliary Care for Homeless Veterans Program. It is residential care for Veterans with multiple challenges, illnesses, or those who need rehabilitative care at a VA Medical Center campus or outside in the community.

There is free help for Veterans that are homeless or at risk of homelessness. This toll-free number [(877) 424-3838] is the best number anybody can call—anybody in the community, a family member, a Veteran, a service member, or another Veteran service organization. This would be the fastest way to get a Veteran linked up to immediate care, especially if they need even just a hotel, a quick voucher, anything like that. They will get them started and then they will help link the Veteran with a Veteran Service Officer to see if there are any opportunities for a service-connected disability or to apply for the survivor's pension based on their income. That is all I have today, and I am available for any questions if you have any.

Chair Spearman:

Thank you, very thorough. Questions? Assemblyman D'Silva.

Assemblyman D'Silva:

I have a quick question about the 37 percent number; that seems very low. My question, if this is in your professional capacity, why do you think that number is so low here in Nevada?

Ms. Maciel:

I think there are a lot of reasons for that. We still have a lot of Veterans who will not identify as a Veteran. Again, that service—asking people if they served; that is a huge

question. The other part is—and I would say this is probably with the older generations—a lot of Veterans feel like if they apply for assistance for something they are taking away from somebody else. The other part is a pride issue; there are a lot of older Veterans that are like, “No, I was raised to not ask for help.” They do not want to do it. Sometimes we get spouses who will call on behalf of the Veteran and push them that way. A lot of people, they do not know what is available out there for them. Or they are missing a DD 214 and because of that, they do not come and ask for help; and we can help with all of that—all of it.

Assemblyman D’Silva:

Thank you for those insights. We definitely want to be of help in this regard as well.

Chair Spearman:

Thank you, additional questions? I have one. Are you doing anything, any collaboration with faith-based communities?

Ms. Maciel:

We have a couple of new outreach people and that is a big one. We also have our education and employment, our health care champion, and our Suicide Prevention Program Manager. We are working on more collaboration with entities across the board, nonprofits, including our local/State entities, and faith-based organizations are right up there.

Chair Spearman:

Thank you. Assemblyman Gray.

Assemblyman Gray:

Major Maciel, it is good to see you again. For those of you who do not know, she and I both served together at the same time—same unit. It is great seeing you again, and I want to tip my hat to you guys. You guys do an absolutely phenomenal job at the NDVS, providing so many resources to folks to access benefits. You guys put on one heck of a legislative summit this past Saturday, and I was very honored to take part in that. I wanted to say thank you, and whatever you guys need in the way of help, please do not hesitate to ask.

Chair Spearman:

Thank you. Additional questions? [There were no additional questions.]

AGENDA ITEM X—PRESENTATION OF TRANSITIONING FROM ACTIVE DUTY TO VETERAN STATUS FOR SERVICE MEMBERS AND ACTIVE-DUTY MILITARY SPOUSE POPULATIONS

[This agenda item was not heard.]

AGENDA ITEM XI—PRESENTATION ON WOMEN VETERANS EXISTING RESOURCES AND GAPS IN SERVICES

[This agenda item was taken out of order.]

Chair Spearman:

Let me get She Served Sheroes up next and Nevada Women Veterans, you all are on deck after her.

Marqueta Oliver, Co-Founder, She Served Sheroes:

Thank you, Senator and Committee. I am here with my partner, who is seated as well, Veteran Advocate, Letari Martin.

Chair Spearman:

Just a minute, she can join you at the table.

Ms. Oliver:

Wonderful. I would like to start with sharing a bit about my story. I am glad we are talking about women Veterans and each of us have our own story and unfortunately, none of them are anomalies. For myself, I am one of the several women who did not know I was a Veteran. When the Senator mentioned how we ask people about their service and saying, "Have you served," versus "Are you a Veteran?" I did not know I was a Veteran until ten years after I got out of the Air Force. I was discharged from the Air Force for refusing the anthrax vaccination. The year before I was deployed to Saudi Arabia during 9/11, I was in Saudi Arabia before the 9/11 attacks happened, and I was then selected to be the enlisted aide for General Wald, who was the three-star General that was running the air portion of the war from Saudi Arabia. Even though I had that experience in serving a three-star general, a year later when I was requested to be deployed and uncomfortable with the vaccination that was under investigation during my prior deployment—when I came back, I was also Airman of the Quarter at my base—I was then faced with being discharged. I was threatened with having a court martial—having that dishonorable discharge. This was the first time in my life I had to resort to community, tapping into community, and realizing the power saving entity that community is. I was able to get a character letter from a politician back home in Los Angeles that in all essence saved me from getting that dishonorable discharge. I was still discharged under a general discharge, but I was not court martialled or banned from the base where my husband at that time and child lived. After I was discharged from the military, I thought that was the end of my service; I did not even realize I was a Veteran.

