



STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES DIVISION

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## **MINUTES**

Name of Organization: Task Force on Alzheimer's Disease (TFAD)  
Driving and Dementia Subcommittee

Date and Time of Meeting: Monday, February 1, 2016  
11:00 a.m.

Location: Sanford Center for Aging  
Center for Molecular Medicine (CMM) Room 155  
1664 N. Virginia Street  
Reno, NV 89557

Driving/Parking Directions: <http://dhs.unr.edu/aging/contact-us>

To Join the Telephone Conference Call-in Number: 877-336-1831  
Access Number: 9186101

## **Agenda**

- I. Call to Order/Roll Call  
Jane Fisher, Ph. D., Subcommittee Chair  
Department of Psychology  
University of Nevada, Reno
- Members present: Dr. Jane Fisher and Dr. Peter Reed
- Member participating by telephone: Gini Cunningham
- Guests present: Susan Longchamp and Sally Ramm
- Staff present: Sunadda Woodbury

- II. **Public Comment** (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item.)

No public comment.

- III. **Welcoming Remarks**

Jane Fisher, Ph. D., Subcommittee Chair

Jane Fisher, Ph. D. reviewed the purpose of the subcommittee. Dr. Fisher stated that the goal is to determine whether the regulations and practices in Nevada are consistent with promoting public safety and independence as pertains to individuals with cognitive disorders.

Dr. Fisher explained that over the last several months, members of the subcommittee and volunteers have been involved in collecting information regarding how regulations impact driving practices, how families are dealing with issues of concern about their family members driving, and how different state agencies are interacting with individuals with neurocognitive disorders around the issue of driving.

Today representatives of the Nevada Department of Motor Vehicle (NVDMV) and Sally Ramm, Elder Rights Attorney for the Aging and Disability Services Division (ADSD), have been invited to participate in the subcommittee discussions.

- IV. **Approval of Minutes from the July 23, 2015 and September 25, 2015 Meetings (For Possible Action)**

Jane Fisher, Ph. D., Subcommittee Chair

Peter Reed, Ph. D. moved to approve the minutes from July 23, 2015. Gini Cunningham seconded the motion. Minutes were approved unanimously.

Dr. Reed moved to approve the minutes from September 25, 2015. Ms. Cunningham seconded the motion. Minutes were approved unanimously.

- V. **Discussion of Possible Cognitive Impairment Program at Department of Motor Vehicles**

Jude Hurin and April Sanborn  
Nevada Department of Motor Vehicles

Jude Hurin, Program Manager, Management Services and Programs Division, NVDMV, provided an overview of the division's work.

Mr. Hurin stated that one of the programs they have been working on stemmed from a presentation at the National Motor Vehicles Association Conference.

He related that the State of Iowa has been collaborating with the University of California at San Diego (UCSD) Alzheimer's Disease Research Center on the

evaluation of a cognitive impairment screening tool. The tool involves a card that includes nine questions designed to assess orientation to time, place, and person. It is used being used by DMV staff and law enforcement officers in Iowa when they encounter a driver whose driving performance and behavior suggest possible cognitive impairment.

Discussion ensued on the description and function of the card as follows:

- DMV technicians and law enforcement personnel can add the DOSCI card to their toolbox as a resource and refer clients to physicians for further evaluation if necessary.
  - The State of Iowa and a few other states have been piloting this program for a couple of years now.
- Mr. Hurin reported that the NV DMV would like to create a partnership with the TFAD to work on a similar project to improve their processes, and explore what local Nevada universities and law enforcement are doing as well.

Responding to a query from Dr. Fisher regarding the effectiveness of the Iowa program, Mr. Hurin commented that the Iowa program has been in place for a few years, with the assessment being implemented across the board. Lynn Libby, a DMV Management Analyst, may have statistics from Iowa, along with a sample of the DOSCI card, to share.

Discussion ensued about what type of driving assessment is utilized in cases that are referred for further evaluation, and whether it involves the use of a driving simulator.

Responding to a query from Dr. Fisher whether there is concern for the safety of NV DMV personnel administering the driving test for those with possible cognitive impairment, Mr. Hurin commented that he believes there are scenarios where those concerns are present, but the DMV officer has the right to deny or suspend the test when their safety is in question.

Responding to a query from Sally Ramm about the content of the questions on the DOSCI card, Mr. Hurin reviewed them one by one with the group. Dr. Fisher observed that the questions on the card seem to focus on individual's orientation, but do not particularly focus on the person's driving ability.

Ms. Ramm also confirmed with Mr. Hurin that for driving assessment re-examination, there must be a diagnosis from a physician.

Dr. Fisher commented that according to empirical research, the gold standard in assessment would be the driving simulator, which determines the individual's abilities to handle driving situations in different conditions more accurately.

