

Legislative Counsel Bureau

Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs



Bulletin No. 17-12

The Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs is an ongoing statutory committee of the Nevada Legislature whose duties are set forth in *Nevada Revised Statutes* 218E.745 through 218E.760.

January 2017

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

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SUMMARY OF RECOMMENDATIONS

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

Nevada Revised Statutes (NRS) 218E.750

On July 18, 2016, during the fourth and final meeting of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs (NRS 218E.750), the members conducted a work session and voted to forward five recommendations as bill draft requests (BDRs) to the 2017 Legislative Session and to have eight letters drafted to various entities expressing their support for specific issues or encouraging certain actions. During the work session, the members also voted to include several statements of support for issues in the Committee's interim study report, which begins on page 1 of this bulletin. A summary of each recommendation for a BDR and letter follows.

During the drafting process, specific details of the following proposals for legislation and letters may be further clarified by staff in consultation with the Chair or others, as appropriate. If a proposal for legislation or letter includes reference to specific chapters or sections of NRS, as part of the drafting process, amendments to other related chapters or sections of NRS may be made to implement the proposals.

BILL DRAFT REQUESTS

1. Submit a BDR appropriating \$378,953.28 (\$94,738.32 for each position) to the Aging and Disability Services Division (ADSD), Department of Health and Human Services (DHHS), to convert four sign language interpreter contracted positions to State employee positions at a Grade 37, Step 5. **(BDR S-145)**
2. Submit a BDR appropriating \$1,060,000 to ADSD to support the cost of Meals on Wheels (MOW) not covered by the federal government and to provide MOW to eligible individuals currently on the waiting list. **(BDR S-152)**
3. Submit a BDR revising the following provisions related to residential facilities for groups (as defined in NRS 449.017):
 - a. Define residential facilities for groups, with no more than ten residents, as a single family home, and specify that such facilities are deemed residential and not commercial for the purpose related to building codes and zoning;
 - b. Require residential facilities for groups with two or more residents to maintain an NFPA 13R residential sprinkler system; **(BDR 22-146)** and

- c. Enact a provision that revises minimum wage and overtime requirements and other applicable State laws related to domestic service employees who reside in the household to conform to 29 C.F.R. § 552.102 (2016). **(BDR 53–149)**
- 4. Submit a BDR to appropriate funds in the amount of \$124,981 per fiscal year (FY) for State FY 2018 and FY 2019 to support the Adopt a Vet Dental Program. **(BDR S–147)**
- 5. Submit a BDR making the following revisions to Veterans Treatment Courts (VTCs) (NRS 176A.280):
 - a. Appropriate funding in the amount of \$200,222 for a VTC coordinator at the Eighth Judicial District Court level and redraft Assembly Bill 327 (2015), a failed measure; **(BDR S–148)**
 - b. Grant authority for the Division of Parole and Probation, Department of Public Safety, to supervise a defendant assigned to a program established pursuant to a VTC;
 - c. Amend applicable sections of NRS to authorize a district court to assume original jurisdiction of a case involving an eligible defendant—upon a motion by the defendant—in addition to the current procedure whereby the district court may assume jurisdiction upon transfer by a justice or municipal court; and
 - d. Amend applicable sections of NRS to create an exception to the prohibition on a prosecuting attorney dismissing a charge of committing battery, which constituted domestic violence, or violating certain laws related to driving under the influence (NRS 484C.110 or 484C.120), in exchange for a plea of guilty, guilty but mentally ill, or nolo contendere to a lesser charge, or for any other reason unless the attorney knows or it is obvious that the charge is not supported by probable cause, or cannot be proved at the time of trial, to allow a defendant who pleads guilty to those crimes to be assigned to a program established pursuant to a VTC. **(BDR 14–150)**

LETTERS

- 6. Submit a letter to the Nevada System of Higher Education (NSHE) expressing the Committee’s support for the development of a bachelor degree level sign language interpreter training program and encouraging the development of such a program within one or more NSHE institutions with the goal of increasing the number of highly qualified sign language interpreters in Nevada.
- 7. Submit a letter to the Governor of the State of Nevada and the Director of DHHS recommending and expressing support for strong consideration of the following

National Alliance on Mental Illness (NAMI), Nevada, recommendations related to expanding Medicaid managed care:

- a. The State should first evaluate the success of Nevada managed care over the last six years before extending the managed care experiment to additional and more vulnerable populations while looking closely at the handling of disabled and vulnerable populations currently enrolled in Medicaid managed care organizations (MCOs), particularly individuals enrolled since the 2014 Medicaid expansion.
- b. The State evaluation vendor shall conduct very specialized focus groups with those in Nevada who would be affected by a shift to managed care on a population-by-population basis.
- c. The State should evaluate the adequacy of current long-term services and supports (LTSS) reimbursement rates before moving waiver clients to managed care. If rates are found to be inadequate to assure adequate access to care, rates should be raised before moving this population to Medicaid managed care. This will provide a more appropriate base cost in order to establish appropriate premiums paid to Medicaid MCOs.
- d. The State should conduct a comprehensive access study on par with that which is required under new rules for the Medicaid fee-for-service (FFS) program.
- e. The State should evaluate the experience of similar Medicaid managed care expansions in other states. The evaluation should include “managed fee-for-service” or hybrid delivery systems like the program in place in Connecticut. The State should also consider voluntary Medicaid managed care enrollment for vulnerable populations as an option prior to mandatory enrollment in Medicaid managed care;
- f. The State should conduct focus groups, town hall meetings, and listening sessions to hear the needs and concerns for those affected on a population-by-population basis before considering additional populations and communities in Medicaid managed care, particularly rural communities. Each has unique needs and concerns that should be addressed before moving them to managed care.
- g. The State needs to determine whether current Medicaid FFS and managed care programs are in compliance with legal mandates, including its obligations under *Olmstead v. L.C.*, 527 U.S. 581 (1999); Centers for Medicare and Medicaid Services (CMS) person-centered planning rules; the Mental Health Parity and Addiction Equity Act of 2008; and the Patient Protection and Affordable Care Act nondiscrimination rules.
- h. The State should assure all LTSS waiver waiting lists are eliminated before transitioning these clients to Medicaid managed care.

8. Submit a letter to the Director of DHHS conveying support for the following policy positions:
 - a. Regarding the Autism Treatment Assistance Program (ATAP), ADSD, DHHS, policies and programs:
 - i. Retain parents' ability to hire their own interventionists with the assistance of a fiscal agent;
 - ii. Allow payment to interventionists working under the supervision of a board certified behavior analyst (BCBA), without requiring a registered behavior technician (RBT) credential, until at least such time there is a sufficient RBT workforce;
 - iii. Delay the transfer of individual Medicaid-eligible children to Medicaid providers until there is a Medicaid provider ready, willing, and able to seamlessly accept and treat the child; and
 - iv. Continue to "ramp up" its efforts to serve children as a Medicaid provider, utilizing children's current interventionists as much as is practicable.
 - b. Regarding Medicaid policy and programs:
 - i. Increase the RBT rate to \$43.88, as adopted by TRICARE, without waiting to analyze claims data;
 - ii. Encourage Nevada Medicaid to explore with CMS the adoption of the approach taken by ATAP to allow payment for services provided by interventionists under the supervision of a BCBA up to six months while obtaining the RBT credential; and
 - iii. Support through our higher education system the efforts to grow our BCBA and board certified assistant behavior analyst (BCaBA) workforce and encourage the Department of Employment, Training and Rehabilitation to include the BCaBA and RBT in its programs.
9. Submit a letter to the United States Department of Veterans Affairs (VA) requesting that the agency revisit the formula pertaining to the funding of new veterans homes. Currently, health, safety, structural damage concerns, and renovations are given priority over new constructions in receiving grant funding. The formula does not give priority to the unique need for new facilities in rural states where proximity limits access.

