

TASK FORCE ON ALZHEIMER'S DISEASE ANNUAL REPORT



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**Department of Health and Human Services
Task Force on Alzheimer's Disease**

(Assembly Bill No. 80, Committee on Health and Human Services, Statutes of Nevada 2013)

TASK FORCE ON ALZHEIMER'S DISEASE

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Introduction

The Task Force on Alzheimer's Disease (TFAD) was created within the Department of Health and Human Services with the passage of Assembly Bill 80 in the 2013 Legislative Session. The Task Force is responsible for the carrying out of the State Plan that was developed pursuant to Assembly Concurrent Resolution No. 10 of the 2011 Legislative Session. ACR 10 directed the Legislative Committee on Health Care to create a Task Force to develop a State Plan to address Alzheimer's disease and to submit the State Plan to the 77th Session of the Nevada Legislature. This plan serves as a blueprint for identifying specific actions that will allow for the development and growth of a quality and comprehensive support system for individuals affected by Alzheimer's disease.

The TFAD was formed in late 2013. The TFAD, which is staffed by the Aging and Disability Services Division, is made up of ten members from a diverse background of interests in Alzheimer's disease, including medical professionals, caregivers, service providers, legislators, educators, and policy developers. The TFAD, which is required to meet at least quarterly, is authorized to meet through June 2017.

The Nevada State Plan to Address Alzheimer's Disease, deemed as the official plan by the 2013 Legislature, was completed in January 2013. It includes a list of 20 recommendations designed to improve: access to services; quality of care and quality of life; and public awareness regarding the disease. The plan does not have a specific end date, therefore the TFAD will work to set clear timelines and strategies to achieve and revise the recommendations as necessary. (See State Plan to Address Alzheimer's Disease (2013)—Attachment A). Some progress has already been accomplished since the adoption of the 2013 State Plan, and Nevada is fortunate to have a Governor, a Legislature, and a system of family and professional caregivers that are committed to assisting with or reducing the physical and financial impact on individuals with Alzheimer's disease and other forms of dementia, their families, and caregivers.

Legislative History

Passed during the 2011 Legislative Session, Assembly Concurrent Resolution No. 10, sponsored by Assemblywoman Debbie Smith, required the development of a State Plan to address Alzheimer's disease. A task force (ACR 10 Task Force) was established to accomplish this requirement. This State Plan can be found as Attachment A to this report. The ACR 10 Task Force met five times. Casey Catlin, who was working on her doctoral degree at the University of Nevada, Reno, drafted the State Plan quickly, and this became her thesis. During its final meeting in October 2012, the ACR 10 Task Force adopted 20 recommendations from more than 100 recommendations, submitted by independent work groups, experts, and the public. The ACR 10 Task Force also included potential funding sources—none of which were secured nor received by the ongoing ACR 10 Task Force—and indicators to help with monitoring the implementation of each recommendation. The ACR 10 Task Force viewed the plan as a living document. The importance of ongoing discussion and monitoring the implementation progress of each recommendation was noted as essential for the success of the State Plan.

During the 2013 Legislative session, Assemblywoman April Mastroluca offered to sponsor an ACR 10 Task Force bill through the Committee on Health and Human Services. The ACR 10 Task Force used this Bill Draft Request (BDR) for Assembly Bill 80 to create the Task Force on Alzheimer's Disease (TFAD) within the Department of Health and Human Services. The bill was signed by Governor Brian Sandoval on June 5, 2013, and became effective July 1, 2013. Mike Willden, then-Director of the DHHS, appointed eight members to the TFAD during the first quarter, following the close of the 2013 Legislative session, and assigned Aging and Disability Services Division staff the responsibility to administratively support the TFAD. On October 3, 2013, Nevada's Legislative Commission appointed two members, representing the Senate and the Assembly, to the TFAD.

The duties of the TFAD are noted below.

NRS 439.5085

The Task Force shall:

- (a) Develop a State Plan to address Alzheimer's Disease;***
- (b) Monitor the progress in carrying out the State Plan;***
- (c) Review and revise the State Plan as necessary;***
- (d) Develop and prioritize the actions necessary to carry out the State Plan;***
- (e) Research and review any other issues that are relevant to Alzheimer's disease; and***
- (f) On or before February 1 of each year, prepare and submit a report to the Governor and to the Director of the Legislative Counsel Bureau for transmittal to the Legislature concerning its findings and recommendations.***

Working with Senator Valerie Wiener (Retired), Senator Allison Copening, chair of the Senate Health Committee (until Election Day 2012), offered two additional BDRs to the ACR 10 Task Force for introduction during the 2013 Legislative Session. Both BDRs addressed recommendations in the State Plan.

Senate Bill 86 required the Department of Health and Human Services to allocate money for certain programs relating to persons with Alzheimer's disease and other forms of dementia. This bill was signed by the Governor on May 21, 2013, and became effective the day of signing. Existing law required the DHHS to allocate money to fund programs that assist senior citizens to live independently, including a program that provides respite care or relief of informal caretakers (NRS 439.630). Senate Bill 86 expanded that program to include respite care or relief for informal caretakers of any person with Alzheimer's disease or other forms of dementia regardless of the age of the person. In response to the bill passage, ADSD amended service delivery specifications utilized by agency-sponsored grantees to allow for the provision of respite care to individuals experiencing younger-onset Alzheimer's disease and other forms of dementia.

The passage of Senate Bill 86 has allowed for progress under recommendation #4 of the State Plan, which indicates the necessity of removing “age barriers that typically keep people with younger-onset Alzheimer’s disease and other forms of dementia from receiving services that are only available to seniors (disability services, legal services, meals, respite, and “continuum of life” programs such as assisted living services).”

