

Amendment No. 697

Senate Amendment to Senate Bill No. 341 First Reprint	(BDR 40-62)
Proposed by: Senate Committee on Finance	
Amends: Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes	

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.





## SENATE BILL NO. 341—SENATOR SPEARMAN

MARCH 23, 2021

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to health care. (BDR 40-62)

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; requiring}~~ racial equity; authorizing the Division of Public and Behavioral Health of the Department of Health and Human Services to apply for grants to reduce disparities in health care and behavioral health ~~{; creating and prescribing the duties of the Kidney Disease Prevention and Education Task Force;}~~ and certain disparities relating to kidney disease; requiring the Legislative Auditor to include certain information relating to persons employed as a director or chief executive officer in a report of an audit, to the extent money is available; declaring the policy of this State concerning employee diversity for state employers; requiring public employers to provide racial equity training, to the extent money is available; requiring public officers and employees to complete any such training offered; creating the Minority Health and Equity Account to hold funding for the Office of Minority Health and Equity within the Department; authorizing the Office to enter into a joint partnership with a public or private entity; requiring a managed care plan that provides behavioral health services to recipients of Medicaid to prepare and implement a plan to ensure the delivery of such services in a culturally competent manner; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law authorizes the Department of Health and Human Services, through the Division of Public and Behavioral Health of the Department, to enter into contracts with various entities to carry out its duties relating to mental health and public health. (NRS 433.354, 439.155) **Sections 2 and 17** of this bill ~~{require}~~ authorize the Division to apply for available grants ~~{to address}~~ with the express purpose of addressing disparities in health care health outcomes, {and} behavioral health ~~{due to}~~ care and behavioral health outcomes based on race, color, ancestry, national origin, disability, familial status, sex, sexual orientation, gender identity or expression, immigration status, primary language or income level. **Sections 2 and 17** authorize the Division to use a competitive process to select and award a grant of money to a community-based nonprofit organization to serve as lead partner in ensuring that services funded by a grant obtained by the Division are funded and

allocated in an equitable manner. **Sections 2 and 17** additionally authorize the Division to establish and consult with an advisory committee to ensure that such services are provided in a culturally competent manner. **Sections 2 and 17** require the Department to submit to the Legislature annually two reports concerning efforts to address disparities in health care and behavioral health, respectively, due to race, color, ancestry, national origin, disability, familial status, sex, sexual orientation, gender identity or expression, immigration status, primary language or income level.

~~[—Section 4 of this bill creates the Kidney Disease Prevention and Education Task Force and section 3 of this bill defines the term “Task Force” to refer to that Task Force. Section 5 of this bill prescribes the duties of the Task Force, which include: (1) collaborating with certain persons and entities to examine, provide education concerning and raise awareness of issues related to kidney disease; (2) developing a sustainable plan to raise awareness concerning early detection of kidney disease, promote transplantation, increase equity in health care and reduce the frequency and severity of kidney disease in this State; and (3) submitting an annual report to the Legislature concerning the activities of the Task Force. Section 18 of this bill removes the requirement that the Task Force submit an annual report to the Legislature after 5 years.—]~~

**Section 2.5 of this bill authorizes the Division to apply for grants available to address disparities relating to kidney disease that are based on race. Section 2.5 authorizes the Division to establish and consult with an advisory committee consisting of certain persons interested in issues relating to kidney disease to establish a sustainable plan to increase education concerning and awareness of kidney disease through which services funded by such a grant may be provided. Section 2.5 also requires the Department to submit to the Legislature an annual report concerning the status of grants applied for during the immediately preceding calendar year.**

**Existing law requires the Legislative Auditor to conduct certain audits of accounts, funds and other records of agencies of the State to determine certain information. (NRS 218G.200) Section 7.2 of this bill requires a report of an audit conducted by the Legislative Auditor to include certain information relating to persons employed as a director or chief executive officer of the audited agency, to the extent money is available to do so.**

**Section 7.6 of this bill: (1) declares the policy of the State that persons employed by the State must, to the extent practicable, reflect the age, gender, sexual, ethnic and geographic diversity of this State; and (2) requires each state agency to post the policy on its Internet website.**