Ten years later, I was in a very toxic relationship that led me to being homeless. At that time, family members—community, again—told me I was a Veteran and basically dropped me off at the VA and said, "Go ask for help." During that time, I lost my job, I had two family members who died in close proximity—that was my first time dealing with death at such a close proximity like that—and I stepped down from my management position. Again, I was in a very toxic relationship, found myself without a career, and without a home. When I was dropped off at the VA to basically "go get help," I was introduced to all types of resources. It was basically a janitor at the VA that took me under his arm and said, "I am going to show you which offices you need to go to." I was able to apply for and receive HUD-VASH. This was the turning point in my life, and when I realized my service counted. I am a recipient that was homeless, went through the HUD-VASH program, and got back on my feet.

Chair Spearman:

Can you explain HUD-VASH?

Ms. Oliver:

Absolutely. There is a housing program for homeless Veterans—Section 8 is what they call it in the civilian world, but there is a program specifically for Veterans—Veteran Affairs, Section 8 basically, housing—so I was able to apply for HUD-VASH.

Chair Spearman:

What does that acronym mean?

Ms. Oliver:

HUD-VASH, Veteran Affairs; I am not sure. It is housing, I know for sure, but I do not know the exact acronym.

I was also able to benefit from getting back on my feet, employment-wise, using resources like Dress for Success, to make sure I had the right presentation for the new job I got; because I have the experience—I had a lot of management experience—I was just in a low-point in life.

Throughout the years, I have had to return to the Veteran community, but it was from that point that—just on my own—I really started trying to connect links. My mom likes to call me the connector. I have always been a person that reaches out to this person, reaches out to that person, and says, “You guys should connect together.”

When I moved to Las Vegas two and a half years ago because I was “on my feet” and ready to use my VA loan to purchase a home. We thought we were going to move here; I was in my second marriage. We thought we were the loves of each other’s lives. We thought we were moving here to really plant our life and move forward in Las Vegas. Four months after we moved here, I lost my husband to COVID-19. This was another time I completely had to turn myself over to resources and community to get myself together. At that space I knew I could not handle it. I have had too much on my plate, being a minority woman from South Central Los Angeles (LA) raised in the eighties. I have always faced adversity. I do not know who my biological father is. I handle things and wear them “well,” but when I lost my husband, I thought I was going to actually lose—lose myself.

Because I knew I did not think I would overcome that, I immediately reached out to Veteran resources and dove into the Veteran community. So for the past two and a half years, I have been at any Veteran event I could be at in the City of Las Vegas, while also figuring out who I was going to be in this world—now that I did not have that partner, I was not in this life space I thought I was in, and having to start completely over. I became a Veteran Career Coach in Las Vegas for Goodwill. It introduced me to a lot of what was happening in the Veteran community and showed me how much—again—that I was not an anomaly. I have had several Veteran women that came to me who are minorities just to ask what to do next—whether it had to do with starting a business, finding a place to live, finding clothes, or any gap they may be facing because—like we have talked about already—a lot of women military members have faced military sexual trauma. When we talk about the one in four—one in three number that is currently reported, these are women that are actually connected to the Veteran health care services. So all of these women that will not even get any services, or will not connect, or do not even know they are Veterans, we do not know what that number looks like. A lot of times they are not willing to go to the VA, they want to talk to someone they know, someone they feel comfortable with.

So, fast forward a bit. I have worked with a lot of Veteran organizations. We have a for-profit company, my partner Letari and I, and we are focusing a lot on the needs of minority women Veterans. We were in a program with Bunker Labs because we know how important it is to partner with larger organizations. While we were going through this business incubator class, we birthed She Served Sheroes. The goal of She Served Sheroes is to be a standing Veteran service organization. When you think of other Veteran organizations that are on a national level, that is our goal for She Served Sheroes, with the primary objective of catering to minority female Veterans, because there are a lot of resources we feel disconnected from, and we feel unseen. We launched She Served Sheroes last year—last quarter—as a podcast, in order to (1) start getting the word out; and (2) to start receiving stories of minority women Veterans. We ask all of these women about their service, about what they do today in the community or in their own business, to provide their business as a resource to the community. We also ask them to share resources that other Veterans may not know about.

Even though we have a weekly podcast, we have also been attending Veteran events, like the NDVS Women Veterans Conference where we are doing spotlight interviews—where we are asking women about their service, but in two minutes—what they do today for the community or in business so we can share what they are doing. And (3) to please provide a resource they think every woman Veteran should know about. We did that here at NDVS last month, and we just did it in Dallas for the Institute for Veterans and Military Families (IVMF), Veteran (Engage, Develop, Grow, Elevate) EDGE Conference, held by Syracuse University. We were able to interview about 25 women at each of those. We have interviewed about 20 women on our podcast so far. This was to start building our resource catalog, building our community of women, as we worked towards our nonprofit status. We received our nonprofit status last month as well.

Because we are trying to get the word out about She Served Sheroes in the community—we are trying to make sure it knows about the resources that are presented today and throughout the country—we have been partnering with larger organizations. We will be hosting our first in-person conference, April 27th under the umbrella of the Women Veterans Alliance, which is a national women's organization for Veterans. This conference will be held in 14 different cities at the same time, with three keynote speakers being streamed throughout the country. In Las Vegas, She Served Sheroes will be hosting this conference to (1) connect women Veterans; and (2) to empower them and give them tangible resources they can take with them to the next level. Our conference speaker is someone who is a Navy Veteran. She is big on helping startup businesses find grant funding and that is a lot of her mission. At this event, we will have tangible resources for women. We are also having a Friday night event the night before, which is a Wellness Fair, so the women can connect—and again, the importance of moving the body—not isolating. So they will be able to do things like draw mandalas, have a Hula-Hoop class—not like the waist Hula-Hoop, but like the dance/fancy Hula-Hoop they do now. We were able to get that sponsored by a local Veteran service organization as well, and we have partnered with a couple of service organizations to provide online workshops. Online workshops on different topics, like starting your business, how to present your online community, how to develop your personal brand, and how to attain grant funding. We are also working with different community partners and working for grant funding to be able to provide employment opportunities and tracks for women. Again, I came from nonprofits, so I am very familiar with grant funding, and how to get professional certifications for women. We are trying to work with renewable wind energy, we have a partner that is a Veteran-owned business. We are trying to get women into trades, women into technology, and starting up entrepreneurship. We saw AB 306, and we are interested in supporting bills like this, that would make sure women Veterans who are starting their businesses do not have to pay out

of pocket for their business license initially. But making more of these type of things more accessible for women—and Veterans especially—those who are starting in business. We have found that—I cannot give you the statistics—but a lot of the women Veterans we talk to, if they are not community leaders, they are in business of their own and we want to supply those resources. We have tried to also partner with other community partners, so we can start providing computers and things like that for startups. We are looking to support bills that focus on economic empowerment for women, transition assistance, diverse perspectives for helping women Veteran entrepreneurs, and really supporting the networking and connecting for any step of life a woman Veteran may be encountering and needs help with. I generally talk really fast—and I know I was speaking fast—but I think I am going to pause to see if there are any questions.

Chair Spearman:

Committee Members, questions? Senator Krasner? Assemblyman Gray? I will have some at the end. Do not leave. I have information for you and for Forgotten Not Gone.

In 2017, we had SB 141—that State forms instead of asking, “Are you a Veteran?” They now ask, “Have you served?” And for your driver's license, you can get that designation. If you present your discharge, it does not cost you anything if you are renewing your license. I always encourage Veterans to do that, because that also is a way to identify yourself. The information you gave to us is a lot. How could we find a condensed version, so we might be able to share it?

Ms. Oliver:

SheServedSheroes.org.

Chair Spearman:

Thank you so much. Women Veterans of Nevada.

Dixie Thompson, Retired Army Sergeant First Class, Women Veterans of Nevada:

To answer the question on HUD-VASH, that is the Housing and Urban Development, Veteran Affairs Supportive Housing, Senator.

Chair Spearman:

Thank you, First Sergeant.

Sergeant Thompson:

I am retired Army. I am on the Executive Board for the Women Veterans of Nevada, and I am better known within the Veteran and small business community as Sergeant Dixie. I have been a Nevada Veteran of the Month for my work supporting Veterans. I mentor and support Veterans and home-based business owners. I am also the author of How To/Resource Guidebooks for women Veterans, that are useful for any Veteran, but they cover the subjects specific to our women. I have provided a handout, so that will tell you more about the organization, who we are and what we do ([Agenda Item XI B](#)).

We were founded in January 1986, and we have continued to expand our membership and activities supporting not only the Veteran community, but our local community in general. We support and collaborate with other organizations on projects supporting Veterans. Many

of our members have founded their own organizations to provide services that are lacking in the community, that includes Kelly Guidry and Marqueta. Our President and several other members are present in Las Vegas. We do what we can to support all Veterans, but our focus is on women and particular challenges they face. Women Veterans have been unrecognized and ignored for our small numbers, in comparison to our male counterparts. The number of women Veterans is growing rapidly, as the cap on the number of women who are allowed to serve has been removed. Some of those challenges facing women Veterans include dedicated affordable housing, transitional housing—housing that is co-located with male Veterans is detrimental to the mental and physical health of our women Veterans. They suffer assaults, to include military sexual assaults or as Senator Spearman said, rape. While not all women have suffered trauma, there are still male Veterans who will prey on them if they are housed together. Most Veteran transitional housing also does not allow for dependents to be housed with them. I am currently working with three organizations that are establishing separate dedicated housing for male and female Veterans, with and without dependents. The number of homeless women Veterans is hard to determine as the statistics are usually two to three years out of date. The fact that many women do not self-identify as Veterans. Their reasons for not believing they are Veterans may be that they did not leave the United States, they did not deploy to a combat zone, they did not retire, or they just think whatever they did in service is not important enough to qualify them as Veterans. In some cases, they are even ashamed that they have not been as successful in their civilian life after military duty as they were in the military.

Other challenges facing women Veterans are the lack of job training or the ability to translate their military experience into civilian job specialties. Some job specialties within the military do not easily translate over to civilian careers and they need help with that. Access to benefits, whether from the VA or the NDVS, is difficult for women to use because they do not know what they have earned with their service—they do not know who to talk to. This is one of the most important pieces of information Women Veterans of Nevada promotes and publicizes to the public, making women Veterans aware of the resources that are available to them. The availability of day care while they further their education, job hunt, work, or receive health care is lacking. Divorce is not unique to the military, so many women Veterans are single parents with one or more children.

There is limited access to health care and especially access to dedicated women's health care facilities. Going in and out of the VA, they may be harassed by the male Veterans there. Getting to speak with mental health providers who recognize that not all trauma is military sexual trauma related, and it is not less relevant because it did not occur in a combat theater of operations. Women Veterans are becoming more educated about what they have earned with their service, and they are refusing to be invisible. It is the job and obligation of our Legislature to support them in obtaining the benefits and services they have earned and that they need.

That is about all I have to say. If anyone would like to contact me personally, you can get a hold of me at SgtDixie@gmail.com. TWe partner with many of the other organizations, so that we cover everything. In June, I will be up in the Reno area for a barbecue just for women Veterans, to spread the word and help them join our group. Thank you.

Chair Spearman:

Thank you, Sergeant Dixie. Any questions? Senator Krasner, question?

Senator Krasner:

Sergeant Dixie, thank you for your presentation and thank you for your service to our country. I would like to contact you; is your email address Sgtdixie@gmail.com? Did I write that down correctly?

Sergeant Thompson:

Yes, ma'am.

Chair Spearman:

Additional questions? Seeing none, Sergeant Dixie, thank you for your service, and even afterwards. There is one program you did not mention, that was the one you all started, I guess about seven to eight years ago, Life After Active Duty.

