

SENATE BILL NO. 390—COMMITTEE ON
HEALTH AND HUMAN SERVICES

MARCH 26, 2021

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to behavioral health.
(BDR 39-635)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
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 behavioral health; providing for the establishment of a suicide prevention and behavioral health crisis hotline; requiring the imposition of a surcharge on certain communications services to support the hotline; creating the Nevada Fund for Healthy Communities; requiring the State Treasurer to deposit the proceeds of certain litigation into the Fund; authorizing the Department of Health and Human Services to use a portion of the money in the Fund for certain statewide projects; requiring the Department to award grants from the Fund to support certain projects to address the impact of opioid use disorder and other substance use disorders; prescribing certain procedures relating to the awarding of those grants; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

- 1 Existing federal law establishes the National Suicide Prevention Lifeline
2 program, including the establishment of a national suicide prevention and mental
3 health crisis hotline that may be accessed by dialing the digits 9-8-8. (42 U.S.C. § §
4 290bb-36c) **Section 2** of this bill defines the term “National Suicide Prevention
5 Lifeline program” to refer to that program. **Section 3** of this bill requires the
6 Division of Public and Behavioral Health of the Department of Health and Human
7 Services to establish: (1) a hotline for persons who are considering suicide or
8 otherwise in a behavioral health crisis that may be accessed by dialing the digits 9-
9 8-8; and (2) at least one support center to answer calls to the hotline and coordinate
10 the response to those calls. **Section 3** also requires the Division to: (1) encourage
11 the establishment of or establish mobile crisis teams to respond to calls; and (2)



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perform certain other duties related to the hotline. **Section 4** of this bill establishes operational requirements and duties for a support center. Those duties include coordinating and deploying necessary services for persons who access the hotline and providing follow-up services for such persons. **Section 6** of this bill requires the Division to annually submit to the Legislature, the Commission on Behavioral Health and each regional behavioral health policy board a report concerning the usage of the hotline and the services provided to persons who access the hotline.

Existing federal law authorizes a state to impose a fee or charge on a commercial mobile communication service or an IP-enabled voice service to fund the operations of a suicide prevention and mental health crisis hotline established pursuant to the National Suicide Prevention Lifeline program. (47 U.S.C. § 251a) **Section 5** of this bill requires the Public Utilities Commission to impose a surcharge on mobile communication services, IP-enabled voice services and landline telephone services. **Section 5** requires the Commission to deposit the proceeds from the surcharge into an account administered by the Division. **Section 5** additionally authorizes the Division to accept gifts, grants and donations to support the operation of the hotline and the services provided to persons who access the hotline. **Section 6** of this bill requires the Division to annually submit to the Legislature a report concerning the revenue generated by the surcharge and deposits and expenditures from the account.

Existing law: (1) creates the Fund for a Healthy Nevada; (2) requires the State Treasurer to deposit in the Fund the proceeds of litigation by the State against manufacturers of tobacco products; and (3) requires the Department of Health and Human Services, with the authorization of the Legislature, to allocate the money in the Fund for certain purposes to address the health needs of residents of this State. (NRS 439.620, 439.630) **Sections 7-9.5** of this bill similarly: (1) create the Nevada Fund for Healthy Communities to hold the proceeds of litigation by the State concerning the manufacture, distribution, sale and marketing of opioids; and (2) provide for the distribution of that money as grants to state, regional, local and tribal governments and nonprofit organizations for projects that address the impacts of opioid use disorder and other substance use disorders. **Section 7** of this bill defines the term "Fund" to refer to the Fund. **Section 8** of this bill creates the Fund and requires the State Treasurer to administer the Fund. **Section 9** of this bill requires the Department of Health and Human Services to: (1) conduct a needs assessment to determine the priorities for allocating money from the Fund; and (2) distribute the money in the Fund as grants to state, regional, local and tribal agencies and nonprofit organizations for projects that address the impacts of opioid use disorder and other substance use disorders. **Section 8** additionally authorizes the Department, subject to legislative authorization, to spend the money in the Fund for certain statewide projects. **Section 9.5** of this bill: (1) prescribes specific requirements concerning the needs assessment conducted pursuant to **section 9**; and (2) requires state, regional, local and tribal agencies to submit to the Department plans to address the priorities identified in the needs assessment. **Section 9** requires the Department to consider those plans when awarding grants. **Section 8** requires expenditures from the Fund to be authorized by the Interim Finance Committee. **Section 10** of this bill authorizes the Interim Finance Committee to perform duties relating to the authorization of such grants during a regular session of the Legislature. **Section 11** of this bill requires any state agency that has previously received proceeds of litigation by the State concerning the manufacture, distribution, sale and marketing of opioids to transfer any uncommitted portion of those proceeds to the State Treasurer for deposit in the Fund.