**Section 7.8 of this bill requires a public employer, to the extent that money is available, to provide training concerning diversity and racial equity to each public officer and employee. Section 7.8 also requires a public officer or employee to complete any such training.**

Existing law creates the Office of Minority Health and Equity within the Department of Health and Human Services to: (1) improve the quality of health care services for members of minority groups; (2) increase access to health care services for members of minority groups; (3) disseminate information to and educate the public on matters concerning health care issues of interest to members of minority groups; and (4) develop recommendations for changes in policy and advocate on behalf of minority groups. (NRS 232.474) **Section 8** of this bill creates the Minority Health and Equity Account to hold money provided to the Office through appropriations, gifts, grants and donations. **Section 8** provides that such money does not revert to the State General Fund. **Section 10** of this bill makes a conforming change to indicate the placement of **section 8** in the Nevada Revised Statutes. **Section 11** of this bill authorizes the Office to enter into joint partnerships with public and private entities to carry out its purposes.

Existing law requires the Department to administer Medicaid and the Children's Health Insurance Program. (NRS 422.270) **Section 16** of this bill requires the Division of Health Care Financing and Policy of the Department to require a managed care organization that provides behavioral health services to recipients of Medicaid or the Children's Health Insurance Program to prepare and implement a plan to ensure that such services are provided in a culturally competent manner if such a requirement is practicable. If the Division imposes such a requirement, **section 16** requires the managed care organization to establish a committee of interested persons to conduct an ongoing review of the plan.

1 WHEREAS, As stated by James Baldwin, “Not everything that is faced can be  
2 changed, but nothing can be changed until it is faced”; and

3 WHEREAS, Systemic racism and structures of racial discrimination create  
4 generational poverty and perpetuate debilitating economic, educational and health  
5 hardships for persons of color, causing the single most profound economic and  
6 social challenge facing Nevada; and

7 WHEREAS, This economic and social challenge has been exacerbated by the  
8 COVID-19 pandemic; and

9 WHEREAS, Nearly 49 percent of Nevada’s population is represented by persons  
10 of color, including persons who are Black, Indigenous, Hispanic, Asian or Pacific  
11 Islander and persons of more than one racial or ethnic background; and

12 WHEREAS, Nevada is a growing and diverse state with continually shifting  
13 demographics; and

14 WHEREAS, Racism has deep, harmful impacts and unfairly disadvantages Black  
15 and Indigenous persons and other persons of color (BIPOC) and has impeded  
16 solutions necessary to achieve racial parity; and

17 WHEREAS, Providers of health care have long noted the existence of racial and  
18 ethnic disparities in our health care system, and these inequalities have led to a  
19 disproportionate negative impact on BIPOC communities during the COVID-19  
20 pandemic; and

21 WHEREAS, The chronic stress of racism affects the mental and physical health  
22 of the members of BIPOC communities and, in particular, affects the mental and  
23 physical health of Black Americans on a daily basis to a greater degree than other  
24 groups; and

25 WHEREAS, During the 32nd Special Session of the Legislature, the Legislature  
26 adopted Senate Concurrent Resolution No. 1, which declared that systemic racism  
27 and structures of racial discrimination constitute a public health crisis; now,  
28 therefore,

29  
30 THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN  
31 SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:  
32

33 **Section 1.** Chapter 439 of NRS is hereby amended by adding thereto the  
34 provisions set forth as sections 2 to 5, inclusive, of this act.

35 **Sec. 2.** *1. The Division ~~[shall]~~ may apply for grants available from the*  
36 *Federal Government and other sources ~~[to support the provision of health care~~*  
37 *~~services or other services to promote physical well being in communities with~~*  
38 *~~higher risk of health problems, decreased access to or usage of health care~~*  
39 *~~services or worse health outcomes or physical well being than the general~~*  
40 *~~population]~~ which have the express purpose of addressing disparities in health*  
41 *care and health outcomes based on race, color, ancestry, national origin,*  
42 *disability, familial status, sex, sexual orientation, gender identity or expression,*  
43 *immigration status, primary language or income level.*

44 *2. To the extent authorized by the terms of a grant obtained pursuant to*  
45 *subsection 1, the Division may:*

