

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 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; imposing requirements concerning expenditures relating to certain health matters; 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:

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



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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.

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 Chief of the Budget Division of the Office of Finance to biennially prepare a proposed budget for the Executive Department of the State Government for the next 2 fiscal years. (NRS 353.185) **Sections 12 and 13** of this bill require that any expenditure proposed by that budget for a health care issue that disproportionately affects Black and Indigenous persons and other persons of color must be proposed to be made in a manner that is in direct proportion to the disproportionate effect of that health care issue on each of those groups. **Section 6** of this bill requires the Legislature to ensure that any money appropriated or authorized for a health care issue that disproportionately affects those groups is distributed in direct proportion to the disproportionate effect of that health care issue on each of those groups.

Existing law requires any department, institution or agency of the Executive Department to submit any request for the revision of the work program of the department, institution or agency for approval by the Chief and, for certain significant expenditures, the Interim Finance Committee. (NRS 353.220) **Section 14** of this bill requires: (1) any proposed revision to a work program related to money for a health care issue that disproportionately affects Black and Indigenous persons and other persons of color to be proposed to be made in a manner that is in direct proportion to the disproportionate effect of that health care issue on each of those groups; and (2) the Interim Finance Committee to consider, when acting on the proposed revision, whether the revision is proposed to be made in such a manner.

Existing law requires certain gifts and grants to a state agency to be approved by the Interim Finance Committee. **Section 15** of this bill requires the Interim



Finance Committee, when acting on a proposed gift or grant, to consider whether a proposed gift or grant for a health care issue that disproportionately affects Black and Indigenous persons and other persons of color is proposed to be expended in a manner that is in direct proportion to the disproportionate effect of that health care issue on each of those groups. **Section 7** of this bill requires the Fiscal Analysis Division of the Legislative Counsel Bureau to prepare and post on the Internet annually a report concerning actions taken by the Interim Finance Committee and the Legislature pursuant to **sections 6, 14 and 15** to ensure that expenditures on health care issues that disproportionately affect Black and Indigenous persons and other persons of color are made in a manner that is in direct proportion to the disproportionate effect of that health care issue on each of those groups.

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.

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

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

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

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

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

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

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

WHEREAS, The chronic stress of racism affects the mental and physical health of the members of BIPOC communities and, in particular, affects the mental and physical health of Black



Americans on a daily basis to a greater degree than other groups;
and

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

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

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

Sec. 2. 1. *The Division shall apply for grants available
from any source, including, without limitation, the Federal
Government, 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. *To the extent authorized by the terms of a grant obtained
pursuant to subsection 1, the Division may:*

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

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

(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*



1 provision of health care services or other services to promote
2 physical well-being in communities with higher risk of health
3 problems, decreased access to or usage of health care services or
4 worse health outcomes or physical well-being than the general
5 population based on race, color, ancestry, national origin,
6 disability, familial status, sex, sexual orientation, gender identity
7 or expression, immigration status, primary language or income
8 level;

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

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

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

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

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

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

26 **Sec. 3.** As used in this section and sections 4 and 5 of this
27 act, unless the context otherwise requires, “Task Force” means
28 the Kidney Disease Prevention and Education Task Force created
29 by section 4 of this act.

30 **Sec. 4. 1.** The Kidney Disease Prevention and Education
31 Task Force is hereby created within the Department of Health and
32 Human Services. The Task Force consists of:

33 (a) One member of the Senate who is appointed by the
34 Majority Leader of the Senate;

35 (b) One member of the Assembly who is appointed by the
36 Speaker of the Assembly;

37 (c) One member of the Senate who is appointed by the
38 Minority Leader of the Senate;

39 (d) One member of the Assembly who is appointed by the
40 Minority Leader of the Assembly;

41 (e) One member who is a representative of the Department,
42 appointed by the Governor;

43 (f) One member who is a provider of health care, other than a
44 physician, who provides care to patients with kidney disease,
45 appointed by the Co-Chairs;



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

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

(i) One member who represents a nonprofit organ procurement organization, appointed by the Co-Chairs;

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

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

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

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

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

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

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

5. Each member of the Task Force who is an officer or employee of this State or a political subdivision of this State must be relieved from his or her duties without loss of regular compensation so that the officer or employee may 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 629.031.

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.

Sec. 6. Chapter 218D of NRS is hereby amended by adding thereto a new section to read as follows:

In enacting any bill that appropriates or authorizes money for a health care issue that disproportionately affects Black and Indigenous persons and other persons of color, the Legislature shall ensure that the money is distributed in direct proportion to



the disproportionate effect of that health care issue on each of those groups.

Sec. 7. NRS 218F.600 is hereby amended to read as follows:

218F.600 1. The Fiscal Analysis Division consists of the Senate Fiscal Analyst, the Assembly Fiscal Analyst and such additional staff as the performance of their duties may require.

2. The Fiscal Analysis Division shall:

(a) Thoroughly examine all agencies of the State with special regard to their activities and the duplication of efforts between them.

(b) Recommend to the Legislature any suggested changes looking toward economy and the elimination of inefficiency in government.

(c) Ascertain facts and make recommendations to the Legislature concerning the budget of the State and the estimates of the expenditure requirements of the agencies of the State.

(d) Make projections of future public revenues for the use of the Legislature.

(e) Analyze the history and probable future trend of the State's financial position in order that a sound fiscal policy may be developed and maintained for the State of Nevada.

(f) Analyze appropriation bills, revenue bills and bills having a fiscal impact upon the operation of the government of the State of Nevada or its political subdivisions.

(g) Advise the Legislature and its members and committees regarding matters of a fiscal nature.

(h) *Prepare and cause to be posted on the Internet website of the Legislature annually a report concerning:*

(1) In an even-numbered year, actions taken by the Interim Finance Committee in accordance with paragraph (c) of subsection 7 of NRS 353.220 and paragraph (e) of subsection 4 of NRS 353.335; and

(2) In an odd-numbered year, actions taken by the Legislature in accordance with section 6 of this act.

(i) Perform such other functions as may be assigned to the Fiscal Analysis Division by the Legislature, the Legislative Commission or the Director.

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

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

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

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

2. The interest and income earned on:



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

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

↪ must be credited to the Account.

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

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

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

232.320 1. The Director:

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

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

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

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

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

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

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



1 services, adopt a master plan for the provision of human services in
2 this State. The Director shall revise the plan biennially and deliver a
3 copy of the plan to the Governor and the Legislature at the
4 beginning of each regular session. The plan must:

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

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

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

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

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

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

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

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

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

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

33 232.467 As used in NRS 232.467 to 232.484, inclusive, *and*
34 *section 8 of this act*, unless the context otherwise requires, the
35 words and terms defined in NRS 232.468 to 232.473, inclusive,
36 have the meanings ascribed to them in those sections.

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

38 232.476 The Office may:

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

42 2. Contract *or enter into a partnership* with a public or private
43 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 ~~H~~, and *section 8 of this act.*

Sec. 12. NRS 353.185 is hereby amended to read as follows:

353.185 The powers and duties of the Chief are:

1. To appraise the quantity and quality of services rendered by each agency in the Executive Department of the State Government, and the needs for such services and for any new services.

2. To develop plans for improvements and economies in organization and operation of the Executive Department, and to install such plans as are approved by the respective heads of the various agencies of the Executive Department, or as are directed to be installed by the Governor or the Legislature.

3. To cooperate with the State Public Works Division of the Department of Administration in developing comprehensive, long-range plans for capital improvements and the means for financing them.

4. To devise and prescribe the forms for reports on the operations of the agencies in the Executive Department to be required periodically from the several agencies in the Executive Department, and to require the several agencies to make such reports.

5. To prepare the executive budget report for the Governor's approval and submission to the Legislature.

6. To prepare a proposed budget for the Executive Department of the State Government for the next 2 fiscal years, which must:

(a) Present a complete financial plan for the next 2 fiscal years;

(b) Set forth all proposed expenditures for the administration, operation and maintenance of the departments, institutions and agencies of the Executive Department of the State Government, including those operating on funds designated for specific purposes by the Constitution or otherwise, which must include a separate statement of:

(1) The anticipated expense, including personnel, for the operation and maintenance of each capital improvement to be constructed during the next 2 fiscal years and of each capital improvement constructed on or after July 1, 1999, which is to be used during those fiscal years or a future fiscal year; ~~and~~

(2) *If the expenditure is for a health care issue that disproportionately affects Black and Indigenous persons and other persons of color, the distribution of the money, which must be in direct proportion to the disproportionate effect of that health care issue on each of those groups; and*



(3) The proposed source of funding for the operation and maintenance of each capital improvement, including personnel, to be constructed during the next 2 fiscal years;

(c) Set forth all charges for interest and debt redemption during the next 2 fiscal years;

(d) Set forth all expenditures for capital projects to be undertaken and executed during the next 2 fiscal years, and which must, to the extent practicable, provide that each capital project which exceeds a cost of \$10,000,000 be scheduled to receive funding for design and planning during one biennium and funding for construction in the subsequent biennium; and

(e) Set forth the anticipated revenues of the State Government, and any other additional means of financing the expenditures proposed for the next 2 fiscal years.

7. To examine and approve work programs and allotments to the several agencies in the Executive Department, and changes therein.

8. To examine and approve statements and reports on the estimated future financial condition and the operations of the agencies in the Executive Department of the State Government and the several budgetary units that have been prepared by those agencies and budgetary units, before the reports are released to the Governor, to the Legislature or for publication.

9. To receive and deal with requests for information as to the budgetary status and operations of the executive agencies of the State Government.

10. To prepare such statements of unit costs and other statistics relating to cost as may be required from time to time, or requested by the Governor or the Legislature.

11. To do and perform such other and further duties relative to the development and submission of an adequate proposed budget for the Executive Department of the State Government of the State of Nevada as the Governor may require.

Sec. 13. NRS 353.205 is hereby amended to read as follows:

353.205 1. The proposed budget for the Executive Department of the State Government for each fiscal year must be set up in four parts:

(a) Part 1 must consist of a budgetary message by the Governor which includes:

(1) A general summary of the long-term performance goals of the Executive Department of the State Government for:

(I) Core governmental functions, including the education of pupils in kindergarten through grade 12, higher education, human services and public safety and health; and

(II) Other governmental services;



(2) An explanation of the means by which the proposed budget will provide adequate funding for those governmental functions and services such that ratable progress will be made toward achieving those long-term performance goals;

(3) An outline of any other important features of the financial plan of the Executive Department of the State Government for the next 2 fiscal years; and

(4) A general summary of the proposed budget setting forth the aggregate figures of the proposed budget in such a manner as to show the balanced relations between the total proposed expenditures and the total anticipated revenues, together with the other means of financing the proposed budget for the next 2 fiscal years, contrasted with the corresponding figures for the last completed fiscal year and fiscal year in progress. The general summary of the proposed budget must be supported by explanatory schedules or statements, classifying the expenditures contained therein by organizational units, objects and funds, and the income by organizational units, sources and funds. The organizational units may be subclassified by functions and by agencies, bureaus or commissions, or in any other manner determined by the Chief.

(b) Part 2 must embrace the detailed budgetary estimates both of expenditures and revenues as provided in NRS 353.150 to 353.246, inclusive. The information must be presented in a manner which sets forth separately the cost of continuing each program at the same level of service as the current year and the cost, by budgetary issue, of any recommendations to enhance or reduce that level of service. Revenues must be summarized by type, and expenditures must be summarized by program or budgetary account and by category of expense. *If any expenditures are for a health care issue that disproportionately affects Black and Indigenous persons and other persons of color, the expenditures must be proposed to be made in a manner that is in direct proportion to the disproportionate effect of that health care issue on each of those groups.* Part 2 must include:

(1) The identification of each long-term performance goal of the Executive Department of the State Government for:

(I) Core governmental functions, including the education of pupils in kindergarten through grade 12, higher education, human services, and public safety and health; and

(II) Other governmental services,
➔ and of each intermediate objective for the next 2 fiscal years toward achieving those goals.

(2) An explanation of the means by which the proposed budget will provide adequate funding for those governmental functions and services such that those intermediate objectives will



1 be met and progress will be made toward achieving those long-term
2 performance goals.

3 (3) A mission statement and measurement indicators for each
4 department, institution and other agency of the Executive
5 Department of the State Government, which articulate the
6 intermediate objectives and long-term performance goals each such
7 department, institution and other agency is tasked with achieving
8 and the particular measurement indicators tracked for each such
9 department, institution and other agency to determine whether the
10 department, institution or other agency is successful in achieving its
11 intermediate objectives and long-term performance goals, provided
12 in sufficient detail to assist the Legislature in performing an analysis
13 of the relative costs and benefits of program budgets and in
14 determining priorities for expenditures. If available, information
15 regarding such measurement indicators must be provided for each of
16 the previous 4 fiscal years. If a new measurement indicator is being
17 added, a rationale for that addition must be provided. If a
18 measurement indicator is being modified, information must be
19 provided regarding both the modified indicator and the indicator as
20 it existed before modification. If a measurement indicator is being
21 deleted, a rationale for that deletion and information regarding the
22 deleted indicator must be provided.

23 (4) Statements of the bonded indebtedness of the State
24 Government, showing the requirements for redemption of debt, the
25 debt authorized and unissued, and the condition of the sinking
26 funds.

27 (5) Any statements relative to the financial plan which the
28 Governor may deem desirable, or which may be required by the
29 Legislature.

30 (c) Part 3 must set forth, for the Office of Economic
31 Development and the Office of Energy, the results of the analyses
32 conducted by those offices and reported to the Chief pursuant to
33 NRS 353.207 for the immediately preceding 2 fiscal years.

34 (d) Part 4 must include a recommendation to the Legislature for
35 the drafting of a general appropriation bill authorizing, by
36 departments, institutions and agencies, and by funds, all
37 expenditures of the Executive Department of the State Government
38 for the next 2 fiscal years, and may include recommendations to the
39 Legislature for the drafting of such other bills as may be required to
40 provide the income necessary to finance the proposed budget and to
41 give legal sanction to the financial plan if adopted by the
42 Legislature.

43 2. Except as otherwise provided in NRS 353.211, as soon as
44 each part of the proposed budget is prepared, a copy of the part must



1 be transmitted to the Fiscal Analysis Division of the Legislative
2 Counsel Bureau for confidential examination and retention.

3 3. Except for the information provided to the Fiscal Analysis
4 Division of the Legislative Counsel Bureau pursuant to NRS
5 353.211, parts 1 and 2 of the proposed budget are confidential until
6 the Governor transmits the proposed budget to the Legislature
7 pursuant to NRS 353.230, regardless of whether those parts are in
8 the possession of the Executive or Legislative Department of the
9 State Government. Part 4 of the proposed budget is confidential
10 until the bills which result from the proposed budget are introduced
11 in the Legislature. As soon as practicable after the Governor
12 transmits the proposed budget to the Legislature pursuant to NRS
13 353.230, the information required to be included in the proposed
14 budget pursuant to subparagraphs (1), (2) and (3) of paragraph (b) of
15 subsection 1 must be posted on the Internet websites maintained by
16 the Budget Division of the Office of Finance.

17 **Sec. 14.** NRS 353.220 is hereby amended to read as follows:

18 353.220 1. The head of any department, institution or agency
19 of the Executive Department of the State Government, whenever he
20 or she deems it necessary because of changed conditions, may
21 request the revision of the work program of his or her department,
22 institution or agency at any time during the fiscal year, and submit
23 the revised program to the Governor through the Chief with a
24 request for revision of the allotments for the remainder of that fiscal
25 year.

26 2. Every request for revision must be submitted to the Chief on
27 the form and with supporting information as the Chief prescribes. *If*
28 *the request for revision is related to money for a health care issue*
29 *that disproportionately affects Black and Indigenous persons and*
30 *other persons of color, the request must propose a distribution of*
31 *the money in direct proportion to the disproportionate effect of*
32 *that health care issue on each of those groups.*

33 3. Before encumbering any appropriated or authorized money,
34 every request for revision must be approved or disapproved in
35 writing by the Governor or the Chief, if the Governor has by written
36 instrument delegated this authority to the Chief.

37 4. Except as otherwise provided in subsection 8, whenever a
38 request for the revision of a work program of a department,
39 institution or agency in an amount more than \$30,000 would, when
40 considered with all other changes in allotments for that work
41 program made pursuant to subsections 1, 2 and 3 and NRS 353.215,
42 increase or decrease by 10 percent or \$75,000, whichever is less, the
43 expenditure level approved by the Legislature for any of the
44 allotments within the work program, the request must be approved



as provided in subsection 5 before any appropriated or authorized money may be encumbered for the revision.

5. If a request for the revision of a work program requires additional approval as provided in subsection 4 and:

(a) Is necessary because of an emergency as defined in NRS 353.263 or for the protection of life or property, the Governor shall take reasonable and proper action to approve it and shall report the action, and his or her reasons for determining that immediate action was necessary, to the Interim Finance Committee at its first meeting after the action is taken. Action by the Governor pursuant to this paragraph constitutes approval of the revision, and other provisions of this chapter requiring approval before encumbering money for the revision do not apply.

(b) The Governor determines that the revision is necessary and requires expeditious action, he or she may certify that the request requires expeditious action by the Interim Finance Committee. Whenever the Governor so certifies, the Interim Finance Committee has 15 days after the request is submitted to its Secretary within which to consider the revision. Any request for revision which is not considered within the 15-day period shall be deemed approved.

(c) Does not qualify pursuant to paragraph (a) or (b), it must be submitted to the Interim Finance Committee. The Interim Finance Committee has 45 days after the request is submitted to its Secretary within which to consider the revision. Any request which is not considered within the 45-day period shall be deemed approved.

6. The Secretary shall place each request submitted pursuant to paragraph (b) or (c) of subsection 5 on the agenda of the next meeting of the Interim Finance Committee.

7. In acting upon a proposed revision of a work program, the Interim Finance Committee shall consider, among other things:

(a) The need for the proposed revision; ~~and~~

(b) The intent of the Legislature in approving the budget for the present biennium and originally enacting the statutes which the work program is designed to effectuate ~~and~~; and

(c) If the proposed revision relates to a health care issue that disproportionately affects Black and Indigenous persons and other persons of color, whether the revision is proposed in a manner that distributes the money in direct proportion to the disproportionate effect of that health care issue on each of those groups.

8. The provisions of subsection 4 do not apply to any request for the revision of a work program which is required:

(a) As a result of the acceptance of a gift or grant of property or services pursuant to subsection 5 of NRS 353.335; or



(b) To carry forward to a fiscal year, without a change in purpose, the unexpended balance of any money authorized for expenditure in the immediately preceding fiscal year.

Sec. 15. NRS 353.335 is hereby amended to read as follows:

353.335 1. Except as otherwise provided in subsections 5 and 6, a state agency may accept any gift or grant of property or services from any source only if it is included in an act of the Legislature authorizing expenditures of nonappropriated money or, when it is not so included, if it is approved as provided in subsection 2.

2. If:

(a) Any proposed gift or grant is necessary because of an emergency as defined in NRS 353.263 or for the protection or preservation of life or property, the Governor shall take reasonable and proper action to accept it and shall report the action and his or her reasons for determining that immediate action was necessary to the Interim Finance Committee at its first meeting after the action is taken. Action by the Governor pursuant to this paragraph constitutes acceptance of the gift or grant, and other provisions of this chapter requiring approval before acceptance do not apply.

(b) The Governor determines that any proposed gift or grant would be forfeited if the State failed to accept it before the expiration of the period prescribed in paragraph (c), the Governor may declare that the proposed acceptance requires expeditious action by the Interim Finance Committee. Whenever the Governor so declares, the Interim Finance Committee has 15 days after the proposal is submitted to its Secretary within which to approve or deny the acceptance. Any proposed acceptance which is not considered within the 15-day period shall be deemed approved.

(c) The proposed acceptance of any gift or grant does not qualify pursuant to paragraph (a) or (b), it must be submitted to the Interim Finance Committee. The Interim Finance Committee has 45 days after the proposal is submitted to its Secretary within which to consider acceptance. Any proposed acceptance which is not considered within the 45-day period shall be deemed approved.

3. The Secretary shall place each request submitted to the Secretary pursuant to paragraph (b) or (c) of subsection 2 on the agenda of the next meeting of the Interim Finance Committee.

4. In acting upon a proposed gift or grant, the Interim Finance Committee shall consider, among other things:

(a) The need for the facility or service to be provided or improved;

(b) Any present or future commitment required of the State;

(c) The extent of the program proposed; ~~and~~

(d) The condition of the national economy, and any related fiscal or monetary policies ~~H~~; and



(e) If the proposed gift or grant is proposed to be used for a health care issue that disproportionately affects Black and Indigenous persons and other persons of color, whether the gift or grant is proposed to be expended by the state agency in direct proportion to the disproportionate effect of that health care issue on each of those groups.

5. A state agency may accept:

(a) Gifts, including grants from nongovernmental sources, not exceeding \$20,000 each in value; and

(b) Governmental grants not exceeding \$150,000 each in value, if the gifts or grants are used for purposes which do not involve the hiring of new employees and if the agency has the specific approval of the Governor or, if the Governor delegates this power of approval to the Chief of the Budget Division of the Office of Finance, the specific approval of the Chief.

6. This section does not apply to:

(a) The Nevada System of Higher Education;

(b) The Department of Health and Human Services while acting as the state health planning and development agency pursuant to paragraph (d) of subsection 2 of NRS 439A.081 or for donations, gifts or grants to be disbursed pursuant to NRS 433.395 or 435.490; or

(c) Artifacts donated to the Department of Tourism and Cultural Affairs.

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

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

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

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



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

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

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

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

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

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

(b) Annually update the plan to reflect changes in the population served by the managed care organization and submit the updated plan to the Division for approval.

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

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

(e) Every third year, submit the plan to the Division for technical assistance and feedback concerning the implementation of the plan.

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

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

(b) Must be open to the public.

5. The Department and the Division shall provide a managed care organization with any demographic information or technical assistance necessary to carry out the requirements imposed pursuant to this section. A managed care organization may solicit any information necessary to carry out the requirements imposed



pursuant to this section from persons who receive behavioral health services from the plan.

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

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

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

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

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

1. The Division shall apply for grants available from any source, including, without limitation, the Federal Government, to support the provision of behavioral health services or other services to promote emotional well-being in communities with higher risk of behavioral health problems, decreased access to or usage of behavioral health care services or worse behavioral health outcomes or emotional 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. To the extent authorized by the terms of a grant obtained pursuant to subsection 1, the Division may:

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

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

(2) Have demonstrated experience serving that community.

(b) Establish and consult with an advisory committee to ensure that 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 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 behavioral health services or other services to



promote emotional well-being in communities with higher risk of behavioral health problems, decreased access to or usage of behavioral health services or worse behavioral health outcomes or emotional 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. 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.]~~

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 (e) 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



1 in paragraph (k) of subsection 1 of section 4 of this act to an initial
2 term of 2 years.

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

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

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

