



**NEVADA LEGISLATURE
LEGISLATIVE COMMITTEE ON HEALTH CARE'S
TASK FORCE TO DEVELOP A STATE PLAN
TO ADDRESS ALZHEIMER'S DISEASE**
(Assembly Concurrent Resolution No. 10, File No. 42, *Statutes of Nevada 2011*)

SUMMARY MINUTES AND ACTION REPORT

The fifth meeting of the Nevada Legislature's Legislative Committee on Health Care's Task Force to Develop a State Plan to Address Alzheimer's Disease was held on Wednesday, October 24, 2012, at 9 a.m. in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. A copy of this set of "Summary Minutes and Action Report," including the Meeting Notice and Agenda" ([Exhibit A](#)) and other substantive exhibits, is available on the Nevada Legislature's website at <http://www.leg.state.nv.us/interim/76th2011/committee/>. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's (LCB's) Publications Office (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835).

TASK FORCE MEMBERS PRESENT IN CARSON CITY:

Virginia (Gini) L. Cunningham

TASK FORCE MEMBERS PRESENT IN LAS VEGAS:

Senator Valerie Wiener, Chair
Charles Bernick, M.D.
Albert Chavez
Ruth Gay
LeeAnne Mandarino (*alternate*)
Sandra Owens, Ph.D.
Wendy Simons

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Roger McClellan, Health Care Policy Specialist, Research Division
Marsheilah D. Lyons, Supervising Principal Research Analyst, Research Division
Lisa Gardner, Senior Research Secretary, Research Division

OTHER STAFF PRESENT:

Casey Catlin, Doctoral Student, University of Nevada, Reno, State Plan Drafter

OPENING REMARKS

- Senator Valerie Wiener, Chair, welcomed members and the public to the fifth and final meeting of the Nevada Legislature's Legislative Committee on Health Care's Task Force to Develop a State Plan to Address Alzheimer's Disease (Task Force).

PUBLIC COMMENT

- Chair Wiener called for public comment; however, no testimony was presented.

APPROVAL OF MINUTES OF THE MEETING HELD ON JULY 11, 2012 IN LAS VEGAS, NEVADA

- The Task Force **APPROVED THE FOLLOWING ACTION:**

MS. GAY MOVED TO APPROVE THE MINUTES OF THE JULY 11, 2012, MEETING HELD IN LAS VEGAS, NEVADA. THE MOTION WAS SECONDED BY MS. SIMONS AND PASSED UNANIMOUSLY.

WORK SESSION

Discussion and Approval of the Nevada State Plan to Address Alzheimer's Disease

- Chair Wiener explained the procedure for reviewing and approving The Nevada State Plan to Address Alzheimer's Disease (State Plan). (Please see [Exhibit B](#).) She also referenced a version of the Draft for Discussion containing Ms. Gay's electronic edits ([Exhibit C](#)).
- Ms. Gay commented on her suggested style preferences ([Exhibit C](#)), which included using:
 1. A lower case 'd' in Alzheimer's disease;
 2. The term "person" or "individual" to describe someone affected by Alzheimer's disease; the term "patient" may be used to reference an individual in a hospital setting;
 3. The term "related dementias" to describe other conditions related to Alzheimer's disease; and
 4. The term "younger onset" rather than "early onset."

Discussion ensued among members regarding the proposed revisions. Dr. Bernick suggested using the term "related disorders," instead of "related dementias," to describe other conditions related to Alzheimer's disease.

The Task Force approved the revisions proposed by Ms. Gay with the modification suggested by Dr. Bernick.

- Chair Wiener pointed out that the recommendations are numbered in the Executive Summary; however, they are not numbered when referenced within the chapters.

There was a consensus among the members to reference each recommendation with a number throughout the State Plan.

In response to a question from Dr. Owens, Chair Wiener stated that the Task Force can evaluate the document page-by-page.

- Roger McClellan, Health Care Policy Specialist, Research Division, LCB, suggested that members follow along with Ms. Gay's version of the Draft for Discussion ([Exhibit C](#)).

Discussion ensued among members regarding Recommendation No. 3. Dr. Bernick suggested revising language to provide a sole focus on funding streams for telehealth initiatives. Mr. Chavez noted that only two organizations in the State provide telemedicine. He indicated that, without funding, these programs may be unable to meet a growing demand.