Sergeant Thompson:

That is now Veterans Life Services; we partner very closely with them. We support them and the Fisher House Foundation with donations each year, as well as volunteers.

Chair Spearman:

Thank you. With that, I want to thank everybody. Although women Veterans organizations, I do not know when we have had this much representation in a Committee and the words you all said, the information you have given, will move forward, and it will help enlighten more people about the service women have given and the sacrifices they have given. We have a program also with Veterans Court that deals with MST. It was a bill me and Senator Joyce Woodhouse sponsored, and make sure your folks have access to that too. Thank you. I invite you all to stay because there is more good information coming.

AGENDA ITEM XII—DISCUSSION OF POTENTIAL TOPICS FOR FUTURE MEETINGS

Chair Spearman:

We have Item XII, discussion of potential topics for future meetings, and let me open it up. This may be something if you think about it and you want to email Ms. Cooper, that would be a great thing too. Based upon what we have heard today, I am sure there are other topics people might want to take on. Let us do that—take home assignment.

AGENDA ITEM XIII—PUBLIC COMMENT

We are now up to public comment. Anyone here? BPS, let me know if there is anyone on the phones.

BPS:

To provide public comment, please press *9 now to take your place in the queue.

Chair Spearman:

We are going to start here in Las Vegas.

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

Good morning, Senator and Committee. I was reminded they had the legislative symposium in Reno this last weekend, and I want to remind this Committee that the legislative symposium in the South is on April 6 at the Doula Center. That is all I had, thank you.

Chair Spearman:

Thank you. Anyone up north? Anybody on the phone?

BPS:

Chair, the public line is open and working, but there are no callers wishing to provide comment.

Chair Spearman:

Let us give it about two minutes, just in case. I do not think we have anybody else. Nobody on the phone. Thank you all for attending. Thank you, Members. They will not hear it until they look at the film, but I want to thank all those who presented. I think the information we got today is worthy information and there are probably at least three or four bills that will come out of this. Thank you all.

Our next meeting is scheduled for Tuesday, April 30th, beginning at 9:30 a.m. With that, we are adjourned.

AGENDA ITEM XIV—ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 1:10 p.m.

Respectfully submitted,

Terese Martinez
Research Policy Assistant

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 II A	Dora Martinez, Nevada Disability Peer Action Coalition	Success Camp Flyer
Agenda Item II B	Abbey Bernhardt, Public Policy & Advocacy Committee Chair, National Alliance on Mental Illness (NAMI) Nevada	2024 NAMI Nevada Annual Education Conference Flyer
Agenda Item IV A-1	Benjamín Challinor, Director of Public Policy (Nevada), Alzheimer’s Association	PowerPoint Presentation
Agenda Item IV A-2	Benjamín Challinor, Director of Public Policy (Nevada), Alzheimer’s Association	Ten Healthy Habits Infographic
Agenda Item IV A-3	Benjamín Challinor, Director of Public Policy (Nevada), Alzheimer’s Association	Nevada 2024 Alzheimer’s Statistics
Agenda Item IV A-4	Benjamín Challinor, Director of Public Policy (Nevada), Alzheimer’s Association	<i>2024 Alzheimer’s Disease Facts and Figures Report</i>
Agenda Item V A	Kelley Guidry, Co-Founder, Forgotten Not Gone	PowerPoint Presentation
Agenda Item V B	Assemblyman Ken Gray	Military Discharges Information
Agenda Item VI	Dr. Mae Worthey-Thomas, Deputy Administrator, Nevada Housing Division, Nevada Department of Business & Industry	PowerPoint Presentation
Agenda Item VII	Wil Lewis, Administrator, State Public Works Division, Department of Administration Brian Walker, Deputy Administrator, State Public Works Division; Department of Administration	PowerPoint Presentation

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item VIII	Gideon Davis, Administrator, Nevada State Purchasing Division, Department of Administration Homa Woodrum, General Counsel, Nevada State Purchasing Division, Department of Administration	PowerPoint Presentation
Agenda Item IX	Lisa Maciel, Deputy Director of Benefits, Nevada Department of Veterans Services	PowerPoint Presentation
Agenda Item XI B	Dixie Thompson, Retired Army Sergeant First Class, Women Veterans of Nevada	Information Regarding the Organization and Existing Resources and Gaps in Services

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