46 *(a) Use a competitive process to select and award a grant of money to a*  
47 *nonprofit organization to serve as a lead partner to ensure that health care*  
48 *services supported by a grant obtained pursuant to subsection 1 are funded and*  
49 *allocated in an equitable manner. The lead partner must:*

50 *(1) Be based in the community to which the health care services are to be*  
51 *provided; and*

52 *(2) Have demonstrated experience serving that community.*

(b) Establish and consult with an advisory committee to ensure that health care services supported by a grant obtained pursuant to subsection 1 are provided in a culturally competent manner. The advisory committee must be composed of representatives of nonprofit organizations that have demonstrated experience serving the community to which the health care services are to be provided.

3. On or before February 1 of each year, the Department shall:

(a) Compile a report that includes, without limitation:

(1) The amount of money allocated by the Department during the immediately preceding calendar year to support the provision of health care services or other services to promote physical well-being in communities with higher risk of health problems, decreased access to or usage of health care services or worse health outcomes or physical well-being than the general population based on race, color, ancestry, national origin, disability, familial status, sex, sexual orientation, gender identity or expression, immigration status, primary language or income level;

(2) A description of the services described in subparagraph (1) that were provided during the immediately preceding calendar year and the efforts made by the Department during the immediately preceding calendar year to locate persons in need of such services and provide such services to those persons;

(3) The number of persons who received the services described in subparagraph (1) and, to the extent available, information regarding the income level, age, race and ethnicity of those persons; and

(4) Any community-based organizations with which the Department collaborated to provide those services; and

(b) Submit the report to the Director of the Legislative Counsel Bureau for transmittal to:

(1) In even-numbered years, the Legislative Commission and the Legislative Committee on Health Care; and

(2) In odd-numbered years, the next regular session of the Legislature.

Sec. 2.5. 1. The Division may apply for grants available from the Federal Government and other sources to support the identification, understanding and mitigation of health disparities relating to kidney disease that are based on race. Such disparities include, without limitation, disparities concerning:

(a) Early detection, frequency and severity of kidney disease; and

(b) Promotion of kidney transplantation.

2. The Division may establish and consult with an advisory committee to establish a sustainable plan to increase education concerning and awareness of kidney disease through which services supported by a grant obtained pursuant to subsection 1 may, to the extent applicable and authorized by the terms of the grant, be delivered. The advisory committee must be composed of representatives of providers of health care and medical facilities who provide care for kidney disease, patients with kidney disease, organ procurement organizations, national kidney organizations and any other members that the Division deems appropriate.

3. On or before February 1 of each year, the Department shall compile a report that includes, without limitation, the status of grants applied for during the immediately preceding calendar year pursuant to subsection 1 and submit the report to the Director of the Legislative Counsel Bureau for transmittal to:

(a) In even-numbered years, the Legislative Commission and the Legislative Committee on Health Care; and

(b) In odd-numbered years, the next regular session of the Legislature.

4. As used in this section:

(a) "Medical facility" has the meaning ascribed to it in NRS 449.0151.

1 (b) "Organ procurement organization" means a person designated by the  
2 Secretary of the United States Department of Health and Human Services as an  
3 organ procurement organization.

4 (c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

5 Sec. 3. ~~As used in this section and sections 4 and 5 of this act, unless the~~  
6 ~~context otherwise requires, "Task Force" means the Kidney Disease Prevention~~  
7 ~~and Education Task Force created by section 4 of this act.~~ (Deleted by  
8 amendment.)

9 Sec. 4. ~~1. The Kidney Disease Prevention and Education Task Force is~~  
10 ~~hereby created within the Department of Health and Human Services. The Task~~  
11 ~~Force consists of:~~

12 ~~— (a) One member of the Senate who is appointed by the Majority Leader of~~  
13 ~~the Senate;~~

14 ~~— (b) One member of the Assembly who is appointed by the Speaker of the~~  
15 ~~Assembly;~~

16 ~~— (c) One member of the Senate who is appointed by the Minority Leader of~~  
17 ~~the Senate;~~

18 ~~— (d) One member of the Assembly who is appointed by the Minority Leader of~~  
19 ~~the Assembly;~~

20 ~~— (e) One member who is a representative of the Department, appointed by the~~  
21 ~~Governor;~~

