

Amendment No. 991

Senate Amendment to Senate Bill No. 269	(BDR S-1035)
<b>Proposed by:</b> Senate Committee on Legislative Operations and Elections	
<b>Amendment Box:</b> Replaces Amendment No. 986.	
<b>Amends:</b> Summary: No Title: No Preamble: No Joint Sponsorship: No Digest: No	

ASSEMBLY ACTION				Initial and Date	SENATE ACTION				Initial and Date
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.

MSM/BJE



Date: 5/27/2015

S.B. No. 269—Establishes an interim study committee to research issues regarding the behavioral health and cognitive care of older persons.  
(BDR S-1035)



SENATE BILL NO. 269—SENATORS WOODHOUSE, FORD, ATKINSON, SPEARMAN,  
PARKS; DENIS, KIHUEN, MANENDO AND SEGERBLOM

MARCH 13, 2015

JOINT SPONSORS: ASSEMBLYMEN JOINER; AND ARAUJO

Referred to Committee on Legislative Operations and Elections

SUMMARY—Establishes an interim study committee to research issues regarding  
the behavioral health and cognitive care of older persons.  
(BDR S-1035)

FISCAL NOTE: Effect on Local Government: No.  
Effect on the State: Yes.

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EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to health care; establishing an interim study committee to  
research issues regarding the behavioral and cognitive care of older  
persons; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

This bill establishes an interim study committee to research: (1) potential sources of state funding to support programs to aid caregivers that are providing care to older persons with behavioral and cognitive health issues; (2) potential sources of funding to assist Nevada's Care Connection and Nevada 2-1-1 in creating a "No Wrong Door" program to assist caregivers of older adults with behavioral and cognitive health issues; (3) the potential for establishing a higher rate of reimbursement by Medicaid for nursing facilities prepared and trained to support older persons with behavioral and cognitive needs; and (4) the provision of education and training for health care professionals in the screening, diagnosis and treatment of behavioral and cognitive diseases prevalent in older persons. This bill requires the Department of Health and Human Services to provide administrative and technical assistance to the committee.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN  
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

**Section 1.** The Legislature hereby finds and declares that:

1. Older persons with behavioral and cognitive health issues are among the most treasured and vulnerable assets of this State.

2. The proportion of the population of the United States and of the State of Nevada that consists of older persons continues to grow.

3. As the proportion of our population grows to consist increasingly of older persons, information and knowledge pertaining to behavioral and cognitive diseases prevalent in older persons becomes ever more crucial.

4. At present, many of the persons who care for older persons with behavioral and cognitive health issues are unable to readily obtain the information and training necessary to care for their loved ones in the most beneficial manner.

5. It is increasingly more important to identify gifts, grants, programs and other sources of money that may be used for the benefit of older persons in this State with behavioral and cognitive health issues.

6. It is progressively more imperative that natural persons, agencies and other resources within this State be knowledgeable and aware concerning behavioral and cognitive diseases prevalent in older persons.

**Sec. 2.** 1. The Legislative Commission shall appoint a committee to conduct an interim study concerning unmet needs related to the behavioral and cognitive care of older persons in this State.

2. The committee appointed by the Legislative Commission to conduct the study must be composed of six Legislators as follows:

(a) Two members appointed by the Majority Leader of the Senate;

(b) Two members appointed by the Speaker of the Assembly;

(c) One member appointed by the Minority Leader of the Senate; and

(d) One member appointed by the Minority Leader of the Assembly.

3. The committee shall consult with and solicit input from natural persons and organizations with expertise in matters relevant to the behavioral and cognitive care of older persons in this State, including, without limitation:

(a) An employee or other person selected or otherwise designated by the Administrator of the Division of Public and Behavioral Health of the Department of Health and Human Services.

(b) The Chair of the Governor's Behavioral Health and Wellness Council, created by the Governor by executive order on December 13, 2013.