Responding to questions from Ms. Gay and Ms. Simons, Dr. Bernick stated that the Cleveland Clinic and the University of Nevada School of Medicine offer telehealth services that are specific to dementia. He noted that Renown Health has a telehealth initiative; however, the program is not currently focused on dementia.

In response to another question from Ms. Simons, Dr. Bernick explained that telehealth services relating to Alzheimer's disease include the following: (1) evaluating patients; (2) telecasting caregiver education programs; and (3) training physicians and allied health personnel. He added that any service offered in Reno or Las Vegas can be provided to rural communities through telehealth.

- Chair Wiener and Dr. Bernick revised the language for Recommendation No. 3 as follows:

Examine and identify funding streams to help develop and facilitate the full spectrum of telehealth services to rural communities.

Discussion ensued between Chair Wiener and Dr. Bernick regarding the inclusion of the State of Nevada as a potential funding source for Recommendation No. 3. Dr. Bernick pointed out that the State currently supports telehealth, and continued funding is necessary to sustain the programs. Chair Wiener indicated that the State of Nevada would be added as a potential funding source.

- Ms. Gay referenced her electronic edits on Page 2 ([Exhibit C](#)).

Discussion ensued among members and staff regarding revisions for Recommendation Nos. 8 and 9. They reached a consensus on the following modifications: (1) deleting subsections (d) through (f) of Recommendation No. 9; and (2) combining Recommendation Nos. 8 and 9 into one recommendation, including content from subsection (a) through (c) of Recommendation No. 9.

- Dr. Bernick suggested revising the language for the recommendation as follows:

Encourage and investigate research opportunities throughout Nevada, including study of current and development of new medications and treatments for Alzheimer’s disease and other dementia-related conditions and dissemination of that information.

- Dr. Owens suggested adding a label and a heading to the table associated with Recommendation Nos. 8 and 9 on Page 14 ([Exhibit C](#)).

There was a consensus among the members to modify the table as proposed by Dr. Owens.

Discussion ensued among members and Ms. Catlin regarding the broadening of language in subsection (b) of Recommendation No. 11. Dr. Bernick suggested removing the number of units and the type of facility to provide care to individuals with challenging behaviors. He proposed revising the language as follows:

Investigating the possibility of having specialized units in facilities that focus on challenging behavioral issues of persons with Alzheimer’s disease and other related dementia.

There was a consensus among the members to incorporate Dr. Bernick’s suggestions with subsection (b) of Recommendation No. 11.

A conversation among Ms. Gay, Ms. Simons, and Ms. Catlin addressed the need to define the term “units,” as referenced in subsection (b) of Recommendation No. 11. There was a consensus among the members to utilize the term “specialized units.”

Discussion ensued among members and staff regarding the need to clarify the location where mobile health services should be provided, as referenced in subsection (d) of Recommendation No. 11. Ms. Simons proposed revising the language as follows:

Develop mobile individuals or teams that could respond to and evaluate persons needing specialized interventions, regardless of where they reside.

Marsheilah Lyons, Supervising Principal Research Analyst, Research Division, LCB, suggested the phrase “individuals with challenging behavioral issues” be utilized, as referenced in subsection (b) of Recommendation No. 11. There was a consensus among the members to clarify that mobile individuals and teams should respond to individuals with challenging behavioral issues, regardless of where they reside.

There was a conversation among Chair Wiener, Ms. Gay, and Ms. Simons regarding potential funding referenced with Recommendation No. 11 on Page 19 ([Exhibit C](#)). The following proposed revisions were discussed:

1. Removing the Bureau of Health Care Quality and Compliance (BHCQC) as a potential funding source;
2. Adding the Division of Health Care Financing and Policy, the Aging and Disability Services Division, Medicaid, and Medicare as potential funding sources; and
3. Adding “other grant potential” to the category, as other funding streams may become available through the Affordable Care Act.

Discussion ensued among Chair Wiener, Ms. Cunningham, and Ms. Lyons regarding the need to strengthen the language of certain recommendations.