22 ~~— (f) One member who is a provider of health care, other than a physician,~~  
23 ~~who provides care to patients with kidney disease, appointed by the Co Chairs;~~

24 ~~— (g) One member who is a representative of a medical facility with a program~~  
25 ~~related to kidney health, appointed by the Co Chairs;~~

26 ~~— (h) One member who is a physician who provides care to patients with kidney~~  
27 ~~disease, appointed by the Co Chairs;~~

28 ~~— (i) One member who represents a nonprofit organ procurement organization,~~  
29 ~~appointed by the Co Chairs;~~

30 ~~— (j) One member who represents the National Kidney Foundation, or its~~  
31 ~~successor organization, and works primarily in this State, appointed by that~~  
32 ~~organization;~~

33 ~~— (k) One member who represents the American Kidney Fund, or its successor~~  
34 ~~organization, and works primarily in this State, appointed by that organization;~~

35 ~~— (l) One member who is a patient who has or has recovered from kidney~~  
36 ~~disease, appointed by the Co Chairs; and~~

37 ~~— (m) Any additional members appointed by the Co Chairs to represent public~~  
38 ~~health clinics, community health centers, organizations to provide health care to~~  
39 ~~minority populations and insurers. Members appointed pursuant to this~~  
40 ~~paragraph serve at the pleasure of the Co Chairs.~~

41 ~~2. The members appointed to the Task Force pursuant to paragraphs (a)~~  
42 ~~and (b) of subsection 1 shall serve as Co Chairs.~~

43 ~~3. After the initial terms, the members of the Task Force described in~~  
44 ~~paragraphs (a) to (l), inclusive, of subsection 1 serve terms of 2 years. A member~~  
45 ~~may be reappointed to the Task Force and any vacancy must be filled in the same~~  
46 ~~manner as the original appointment.~~

47 ~~4. The members of the Task Force serve without compensation and are not~~  
48 ~~entitled to the per diem and travel expenses provided for state officers and~~  
49 ~~employees generally.~~

50 ~~5. Each member of the Task Force who is an officer or employee of this~~  
51 ~~State or a political subdivision of this State must be relieved from his or her~~  
52 ~~duties without loss of regular compensation so that the officer or employee may~~  
53 ~~prepare for and attend meetings of the Task Force and perform any work~~

~~necessary to carry out the duties of the Task Force in the most timely manner practicable. A state agency or political subdivision of this State shall not require an officer or employee who is a member of the Task Force to make up the time the officer or employee is absent from work to carry out duties as a member of the Task Force or use annual leave or compensatory time for the absence.~~

~~6. The Department shall provide such administrative support to the Task Force as is necessary to carry out the duties of the Task Force.~~

~~7. As used in this section:~~

~~(a) "Medical facility" has the meaning ascribed to it in NRS 449.0151.~~

~~(b) "Organ procurement organization" has the meaning ascribed to it in NRS 451.534.~~

~~(c) "Provider of health care" has the meaning ascribed to it in NRS 629.021.] (Deleted by amendment.)~~

~~Sec. 5. 1. The members of the Task Force shall meet at the call of the Co Chairs. The Task Force shall prescribe regulations for its own management and government.~~

~~2. A majority of the members of the Task Force constitutes a quorum, and a quorum may exercise all the powers conferred on the Task Force.~~

~~3. The Task Force shall:~~

~~(a) Collaborate with interested persons and entities, including, without limitation, governmental entities and educational institutions, to examine, provide education concerning and increase awareness of chronic kidney disease, kidney transplant, donation of kidneys by living and deceased donors and disparities among races in rates of kidney disease.~~

~~(b) Develop a sustainable plan to raise awareness concerning early detection of kidney disease, promote kidney transplant, increase equity in health care services and reduce the frequency and severity of kidney disease in this State. The plan must include, without limitation, ongoing workshops, seminars, research, preventive screenings, social media campaigns and television and radio advertisements.~~

~~(c) Make recommendations concerning kidney health and kidney disease to the Division, the Department, the Legislature and other interested persons and entities.~~

~~(d) On or before December 31 of each year, compile a report concerning the activities of the Task Force and submit the report to the Director of the Legislative Counsel Bureau for transmittal to:~~