Senate Bill 69 was introduced on January 9, 2013. The bill proposed revisions to the requirements governing Advanced Practitioners of Nursing. The bill introduced the idea of removing the requirement that an Advanced Practitioner of Nursing (APN) could only perform pursuant to a protocol approved by—and under the supervision of—a licensed physician and proposed that the State Board of Nursing be granted the ability to determine the authorized scope of practice for the nurse. SB 69 also proposed removing the provisions that refer to the supervision of an APN by a physician with respect to dispensing and prescribing controlled substances, poisons, dangerous drugs and devices. The ideas noted in this bill were eventually included in another bill, as noted below.

Assembly Bill 170 was introduced on February 25, 2013, with Assemblywoman Maggie Carlton as the primary sponsor. This bill also proposed revisions related to the Advanced Practice of Nursing. Existing law authorized the State Board of Nursing to grant certain registered nurses a certificate of recognition as an Advanced Practitioner of Nursing and set forth the requirements for obtaining the certification. AB 170 proposed modifying the authority of the Board to allow issuance of a license as an Advanced Practice Registered Nurse (APRN) and to require the maintenance of a policy of professional liability insurance in accordance with regulations adopted by the Board. AB 170 also allowed for an APRN to prescribe a controlled substance if the nurse had at least 2 years or 2,000 hours of clinical experience or if the nurse was prescribing pursuant to a protocol approved by a collaborating physician. The governor signed AB 170 into law on June 3, 2013. The legislation offers the opportunity to a Registered Nurse, who possesses a valid certificate of recognition as an Advance Practitioner of Nursing, to be deemed to possess a license if the nurse meets requirements set forth in Board-adopted regulations, set to be effective July 1, 2014.

The passage of Assembly Bill 170 has allowed for progress under recommendation #2 of the State Plan, which indicates the necessity of authorizing “nurse practitioners to have independent practices to provide better access to care, especially for rural elders.”

Current Status of the State Plan

On January 15, 2014, the TFAD held its second meeting. The TFAD reviewed the 20 recommendations included in the State Plan to determine relevance and to update the State Plan where timely and necessary. TFAD members volunteered to further evaluate the current status of all the recommendations, with each choosing to review those that fell within his or her particular area of expertise or interest. Each member identified available resources, potential partners to prompt completion, action plan timelines, and other details necessary to advance or modify the recommendations.

TFAD Activities--2014

As prescribed by law, the TFAD is required to meet at least quarterly each year. However, to address the vital issues related to Alzheimer's disease and other forms of dementia, the TFAD met five times in 2014: January 15, April 23, June 18, September 24, and November 19. The primary focus of each meeting involved review, assessment, and refinement of the 20 recommendations, which are categorically included in one of three focus areas of the State Plan to Address Alzheimer's Disease: 1) Access to Care, 2) Quality of Care and Quality of Life, and 3) Public Awareness.

Throughout the year, TFAD members facilitated the recommendations in the State Plan that involved their areas of expertise. Each member was charged with determining if his or her assigned recommendations were still timely and relevant. If the TFAD agreed that a recommendation should be retained, the assigned member was responsible for refreshing substantive information, including: medical updates; data and statistical revisions; funding resources; and indicators.

The State Department of Health and Human Services (DHHS), which has statutory responsibility for providing staff support to the TFAD, has recognized the value of the TFAD's work and the far-reaching impact of its contributions to the State Plan and its effect on the people of Nevada. To further support this work, Aging and Disability Services Division (ADSD) applied for, and received, funding for a part-time contract staff position to provide clerical support to the TFAD. Sunadda Woodbury was hired to fill this role and has substantially assisted the TFAD with the revision and updates for both the State Plan and the Annual Report.

In September, the TFAD was notified that ADSD was awarded a 2014 Alzheimer's Dementia Capability Grant of \$450,000 (federal grant), with required \$256,000 state match (Tobacco Settlement and Incline Match). Three goals for the program are: screening for early development, connecting individuals to resources, and establishing approved data sets. These three goals are included in the State Plan, and ADSD continues to work with the TFAD to ensure that the State maximizes the outcomes of the grant.

In addition, the TFAD is working with ADSD on several of the State Plan's recommendations to monitor the indicators and secure funding, e.g. working with the State of Nevada Grants Office to locate and secure available funding.

The TFAD appreciates the value of collaboration, which allows us to maximize resources that otherwise might not come together. Therefore, throughout 2014, the TFAD focused on ways to create and re-enforce collaborations to address Alzheimer's disease and other forms of dementia, including the partnering of nonprofits, educational institutions, foundations, and State agencies, e.g., Lou Ruvo Cleveland Clinic for Brain Health and the Alzheimer's Association partnering to increase trial matches for research.

In November 2014 and January 2015, the TFAD met to finalize the details of the 2015 State Plan to Address Alzheimer's Disease.

Conclusion

The members of the Task Force on Alzheimer's Disease appreciate the opportunity to serve the State in this very worthwhile endeavor. The development of the Nevada State Plan to Address Alzheimer's Disease was a notable first step in the expansion of solutions and resources for people living with Alzheimer's disease, their families and caregivers. Nevada should take pride in its proactive response to plan for the care and comfort of these individuals. In the next year, TFAD members will continue to work to more fully develop service delivery policy goals; identify and pursue funding for recommendations; and recommend necessary statutory changes that are essential to the success of the ever-evolving State Plan.