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STATEMENT FOR THE RECORD
For the
UNITED STATES SENATE SPECIAL COMMITTEE ON AGING
FIELD HEARING
On
AFFORDABLE PRESCRIPTIONS NOW:
EXAMING LEGISLATION TO LOWER COSTS FOR SENIORS

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Las Vegas, Nevada

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**Jeffrey B. Klein FACHE
President & CEO, Nevada Senior Services**

On behalf of Nevada Senior Services and Nevada’s aging community, thank you for this opportunity to provide testimony to the Senate Aging Committee. I would be remiss if I did not recognize and thank Senator Rosen for this invitation to appear and for the Senator’s steadfast support of our older Nevadans. I am also grateful to Senator Rosen, the Senate Special Committee on Aging as well as other members of Nevada’s Congressional delegation including Senator Cortez-Masto, Representatives Suzie Lee, Steven Horsford and Dina Titus for their support in passage of the Inflation Reduction Act of 2022.

Nevada Senior Services

I have the privilege to serve as President & CEO of Nevada Senior Services and as a board member of both the American Society on Aging (ASA) and the National Association of Nutrition and Aging Services Programs (NANASP). A trusted non-profit leader in aging services for southern Nevada, Nevada Senior Services provides a comprehensive range of quality programs and designed to assist seniors and their family caregivers to live their best lives while aging in place. Our goal is providing remarkable care, balanced within a culture that supports autonomy, choice, and safety. We accomplish this by providing a “no wrong door” model of inclusive service delivery as the Aging and Disability Resource Center for most of southern Nevada. We and offer adult day health care, memory loss programs, case management, in-home respite and personal care, home repair and modifications, caregiver support programs and Hospital2Home, a unique dementia friendly care transitions program. This remarkable program has achieved a less than one percent hospital readmission rate. Nevada Senior Services currently serves over 2,500 seniors and their families each year. By way of example:

Hospital2Home – assists persons with complex health care conditions, cognitive impairment and those without home social supports to transition safely from the hospital to home without readmission. Frequently this requires intensive immediate resourcing to insure availability of critical medications, nutrition, follow-on medical care and psycho-social supports for family caregivers.

Vaccination Clinics – We have a long-history of offering vaccine clinics for flu, pneumonia, shingles and most recently Covid reaching out to our most vulnerable seniors, family caregivers and frontline staff.

Nevada Care Connection Resource Center/Aging & Disability Resource Center – Assists persons to connect to resources and to on-going long-term services and supports such as medication, nutrition, housing, transportation, case management, and access to benefits including Medicaid and SNAP. Last year, we provided over 3500 critical resource connections.

HomeMeds – One of our most recent initiatives is HomeMeds, an evidence-based medication review for identifying potential medication-related problems in collaboration with pharmacists and physicians. It is designed to reduce the risk of medication errors and adverse effects including unnecessary medication related hospitalizations. This program targets seniors and persons with cognitive impairment. It is made possible by a grant from the Administration for Community Living.

The “State” of Nevada

Nevada’s demographics and population characteristics make senior care in general and prescription medications critical issues to address.

- ❖ Nevada continues to be one of the three states with the highest rates of increase in the population 65 years or older (57% between 2008-2018).
- ❖ Nevada population has higher rates of individuals who are Hispanic or Asian compared with national figures.
- ❖ The rate of individuals who are limited English speaking are double the national rate.
- ❖ 14.3% of senior Nevadans live alone.

Older Adults and Prescription Drugs

Nearly nine in ten (89%) persons aged 65 or older report they are currently taking a prescription medicine with 54% reporting that they take four or more prescription drugs. In addition, one fourth indicate it is difficult to afford their prescriptions, particularly those who report being in either “fair” or “poor” health (45%) and whose income is below \$30,000 annually (34%) and who take four or more prescriptions (28%). One fifth of older adults report not taking their prescriptions as prescribed due to cost. Many seniors are poor reporters not sharing their decisions about not taking their medications as prescribed with their doctor. It is not an infrequent occurrence for seniors to admit making difficult choices between nutrition, housing, pet care and taking their prescription medications.

Polypharmacy is a significant risk factor for hospitalizations and falls frequently resulting in hospitalizations. Medication related issues associated with seniors and diabetes closely correlates with falls and medication related drug overdose.

- ❖ Older adult falls 25.5%; 15.7% of readmissions two or more falls
- ❖ Drug overdose 58% higher in age group 85+

Inflation Reduction Act of 2022

The Inflation Reduction Act of 2022 makes an important down payment in addressing prescription drug issues that impact the ability of older Americans to have their best possible lives aging in place with family and friends. It accomplishes this by impacting a number of issues that have been longstanding priorities for our seniors, Nevada Senior Services, ASA and NANASP as well as other local organizations serving our aging community. Three of these priorities included in the legislation are:

- A \$2,000 annual cap on out-of-pocket costs for prescription drugs for those on Medicare beginning in 2025. It is estimated that over 1.8 million older adults spend more than that amount each year.
- No co-pays or cost-sharing for vaccines covered solely under Medicare Part D beginning in 2023. This impacts mainly the shingles vaccine, which can cost over \$300 for the vaccine series; flu, pneumonia and covid-19 vaccines were already covered without co-pays under Medicare Part B.
- Expanding the Medicare Low Income Subsidy (LIS) to include beneficiaries with incomes up to 150% of the poverty line beginning in 2024; the LIS is currently available to incomes below 135% of the poverty line. As members know, within Part D prescription drug program standard benefits is an initial \$480 deductible before initial coverage begins. For many this is a high enough barrier to forego purchase and needed treatment.

The legislation allows for the first time in history for Medicare to negotiate for the price of drugs but not beginning until 2026 and starting with just 10 drugs. It also caps co-pays for insulin for Medicare beneficiaries at \$35 per month.

The legislation also extends for two years the subsidies provided under the Affordable Care Act to enable lower and middle-class older adults not yet eligible for Medicare to afford Marketplace plans.

As of 2024 those with drug costs high enough to qualify for the programs' catastrophic coverage benefit would no longer have to pick up the 5 percent co pay for each prescription.

We have a duty to address these important issues associated with affordability and access to prescription medications. We must be committed to helping seniors manage their Healthspan while their Lifespan increases, and while they stay engaged in life maintaining their independence.

We are grateful for the important work and contributions of the Senate Aging Committee in making these objectives more attainable.

I thank the Special Committee for allowing me to speak today and I am willing to take any questions.