~~(1) In odd numbered years, the Legislative Committee on Health Care; and~~

~~(2) In even numbered years, the next regular session of the Legislature.] (Deleted by amendment.)~~

~~Sec. 6. (Deleted by amendment.)~~

~~Sec. 7. (Deleted by amendment.)~~

~~Sec. 7.2. Chapter 218G of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~The Legislative Auditor shall, to the extent money is available for this purpose, include in a report of an audit the number of persons employed as a director or chief executive officer of the audited agency, and, if available, the number of such persons who self-identify as:~~

~~1. Women, without regard to designated sex at birth.~~

~~2. Black, African-American, Hispanic, Latino, Asian, Pacific Islander, Native American, Native Hawaiian, Native Alaskan, gay, lesbian, bisexual or transgender.~~



1        **Sec. 7.4. Chapter 281 of NRS is hereby amended by adding thereto the**  
2 **provisions set forth as sections 7.6 and 7.8 of this act.**

3        **Sec. 7.6. 1. It is hereby declared to be the public policy of the State of**  
4 **Nevada that, except as otherwise required by law, persons employed by the State**  
5 **must, to the extent practicable, reflect the diversity of this State, including,**  
6 **without limitation, the age, gender, sexual, ethnic and geographic diversity of this**  
7 **State.**

8        **2. Each state agency shall post the policy set forth in subsection 1 on the**  
9 **Internet website maintained by the State agency.**

10        **Sec. 7.8. 1. To the extent that money is available, a public employer shall**  
11 **provide training concerning diversity and racial equity to each of its officers and**  
12 **employees, which may include, without limitation, training regarding:**

13        **(a) Implicit and unconscious bias; and**

14        **(b) Undoing organizational, institutional, structural and systemic racism.**

15        **2. A public officer or employee shall complete any training provided**  
16 **pursuant to subsection 1.**

17        **Sec. 8.** Chapter 232 of NRS is hereby amended by adding thereto a new  
18 section to read as follows:

19        ***1. The Minority Health and Equity Account is hereby created in the State***  
20 ***General Fund. The Account must be administered by the Manager. The Manager***  
21 ***shall deposit in the Account:***

22        ***(a) Any legislative appropriations made to the Office; and***

23        ***(b) Any other money received by the Office pursuant to NRS 232.476.***

24        ***2. The interest and income earned on:***

25        ***(a) The money in the Account, after deducting any applicable charges; and***

26        ***(b) Unexpended appropriations made to the Account from the State General***  
27 ***Fund,***

28        ***↪ must be credited to the Account.***

29        ***3. Any money in the Account and any unexpended appropriations made to***  
30 ***the Account from the State General Fund remaining at the end of a fiscal year do***  
31 ***not revert to the State General Fund, and the balance in the Account must be***  
32 ***carried forward to the next fiscal year.***

33        ***4. The money in the Account must be expended to carry out the purposes of***  
34 ***this section and NRS 232.467 to 232.484, inclusive.***

35        **Sec. 9.** NRS 232.320 is hereby amended to read as follows:

36        **232.320 1. The Director:**

37        **(a) Shall appoint, with the consent of the Governor, administrators of the**  
38 **divisions of the Department, who are respectively designated as follows:**

39        **(1) The Administrator of the Aging and Disability Services Division;**

40        **(2) The Administrator of the Division of Welfare and Supportive Services;**

41        **(3) The Administrator of the Division of Child and Family Services;**

42        **(4) The Administrator of the Division of Health Care Financing and**  
43 **Policy; and**

44        **(5) The Administrator of the Division of Public and Behavioral Health.**

45        **(b) Shall administer, through the divisions of the Department, the provisions of**  
46 **chapters 63, 424, 425, 427A, 432A to 442, inclusive, 446 to 450, inclusive, 458A**  
47 **and 656A of NRS, NRS 127.220 to 127.310, inclusive, 422.001 to 422.410,**  
48 **inclusive, and section 16 of this act, 422.580, 432.010 to 432.133, inclusive,**  
49 **432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive, and 445A.010 to**  
50 **445A.055, inclusive, and all other provisions of law relating to the functions of the**  
51 **divisions of the Department, but is not responsible for the clinical activities of the**  
52 **Division of Public and Behavioral Health or the professional line activities of the**  
53 **other divisions.**

(c) Shall administer any state program for persons with developmental disabilities established pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq.