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

Section 1. Chapter 433 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 9.5, inclusive, of this act.

Sec. 2. *As used in sections 2 to 6, inclusive, of this act, unless the context otherwise requires, "National Suicide Prevention Lifeline program" means the National Suicide Prevention Lifeline program established by 42 U.S.C. § 290bb-36c.*

Sec. 3. 1. *The Division shall:*

(a) Establish a hotline for persons who are considering suicide or otherwise in a behavioral health crisis that may be accessed by dialing the digits 9-8-8;

(b) Establish at least one support center that meets the requirements of section 4 of this act to answer calls to the hotline and coordinate the response to persons who access the hotline;

(c) Encourage the establishment of and, to the extent that money is available, establish mobile crisis teams to provide community-based intervention, including, without limitation, de-escalation and stabilization, for persons who are considering suicide or otherwise in a behavioral health crisis and access the hotline;

(d) Participate in any collection of information by the Federal Government concerning the National Suicide Prevention Lifeline program;

(e) Collaborate with the National Suicide Prevention Lifeline program and the Veterans Crisis Line program established pursuant to 38 U.S.C. § 1720F(h) to ensure consistent messaging to the public about the hotline; and

(f) Adopt any regulations necessary to carry out the provisions of sections 2 to 6, inclusive, of this act, including, without limitation:

(1) Regulations establishing the qualifications of providers of services who are involved in responding to persons who are considering suicide or are otherwise in a behavioral health crisis and access the hotline; and

(2) Any regulations necessary to allow for communication and sharing of information between persons and entities involved in responding to crises and emergencies in this State to facilitate the coordination of care for persons who are considering suicide or are otherwise in a behavioral health crisis and access the hotline.

2. *A mobile crisis team established pursuant to paragraph (c) of subsection 1 must be:*



(a) A team based in the jurisdiction that it serves which includes persons professionally qualified in the field of psychiatric mental health and providers of peer support services;

(b) A team established by a provider of emergency medical services that includes providers of peer support services; or

(c) A team established by a law enforcement agency that includes law enforcement officers, persons professionally qualified in the field of psychiatric mental health and providers of peer support services.

3. As used in this section, “peer support services” has the meaning ascribed to it in NRS 449.01566.

Sec. 4. 1. Any support center established pursuant to section 3 of this act must:

(a) Meet the requirements established for participation in the National Suicide Prevention Lifeline program including, without limitation, requirements established by the National Suicide Prevention Lifeline Program for serving lesbian, gay, bisexual, transgender and questioning persons, persons with substance use disorders or persons with co-occurring disorders, Native Americans and other high-risk and specialized populations identified by the Substance Abuse and Mental Health Services Administration of the United States Health and Human Services. Such requirements include, without limitation, requirements for training staff to respond to callers who are members of specialized populations and transferring such callers to an appropriate specialized center or subnetwork.

(b) Use technology that is interoperable between systems for responding for crises and emergencies across this State, including, without limitation:

(1) Systems used to provide emergency 911 service;

(2) Systems used by providers of emergency medical services; and

(3) Registries of beds available for persons who require inpatient psychiatric treatment.