10. Submit a letter to the VA requesting a review of the requirements to certify volunteer drivers for transporting veterans to medical appointments. Specifically, encouraging the VA to consider revising some of the restrictions for volunteer drivers with manageable chronic health conditions, such as diabetes and hypertension. The restrictions greatly limit the ability to certify retired veterans who historically have been a primary source of volunteer drivers for programs in rural Nevada.
11. Submit a letter to NSHE regarding veterans-related education programs and policies:
 - a. Encouraging the adoption of consistent policies across all NSHE institutions to recognize courses and award educational credit for courses that were part of a veteran's military training or service if the courses meet the standards of the American Council on Education or equivalent standards for awarding academic credit;
 - b. Encouraging the development of policies that create an admission preference for veterans and national guard members applying for admission into competitive academic degree programs, with an emphasis on degree programs that increase the availability of professionals in workforce shortage areas in Nevada, such as degree programs that support K-12 education and health care professionals; and
 - c. Expressing the Committee's support for veterans service offices (VSOs) and veterans resource centers (VRCs) on the campuses of NSHE universities and colleges and encouraging inclusion in the budget request funding for the continuation of VSOs and VRCs that are currently funded through the Trade Adjustment Assistance Community College and Career Training Grant Program.
12. Submit a letter to NSHE expressing support for extending the time limit in which Fry Scholarship recipients who enroll at an NSHE institution are eligible to receive a nonresident tuition exemption from the current period of eligibility (within three years of a veteran being discharged or released from military service) to the duration of the time they are eligible to receive the scholarship. According to the VA:

The Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship) provides Post-9/11 GI Bill benefits to the children and surviving spouses of Service members who died in the line of duty while on active duty after September 10, 2001. Pursuant to federal guidelines, children are eligible as of their 18th birthday (unless they have already graduated high school). A child may be married or over 23 and still be eligible, although their eligibility ends on their 33rd birthday. A surviving spouse will lose eligibility to this benefit upon remarriage. A spouse has 15 years from the date of death of the Service member to use the benefit.

13. Submit a letter to the Governor and the Adjutant General of Nevada in the Office of the Military expressing support for the Work for Warriors (WFW) employment assistance program and encouraging State funding of the program beyond September 2018. Testimony indicated the current federal funding that supports the WFW ends in September 2018, at which time the WFW program will end if it does not receive continued funding.

**REPORT TO THE 79TH SESSION OF THE NEVADA LEGISLATURE BY
THE LEGISLATIVE COMMITTEE ON SENIOR CITIZENS,
VETERANS AND ADULTS WITH SPECIAL NEEDS**

I. INTRODUCTION

The Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs, in compliance with *Nevada Revised Statutes* (NRS) 218E.745 through 218E.760 (Appendix A), is authorized to review, study, and comment on issues relating to senior citizens, veterans, and adults with special needs, including, but not limited to: (1) initiatives to ensure financial and physical wellness; (2) abuse, exploitation, isolation, and neglect; (3) public outreach and advocacy; (4) programs for the provision of services and methods to enhance programs to ensure services are provided in the most appropriate setting; (5) programs that provide services and care in the home; (6) the availability of useful information and data, as needed, for the State to effectively make decisions, plan budgets, and monitor costs and outcomes of services; (7) laws relating to the appointment of a guardian, including the improvement of investigations relating to guardianships and systems for monitoring guardianships; (8) and the improvement of facilities for long-term care in Nevada.

A. MEMBERS

For the 2015–2016 Interim, the Legislative Commission appointed the following members to the Committee:

Senator Joseph (Joe) P. Hardy, M.D., Chair
Assemblyman Philip (P. K.) O'Neill, Vice Chair
Senator Mark A. Manendo
Senator Patricia (Pat) Spearman
Assemblywoman Ellen B. Spiegel
Assemblyman Lynn D. Stewart

B. STAFF

The following Legislative Counsel Bureau (LCB) staff members provided support for the Committee:

Marsheilah D. Lyons, Chief Principal Research Analyst, Research Division
Debbie Gleason, Senior Research Secretary, Research Division
Bryan Fernley, Senior Principal Deputy Legislative Counsel, Legal Division
Eric Robbins, Deputy Legislative Counsel, Legal Division

C. PRIOR LEGISLATION

Regarding bill draft requests (BDRs) submitted to the 78th Legislative Session, a summary of the status of recommendations for legislation made by the Committee during the 2013–2014 Interim is attached (Appendix B).

II. COMMITTEE ACTIVITIES

During the 2015–2016 Interim, the Committee met four times in Las Vegas, Nevada, at the Grant Sawyer State Office Building on February 22, March 28, June 13, and July 18, 2016. All four meetings were broadcast live on the Internet and videoconferenced to the Legislative Building in Carson City, Nevada, which allowed testimony from both locations. A summary of testimony and exhibits are available online at the Committee's webpage at: <https://www.leg.state.nv.us/App/InterimCommittee/REL/Interim2015/Committee/263>.

During the course of the interim, representatives from State and local agencies, businesses, community groups, nonprofit and professional organizations, and the public provided testimony on a wide range of topics related to senior citizens, veterans, and adults with special needs.

During the first meeting on February 22, 2016, the Committee heard testimony related to military veterans in Nevada.

At the second meeting on March 28, 2016, the Committee heard testimony related to seniors and adults with special needs and their ability to access health care providers and services. In addition, the Committee received an update on the Senior Rx and Disability Rx programs and laws pertaining to residential facilities for groups and independent living programs.

Testimony during the third meeting on June 13, 2016, related to topics such as military and veteran education services and programs, services and programs for college students with disabilities, and certain services and programs for persons who are deaf or hard of hearing.

During the fourth and final meeting on July 18, 2016, the Committee received a report regarding the status of senior health in the United States and held a work session during which the members considered 14 recommendations. The members voted to forward five recommendations as BDRs to the 79th Session of the Nevada Legislature and to write eight letters to various entities expressing their support for specific issues (Appendix C). The BDRs and letters relate to the following topics:

1. Sign language interpreting services and training programs;
2. Funding to support the Meals on Wheels Program;

3. Revisions to certain laws regarding residential facilities for groups;
4. Veterans programs and services; and
5. Medicaid coverage and services for certain persons with a disability.

In addition, the Committee recognized interim deadlines and the ongoing strategic planning process conducted by the Nevada Commission on Services for Persons with Disabilities' Subcommittee on Communication Services for Persons Who Are Deaf or Hard of Hearing and Persons With Speech Disabilities, Aging and Disability Services Division (ADSD), Department of Health and Human Services (DHHS). To provide additional time to the agency, the Committee agreed to support the Subcommittee's strategic planning process and its preparation of a comprehensive report pertaining to delivering services to the deaf and hard of hearing community in Nevada. Two members of the Committee agreed to reserve a BDR to put forward legislation that may result from the strategic planning process.