(d) Shall, after considering advice from agencies of local governments and nonprofit organizations which provide social services, adopt a master plan for the provision of human services in this State. The Director shall revise the plan biennially and deliver a copy of the plan to the Governor and the Legislature at the beginning of each regular session. The plan must:

(1) Identify and assess the plans and programs of the Department for the provision of human services, and any duplication of those services by federal, state and local agencies;

(2) Set forth priorities for the provision of those services;

(3) Provide for communication and the coordination of those services among nonprofit organizations, agencies of local government, the State and the Federal Government;

(4) Identify the sources of funding for services provided by the Department and the allocation of that funding;

(5) Set forth sufficient information to assist the Department in providing those services and in the planning and budgeting for the future provision of those services; and

(6) Contain any other information necessary for the Department to communicate effectively with the Federal Government concerning demographic trends, formulas for the distribution of federal money and any need for the modification of programs administered by the Department.

(e) May, by regulation, require nonprofit organizations and state and local governmental agencies to provide information regarding the programs of those organizations and agencies, excluding detailed information relating to their budgets and payrolls, which the Director deems necessary for the performance of the duties imposed upon him or her pursuant to this section.

(f) Has such other powers and duties as are provided by law.

2. Notwithstanding any other provision of law, the Director, or the Director's designee, is responsible for appointing and removing subordinate officers and employees of the Department.

**Sec. 10.** NRS 232.467 is hereby amended to read as follows:

232.467 As used in NRS 232.467 to 232.484, inclusive, *and section 8 of this act*, unless the context otherwise requires, the words and terms defined in NRS 232.468 to 232.473, inclusive, have the meanings ascribed to them in those sections.

**Sec. 11.** NRS 232.476 is hereby amended to read as follows:

232.476 The Office may:

1. Apply for any available grants and accept any available gifts, grants, appropriations or donations, and use any such gifts, grants, appropriations or donations to carry out its purposes;

2. Contract *or enter into a partnership* with a public or private entity to assist in carrying out its purposes; and

3. Adopt such regulations as are necessary to carry out the provisions of NRS 232.467 to 232.484, inclusive *⌈, and section 8 of this act.*

**Sec. 12.** (Deleted by amendment.)

**Sec. 13.** (Deleted by amendment.)

**Sec. 14.** (Deleted by amendment.)

**Sec. 15.** (Deleted by amendment.)

1       **Sec. 16.** Chapter 422 of NRS is hereby amended by adding thereto a new  
2 section to read as follows:

3       1. To the extent practicable, the Division shall require a managed care  
4 organization, including, without limitation, a health maintenance organization,  
5 that provides behavioral health services to recipients of Medicaid under the State  
6 Plan for Medicaid or the Children's Health Insurance Program pursuant to a  
7 contract with the Division to prepare and implement a plan to ensure that such  
8 services are provided in a culturally competent manner.

9       2. A plan to ensure that behavioral health services are provided in a  
10 culturally competent manner must be approved by the Division and must include,  
11 without limitation:

12       (a) Identification of disparities in the incidence of behavioral health  
13 problems, access to or usage of behavioral health services and in behavioral  
14 health outcomes based on race, color, ancestry, national origin, disability,  
15 familial status, sex, sexual orientation, gender identity or expression,  
16 immigration status, primary language and income level, to the extent that data is  
17 available to identify such disparities;

18       (b) Strategies for reducing the disparities identified pursuant to paragraph  
19 (a) and the rationale for each strategy;

20       (c) Mechanisms and goals to measure the effectiveness of the strategies  
21 prescribed pursuant to paragraph (b) and, if applicable, the degree to which the  
22 managed care organization has achieved goals set forth in previous plans;

23       (d) Strategies for addressing trauma and providing services in a trauma-  
24 informed manner; and

25       (e) Strategies for soliciting input from persons to whom the managed care  
26 organization provides services and other interested persons.

27       3. If the Division requires a managed care organization to prepare and  
28 implement a plan to ensure that behavioral health services are provided in a  
29 culturally competent manner, the managed care organization must:

30       (a) Establish, through an open invitation, a committee of interested persons  
31 for the purpose of conducting an ongoing review of the plan. The committee must  
32 include, without limitation, state and local government officers and employees,  
33 consumers of behavioral health services, advocates for consumers of behavioral  
34 health services, experts on reducing disparities in behavioral health and  
35 providers of behavioral health services.

36       (b) ~~Annually~~ Biennially update the plan to reflect changes in the  
37 population served by the managed care organization and submit the updated plan  
38 to the Division for approval ~~and for technical assistance and feedback~~  
39 concerning the implementation of the plan.

40       (c) Post the plan and each updated version of the plan on a publicly available  
41 Internet website.

42       (d) ~~Annually~~ Biennially compile, submit to the Division and post publicly  
43 on the Internet a report concerning the degree to which the managed care  
44 organization has achieved or is progressing toward achieving the goals set forth  
45 pursuant to paragraph (c) of subsection 2.

46       ~~Every third year, submit the plan to the Division for technical assistance~~  
47 ~~and feedback concerning the implementation of the plan.~~

48       4. A committee established pursuant to paragraph (a) of subsection 3 must  
49 meet at least ~~monthly~~ quarterly. Such meetings:

50       (a) May be conducted remotely or in person; and

51       (b) Must be open to the public.

52       5. The Department and the Division shall provide a managed care  
53 organization with any demographic information or technical assistance necessary

1 to carry out the requirements imposed pursuant to this section. A managed care  
2 organization may solicit any information necessary to carry out the requirements  
3 imposed pursuant to this section from persons who receive behavioral health  
4 services from the plan.

5 6. As used in this section, “trauma-informed manner” means a manner  
6 that:

7 (a) Is informed by knowledge of and responsiveness to the effects of trauma;

8 (b) Emphasizes physical, psychological and emotional safety for persons  
9 receiving services; and

10 (c) Creates opportunities for a person affected by trauma to rebuild a sense  
11 of control and empowerment.

12 **Sec. 17.** Chapter 433 of NRS is hereby amended by adding thereto a new  
13 section to read as follows:

14 1. The Division ~~shall~~ may apply for grants available from the Federal  
15 Government and other sources ~~to support the provision of behavioral health~~  
16 ~~services or other services to promote emotional well-being in communities with~~  
17 ~~higher risk of behavioral health problems, decreased access to or usage of~~  
18 ~~behavioral health care services or worse behavioral health outcomes or emotional~~  
19 ~~well-being than the general population~~ which have the express purpose of  
20 addressing disparities in behavioral health care and behavioral health outcomes  
21 based on race, color, ancestry, national origin, disability, familial status, sex,  
22 sexual orientation, gender identity or expression, immigration status, primary  
23 language or income level.

24 2. To the extent authorized by the terms of a grant obtained pursuant to  
25 subsection 1, the Division may:

26 (a) Use a competitive process to select and award a grant of money to a  
27 nonprofit organization to serve as a lead partner to ensure that services supported  
28 by a grant obtained pursuant to subsection 1 are funded and allocated in an  
29 equitable manner. The lead partner must:

30 (1) Be based in the community to which the services are to be provided;  
31 and

32 (2) Have demonstrated experience serving that community.

33 (b) Establish and consult with an advisory committee to ensure that services  
34 supported by a grant obtained pursuant to subsection 1 are provided in a  
35 culturally competent manner. The advisory committee must be composed of  
36 representatives of nonprofit organizations that have demonstrated experience  
37 serving the community to which the services are to be provided.