2. A support center shall:

(a) Enter into an agreement with the National Suicide Prevention Lifeline program to participate in the network of local crisis support centers established by that program;

(b) Implement the operational and clinical standards and best practices prescribed by the National Suicide Prevention Lifeline program for a local crisis support center;

(c) Share information with other persons and entities in this State responsible for providing services to persons in a behavioral health crisis to facilitate performance of the duties described in paragraph (d);



(d) Coordinate and deploy necessary services, including, without limitation, crisis stabilization services and mobile crisis teams, for persons who are considering suicide or otherwise in a behavioral health crisis and access the hotline established pursuant to section 3 of this act; and

(e) Provide follow-up services for persons who are considering suicide or otherwise in a behavioral health crisis and access the hotline established pursuant to section 3 of this act.

3. As used in this section, "crisis stabilization services" has the meaning ascribed to it in NRS 449.0915.

Sec. 5. 1. The Public Utilities Commission of Nevada shall:

(a) Impose a surcharge on each access line of each customer of a company that provides commercial mobile communication services or IP-enabled voice services in this State in accordance with 47 U.S.C. § 251a and each access line or trunk line of each customer to the local exchange of any telecommunications provider providing those lines in this State. Those companies and providers shall collect the surcharge from their customers and transfer the money collected to the Commission pursuant to regulations adopted by the Commission.

(b) In consultation with the Division, adopt regulations establishing the amount of the surcharge, which must be sufficient to support the uses set forth in subsection 2.

2. The Crisis Response Account is hereby created in the State General Fund. Any money collected from the surcharge imposed pursuant to subsection 1 must be deposited in the State Treasury for credit to the Account. The Division shall administer the Account. The money in the Account must be used only for purposes authorized by 47 U.S.C. § 251a.

3. The interest and income earned on the money in the Account, after deducting any applicable charges, must be credited to the Account.

4. Any money remaining in the Account at the end of each fiscal year does not revert to the State General Fund but must be carried over into the next fiscal year.

5. The Division may accept gifts, grants and donations for the purpose of carrying out the provisions of sections 2 to 6, inclusive, of this act.

Sec. 6. On or before December 31 of each year, the Division shall compile:

1. A report concerning the usage of the hotline established pursuant to section 3 of this act and the services provided to persons who are considering suicide or otherwise in a behavioral health crisis and access the hotline and submit the report to:

(a) The Commission on Behavioral Health;



(b) Each regional behavioral health policy board created by NRS 433.429; and

(c) The Director of the Legislative Counsel Bureau for transmittal to:

(1) In odd-numbered years, the Legislative Committee on Health Care created by NRS 439B.200 and the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs created by NRS 218E.750; and

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

2. A report concerning the revenue generated by the surcharge imposed pursuant to section 5 of this act and deposits and expenditures from the Account created by that section and submit the report to the Director of the Legislative Counsel Bureau for transmittal to:

(a) In odd-numbered years, the Interim Finance Committee; and

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

Sec. 7. As used in sections 7 to 9.5, inclusive, of this act, unless the context otherwise requires, “Fund” means the Nevada Fund for Healthy Communities created by section 8 of this act.

Sec. 8. 1. The Nevada Fund for Healthy Communities is hereby created in the State Treasury. The State Treasurer shall deposit in the Fund:

(a) All money received by this State pursuant to any settlement entered into by the State of Nevada concerning the manufacture, distribution, sale and marketing of opioids; and

(b) All money recovered by this State from a judgment in a civil action by the State of Nevada concerning the manufacture, distribution, sale and marketing of opioids.

2. The State Treasurer shall administer the Fund. As administrator of the Fund, the State Treasurer:

(a) Shall maintain the financial records of the Fund;

(b) Shall invest the money in the Fund as the money in other state funds is invested;

(c) Shall manage any account associated with the Fund;

(d) Shall maintain any instruments that evidence investments made with the money in the Fund;

(e) May contract with vendors for any good or service that is necessary to carry out the provisions of this section; and

(f) May perform any other duties necessary to administer the Fund.