(c) A representative from an association that provides services to persons with Alzheimer's disease.

(d) A medical professional with expertise in cognitive disorders.

(e) A representative of the Nevada System of Higher Education with expertise in cognitive disorders.

**(f) A representative from a nonprofit community agency that provides caregiver support and services to older Nevadans with behavioral health or cognitive issues.**

**(g) The Administrator of the Aging and Disability Services Division or other person from the Division designated by the Administrator.**

4. The Legislative Commission shall appoint a Chair and a Vice Chair from among the members of the committee.

5. The members of the committee serve terms of 2 years, beginning as soon as practicable on or after July 1, 2015, and ending on June 30, 2017. Any vacancy occurring in the membership of the committee must be filled in the same manner as the original appointment not later than 30 days after the vacancy occurs.

6. The committee shall meet at least twice each year and may meet at such further times as deemed necessary by the Chair.

7. A majority of the members of the committee constitutes a quorum for the transaction of business, and a majority of those members present at any meeting is sufficient for any official action taken by the committee.

~~8. [The committee shall comply with the provisions of chapter 241 of NRS, and all meetings of the committee must be conducted in accordance with that chapter.]~~

1 ~~9.1~~ For each day or portion of a day during which a member of the committee  
2 attends a meeting of the committee or is otherwise engaged in the business of the  
3 committee, except during a regular or special session of the Legislature, the  
4 member is entitled to receive the:

5 (a) Compensation provided for a majority of the members of the Legislature  
6 during the first 60 days of the preceding regular session;

7 (b) Per diem allowance provided for state officers generally; and

8 (c) Travel expenses provided pursuant to NRS 218A.655.

9 ~~10.1~~ The compensation, per diem allowances and travel expenses of the members of  
10 the committee must be paid from the Legislative Fund.

11 ~~10.1~~ 9. The committee shall research:

12 (a) Potential sources of state funding available to support evidence-based  
13 statewide community programs to aid caregivers that are caring for older persons  
14 with behavioral and cognitive health issues. Such funding may be utilized for:

15 (1) Offering information about programs and services designed to aid  
16 caregivers that are caring for older persons with behavioral and cognitive health  
17 issues;

18 (2) The provision of training in select evidence-based community  
19 programs for caregivers, social service providers, health care workers and family  
20 members;

21 (3) The creation of a sliding fee scale to address the affordability of mental  
22 health services;

23 (4) Providing a substitute caregiver to ensure the safety of an older person  
24 who has behavioral or cognitive health issues while the family attends training; and

25 (5) The creation of a sliding fee scale to address the affordability of respite  
26 services;

27 (b) Potential sources of state funding to assist Nevada's Care Connection and  
28 Nevada 2-1-1 in the creation of a "No Wrong Door" program to assist caregivers of  
29 older persons with behavioral and cognitive health issues;

30 (c) The potential for establishing a higher rate of reimbursement by Medicaid  
31 for nursing facilities prepared and trained to support older adults with behavioral  
32 and cognitive health needs thereby allowing such older adults to remain in their  
33 own communities rather than being placed in out-of-state facilities; and

34 (d) The provision of education and training for health care professionals in the  
35 screening, diagnosis and treatment of behavioral and cognitive diseases prevalent in  
36 older persons.

37 ~~10.1~~ 10. The committee shall submit a report of its findings, including,  
38 without limitation, any recommendations for legislation, to the Director of the  
39 Legislative Counsel Bureau for transmittal to the 79th Session of the Nevada  
40 Legislature.

41 **Sec. 3.** The Department of Health and Human Services shall provide  
42 administrative and technical assistance to the committee appointed pursuant to  
43 section 2 of this act.

44 **Sec. 4.** The provisions of section 1 of NRS 218D.380 do not apply to any  
45 provision of this act which adds or revises a requirement to submit a report to the  
46 Legislature.

47 **Sec. 5.** This act becomes effective on July 1, 2015.