38 3. On or before February 1 of each year, the Department shall:

39 (a) Compile a report that includes, without limitation:

40 (1) The amount of money allocated by the Department during the  
41 immediately preceding calendar year to support the provision of behavioral  
42 health services or other services to promote emotional well-being in communities  
43 with higher risk of behavioral health problems, decreased access to or usage of  
44 behavioral health services or worse behavioral health outcomes or emotional  
45 well-being than the general population based on race, color, ancestry, national  
46 origin, disability, familial status, sex, sexual orientation, gender identity or  
47 expression, immigration status, primary language or income level;

48 (2) A description of the services described in subparagraph (1) that were  
49 provided during the immediately preceding calendar year and the efforts made by  
50 the Department during the immediately preceding calendar year to locate persons  
51 in need of such services and provide such services to those persons;

(3) *The number of persons who received the services described in subparagraph (1) and, to the extent available, information regarding the income level, age, race and ethnicity of those persons; and*

(4) *Any community-based organizations with which the Department collaborated to provide those services; and*

(b) *Submit the report to the Director of the Legislative Counsel Bureau for transmittal to:*

(1) *In even-numbered years, the Legislative Commission and the Legislative Committee on Health Care; and*

(2) *In odd-numbered years, the next regular session of the Legislature.*

**Sec. 18.** ~~[Section 5 of this act is hereby amended to read as follows:~~

~~Sec. 5. 1. The members of the Task Force shall meet at the call of the Co Chairs. The Task Force shall prescribe regulations for its own management and government.~~

~~2. A majority of the members of the Task Force constitutes a quorum, and a quorum may exercise all the powers conferred on the Task Force.~~

~~3. The Task Force shall:~~

~~(a) Collaborate with interested persons and entities, including, without limitation, governmental entities and educational institutions, to examine, provide education concerning and increase awareness of chronic kidney disease, kidney transplant, donation of kidneys by living and deceased donors and disparities among races in rates of kidney disease.~~

~~(b) Develop a sustainable plan to raise awareness concerning early detection of kidney disease, promote kidney transplant, increase equity in health care services and reduce the frequency and severity of kidney disease in this State. The plan must include, without limitation, ongoing workshops, seminars, research, preventive screenings, social media campaigns and television and radio advertisements.~~

~~(c) Make recommendations concerning kidney health and kidney disease to the Division, the Department, the Legislature and other interested persons and entities.~~

~~(d) On or before December 31 of each year, compile a report concerning the activities of the Task Force and submit the report to the Director of the Legislative Counsel Bureau for transmittal to:~~

~~(1) In odd numbered years, the Legislative Committee on Health Care; and~~

~~(2) In even numbered years, the next regular session of the Legislature.] (Deleted by amendment.)~~

**Sec. 19.** ~~[As soon as practicable after July 1, 2021:~~

~~1. The Majority Leader of the Senate shall appoint to the Kidney Disease Prevention and Education Task Force the member described in paragraph (a) of subsection 1 of section 4 of this act to an initial term of 2 years.~~

~~2. The Speaker of the Assembly shall appoint to the Kidney Disease Prevention and Education Task Force the member described in paragraph (b) of subsection 1 of section 4 of this act to an initial term of 2 years.~~

~~3. The Minority Leader of the Senate shall appoint to the Kidney Disease Prevention and Education Task Force the member described in paragraph (c) of subsection 1 of section 4 of this act to an initial term of 2 years.~~

~~4. The Minority Leader of the Assembly shall appoint to the Kidney Disease Prevention and Education Task Force the member described in paragraph (d) of subsection 1 of section 4 of this act to an initial term of 2 years.~~

~~5. The Governor shall appoint to the Kidney Disease Prevention and Education Task Force the member described in paragraph (c) of subsection 1 of section 4 of this act to an initial term of 1 year.~~

~~6. The Co-Chairs of the Kidney Disease Prevention and Education Task Force shall appoint to the Task Force the members described in paragraphs (f) to (i), inclusive, and (l) of subsection 1 of section 4 of this act to initial terms of 1 year.~~

~~7. The National Kidney Foundation shall appoint to the Kidney Disease Prevention and Education Task Force the member described in paragraph (j) of subsection 1 of section 4 of this act to an initial term of 2 years.~~

~~8. The American Kidney Fund shall appoint to the Kidney Disease Prevention and Education Task Force the member described in paragraph (k) of subsection 1 of section 4 of this act to an initial term of 2 years.~~ **(Deleted by amendment.)**

**Sec. 20.** The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

**Sec. 21.** 1. This section and sections 1 to 17, inclusive, 19 and 20 of this act become effective on July 1, 2021.

2. Section 18 of this act becomes effective on July 1, 2026.