3. The interest and income earned on the money in the Fund must, after deducting any applicable charges, be credited to the



Fund. All claims against the Fund must be paid as other claims against the State are paid.

4. The State Treasurer may submit to the Interim Finance Committee a request for an allocation for administrative expenses from the Fund pursuant to this section. Except as otherwise limited by this subsection, the Interim Finance Committee may allocate all or part of the money so requested. The annual allocation for administrative expenses from the Fund must not exceed 2 percent of the money in the Fund, as calculated pursuant to subsection 5, each year to pay the costs incurred by the State Treasurer to administer the Fund.

5. For the purposes of subsection 4, the amount of money available for allocation to pay for the administrative costs must be calculated at the beginning of each fiscal year based on the total amount of money anticipated by the State Treasurer to be deposited in the Fund during that fiscal year.

6. The money in the Fund remains in the Fund and does not revert to the State General Fund at the end of any fiscal year.

7. Except as otherwise provided in subsection 8, all money that is deposited or paid into the Fund is hereby appropriated to the Department to be used, subject to legislative authorization, to:

(a) Perform the duties prescribed by sections 9 and 9.5 of this act; and

(b) Award grants of money to state, regional, local and tribal agencies and nonprofit organizations pursuant to section 9 of this act. Money expended from the Fund must not be used to supplant existing methods of funding that are available to state, regional, local or tribal agencies.

8. Subject to legislative authorization, the Department may spend money in the Fund for statewide projects, including, without limitation:

(a) Workforce development;

(b) The collection and analysis of data; and

(c) Capital projects, including, without limitation, construction, purchasing and remodeling.

9. The Department may accept and transfer to the State Treasurer for deposit into the Fund gifts, grants, donations and appropriations to support the activities described in sections 7 to 9.5, inclusive, of this act.

10. The Department shall submit all proposed expenditures from the Fund pursuant to subsection 8 and section 9 of this act to the Interim Finance Committee. Upon approval of the appropriate committee or committees, the money may be so expended.



Sec. 9. 1. The Department shall:

(a) Collaborate with state, regional, local and tribal agencies and nonprofit organizations in this State to conduct a needs assessment and solicit and evaluate plans to address the priorities identified in that assessment pursuant to section 9.5 of this act.

(b) Subject to legislative authorization, award grants from the Fund to state, regional, local and tribal agencies and nonprofit organizations for projects that address the impacts of opioid use disorder and other behavioral health disorders.

(c) Develop policies and procedures for the administration and distribution of grants pursuant to paragraph (b). A condition of any such grant must be that not more than 8 percent of the grant may be used for administrative expenses or other indirect costs.

(d) In awarding grants pursuant to paragraph (b):

(1) Develop, solicit and accept applications for grants;

(2) Review and consider:

(I) The results of the needs assessment conducted and the proposals in the plans received pursuant to section 9.5 of this act; and

(II) Any recommendations of the Office of the Attorney General;

(3) Take into account any money received by a county or tribal agency of which the Department is notified pursuant to subsection 2 when determining the need for the grant;

(4) To determine the amount of any money that will be allocated to county and tribal agencies, use a formula that uses a multiplier based on the population of the county or the number of members of the tribe, as applicable, and the impact of opioid use disorder on the county or tribe; and

(5) Conduct annual evaluations of programs to which grants have been awarded.