There was a discussion among members and staff regarding considerations for Recommendation No. 12, including:

1. The role of the Board of Medical Examiners in approving continuing medical education programs;
2. Encouraging associations to develop and promote education programs;
3. Encouraging licensing boards to create incentives for enrollment in training programs; and
4. The inclusion of other health care professionals in the scope of the recommendation.

Discussion ensued between Chair Wiener and Dr. Owens regarding modifications for Recommendation No. 13. Dr. Owens suggested shifting the focus from a review of existing training programs to encouragement for these programs to continue. She also requested that the scope of the recommendation include Schools of Medicine, Social Work, and Dentistry. Chair Wiener indicated that the language would be expanded to include other disciplines.

- Ms. Gay referenced her electronic edits on Page 3 ([Exhibit C](#)). There was a consensus among the members to accept her proposed modifications.
- Ms. Simons brought the attention of the Task Force to Recommendation No. 14. She conveyed that the Nevada Hospital Association may have concerns with a mandate for widespread hospital training as a licensing requirement.

Discussion ensued among members regarding Recommendation No. 14. The following topics were addressed:

1. Language revisions;
2. Regulatory considerations;
3. Offering incentives for hospitals to provide staff training;
4. Encouraging the development of a care pathway plan for hospitals; and
5. Providing recognition to hospitals.

There was a conversation among members, Ms. Lyons, and Mary Liveratti, Administrator, Aging and Disability Services Division, Department of Health and Human Services (DHHS), regarding modifications for Recommendation No. 18. The following considerations were addressed:

1. The intent of the recommendation is to require and enforce administrative or judicial reviews for individuals under guardianship who are involuntarily placed out of state;
2. Annual judicial reviews are currently required for individuals under guardianship who reside in or out of the state; however, individuals without guardians who are placed out of state are not subject to these evaluations;
3. Reviews are not occurring on a regular basis under existing requirements due to a lack of enforcement with reporting; and
4. Changing the statute for judicial reviews to occur every six months, instead of annually, would require legislative action; however, the recommendation can suggest more frequent reviews without proposing a mandate.

There was a consensus among the members to revise the language for Recommendation No. 18 as follows:

Review and enforce mandatory administrative or judicial reviews of all persons under a guardianship involuntarily placed out of state. Encourage the courts to administer and file annual reports. Reviews should be conducted at least every six months for this frail population to reevaluate appropriateness of placement, reasonableness

of care, and efforts to return the person to his or her home or to the most homelike, least restrictive setting.

- Ms. Gay suggested further refinement of Recommendation No. 18 to clarify that it pertains to persons with Alzheimer's disease or related dementia. She proposed the following revision for the first sentence:

Review and enforce mandatory administrative or judicial reviews of all persons under a guardianship with Alzheimer's or related dementia who are involuntarily placed out of State.

- Ms. Simons referenced a chart submitted by Ms. Liveratti, which documents expenditures pertaining to Title III-B of the Older Americans Act ([Exhibit D](#)). She suggested that this information be included in the State Plan. There was a consensus among the members to add the chart to the document.
- Ms. Simons requested removing BHCQC as a potential funding source for Recommendation No. 19, as referenced on Page 23 ([Exhibit C](#)). She noted that the BHCQC does not have the authority to investigate federal funding. Ms. Simons suggested adding the Division of Health Care, Financing and Policy as a potential funding source.
- Ms. Gay discussed her electronic edits for Recommendation No. 20 ([Exhibit C](#)).
- Dr. Owens suggested that Recommendation Nos. 19 and 20 include language on incentives.

There was a discussion between Chair Wiener and Ms. Gay regarding fiscal considerations with incentives. Ms. Gay cautioned that incentives could require funding that the State cannot provide. She noted that this situation might impede a recommendation from moving forward. Chair Wiener pointed out that incentives can be developed on a nonmonetary level. She added that the intention to reward businesses can be clarified without incurring a budget item.

Discussion ensued between Chair Wiener and Dr. Bernick regarding the potential to shift the burden of cost of care from the State to private industry through incentives. Dr. Bernick remarked that an example would be to offer an incentive to businesses that offset adult day care costs for employees who care for individuals with Alzheimer's disease. Chair Wiener commented that, early in her legislative career, she sponsored a bill to provide tax credits to businesses offering on-site adult day care or respite for caregivers. She noted the measure failed because the incentive would have been a financial "hit" to the State, given its tax structure.

- Chair Wiener stated that specific details on incentives do not need to be included in the State Plan; however, the intention to reward businesses for positive actions should be documented.

Discussion ensued between Chair Wiener and Mr. Chavez regarding Recommendation No. 21. Mr. Chavez suggested removing the listing of professionals from the recommendation. He indicated that by exclusively targeting certain professionals, others may be inadvertently excluded from the public awareness campaign. Chair Wiener commented that the campaign will be generic if references to specific professions are removed.

A conversation among members and staff addressed the combining of Recommendation Nos. 21 through 23, revising language, and adding subsections to clarify the target group for each of the public awareness campaigns.

- Ms. Simons suggested that potential funding for a public awareness campaign, as referenced on Page 25 ([Exhibit C](#)), should include “and other potential grant funding sources.”

There was a discussion between Chair Wiener and Ms. Catlin regarding the addition of an explanatory note in the State Plan to clarify that the indicators and funding sources are recommended by the Task Force; however, additional information may be considered.

There was a brief conversation between Chair Wiener and Ms. Simons regarding the development of public service announcements.

- The Task Force **APPROVED THE FOLLOWING ACTION:**

MS. SIMONS MOVED TO APPROVE THE STATE PLAN WITH REVISIONS AGREED ON BY THE TASK FORCE. THE MOTION WAS SECONDED BY DR. OWENS AND PASSED. DR. BERNICK WAS NOT PRESENT FOR THE VOTE.

- Chair Wiener stated that she will work with staff to ensure that the strongest language is utilized in the document.

Discussion Regarding a Potential Request for Legislative Action on Certain Recommendations Within the State Plan and the Implementation of the State Plan

- Chair Wiener noted that Assembly Concurrent Resolution No. 10 (File No. 42, Statutes of Nevada 2011) charged the Task Force with the development of the State Plan. She remarked that while the resolution did not allocate a bill draft request (BDR) to the Task Force, Assemblywoman April Mastroluca, Chair,

Legislative Committee on Health Care, has offered to provide a measure on behalf of the Task Force during the next legislative session.

Chair Wiener stated that the Task Force has the following options to consider for legislative action:

1. The selection of one of the following recommendations for a BDR: Recommendation Nos. 2, 4, or 10;
2. The solicitation of legislators to sponsor BDRs; and
3. The continuation of the Task Force through a BDR.

She pointed out that the third option would allow the Task Force to continue its work on the State Plan. She noted that the Task Force would likely be placed under DHHS since much of the content falls within its purview.

- Ms. Simons mentioned that she cannot lobby legislators due to her employment with the Health Division, DHHS.

Discussion ensued among members regarding the benefits of extending the life of the Task Force and the possibility of slating it to sunset after a certain number of years.

- Chair Wiener announced that the deadline for legislators to submit BDRs for the next legislative session is December 10, 2012; therefore, solicitation of support for other recommendations will need to occur prior to that time.

There was a consensus among the members to utilize the BDR to extend the life of the Task Force.

- Ms. Simons requested that Mary Liveratti, previously identified, provide input on administrative considerations with implementing a State plan and timelines to consider with the extension of the Task Force.
- Ms. Liveratti commented on the legislative review and approval process for State plans and the formation of accountability committees. She stated that the Task Force should continue for at least two years, but noted that a four-year extension might be more appropriate. Ms. Liveratti added that “action steps” can be implemented, which would require reporting to the Legislature on a regular basis.
- Chair Wiener mentioned that the State Plan’s indicators will be addressed in the reports to the Legislature.

Responding to a query from Ms. Simons, Ms. Liveratti remarked that previous accountability committees have been established through executive orders from the Governor. She indicated that accountability committees can also be formed through the legislative process. Ms. Liveratti suggested that the Task Force be placed under the broad designation of DHHS, which would allow the Department to assign responsibility among its agencies. She also noted that capturing data for indicators can be a difficult task.

- Chair Wiener requested that qualifying language be inserted into the State Plan to clarify that the indicators have been determined by the Task Force. She suggested that the phrase “as data is available” be utilized.

Further discussion ensued between Chair Wiener and Ms. Liveratti regarding the placement of the Task Force under DHHS. Chair Wiener clarified that the Task Force would be housed under the “umbrella” of DHHS to allow for flexibility and refinement by the Department.

- Chair Wiener indicated that a four-year extension for the Task Force may be appropriate. She noted that while the Task Force may suggest a certain number of years for its continuation, the Legislature can adjust the time frame. Chair Wiener pointed out that an accountability mechanism, which involves annual reporting to the Legislature, is necessary for the Task Force.

There was a brief conversation between Chair Wiener and Dr. Owens regarding “next steps” with the State Plan, including the establishment of baseline indicators, the implementation of directives, and annual reports to the Legislature.

Responding to a query from Chair Wiener, Ms. Lyons, previously identified, recommended that the Task Force provide input on the number of members and the responsible party to make the appointments. She conveyed that, while the Legislative Committee on Health Care can appoint members, it may be appropriate to allow the Executive Branch to carry out this duty, given the Task Force will be housed within one of its agencies. Ms. Lyons remarked that the Advisory Council on the State Program for Fitness and Wellness (NRS 439.518) is a good example to look at with the appointment of members. She noted that the Task Force can defer to Chair Wiener to work out the details with staff.

- Chair Wiener asked the other members for their opinions regarding the size and composition of the Task Force; however, no suggestions were offered. There was a consensus among the members to allow Chair Wiener to work on these details with staff.

In response to another question from Chair Wiener, Ms. Lyons recommended that the charge and duties of the Task Force be delineated in the BDR. She also suggested that DHHS be included in the initial planning process.

- Chair Wiener offered to work out the details of the BDR with DHHS. She thanked Ms. Liveratti for her participation at the meeting, and Michael J. Willden, Director, DHHS, for his willingness to “house” the Task Force in the Department.
- The Task Force **APPROVED THE FOLLOWING ACTION:**

MS. SIMONS MOVED TO ALLOW CHAIR WIENER TO CARRY FORTH DISCUSSIONS WITH DHHS AND TO DEVELOP THE LANGUAGE FOR A BDR. THE MOTION WAS SECONDED BY MS. GAY AND PASSED. DR. BERNICK WAS NOT PRESENT FOR THE VOTE.

PUBLIC COMMENT

- Ms. Liveratti, previously identified, commended the Task Force for its efforts with the State Plan.
- Ms. Cunningham expressed her appreciation for the process and for having a role with the Task Force.
- Ms. Gay announced that the Alzheimer’s Association has scheduled an advocacy day at the Legislature on February 29, 2013.
- Chair Wiener encouraged the members to testify before the Legislature during the next legislative session.
- Ms. Simons, Dr. Owens, and Ms. Mandarino, Program Manager, Cleveland Clinic Lou Ruvo Center for Brain Health, Las Vegas, commended Chair Wiener for her leadership with the State Plan.
- Chair Wiener praised the members for their involvement and noted the far-reaching potential of the State Plan.

ADJOURNMENT

There being no further business to come before the Task Force, the meeting was adjourned at 1:41 p.m.

Respectfully submitted,

Lisa Gardner
Senior Research Secretary

Roger McClellan
Health Care Policy Specialist

APPROVED BY:

Senator Valerie Wiener, Chair

Date: _____

LIST OF EXHIBITS

[Exhibit A](#) is the “Meeting Notice and Agenda” provided by Roger McClellan, Health Care Policy Specialist, Research Division, Legislative Counsel Bureau.

[Exhibit B](#) is a document dated October 24, 2012, titled “State Plan to Address Alzheimer’s Disease, Draft for Discussion,” submitted by Casey Catlin, Doctoral Student, University of Nevada, Reno, State Plan Drafter.

[Exhibit C](#) is the edited version of the document titled “State Plan to Address Alzheimer’s Disease, Draft for Discussion,” offered by Ruth Gay, Director, Public Policy and Advocacy, East Bay Office Site Director, Northern California and Northern Nevada Chapter, Alzheimer’s Association.

[Exhibit D](#) is a document titled “Alzheimer’s Services–ADSD Grant Funded Services FY 12-13,” submitted by Mary Liveratti, Administrator, Aging and Disability Services Division, Department of Health and Human Services.

This set of “Summary Minutes and Action Report” is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits, other materials distributed at the meeting, and the audio record are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the Library online at www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm or telephone: 775/684-6827.