III. DISCUSSION OF MAJOR ISSUES RESULTING IN LEGISLATION OR OTHER COMMITTEE ACTION

A variety of issues were addressed at the Committee's meetings. This section provides background information and discusses only those issues on which the Committee made recommendations. The BDRs, letters, and statements fall into five main topic categories: (1) sign language interpreting services and training programs; (2) nutrition services for senior adults; (3) residential facilities for groups; (4) services and programs for veterans; and (5) Medicaid coverage for individuals with special needs. A summary of the Committee's BDRs is attached (Appendix D).

A. SIGN LANGUAGE INTERPRETING SERVICES AND TRAINING PROGRAMS

The topic of sign language interpreting services and training programs was discussed at several meetings over the interim. Proponents briefed the Committee on the following points: (1) sign language interpreters are in high demand; (2) increasing interpreter resources will alleviate the State's challenges to comply with the Americans with Disabilities Act of 1990; and (3) programs that validate the deaf community and interpreters will engender greater social capital between the deaf community and the general hearing population at large.

Presenters called attention to the effects on the deaf and hard of hearing community resulting from the lack of sufficiently trained interpreters and interpreter training programs, with an emphasis on the damage caused to deaf students over the years. In addition, the Committee heard testimony conveying the incapacitating effects of deaf persons not having access to qualified interpreters, particularly when it comes to employment opportunities, medical appointments, and medical emergencies.

Information provided by the Nevada System of Higher Education (NSHE) indicated that several institutions offer a minor; an associate's degree; or a certificate in American Sign Language, deaf studies, or interpreter preparation. However, none of NSHE's institutions offer a sign language interpreting program at a bachelor degree level. According to testimony, this level of training is required to produce highly qualified interpreters.

Members were also informed that ADSD faced recruiting challenges in filling four contract positions for qualified interpreters. These positions are required to ensure interpreters are available, when possible, to assist the departments of State government in providing access to persons who are deaf or hard of hearing. Testimony noted that only one of the four full-time positions had been partially filled with a part-time interpreter. Because of the shortage of highly qualified interpreters across the nation and the State, the contracts offered by ADSD are not competitive. Feedback to ADSD from several sources indicated interpreters would have a greater interest in the positions if they were State employment positions that included benefits and retirement.

Based on the testimony received regarding sign language interpreting services and training programs, the Committee voted to:

Submit a BDR appropriating \$378,953.28 (\$94,738.32 for each position) to ADSD to convert four sign language interpreter contracted positions to State employee positions at a Grade 37, Step 5. (BDR S-145)

Submit a letter to NSHE expressing the Committee's support for the development of a bachelor degree level sign language interpreter training program and encouraging the development of such a program within one or more NSHE institutions with the goal of increasing the number of highly qualified sign language interpreters in Nevada.

The Committee heard testimony from advocates expressing the goal of improving the ability for individuals who are deaf or hard of hearing to participate in the legislative process. The Director of the LCB indicated that, for the last 18 months, the LCB has been researching options that would provide greater accessibility to floor sessions and community meetings for the hearing impaired and hard of hearing community. The Committee considered information regarding options to provide closed-captioning and related concerns including: (1) cost; (2) maintaining accuracy; and (3) incorporating the process into the current operation of the Legislature. To continue to address this concern, the Committee agreed to include the following statement:

The Committee recognizes the unique communication needs of the deaf and hard of hearing community in Nevada. The Committee supports continued efforts by the LCB to: (1) collaborate with the deaf and hard of hearing community; (2) review and update policies and procedures; and (3) develop specific strategies to improve access to the Nevada Legislature and the legislative process for deaf and hard of hearing Nevadans.

B. MEALS ON WHEELS PROGRAM

Meals on Wheels (MOW) is a nutrition program that provides meals for qualifying senior adults—60 years of age or older—who are at high nutritional risk. The program is supported through a combination of federal and State funding. Based on information provided by the AGing Integrated Database of the Administration on Aging, Administration for Community Living, U.S. Department of Health and Human Services, Nevada received \$3.9 million in federal funding in 2014 and contributed \$165,875, ranking the lowest in the country among states' financial support for MOW. The vast majority of states (43) provide a contribution that is equal to or greater than the federal contribution. Testimony indicated the vast majority of funding provided by the State goes to assist agencies in rural Nevada, where the travel cost to deliver meals is disproportionately greater. Federal and State funding does not cover the full cost to administer the program; funding is also contributed by the managing agency and through fundraising efforts. When the request for meals exceeds the funding available to support the program, eligible individuals are placed on a waiting list; approximately 600 senior adults across the State are on waiting lists to receive MOW. Based on the testimony received and discussion by the members, the Committee agreed to:

Submit a BDR appropriating \$1,060,000 to ADSD to support the cost of MOW not covered by the federal government and to provide MOW to eligible individuals currently on the waiting list. (BDR S-152)

C. RESIDENTIAL FACILITIES FOR GROUPS

Representatives of the residential care home (RCH) industry commented that only 10 percent of the 350 RCHs in Nevada utilize Medicaid as a funding source. The vast majority of RCH residents are elderly and utilize their own resources—together with family support—to maintain a comfortable environment that is reminiscent of a private home. In 2013, various statutory revisions were made to repeal sections of NRS, which the U.S. District Court held in the case of *Nevada Fair Housing Center, Inc. v. Clark County* to be federally preempted, including the provision that directs certain governing bodies to establish a minimum distance between residential establishments. Industry representatives expressed their view that when these changes were made, several unintended consequences resulted. For example, provisions that recognized RCHs as single family homes—rather than commercial establishments—were eliminated, resulting in the requirement of such homes to maintain a commercial sprinkler system. According to testimony, enforcement of these changes has been ambiguous, resulting in confusion, frustration, and increased costs for RCH owners and residents. In response to the testimony received, the Committee voted to:

Submit a BDR revising the following provisions related to residential facilities for groups (as defined in NRS 449.017):

- **Define residential facilities for groups, with no more than ten residents, as a single family home, and specify that such facilities are deemed residential and not commercial for the purpose related to building codes and zoning;**
- **Require residential facilities for groups with two or more residents to maintain an NFPA 13R residential sprinkler system; (BDR 22–146) and**
- **Enact a provision that revises minimum wage and overtime requirements and other applicable State laws related to domestic service employees who reside in the household to conform to 29 C.F.R. § 552.102 (2016). (BDR 53–149)**

D. VETERAN PROGRAMS AND SERVICES

Adopt a Vet Dental Program

Representatives and advocates for the Adopt a Vet Dental Program (AAVD), Northern Nevada Dental Health Programs and Community Health Alliance, presented information concerning the dental treatment the AAVD provided to veterans who do not qualify for dental benefits through the U.S. Department of Veterans Affairs (VA). Testimony indicated essential dental services were provided pro bono by 110 dental professionals to more than 750 veterans through the AAVD program. The services are provided at either no cost or a minimum cost to low-income veterans across ten counties in northern Nevada. Proponents of the AAVD requested sustainable annual funding for the program in the amount of \$125,000, which would also support a dental clinic and pave the way for providing services in southern Nevada. The requested appropriation would supplement money raised through fundraising. Because of the information received, the Committee voted to take the following action:

Submit a BDR to appropriate funds in the amount of \$124,981 per fiscal year (FY) for State FY 2018 and FY 2019 to support the AAVD. (BDR S–147)

Veterans Treatment Courts (VTCs)

Various judges representing the Supreme Court of Nevada, Eighth Judicial District Court, and Las Vegas Township Justice Court presented information regarding the benefits, eligibility criteria, history, participant statistics, programs, referrals, resources, and success rates of VTCs. Testimony indicated that the University of Nevada, Las Vegas, is contracted to conduct a formal evaluation of VTC programs in order to report their effectiveness to the Legislature. The Committee considered testimony regarding various impediments to the success of VTCs that were identified by various judges and advocates. The major issues discussed relate to: (1) support for a VTC coordinator; (2) the ability to transfer a misdemeanor from municipal and justice court to a VTC; and (3) a resolution of statutory conflicts pertaining to domestic violence and driving under the influence.