(e) On or before January 31 of each year, transmit a report of all findings and recommendations made and grants awarded pursuant to this section to:

(1) The Governor;

(2) The Director of the Legislative Counsel Bureau for transmittal to:

(I) In odd-numbered years, the next regular session of the Legislature; and

(II) In even-numbered years, the Legislative Committee on Health Care and the Interim Finance Committee;

(3) The Commission;

(4) Each regional behavioral health policy board created by NRS 433.429;



(5) *The Office of the Attorney General; and*
(6) *Any other committees or commissions the Director of the Department deems appropriate.*

2. *Each county or tribal agency that applies for or receives a grant pursuant to this section shall notify the Department of any money received through a settlement or judgment concerning the manufacture, distribution, sale and marketing of opioids.*

3. *Each state, regional, local or tribal agency and any nonprofit organization that receives a grant pursuant to this section shall annually submit to the Department a report concerning the expenditure of the money that was received and the outcomes of the projects on which that money was spent.*

4. *The Department may adopt any regulations or take such other actions as are necessary to carry out its duties pursuant to this section.*

Sec. 9.5. *1. A needs assessment conducted pursuant to paragraph (a) of subsection 1 of section 9 of this act must, to the extent that resources are available:*

(a) *Be evidence-based and use information from damages reports created by experts as part of the litigation described in subsection 1 of section 8 of this act.*

(b) *Include an analysis of the impacts of opioid use and opioid use disorder on this State that uses quantitative and qualitative data concerning this State and the regions, counties and Indian tribes in this State to determine the risk factors that contribute to opioid use, the use of substances and the rates of opioid use disorder, other substance use disorders and co-occurring disorders among residents of this State.*

(c) *Focus on health equity and identifying disparities across all racial and ethnic populations, geographic regions and special populations in this State. Such special populations include, without limitation, veterans, pregnant women, parents of dependent children, youth, persons who are lesbian, gay, bisexual, transgender and questioning, and persons and families involved in the criminal justice system, juvenile justice system and child welfare system.*

(d) *Take into account the resources of state, regional, local and tribal agencies and nonprofit organizations and the programs currently existing in each geographic region of this State to address opioid use disorder and other substance use disorders.*

(e) *Based on the information and analyses described in paragraphs (a) to (d), inclusive, input from interested persons and experts and established best practices for use of funds described in subsection 1 of section 8 of this act, establish a statement of priorities for the use of the funds described in subsection 1 of*



section 8 of this act by state, regional, local and tribal agencies and nonprofit organizations. Such priorities must include, without limitation, priorities related to the prevention of overdoses, addressing disparities in access to health care and the prevention of substance use among youth. The Department shall revise the statement of priorities at least once every 3 years.

2. When conducting a needs assessment, the Department and the state, regional, local and tribal agencies and nonprofit organizations with which it collaborates shall use community-based participatory research methods or similar methods to conduct outreach to groups impacted by the use of opioids, opioid use disorder and other substance use disorders, including, without limitation:

(a) Persons and families impacted by the use of opioids and other substances;

(b) Providers of treatment for opioid use disorder and other substance use disorders;

(c) Substance use disorder prevention coalitions;

(d) Communities of persons in recovery from opioid use disorder and other substance use disorders;

(e) Providers of services to reduce the harms caused by opioid use disorder and other substance use disorders;

(f) The Office of the Attorney General, the Department of Public Safety, the Department of Corrections and other persons and entities involved in law enforcement or criminal justice;

(g) Agencies which provide child welfare services and other persons and entities involved in the child welfare system;

(h) Providers of social services;

(i) Faith-based organizations;

(j) Public health agencies;

(k) Providers of health care and entities that provide health care services; and

(l) Members of diverse communities disproportionately impacted by opioid use and opioid use disorder.

3. Based on the needs assessment, state, regional, local and tribal agencies whose work relates to opioid use disorders and other substance use disorders shall, to the extent that resources are available, develop and submit to the Department for consideration a plan to address the priorities identified in the statement of priorities, including, without limitation, priorities related to the prevention of overdoses, addressing disparities in access to health care and the prevention of substance use among youth. Such a plan must:



(a) *Include, without limitation:*

(1) *A detailed description of the projects for which the state, regional, local or tribal agency proposes to receive funding pursuant to section 9 of this act and the priorities that each project will address;*

(2) *A timeline for each project described in subparagraph (1);*

(3) *A competitive process to allocate any funding that will be subgranted by the state, regional, local or tribal agency;*