Mr. Hurin reported that in the past, there have been legislative efforts involving using a simulator in a driving assessment. However, he's not aware of any driving schools/programs with simulators at present. Dr. Fisher related that, to her knowledge, in the Reno/Sparks area, there is a neurologist who is involved in the use of a simulator and also a professor of clinical psychology at UNR whose research laboratory looks at driving performance using a driving simulator.

Discussion ensued on promoting the independence of older adults. Mr. Hurin mentioned that Iowa provides people with information about alternative transportation options and community resources available for those who are no longer able to drive.

Mr. Hurin stated that NV is one of the leading states working with the industry in autonomous vehicles. In the next two to three years, Nevada may see driver-assisted vehicles. In the next ten years, Nevada will likely see the deployment of fully autonomous vehicles. This can be the alternative transportation for seniors, veterans, the blind, and others.

VI. Overview of Legal Issues Surrounding Driving and Dementia  
Sally Ramm  
Elder Rights Attorney  
Aging and Disability Services Division

Ms. Ramm presented an overview of Nevada law regarding driving and dementia, citing that she researched both the Nevada Revised Statutes and the Nevada Administrative Codes due to the significance of the issues surrounding the privilege of driving.

Information comprised the following:

1. Generally, for anyone wanting a drivers' license, the following laws and regulations apply:
  - Must take and pass a written examination
  - Must pass an eye examination
  - Must pass an actual test of driving ability
2. The DMV has the authority, whenever good cause appears, to impose restrictions suitable to the licensee's driving ability that may be determined to assure the safe driving of a motor vehicle by the licensee.
3. A relative who is 18 years of age or older may file a report with the DMV requesting them to examine their relative to determine if they can safely operate a motor vehicle. The report must be made in good faith and based on an affidavit from a physician that concurs with the report or an investigation by a law enforcement officer.
4. Any person denied a license or whose license has been cancelled, suspended or revoked by the DMV is entitled to judicial review.

5. The DMV will accept as true any information regarding disabilities which are received from:
  - Federal, state or local police authorities
  - Licensed physicians, psychiatrists, psychologists and optometrists
  - The Department of Health and Human Services
  - The State Industrial Insurance Division
  - State and private health institutions or health practitioners
  - Federal or state courts, or
  - Authorized representatives of the DMV, or any other information giver under oath
6. The DMV will suspend the driver's license of any person who fails to submit to an examination within 15 days after it is requested. If a licensee fails to comply with any restriction requiring a yearly vision examination, medical examination or driving test, or any combination of these, the DMV will cancel his or her driver's license.
7. The DMV can deny a license or refuse to renew a license if the licensee, after examination, suffers from a condition that alters judgment including dementia or mental illness.
8. A licensee has 30 days after the effective date of a suspension, revocation or cancellation of a license or permit or after the denial of an application, to request a hearing before a departmental hearing officer (DMV officer).

A written summary on Nevada law regarding driving and dementia submitted by Ms. Ramm is attached. (See Attachment A)

Discussion ensued regarding how to determine the validity of the assessments of disabilities from different entities using different methods, without standardized testing across the board. Concerns were raised about the individual's rights being taken away without appropriate procedure for determination.

Ms. Ramm suggested that it would be beneficial if there were places for people to go for standardized testing, including use of a simulator, where the examination could be consistent for everyone.

Responding to a query from Dr. Reed regarding the potential cost of the standardized testing system, Ms. Ramm stated that she believed the DMV has a budget large enough to cover that cost. Dr. Fisher commented that the cost of the equipment has become more reasonable in the recent years.

Dr. Fisher reiterated that the idea of having a more objective standardized testing procedure would take the pressure off physicians as well. The individual's own performance on the test would determine the decision of whether or not he/she can continue to drive safely. Stakeholders may be more receptive to these criteria, rather than being subjected to what may be perceived as subjective judgment of others.

Dr. Fisher recommended that the subcommittee look into what Iowa is currently using as an assessment and also explore standardized testing methods.

Dr. Reed proposed that a consideration should be made on the timeframe for re-examination to ensure that a person can qualify to drive again if the nature of the impairment was temporary.

Ms. Ramm stated that it may be possible to present the recommendations on driving and dementia through regulation, rather than legislation.

- VII. Report on Las Vegas town hall and Make Possible Recommendations on Plans for Carson City Town Hall Meeting (For Possible Action)  
Susan Longchamp, M. A.  
Nevada Caregiver Support Center

Susan Longchamp, a doctoral student in Clinical Psychology, has been involved in organizing and leading town hall meetings. Ms. Longchamp presented a summary of the data gathered from town hall meetings and stakeholders across the state thus far.