Based on the testimony received and discussion by the members, the Committee voted to:

Submit a BDR making the following revisions to VTCs (NRS 176A.280):

- **Appropriate funding in the amount of \$200,222 for a VTC coordinator at the Eighth Judicial District Court level and redraft Assembly Bill 327 (2015), a failed measure; (BDR S-148)**
- **Grant authority for the Division of Parole and Probation, Department of Public Safety, to supervise a defendant assigned to a program established pursuant to a VTC;**
- **Amend applicable sections of NRS to authorize a district court to assume original jurisdiction of a case involving an eligible defendant—upon a motion by the defendant—in addition to the current procedure whereby the district court may assume jurisdiction upon transfer by a justice or municipal court; and**
- **Amend applicable sections of NRS to create an exception to the prohibition on a prosecuting attorney dismissing a charge of committing battery, which constituted domestic violence, or violating certain laws related to driving under the influence (NRS 484C.110 or 484C.120), in exchange for a plea of guilty, guilty but mentally ill, or nolo contendere to a lesser charge, or for any other reason unless the attorney knows or it is obvious that the charge is not supported by probable cause, or cannot be proved at the time of trial, to allow a defendant who pleads guilty to those crimes to be assigned to a program established pursuant to a VTC. (BDR 14-150)**

Federal Veterans Affairs Issues

The Committee heard from representatives of Nevada's Department of Veterans Services (NDVS) about a host of issues impacting veterans in Nevada. There were two issues related to veterans' facilities and transportation challenges for veterans—especially those in rural Nevada—who are struggling to attend medical appointments. Grants from the VA for funding new veterans' facilities are often given a higher priority if structural damage is a concern. The Committee was encouraged to send a letter requesting that the VA revise its formula pertaining to the funding of new veterans homes. Addressing the needs of veterans in rural Nevada, representatives of the Nevada Veterans Services Commission, NDVS, requested funding or assistance in the following areas: (1) overcoming barriers to certification of volunteer drivers for transporting veterans to medical appointments; (2) persuading more doctors in rural areas to accept veterans using the Veterans Choice Program, VA, and Medicare; (3) recruiting doctors and mental health providers; and (4) reinstating administrative and veterans service officer positions to assist veterans in enrolling for benefits. Based on testimony received, the Committee approved the following actions:

Submit a letter to the VA requesting that the agency revisit the formula pertaining to the funding of new veterans homes. Currently, health, safety, structural damage concerns, and renovations are given priority over new constructions in receiving grant funding. The formula does not give priority to the unique need for new facilities in rural states where proximity limits access.

Submit a letter to the VA requesting a review of the requirements to certify volunteer drivers for transporting veterans to medical appointments. Specifically, encouraging the VA to consider revising some of the restrictions for volunteer drivers with manageable chronic health conditions, such as diabetes and hypertension. The restrictions greatly limit the ability to certify retired veterans who historically have been a primary source of volunteer drivers for programs in rural Nevada.

Military and Veterans Education Services and Programs

The Committee received testimony from students and veterans service office representatives from various NSHE institutions. Testimony provided an overview of services offered to veterans to help them achieve academic goals as well as assistance that is available for successfully transitioning from military to civilian life. Presenters noted inconsistent policies across NSHE institutions related to: (1) education credit awarded for military service and training; (2) the level of support provided to veterans; and (3) admission and enrollment in academic programs and specific courses. The Committee also received information regarding the Fry Scholarship and NSHE policies that could be revised to maximize the benefit for veterans and eligible family members. Based on testimony received, the Committee approved the following actions:

Submit a letter to NSHE regarding veterans-related education programs and policies:

- **Encouraging the adoption of consistent policies across all NSHE institutions to recognize courses and award educational credit for courses that were part of a veteran's military training or service if the courses meet the standards of the American Council on Education or equivalent standards for awarding academic credit;**
- **Encouraging the development of policies that create an admission preference for veterans and national guard members applying for admission into competitive academic degree programs, with an emphasis on degree programs that increase the availability of professionals in workforce shortage areas in Nevada, such as degree programs that support K-12 education and health care professionals; and**
- **Expressing the Committee's support for veterans service offices (VSOs) and veterans resource centers (VRCs) on the campuses of NSHE universities and colleges and encouraging inclusion in the budget request funding for the continuation of VSOs and VRCs that are currently funded through the Trade Adjustment Assistance Community College and Career Training Grant Program.**

Submit a letter to NSHE expressing support for extending the time limit in which Fry Scholarship recipients who enroll at an NSHE institution are eligible to receive a nonresident tuition exemption from the current period of eligibility (within three years of a veteran being discharged or released from military service) to the duration of the time they are eligible to receive the scholarship. According to the VA:

The Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship) provides Post-9/11 GI Bill benefits to the children and surviving spouses of Service members who died in the line of duty while on active duty after September 10, 2001. Pursuant to federal guidelines children are eligible as of their 18th birthday (unless they have already graduated high school). A child may be married or over 23 and still be eligible, although their eligibility ends on their 33rd birthday. A surviving spouse will lose eligibility to this benefit upon remarriage. A spouse has 15 years from the date of death of the Service member to use the benefit.

Veterans Employment Assistance

A representative of the Nevada National Guard, Office of the Military (OM), described Work for Warriors (WFW) as an employment assistance service offered to veterans and service members and their immediate families at no charge. The coordinated services among WFW; businesses in the community, such as Tesla Motors and the Panasonic Corporation; and various NSHE institutions aim to educate and train veterans in preparation for employment. In addition, WFW works closely with other military branches of the reserve keeping them briefed on the program. Testimony indicated that WFW has played a significant role in helping nearly 300 veterans and service members to gain employment since its inception in October 2014. Further testimony noted funding for the program sunsets in September 2018, at which time the program will end if another funding source is not found. In an effort to address this issue, the Committee agreed to:

Submit a letter to the Governor of the State of Nevada and the Adjutant General of Nevada in the OM expressing support for the WFW employment assistance program and encouraging State funding of the program beyond September 2018. Testimony indicated the current federal funding that supports the WFW ends in September 2018, at which time the WFW program will end if it does not receive continued funding.

E. MEDICAID COVERAGE AND SERVICES FOR CERTAIN PERSONS WITH A DISABILITY

Representatives of ADSD and the Division of Health Care Financing and Policy (DHCFP), DHHS, provided testimony regarding the impact of Medicaid rates on senior citizens and adults with special needs and their ability to access health care services. Recommendations were presented to correct the Medicaid rate issue and strengthen Nevada's Medicaid provider network. Representatives of various community health care, residential care, and other service

providers discussed challenges—such as maintaining a quality workforce—that are exasperated by inadequate reimbursement rates. Testimony indicated Medicaid rates have not kept up with the overall rate of the consumer price index (CPI), which has increased by 14.8 percent since 2007; the medical care CPI has increased by 26.1 percent. However, Medicaid rates for many of the services that help individuals remain in their homes and communities—such as home health services, personal care services, and adult day care—have not increased since 2003.

The Committee heard testimony from a representative of the DHCFP concerning the possible expansion of Medicaid managed care. In addition, the DHCFP focused on delivery models, improving outcomes, increasing quality of care, reducing costs, and sustainability. Testimony provided by representatives of the Nevada Commission on Services for Persons with Disabilities, AARP, Nevadans for the Common Good, and other advocacy organizations communicated the potential effects of expanding managed care services to vulnerable populations through health maintenance organizations. The following were presented as options to ensure any expansion of managed care continues to meet the needs of seniors and patients with special needs: (1) careful scrutiny of current managed care programs, starting with a pilot program; (2) providing opportunities for input and feedback from advocates, consumers, and providers; (3) presenting methods to ensure care coordination is consumer-focused; and (4) legislative oversight.

Based on testimony received and careful consideration of specific recommendations, the Committee approved the following actions:

Submit a letter to the Governor and the Director of DHHS recommending and expressing support for strong consideration of the following National Alliance on Mental Illness (NAMI), Nevada, recommendations related to expanding Medicaid managed care:

- **The State should first evaluate the success of Nevada managed care over the last six years before extending the managed care experiment to additional and more vulnerable populations, while looking closely at the handling of disabled and vulnerable populations currently enrolled in Medicaid managed care organizations (MCOs), particularly individuals enrolled since the 2014 Medicaid expansion.**
- **The State evaluation vendor shall conduct very specialized focus groups with those in Nevada who would be affected by a shift to managed care on a population-by-population basis.**
- **The State should evaluate the adequacy of current long-term services and supports (LTSS) reimbursement rates before moving waiver clients to managed care. If rates are found to be inadequate to assure adequate access to care, rates should be raised before moving this population to Medicaid managed care. This will provide a more appropriate base cost in order to establish appropriate premiums paid to Medicaid MCOs.**

- The State should conduct a comprehensive access study on par with that which is required under new rules for the Medicaid fee-for-service (FFS) program.
- The State should evaluate the experience of similar Medicaid managed care expansions in other states. The evaluation should include “managed fee-for-service” or hybrid delivery systems like the program in place in Connecticut. The State should also consider voluntary Medicaid managed care enrollment for vulnerable populations as an option prior to mandatory enrollment in Medicaid managed care.
- The State should conduct focus groups, town hall meetings, and listening sessions to hear the needs and concerns for those affected on a population-by-population basis before considering additional populations and communities in Medicaid managed care, particularly rural communities. Each has unique needs and concerns that should be addressed before moving them to managed care.
- The State needs to determine whether current Medicaid FFS and managed care programs are in compliance with legal mandates, including its obligations under *Olmstead v. L.C.*, 527 U.S. 581 (1999); Centers for Medicare and Medicaid Services (CMS) person-centered planning rules; the Mental Health Parity and Addiction Equity Act of 2008; and the Patient Protection and Affordable Care Act nondiscrimination rules.
- The State should assure all LTSS waiver waiting lists are eliminated before transitioning these clients to Medicaid managed care.

Submit a letter to the Director of DHHS conveying support for the following policy positions:

- Regarding the Autism Treatment Assistance Program (ATAP), ADSD, DHHS, policies and programs:
 - Retain parents’ ability to hire their own interventionists with the assistance of a fiscal agent;
 - Allow payment to interventionists working under the supervision of a board certified behavior analyst (BCBA), without requiring a registered behavior technician (RBT) credential, until at least such time there is a sufficient RBT workforce;
 - Delay the transfer of individual Medicaid-eligible children to Medicaid providers until there is a Medicaid provider ready, willing, and able to seamlessly accept and treat the child; and

- Continue to “ramp up” its efforts to serve children as a Medicaid provider, utilizing children’s current interventionists as much as is practicable.

Regarding Medicaid policy and programs:

- Increase the RBT rate to \$43.88, as adopted by TRICARE, without waiting to analyze claims data;
- Encourage Nevada Medicaid to explore with CMS the adoption of the approach taken by ATAP to allow payment for services provided by interventionists under the supervision of a BCBA up to six months while obtaining the RBT credential; and
- Support through our higher education system the efforts to grow our BCBA and board certified assistant behavior analyst (BCaBA) workforce and encourage the Department of Employment, Training and Rehabilitation to include the BCaBA and RBT in its programs.

IV. CONCLUDING REMARKS

This report presents a summary of the bill drafts requested by the Committee for discussion before the 2017 Nevada Legislature and other actions to express its position on important matters related to senior citizens, veterans, and adults with special needs. Persons who would like to obtain more specific information concerning these issues may find it useful to review the “Summary Minutes” and related exhibits for each of the Committee meetings at: <https://www.leg.state.nv.us/App/InterimCommittee/REL/Interim2015/Committee/263>.

The Committee would like to thank all of the State and local agencies, community groups, nonprofit organizations, professional organizations, and the public for their contributions to the Committee’s work this interim. The members sincerely appreciate the time and expertise of those who participated at each meeting.

V. APPENDICES

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APPENDIX A

Nevada Revised Statutes 218E.745 Through 218E.760

Nevada Revised Statutes

NRS 218E.745 “Committee” defined. As used in [NRS 218E.745](#) to [218E.760](#), inclusive, unless the context otherwise requires, “Committee” means the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs.

(Added to NRS by [2009, 2412](#); A [2013, 3751](#))

NRS 218E.750 Creation; membership; budget; officers; terms; vacancies.

1. The Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs, consisting of six members, is hereby created. The membership of the Committee consists of:

(a) Three members of the Senate appointed by the Majority Leader of the Senate, at least one of whom must be a member of the minority political party; and

(b) Three members of the Assembly appointed by the Speaker of the Assembly, at least one of whom must be a member of the minority political party.

2. The Legislative Commission shall review and approve the budget and work program for the Committee and any changes to the budget or work program.

3. The Legislative Commission shall select the Chair and Vice Chair of the Committee from among the members of the Committee. After the initial selection, each Chair and Vice Chair holds office for a term of 2 years commencing on July 1 of each odd-numbered year. The office of Chair of the Committee must alternate each biennium between the Houses. If a vacancy occurs in the office of Chair or Vice Chair, the vacancy must be filled in the same manner as the original selection for the remainder of the unexpired term.

4. A member of the Committee who is not a candidate for reelection or who is defeated for reelection continues to serve after the general election until the next regular or special session convenes.

5. A vacancy on the Committee must be filled in the same manner as the original appointment for the remainder of the unexpired term.

(Added to NRS by [2009, 2412](#); A [2011, 3235](#))

NRS 218E.755 Meetings; quorum; compensation, allowances and expenses of members.

1. Except as otherwise ordered by the Legislative Commission, the members of the Committee shall meet not earlier than November 1 of each odd-numbered year and not later than August 31 of the following even-numbered year at the times and places specified by a call of the Chair or by a majority of the Committee.

2. The Director or the Director’s designee shall act as the nonvoting recording Secretary of the Committee.

3. Four members of the Committee constitute a quorum, and a quorum may exercise all the power and authority conferred on the Committee.

4. Except during a regular or special session, for each day or portion of a day during which a member of the Committee attends a meeting of the Committee or is otherwise engaged in the business of the Committee, the member is entitled to receive the:

(a) Compensation provided for a majority of the Legislators during the first 60 days of the preceding regular session;

- (b) Per diem allowance provided for state officers and employees generally; and
- (c) Travel expenses provided pursuant to [NRS 218A.655](#).

5. All such compensation, per diem allowances and travel expenses must be paid from the Legislative Fund.

(Added to NRS by [2009, 2412](#); A [2011, 3235](#))

NRS 218E.760 General powers.

1. The Committee may review, study and comment upon issues relating to senior citizens, veterans and adults with special needs, including, without limitation:

(a) Initiatives to ensure the financial and physical wellness of senior citizens, veterans and adults with special needs;

(b) The abuse, neglect, exploitation, isolation and abandonment of senior citizens and adults with special needs;

(c) Public outreach and advocacy;

(d) Programs for the provision of services to senior citizens, veterans and adults with special needs in this State and methods to enhance such programs to ensure that services are provided in the most appropriate setting;

(e) Programs that provide services and care in the home which allow senior citizens to remain at home and live independently instead of in institutional care;

(f) The availability of useful information and data as needed for the State of Nevada to effectively make decisions, plan budgets and monitor costs and outcomes of services provided to senior citizens, veterans and adults with special needs;

(g) Laws relating to the appointment of a guardian and the improvement of laws for the protection of senior citizens and adults with special needs who have been appointed a guardian, including, without limitation, the improvement of investigations relating to guardianships and systems for monitoring guardianships; and

(h) The improvement of facilities for long-term care in this State, including, without limitation:

(1) Reducing the number of persons placed in facilities for long-term care located outside this State;

(2) Creating units for acute care and long-term care to treat persons suffering from dementia who exhibit behavioral problems;

(3) Developing alternatives to placement in facilities for long-term care, including, without limitation, units for long-term care located in other types of facilities, and ensuring that such alternatives are available throughout this State for the treatment of persons with psychological needs; and

(4) Creating a program to provide follow-up care and to track the ongoing progress of residents of facilities for long-term care.

2. The Committee may:

(a) Review, study and comment upon matters relating to senior citizens, veterans and adults with special needs;

(b) Conduct investigations and hold hearings in connection with its duties pursuant to this section and exercise any of the investigative powers set forth in [NRS 218E.105](#) to [218E.140](#), inclusive;

(c) Request that the Legislative Counsel Bureau assist in the research, investigations, hearings and studies of the Committee; and

(d) Make recommendations to the Legislature concerning senior citizens, veterans and adults with special needs.

3. The Committee shall, on or before January 15 of each odd-numbered year, submit to the Director for transmittal to the next regular session a report concerning the study conducted pursuant to subsection 1.

4. As used in this section, “facility for long-term care” has the meaning ascribed to it in [NRS 427A.028](#).

(Added to NRS by [2009, 2412](#); A [2011, 3236](#); [2013, 3751](#); [2015, 827](#))

APPENDIX B

Outcome of Suggested Legislation From the 2013–2014 Interim

APPENDIX B

Outcome of Suggested Legislation From the 2013–2014 Interim

Bill	Outcome	Summary	Provisions (If Passed)
A.B. 5	Passed Chapter 397	Revises provisions relating to services for persons with intellectual disabilities and persons with related conditions.	(1) Requires the Aging and Disability Services Division (ADSD) of the Department of Health and Human Services (DHHS) to enter into an agreement with the Rehabilitation Division of the Department of Employment, Training and Rehabilitation to provide long-term support to persons with intellectual disabilities and persons with related conditions; (2) authorizes the Administrator of the ADSD to adopt regulations governing the provision of services to certain persons with intellectual disabilities and persons with related conditions; (3) requires the ADSD to provide preferences for potential providers of jobs and day training services in issuing certificates authorizing the provision of such services and in entering into agreements concerning the provision of such services; and (4) provides other matters properly related thereto.
A.B. 128	Passed Chapter 337	Creates a power of attorney for health care decisions for adults with intellectual disabilities.	Creates a power of attorney for health care decisions for adults with intellectual disabilities; and providing other matters properly relating thereto.

Bill	Outcome	Summary	Provisions (If Passed)
A.B. 200	Passed Chapter 191	Revises provisions relating to the program to provide devices for telecommunication to persons with impaired speech or hearing.	(1) Makes certain voting members of the Subcommittee on Communication Services for Persons Who Are Deaf or Hard of Hearing and Persons With Speech Disabilities of the Nevada Commission on Services for Persons with Disabilities, DHHS, nonvoting members; (2) requires the Subcommittee to make certain recommendations; (3) revises provisions relating to the program to provide devices for telecommunication to persons with impaired speech or hearing; and (4) providing other matters properly relating thereto.
A.B. 242	Passed Chapter 306	Directs the Legislative Commission to appoint a subcommittee to conduct a study of postacute care in Nevada.	Requires the Legislative Commission to appoint a subcommittee to conduct a study relating to postacute care in Nevada; and providing other matters properly relating thereto.
BDR 54-420	Not introduced.	Makes various changes relating to interpreters of sign language.	

APPENDIX C

Letters Approved by the Committee at Its Final Meeting and Work Session



Nevada State Senate

January 10, 2017

John V. White, J.D.
Acting Chancellor
Nevada System of Higher Education
4300 South Maryland Parkway
Las Vegas, Nevada 89119-7530

Re: Development of a Bachelor Degree-Level Sign Language Interpreter Program

Dear Chancellor White:

On behalf of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs (*Nevada Revised Statutes* 218E.750), I am writing to express the Committee's support for the development of a bachelor degree-level sign language interpreter training program within one or more Nevada System of Higher Education (NSHE) institutions.

The topic of sign language interpreting services and training programs was discussed at several meetings over the interim. Proponents briefed the Committee on the following points: (1) sign language interpreters are in high demand; (2) increasing interpreter resources will alleviate the State's challenges to comply with the Americans with Disabilities Act of 1990; and (3) programs that validate the deaf community and interpreters will engender greater social capital between the deaf community and the general hearing population at large.

Information provided by NSHE indicated that several institutions offer a minor; an associate's degree, or a certificate in American Sign Language, interpreter preparation, or deaf studies. However, none of NSHE's institutions offer a bachelor degree-level, sign language interpreting program. According to testimony, this level of training is required to produce highly qualified interpreters.

Presenters called attention to the effects on the deaf and hard of hearing community for the lack of sufficiently trained interpreters and interpreter training programs, with emphases on the damage caused to deaf students over the years. In addition, the Committee heard testimony conveying the incapacitating effects of deaf persons not having access to qualified

John V. White, J.D.

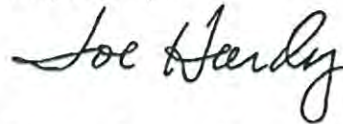
Page 2

January 10, 2017

interpreters, particularly when it comes to medical appointments, medical emergencies, and employment prospects.

I look forward to hearing from you and the Board of Regents regarding creative ways in which we may develop programs that produce highly qualified interpreters. Thank you for considering this opportunity to meet the needs of the deaf and hard of hearing citizens of Nevada and to develop a much needed workforce. Please do not hesitate to contact me at Joe.Hardy@sen.state.nv.us or Marsheilah Lyons, Committee Policy Analyst, at mlyons@lcb.state.nv.us or (775) 684-6825.

Respectfully,

A handwritten signature in black ink that reads "Joe Hardy". The signature is written in a cursive, flowing style.

Senator Joseph (Joe) P. Hardy, M.D., Chair
Legislative Committee on Senior Citizens,
Veterans and Adults With Special Needs

JH/dmg:W170582



Nevada State Senate

January 10, 2017

The Honorable Brian Sandoval
Governor of Nevada
101 North Carson Street, Suite 1
Carson City, Nevada 89701-4786

Dear Governor Sandoval:

At the July 18, 2016, final meeting of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs (*Nevada Revised Statutes* 218E.750), the Committee members unanimously agreed to request that you strongly consider the following National Alliance on Mental Illness (NAMI) Nevada recommendations related to expanding Medicaid managed care:

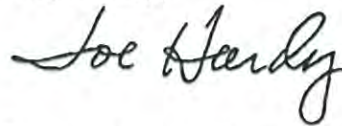
- a. The State should first evaluate the success of Nevada managed care over the last six years before extending the managed care experiment to additional and more vulnerable populations. We should look especially closely at the handling of disabled/vulnerable populations currently enrolled in Medicaid managed care organizations (MCOs), particularly individuals enrolled since the 2014 Medicaid expansion;
- b. The State evaluation vendor shall conduct very specialized focus groups with those in Nevada who would be affected by a shift to managed care on a population-by-population basis;
- c. The State should evaluate the adequacy of current long-term services and supports (LTSS) reimbursement rates before moving waiver clients to managed care. If rates are found to be inadequate to assure adequate access to care, rates should be raised before moving this population to Medicaid managed care. This will provide a more appropriate base cost in order to establish appropriate premiums paid to Medicaid MCOs;
- d. The State should conduct a comprehensive access study on par with that required under new rules for the Medicaid fee-for-service (FFS) program;

January 10, 2017

- e. The State should evaluate the experience of similar Medicaid managed care expansions in other states. The evaluation should include “managed fee-for-service” or hybrid delivery systems like the program in place in Connecticut. The State should also consider voluntary Medicaid managed care enrollment for vulnerable populations as an option prior to mandatory enrollment in Medicaid managed care;
- f. The State should conduct focus groups, town hall meetings, and listening sessions to hear the needs and concerns for those affected on a population-by-population basis before considering additional populations and communities in Medicaid managed care, particularly rural communities. Each has unique needs and concerns that should be addressed before moving them to managed care;
- g. The State needs to determine whether current Medicaid FFS and managed care programs are in compliance with legal mandates, including its obligations under *Olmstead v. L.C.*, 527 U.S. 581 (1999); Centers for Medicare and Medicaid Services person-centered planning rules; the Mental Health Parity and Addiction Equity Act of 2008; and the Patient Protection and Affordable Care Act nondiscrimination rules; and
- h. The State should assure all LTSS waiver waiting lists are eliminated before transitioning these clients to Medicaid managed care.

As you are already aware, senior citizens and persons with disabilities are vulnerable members of our population. As Nevada Medicaid considers making changes in how these individuals receive care, it is important that we keep their unique needs in mind. I thank you for your consideration and continued dedication to serving all Nevadans.

Respectfully,

A handwritten signature in cursive script that reads "Joe Hardy".

Senator Joseph (Joe) P. Hardy, M.D., Chair,
Legislative Committee on Senior Citizens,
Veterans and Adults With Special Needs

JH/dmg:W170584

cc: Richard Whitley, M.S., Director, Department of Health and Human Services



Nevada State Senate

January 10, 2017

Richard Whitley, M.S.
Director, Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, Nevada 89706-2013

Re: Autism Treatment Assistance Programs and Medicaid Policy and Programs

Dear Director Whitley:

On behalf of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs (*Nevada Revised Statutes* 218E.750), I am writing to express the Committee's support for the following policy positions:

1. Regarding the Autism Treatment Assistance Program's (ATAP) policies and programs:
(1) Retain parents' ability to hire their own interventionists with the assistance of a fiscal agent; (2) Allow payment to interventionists working under the supervision of a board certified behavior analyst (BCBA), without requiring a registered behavior technician (RBT) credential, until at least such time there is a sufficient RBT workforce; (3) Delay the transfer of individual Medicaid-eligible children to Medicaid providers until there is a Medicaid provider ready, willing, and able to seamlessly accept and treat the child; and (4) Continue to ramp up its efforts to serve children as a Medicaid provider, utilizing children's current interventionists as much as is practicable.
2. Regarding Medicaid policy and programs: (1) The RBT rate should be increased to \$43.88, as adopted by TRICARE, without waiting to analyze claims data; (2) Nevada Medicaid should explore with CMS the adoption of the approach taken by ATAP to allow payment for services provided by interventionists under the supervision of a BCBA up to six months while obtaining the RBT credential; and (3) The efforts to grow our BCBA and board certified assistant behavior analyst (BCaBA) workforce should be supported through our higher education system, and encourage the Department of Employment, Training and Rehabilitation to include the BCaBA and RBT in its programs.

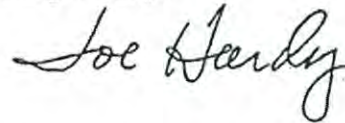
Richard Whitley, M.S.

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January 10, 2017

The Committee received information regarding the valuable benefits of ATAP services and programs afforded to the children and families impacted by Autism. We commend the work that has been done to bolster these programs over the years and look forward to further improvements. Thank you for considering these recommendations. Please do not hesitate to contact me at Joe.Hardy@sen.state.nv.us or Marsheilah Lyons, Committee Policy Analyst, at mlyons@lcb.state.nv.us or (775) 684-6825.

Respectfully,

A handwritten signature in cursive script that reads "Joe Hardy".

Senator Joseph (Joe) P. Hardy, M.D., Chair
Legislative Committee on Senior Citizens,
Veterans and Adults With Special Needs

JH/dmg:W170588



Nevada State Senate

January 10, 2017

The Honorable Robert A. McDonald
Secretary of U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420-0001

Dear Secretary McDonald:

At the July 18, 2016, final meeting of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs (*Nevada Revised Statutes* 218E.750), the Committee members unanimously agreed to request your support to review two policies: (1) the formula for the funding of new veterans homes; and (2) the requirements to certify volunteer drivers for transporting veterans to medical appointments.

First, the Committee heard testimony regarding the formula the USDVA uses to determine which projects are included on the USDVA State Home Construction Grants Priority List. Testimony indicated that health, safety, structural damage concerns, and renovations are given priority over new construction in receiving grant funding. Unfortunately, the formula does not give priority to the unique need for new facilities in rural states—like Nevada—where proximity limits access. The Committee respectfully requests that the formula be revisited and adjustments be made to give greater priority to new projects that provide a reasonable level of access to veterans in rural and frontier areas.

Secondly, the Committee received information regarding the challenges in recruiting and certifying drivers to transport veterans to medical appointments across Nevada. Testimony indicated that some of the restrictions for volunteer drivers greatly limit the ability to certify retired veterans who have historically been a primary source of volunteer drivers for the programs in rural Nevada. Based on its size in square miles—land and water—Nevada ranks as the 7th largest state in the Nation, and transportation is a major factor when providing veterans with access to medical care and services. The Committee is asking for your support to review the requirements for volunteer drivers with the aim of revising some of the restrictions, particularly for those who have well-managed chronic health conditions, such as diabetes and hypertension.

The Honorable Robert A. McDonald

Page 2

January 10, 2017

The members of the Committee are dedicated to working with the USDVA and the Nevada Department of Veterans Services to improve the lives of veterans living in Nevada. Please let me know whether there is anything further we can do to promote this cause, and thank you for your consideration of the proposed policy changes.

Respectfully,

A handwritten signature in black ink that reads "Joe Hardy". The signature is written in a cursive style with a large, stylized "J" and "H".

Senator Joseph (Joe) P. Hardy, M.D., Chair,
Legislative Committee on Senior Citizens,
Veterans and Adults With Special Needs

JH/dmg:W170590



Nevada State Senate

January 10, 2017

John V. White, J.D.
Acting Chancellor
Nevada System of Higher Education
4300 South Maryland Parkway
Las Vegas, Nevada 89119-7530

Re: Veterans-Related Education Programs and Policies

Dear Chancellor White:

On behalf of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs (*Nevada Revised Statutes* 218E.750), I am writing to convey the Committee's concerns for and support of certain veterans-related education programs and policies. During the interim, the Committee received testimony from students and veterans service office representatives from various Nevada System of Higher Education (NSHE) institutions. Testimony provided an overview of services offered to veterans to help them achieve academic goals as well as assistance that is available for successfully transitioning from military to civilian life. Presenters noted inconsistent policies across NSHE institutions related to: (1) awarding educational credit for military service and training; (2) the level of support provided to veterans; and (3) admission and enrollment in academic programs and specific courses. The Committee also received information regarding the Fry Scholarship and NSHE policies that could be revised to maximize the benefit for veterans and eligible family members.

Based on testimony received, the Committee encourages the Board of Regents, NSHE, to consider:

1. Adopting consistent policies across all NSHE institutions to recognize courses and award educational credit for courses that were part of a veteran's military training or service if the courses meet the standards of the American Council on Education or equivalent standards for awarding academic credit; and

2. Developing policies that create an admission preference for veterans and national guard members applying for admission into competitive academic degree programs, with an emphasis on degree programs that increase the availability of professionals in workforce shortage areas in Nevada, such as degree programs that support K-12 education and health care professionals.

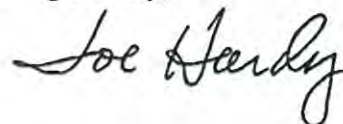
The Committee would also like to convey support for extending the time limit in which Fry Scholarship recipients who enroll at a NSHE institution are eligible to receive a nonresident tuition exemption from the current period of eligibility (within three years of a veteran being discharged or released from military service) to the duration of the time they are eligible to receive the scholarship. As it relates to the length of eligibility, according to the USDVA:

The Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship) provides Post-9/11 GI Bill benefits to the children and surviving spouses of Service members who died in the line of duty while on active duty after September 10, 2001. Pursuant to federal guidelines, children are eligible as of their 18th birthday (unless they have already graduated high school). A child may be married or over 23 and still be eligible, although their eligibility ends on their 33rd birthday. A surviving spouse will lose eligibility to this benefit upon remarriage. A spouse has 15 years from the date of death of the Service member to use the benefit.

Finally, the Committee would also like to express support for veterans service offices (VSOs) and veterans resource centers (VRCs) on the campuses of NSHE universities and colleges and encourages their inclusion in the budget request funding for the continuation of VSOs and VRCs that are currently funded through the Trade Adjustment Assistance Community College and Career Training Grant Program.

Thank you for considering our input and recommendations. Please do not hesitate to contact me at Joe.Hardy@sen.state.nv.us or Marsheilah Lyons, Committee Policy Analyst, at mlyons@lcb.state.nv.us or (775) 684-6825.

Respectfully,



Senator Joseph (Joe) P. Hardy, M.D., Chair,
Legislative Committee on Senior Citizens,
Veterans and Adults With Special Needs



Nevada State Senate

January 10, 2017

The Honorable Brian Sandoval
Governor of Nevada
101 North Carson Street, Suite 1
Carson City, Nevada 89701-4786

Dear Governor Sandoval:

At the July 18, 2016, final meeting of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs (*Nevada Revised Statutes* 218E.750), the Committee members unanimously agreed to request your support for the Work for Warriors (WFW) employment assistance program. Testimony indicated the current federal funding that supports WFW ends in September 2018, at which time the WFW program will end if it does not receive continued funding. The Committee supports providing State funding to maintain the program beyond September 2018.

The Committee heard the following highlights regarding the WFW program:

- Since the WFW's inception in October 2014, it has assisted 542 service members, veterans, and family members of veterans, of which it has directly placed 291.
- The WFW program hosted and participated in 20 job fairs and hosted 12 résumé classes.
- Through the WFW program a military family-life counselor provides assistance to service members, veterans, and their immediate families. To date, the counselor has conducted 135 career/employment-related sessions, 175 other nonemployment-related sessions, and 185 follow up/second appointments.
- In addition to other entities, the WFW program networks with the following local and national organizations: California WFW; Nevada Department of Veterans Services; Economic Development Authority of Western Nevada; Department of Employment Training and Rehabilitation; United States Department of Veterans Affairs; City of North Las Vegas Veterans Community Commission; University of Nevada, Las Vegas, Veteran Services; University of Nevada, Reno, Veteran Services; American Red Cross;

The Honorable Brian Sandoval, Governor

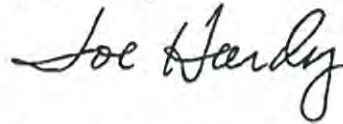
Page 2

January 10, 2017

Easter Seals; Goodwill Industries International, Inc.; VOLT Military Heroes Program; Northern Nevada Veterans Resource Center; U.S. Department of Labor; Las Vegas Justice Court – Veterans Court; Second Judicial District Court (Washoe County) – Veterans Court; and the Las Vegas Regional Veterans Court.

These are just a few of the highlights of this valuable program, of which the members of the Committee are committed to working with you for its continuation. Finally, your commitment to honor and support veterans is commendable, and I thank you for considering the value of this program for Nevada's veterans and their families.

Respectfully,

A handwritten signature in black ink that reads "Joe Hardy". The signature is written in a cursive, flowing style.

Senator Joseph (Joe) P. Hardy, M.D., Chair,
Legislative Committee on Senior Citizens,
Veterans and Adults with Special Needs

JH/dmg:W170591

cc: William R. Burks, Brigadier General, Adjutant General of Nevada, Nevada National Guard, Office of the Military

APPENDIX D

Suggested Legislation

APPENDIX D

Suggested Legislation

The following bill draft requests will be available during the 2017 Legislative Session or can be accessed after “Introduction” at the following website: <https://www.leg.state.nv.us/Session/79th2017/BDRList/page.cfm?showAll=1>.

- | | |
|------------|---|
| BDR S-145 | Makes an appropriation to the Division of Aging and Disability Services of the Department of Health and Human Services to convert contracted sign language interpreter positions to state employee positions. |
| BDR 22-146 | Enacts provisions governing safety at residential facilities for groups. |
| BDR S-147 | Makes an appropriation to the Department of Veterans Services to support certain dental programs for veterans. |
| BDR S-148 | Makes an appropriation to the Eighth Judicial District Court for a Veterans Court Coordinator. |
| BDR 53-149 | Makes changes relating to the calculation of hours of certain domestic service employees. |
| BDR 14-150 | Makes changes relating to programs for the treatment of veterans and members of the military. |
| BDR S-152 | Makes an appropriation to the Aging and Disability Services Division of the Department of Health and Human Services to fund home-delivered meals. |