(4) *A detailed description of the manner in which funding will be allocated to each project described in subparagraph (1);*

(5) *A detailed plan to oversee the activities performed under each project described in subparagraph (1);*

(6) *A summary of public comment provided pursuant to subsection 4; and*

(7) *A statement of any changes made to the plan as a result of that public comment.*

(b) *Be revised and resubmitted to the Department at least once every 3 years.*

4. *A state, regional, local or tribal agency shall, before submitting a plan pursuant to subsection 3 or a revision thereof:*

(a) *Hold at least three public hearings to solicit input from the public concerning the plan or revision, as applicable; and*

(b) *Make the plan or revision, as applicable, publicly available for at least 30 days and solicit public comment on the plan.*

5. *The Department shall coordinate with and provide support to regional, local and tribal agencies developing plans pursuant to subsection 3.*

6. *As used in this section, "substance use disorder prevention coalition" means a coalition of persons and entities who possess knowledge and experience related to the prevention of substance use and substance use disorders in a region of this State.*

Sec. 10. NRS 218E.405 is hereby amended to read as follows:

218E.405 1. Except as otherwise provided in subsection 2, the Interim Finance Committee may exercise the powers conferred upon it by law only when the Legislature is not in a regular or special session.

2. During a regular or special session, the Interim Finance Committee may also perform the duties imposed on it by NRS 228.1111, subsection 5 of NRS 284.115, NRS 285.070, subsection 2 of NRS 321.335, NRS 322.007, subsection 2 of NRS 323.020, NRS 323.050, subsection 1 of NRS 323.100, subsection 3 of NRS 341.126, NRS 341.142, paragraph (f) of subsection 1 of NRS 341.145, NRS 353.220, 353.224, 353.2705 to 353.2771, inclusive, 353.288, 353.335, 353C.224, 353C.226, paragraph (b) of subsection



4 of NRS 407.0762, NRS 428.375, 439.4905, 439.620, 439.630, 445B.830, subsection 1 of NRS 445C.320 and NRS 538.650 ~~H~~ and section 8 of this act. In performing those duties, the Senate Standing Committee on Finance and the Assembly Standing Committee on Ways and Means may meet separately and transmit the results of their respective votes to the Chair of the Interim Finance Committee to determine the action of the Interim Finance Committee as a whole.

3. The Chair of the Interim Finance Committee may appoint a subcommittee consisting of six members of the Committee to review and make recommendations to the Committee on matters of the State Public Works Division of the Department of Administration that require prior approval of the Interim Finance Committee pursuant to subsection 3 of NRS 341.126, NRS 341.142 and paragraph (f) of subsection 1 of NRS 341.145. If the Chair appoints such a subcommittee:

(a) The Chair shall designate one of the members of the subcommittee to serve as the chair of the subcommittee;

(b) The subcommittee shall meet throughout the year at the times and places specified by the call of the chair of the subcommittee; and

(c) The Director or the Director's designee shall act as the nonvoting recording secretary of the subcommittee.

Sec. 11. Any state agency that has received money from a settlement or judgment in a civil action by the State of Nevada concerning the manufacture, distribution, sale and marketing of opioids before January 1, 2022, shall, to the extent authorized by the settlement or judgment, transfer to the State Treasurer any portion of such money that remains uncommitted for deposit in the Nevada Fund for Healthy Communities pursuant to section 8 of this act.

Sec. 12. 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. 13. Notwithstanding the provisions of NRS 218D.430 and 218D.435, a committee, other than the Assembly Standing Committee on Ways and Means and the Senate Standing Committee on Finance, may vote on this act before the expiration of the period prescribed for the return of a fiscal note in NRS 218D.475. This section applies retroactively from and after March 22, 2021.

Sec. 14. 1. This section and section 13 of this act become effective upon passage and approval.

2. Sections 1 to 12, inclusive, of this act become effective:

(a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and



1 (b) On January 1, 2022, for all other purposes.

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