Some of the information from the preliminary statistics comprises:

- Data derived from 128 participants including persons with cognitive impairment and caregivers.
- The surveys were mostly administered through town hall meetings, along with some from other settings such as caregiver support groups.
- Additional input is being collected via transcripts of town hall discussions.
- The majority of individuals did not report a diagnosis, which presented an issue with outcome measurements.
- It appeared that people were unwilling to share a diagnosis of cognitive impairment, even if they were told the surveys were anonymous and confidential.
- Of the diagnoses reported, Alzheimer's disease and Vascular dementia appeared most prevalent.
- Survey participants comprised many spouses and adult children of those with dementia.
- Many concerns were reported on the surveys.
- About a quarter of the sample reported intervention to prevent family members from driving.
- Very low numbers reported having driving privileges revoked.
- The driving issues have caused consternation among family members.
- Survey respondents reported a variety of transportation challenges.
- Participants conveyed that alternative transportation were available but limited.

- Only 21% of participants related that they discussed concerns about driving with a physician or other healthcare provider, which reflect a fairly low percentage.
- Outcomes of consultations with physicians varied.
- Liability of physicians and caregivers, who were aware of an individual's potential driving impairment, was described as a serious concern.
- Among those who were defined to show signs of cognitive impairment, 7% have been involved in a car accident, while 6% have received a citation for a moving violation.
- A very small percentage of people reported participating in any kind of assessment at all with the DMV.
- Many suggestions were offered by respondents on improving driving safety in Nevada, particularly requiring more frequent assessment for seniors and encouraging more reporting on issues of driving.

Discussion ensued about various circumstances of possible liability by those with prior knowledge of driving impairments. No conclusive guidelines appear to be available at this time. Further clarification on this matter will need to be pursued.

A full report of the preliminary data from the driving and dementia surveys is attached. (See Attachment B)

Ms. Longchamp also proposed some changes to the survey format to increase the interpretability of participants' responses. Subcommittee members concurred.

Dr. Reed suggested organizing the open responses into thematic categories by determining which themes are recurring, and presenting the information as examples to draw further responses.

Ms. Longchamp observed that most of survey respondents represented rural counties, so there is a need to gather more information from stakeholders in urban areas in northern Nevada and Clark County.

Currently discussions are ongoing with Jacob Harmon, Northern Nevada Alzheimer's Association, to organize a town hall meeting in Carson City.

Discussion ensued about possible town hall locations in Carson City, with the suggestion of the Senior Center as an ideal location. Sally Ramm also recommended involving Retired Public Employees of Nevada (RPEN) and Mary Liveratti from the American Association of Retired Persons (AARP). Ms. Cunningham commented that Ms. Liveratti participated in the town hall in Winnemucca and will be involved in future events in Winnemucca.

Dr. Reed mentioned the Nevada Rural Counties Retired and Senior Volunteer Program (RSVP) who has a big group of volunteers providing respite care in the area as well.

Additional town hall meetings in the Reno/Sparks and Carson City areas and the distribution of surveys to various agencies like day programs were discussed.

Since the percentage of survey participants in Clark County has been small, more town halls in southern Nevada should be considered. Dr. Reed suggested working with the Cleveland Clinic Lou Ruvo Center for Brain Health who already has a Lunch and Learn Program, which could be an ideal setting for a presentation on driving and dementia.

Discussion ensued about possible deadlines for gathering and synthesizing data, as well as future work timeline.

Dr. Fisher stated that further work to be done include collecting data from social workers, healthcare providers, obtaining information regarding insurance and liability issues, and holding additional town hall meetings.

VIII. Discuss and Make Possible Recommendations on Timeline for Future Work Plans and Drafting Possible Recommendations **(For Possible Action)**  
Jane Fisher, Ph. D., Subcommittee Chair

Discussion ensued on a possible timeline to present recommendations to TFAD.

The group decided on the following:

1. At June 1, 2016 TFAD meeting, present draft recommendation and language to be included in the State Plan.
2. At August 5, 2016 TFAD meeting, present revised recommendation.
3. At October 5, 2016 TFAD meeting, finalize recommendation and decide future action.

IX. Consider Agenda Items for Next Meeting **(For Possible Action)**  
Jane Fisher, Ph. D., Subcommittee Chair

Proposed agenda items for the next meeting include:

1. Input from healthcare providers (Dr. Reed)
2. Further discussion on DOSCI card and DMV involvement (Dr. Fisher and Ms. Longchamp)
3. Information on UCSD's work with DOSCI and their National Alzheimer's Research Center/Consortium (Ms. Ramm)
4. Town hall updates (Ms. Longchamp on various locations and Ms. Cunningham on Elko and rural areas)



5. Age-friendly community movement: what this means and the costs involved  
(Ms. Cunningham)

X. Discuss and Approve Next Meeting Date (For Possible Action)  
Jane Fisher, Ph. D., Subcommittee Chair

The next meeting is scheduled for Wednesday, March 16, 2016 at 11:00 a.m.

XI. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item.)

No public comment.

XII. Adjournment

The meeting was adjourned at 12:46 p.m.

**NOTE:** Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body may place reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint.