

Amendment No. 950

Senate Amendment to Assembly Bill No. 201 First Reprint	(BDR 39-325)
Proposed by: Senate Committee on Health and Human Services	
Amendment Box: Replaces Amendment No. 937.	
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.

DAN/EWR



Date: 6/3/2023

A.B. No. 201—Revises provisions relating to planning for the provision of behavioral health care. (BDR 39-325)



ASSEMBLY BILL NO. 201—COMMITTEE ON
HEALTH AND HUMAN SERVICES(ON BEHALF OF THE JOINT INTERIM STANDING COMMITTEE
ON HEALTH AND HUMAN SERVICES)

FEBRUARY 20, 2023

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to planning for the provision of behavioral health care. (BDR 39-325)

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; requiring the Department of Health and Human Services to provide certain oversight and make certain recommendations concerning the children's behavioral health system of care; adding certain members to the subcommittee on the mental health of children of the Commission on Behavioral Health; prescribing certain duties of a regional behavioral health policy board; ~~creating a statewide mental health consortium; prescribing the membership, powers and duties of the statewide mental health consortium; authorizing each mental health consortium to request the drafting of not more than one legislative measure for each regular session of the Legislature;~~ requiring a mental health consortium to submit certain documents to the Administrator of the Division of Child and Family Services of the Department; clarifying the authority of the State Board of Health to require the licensing of certain facilities; requiring the ~~Joint Interim Standing~~ Legislative Committee ~~on Health and Human Services~~ on Senior Citizens, Veterans and Adults With Special Needs to conduct a study of the feasibility of formulating and operating a comprehensive state plan to provide behavioral health services ~~; for adults and children;~~ and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires: (1) the Division of Public and Behavioral Health of the Department of Health and Human Services to perform certain duties relating to the provision of behavioral health services in this State; and (2) the Division of Child and Family Services of the Department to administer provisions governing mental health services for children. (NRS 433.331-433.374, chapter 433B of NRS) **Section 2** of this bill requires the Department to: (1)

6 track the spending of federal and state money on the children's behavioral health system of
7 care, which consists of certain behavioral health services for children and their families; (2)
8 quantify and track the costs avoided through such expenditures; and (3) perform certain duties
9 to provide oversight for and make recommendations concerning the reinvestment of the
10 money saved through such avoided costs in the children's behavioral health system of care.

11 Existing law establishes a regional behavioral health policy board for each of the five
12 behavioral health regions of this State. (NRS 433.428, 433.429) Existing law requires each
13 regional behavioral health policy board to: (1) advise the Department, the Division of Public
14 and Behavioral Health and the Commission on Behavioral Health regarding certain matters
15 relating to behavioral health in the region; and (2) submit an annual report to the Commission
16 concerning the behavioral health needs of the region and certain duties of the policy board.
17 (NRS 433.4295) **Section 8** of this bill additionally requires each regional behavioral health
18 policy board to advise the Division of Child and Family Services regarding behavioral health
19 for children in the region over which the policy board has jurisdiction. **Section 8** also requires
20 a regional behavioral health policy board to additionally submit the annual report to the
21 Division of Public and Behavioral Health and the Division of Child and Family Services.

22 Existing law establishes a mental health consortium for each county whose population is
23 100,000 or more (currently Clark and Washoe Counties) and another behavioral health
24 consortium for the jurisdiction consisting of all other counties in this State. (NRS 433B.333)
25 ~~[Section 10.5 of this bill establishes a statewide mental health consortium to represent all~~
26 ~~mental health consortia established by existing law. Section 10.5 also prescribes the~~
27 ~~membership of the statewide mental health consortium. Section 11.3 of this bill prescribes the~~
28 ~~powers and duties of the statewide mental health consortium, which include representing all~~
29 ~~regional mental health consortia and taking certain other actions related to the mental health of~~
30 ~~children.]~~

31 Existing law requires each mental health consortium to: (1) prepare and submit to the
32 Director of the Department a long-term strategic plan for the provision of mental health
33 services to children with emotional disturbance in the jurisdiction of the consortium; and (2)
34 annually submit to the Director of the Department and the Commission certain reports relating
35 to the long-term strategic plan. (NRS 433B.335) ~~[Section 11 of this bill exempts the statewide~~
36 ~~mental health consortium from those requirements. Sections 6 and 11.6 of this bill make~~
37 ~~conforming changes to clarify that only a mental health consortium that represents a particular~~
38 ~~region is required to submit a long-term strategic plan.]~~ **Section 11** ~~[additionally]~~ **of this bill**
39 **requires each mental health consortium [that represents a particular region] to submit the long-**
40 **term strategic plan and the annual reports to the Administrator of the Division of Child and**
41 **Family Services.**

42 Existing law requires the Commission to appoint a subcommittee on the mental health of
43 children to review each long-term strategic plan submitted by a mental health consortium that
44 represents a particular region. (NRS 433.317) **Section 6 of this bill** requires that
45 subcommittee to include two members ~~[of the statewide]~~ **recommended by and upon**
46 **agreement of the** mental health ~~[consortium]~~

47 ~~Existing law prescribes the number of legislative measures which may be requested by~~
48 ~~various departments, agencies and other entities of this State for each regular session of the~~
49 ~~Legislature. (NRS 218D.100-218D.220) Section 12.3 of this bill authorizes the statewide~~
50 ~~mental health consortium and each regional mental health consortium to request the drafting~~
51 ~~of not more than one legislative measure for each regular session of the Legislature. Section~~
52 ~~12.5 of this bill makes a conforming change to indicate the proper placement of section 12.3~~
53 ~~in the Nevada Revised Statutes.]~~ **consortia.**

54 Existing law: (1) requires a medical facility or facility for the dependent to obtain a
55 license from the Division of Public and Behavioral Health; and (2) authorizes the State Board
56 of Health to adopt regulations requiring the licensing of other types of facilities that provide
57 any type of medical care or treatment. (NRS 449.030, 449.0303) **Section 12.8** of this bill
58 clarifies that the authority of the State Board to require such licensing includes the authority to
59 require the licensing of facilities that provide behavioral health care or treatment.

60 Existing law requires the Division of Public and Behavioral Health to formulate and
61 operate a comprehensive state plan for programs for alcohol or other substance use disorders.
62 (NRS 458.025) **Section 13.5** of this bill requires the ~~[Joint Interim Standing]~~ **Legislative**
63 **Committee on [Health and Human Services] Senior Citizens, Veterans and Adults With**
64 **Special Needs** to study, during the 2023-2024 interim, the feasibility of formulating and

operating a similar comprehensive state plan for the provision of behavioral health services ~~to adults and children~~ in this State.

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 and 3 of this act.

Sec. 2. 1. The Department shall:

(a) *Track the spending of federal and state money on the children's behavioral health system of care;*

(b) *Quantify and track the costs avoided through the expenditures described in paragraph (a) over time;*

(c) *Solicit, compile and analyze information and hold public hearings concerning:*

(1) *The use of federal and state money spent on the children's behavioral health system of care; and*

(2) *Ways to reinvest the money saved through the avoided costs quantified pursuant to paragraph (b) in the children's behavioral health system of care in a manner that addresses the behavioral health needs of children in this State and reduces the involvement of such children in the child welfare and juvenile justice systems;*

(d) *On or before June 30 of every even-numbered year, present at a meeting of the Joint Interim Standing Committee on Health and Human Services concerning:*

(1) *The costs that are projected to be avoided through the expenditure of federal and state money on the children's behavioral health system of care during the immediately following 2 years; and*

(2) *Recommendations for the reinvestment of such avoided costs in accordance with subparagraph (2) of paragraph (c); and*

(e) *On or before December 31 of every even-numbered year, submit a report of the information described in paragraph (d) to the Governor and the Director of the Legislative Counsel Bureau for transmittal to the Senate Standing Committee on Finance and the Assembly Standing Committee on Ways and Means at the beginning of the next regular session of the Legislature.*

2. *For the purposes of this section, the children's behavioral health system of care consists of:*

(a) *Respite care for families and caregivers;*

(b) *Community-based and in-home behavioral health services for children;*

(c) *Services for children in a behavioral health crisis, including, without limitation, mobile crisis services and services for in-home stabilization;*

(d) *Services to promote the coordination of behavioral health care between families and providers, including, without limitation, high fidelity wraparound;*

(e) *Family-to-family peer support services;*

(f) *Specialty services for children with an emotional disturbance and dual diagnoses;*

(g) *Behavioral health services identified in the state plan for foster care and adoption assistance established pursuant to 42 U.S.C. § 671; and*

(h) *Any other services prescribed by regulation of the Division of Child and Family Services of the Department.*

3. *As used in this section:*

1 (a) "Child with an emotional disturbance" has the meaning ascribed to it in
2 NRS 433B.045.

3 (b) "High fidelity wraparound" means an evidence-based, structured and
4 team-oriented process for developing and implementing a plan to meet all of the
5 behavioral health needs of a child with complex behavioral health issues in
6 collaboration with the family of the child.

7 Sec. 3. (Deleted by amendment.)

8 Sec. 4. (Deleted by amendment.)

9 Sec. 5. (Deleted by amendment.)

10 Sec. 6. NRS 433.317 is hereby amended to read as follows:

11 433.317 1. The Commission shall appoint a subcommittee on the mental
12 health of children to review the findings and recommendations of each mental
13 health consortium submitted ~~by mental health consortia~~ pursuant to NRS
14 433B.335 and to create a statewide plan for the provision of mental health services
15 to children. *The members of the subcommittee must include, without limitation, ~~the~~*

16 ~~—(a) The Chair of the statewide mental health consortium established~~
17 ~~pursuant to subsection 4 of NRS 433B.333; and~~

18 ~~—(b) A member of the statewide mental health consortium appointed pursuant~~
19 ~~to subparagraph (2) of paragraph (c) of subsection 4 of~~ *two members*
20 *recommended by and upon agreement of the mental health consortia established*
21 *pursuant to NRS 433B.333 . ~~the~~ other than the Chair of the statewide mental*
22 *health consortium.*

23 2. The members of the subcommittee appointed pursuant to this section serve
24 at the pleasure of the Commission. The members serve without compensation,
25 except that each member is entitled, while engaged in the business of the
26 subcommittee, to the per diem allowance and travel expenses provided for state
27 officers and employees generally if funding is available for this purpose.

28 Sec. 7. (Deleted by amendment.)

29 Sec. 8. NRS 433.4295 is hereby amended to read as follows:

30 433.4295 1. Each policy board shall:

31 (a) Advise the Department, *the Division , the Division of Child and Family*
32 *Services and the Commission , as appropriate,* regarding:

33 (1) The behavioral health needs of adults and children in the behavioral
34 health region;

35 (2) Any progress, problems or proposed plans relating to the provision of
36 behavioral health services and methods to improve the provision of behavioral
37 health services in the behavioral health region;

38 (3) Identified gaps in the behavioral health services which are available in
39 the behavioral health region and any recommendations or service enhancements to
40 address those gaps;

41 (4) Any federal, state or local law or regulation that relates to behavioral
42 health which it determines is redundant, conflicts with other laws or is obsolete and
43 any recommendation to address any such redundant, conflicting or obsolete law or
44 regulation; and

45 (5) Priorities for allocating money to support and develop behavioral health
46 services in the behavioral health region.

47 (b) Promote improvements in the delivery of behavioral health services in the
48 behavioral health region.

49 (c) Coordinate and exchange information with the other policy boards to
50 provide unified and coordinated recommendations to the Department, *the Division ,*
51 *the Division of Child and Family Services* and *the* Commission regarding
52 behavioral health services in the behavioral health region.

(d) Review the collection and reporting standards of behavioral health data to determine standards for such data collection and reporting processes.

(e) To the extent feasible, establish an organized, sustainable and accurate electronic repository of data and information concerning behavioral health and behavioral health services in the behavioral health region that is accessible to members of the public on an Internet website maintained by the policy board. A policy board may collaborate with an existing community-based organization to establish the repository.

(f) To the extent feasible, track and compile data concerning persons placed on a mental health crisis hold pursuant to NRS 433A.160, persons admitted to mental health facilities and hospitals under an emergency admission pursuant to NRS 433A.162, persons admitted to mental health facilities under an involuntary court-ordered admission pursuant to NRS 433A.200 to 433A.330, inclusive, and persons ordered to receive assisted outpatient treatment pursuant to NRS 433A.335 to 433A.345, inclusive, in the behavioral health region, including, without limitation:

(1) The outcomes of treatment provided to such persons; and
(2) Measures taken upon and after the release of such persons to address behavioral health issues and prevent future mental health crisis holds and admissions.

(g) If a data dashboard is established pursuant to NRS 439.245, use the data dashboard to review access by different groups and populations in this State to behavioral health services provided through telehealth, as defined in NRS 629.515, and evaluate policies to make such access more equitable.

(h) Identify and coordinate with other entities in the behavioral health region and this State that address issues relating to behavioral health to increase awareness of such issues and avoid duplication of efforts.

(i) In coordination with existing entities in this State that address issues relating to behavioral health services, submit an annual report to the Commission, *the Division and the Division of Child and Family Services* which includes, without limitation:

(1) The specific behavioral health needs of the behavioral health region;
(2) A description of the methods used by the policy board to collect and analyze data concerning the behavioral health needs and problems of the behavioral health region and gaps in behavioral health services which are available in the behavioral health region, including, without limitation, a list of all sources of such data used by the policy board;

(3) A description of the manner in which the policy board has carried out the requirements of paragraphs (c) and (h) and the results of those activities; and

(4) The data compiled pursuant to paragraph (f) and any conclusions that the policy board has derived from such data.

2. A report described in paragraph (i) of subsection 1 may be submitted more often than annually if the policy board determines that a specific behavioral health issue requires an additional report. ~~[to the Commission.]~~

3. As used in this section, "Division of Child and Family Services" means the Division of Child and Family Services of the Department.

Sec. 9. (Deleted by amendment.)

Sec. 10. (Deleted by amendment.)

Sec. 10.5. ~~[NRS 433B.333 is hereby amended to read as follows:~~

~~433B.333 1. A mental health consortium is hereby established in each of the following jurisdictions:~~

~~(a) A county whose population is 100,000 or more; and~~

~~(b) The region consisting of all counties whose population are less than 100,000.~~

~~2. In a county whose population is 100,000 or more, such a consortium must consist of at least the following persons appointed by the Administrator:~~

- ~~(a) A representative of the Division;~~
- ~~(b) A representative of the agency which provides child welfare services;~~
- ~~(c) A representative of the Division of Health Care Financing and Policy of the Department;~~
- ~~(d) A representative of the board of trustees of the school district in the county;~~
- ~~(e) A representative of the local juvenile probation department;~~
- ~~(f) A representative of the local chamber of commerce or business community;~~
- ~~(g) A private provider of mental health care;~~
- ~~(h) A provider of foster care;~~
- ~~(i) A parent of a child with an emotional disturbance; and~~
- ~~(j) A representative of an agency which provides services for the treatment and prevention of substance use disorders.~~

~~3. In the region consisting of counties whose population are less than 100,000, such a consortium must consist of at least the following persons appointed by the Administrator:~~

- ~~(a) A representative of the Division of Public and Behavioral Health of the Department;~~
- ~~(b) A representative of the agency which provides child welfare services in the region;~~
- ~~(c) A representative of the Division of Health Care Financing and Policy of the Department;~~
- ~~(d) A representative of the boards of trustees of the school districts in the region;~~
- ~~(e) A representative of the local juvenile probation departments;~~
- ~~(f) A representative of the chambers of commerce or business community in the region;~~
- ~~(g) A private provider of mental health care;~~
- ~~(h) A provider of foster care;~~
- ~~(i) A parent of a child with an emotional disturbance; and~~
- ~~(j) A representative of an agency which provides services for the treatment and prevention of substance use disorders.~~

~~4. A statewide mental health consortium is hereby established to represent all mental health consortia established by subsection 1. The statewide mental health consortium must consist of:~~

~~(a) The Administrator as an ex officio, nonvoting member. The Administrator may designate an alternate who is an employee of the Division or another person to attend any meeting of the consortium in his or her place.~~

~~(b) The following voting members:~~

~~(1) A representative of the Division of Health Care Financing and Policy of the Department, appointed by the Administrator of that Division;~~

~~(2) A representative of the Department of Education, appointed by the Superintendent of Public Instruction; and~~

~~(3) A representative of the Division of Child and Family Services of the Department, appointed by the Administrator.~~

~~(c) The following voting members, appointed by the mental health consortium established by subsection 1 of which they are a member:~~

~~(1) Not more than three members from each mental health consortium established by subsection 1; and~~

~~(2) In addition to the members appointed pursuant to subparagraph (1), one parent or legal guardian of a child with an emotional disturbance from each mental health consortium established by subsection 1.~~

~~5. The statewide mental health consortium established pursuant to subsection 4 shall annually elect a Chair from among its voting members.] (Deleted by amendment.)~~

Sec. 11. NRS 433B.335 is hereby amended to read as follows:

433B.335 1. Each mental health consortium established ~~pursuant to by subsection 1 of~~ NRS 433B.333 shall prepare and submit to the Director of the Department ~~and the Administrator~~ a long-term strategic plan for the provision of mental health services to children with emotional disturbance in the jurisdiction of the consortium. A plan submitted pursuant to this section is valid for 10 years after the date of submission, and each consortium shall submit a new plan upon its expiration.

2. In preparing the long-term strategic plan pursuant to subsection 1, each mental health consortium ~~established by subsection 1 of NRS 433B.333~~ must be guided by the following principles:

(a) The system of mental health services set forth in the plan should be centered on children with emotional disturbance and their families, with the needs and strengths of those children and their families dictating the types and mix of services provided.

(b) The families of children with emotional disturbance, including, without limitation, foster parents, should be active participants in all aspects of planning, selecting and delivering mental health services at the local level.

(c) The system of mental health services should be community-based and flexible, with accountability and the focus of the services at the local level.

(d) The system of mental health services should provide timely access to a comprehensive array of cost-effective mental health services.

(e) Children and their families who are in need of mental health services should be identified as early as possible through screening, assessment processes, treatment and systems of support.

(f) Comprehensive mental health services should be made available in the least restrictive but clinically appropriate environment.

(g) The family of a child with an emotional disturbance should be eligible to receive mental health services from the system.

(h) Mental health services should be provided to children with emotional disturbance in a sensitive manner that is responsive to cultural and gender-based differences and the special needs of the children.

3. The long-term strategic plan prepared pursuant to subsection 1 must include:

(a) An assessment of the need for mental health services in the jurisdiction of the consortium;

(b) The long-term strategies and goals of the consortium for providing mental health services to children with emotional disturbance within the jurisdiction of the consortium;

(c) A description of the types of services to be offered to children with emotional disturbance within the jurisdiction of the consortium;

(d) Criteria for eligibility for those services;

(e) A description of the manner in which those services may be obtained by eligible children;

(f) The manner in which the costs for those services will be allocated;

(g) The mechanisms to manage the money provided for those services;

(h) Documentation of the number of children with emotional disturbance who are not currently being provided services, the costs to provide services to those children, the obstacles to providing services to those children and recommendations for removing those obstacles;

(i) Methods for obtaining additional money and services for children with emotional disturbance from private and public entities; and

(j) The manner in which family members of eligible children and other persons may be involved in the treatment of the children.

4. On or before January 31 of each even-numbered year, each mental health consortium ~~established by subsection 1 of NRS 433B.333~~ shall submit to the Director of the Department, *the Administrator* and the Commission:

(a) A list of the priorities of services necessary to implement the long-term strategic plan submitted pursuant to subsection 1 and an itemized list of the costs to provide those services;

(b) A description of any revisions to the long-term strategic plan adopted by the consortium during the immediately preceding year; and

(c) Any request for an allocation for administrative expenses of the consortium.

5. In preparing the biennial budget request for the Department, the Director of the Department shall consider the list of priorities and any request for an allocation submitted pursuant to subsection 4 by each mental health consortium ~~established by subsection 1 of NRS 433B.333~~. On or before September 30 of each even-numbered year, the Director of the Department shall submit to each mental health consortium ~~established by subsection 1 of NRS 433B.333~~ a report which includes a description of:

(a) Each item on the list of priorities of the consortium that was included in the biennial budget request for the Department;

(b) Each item on the list of priorities of the consortium that was not included in the biennial budget request for the Department and an explanation for the exclusion; and

(c) Any request for an allocation for administrative expenses of the consortium that was included in the biennial budget request for the Department.

6. On or before January 31 of each odd-numbered year, each ~~mental health~~ consortium ~~established by subsection 1 of NRS 433B.333~~ shall submit to the Director of the Department, *the Administrator* and the Commission:

(a) A report regarding the status of the long-term strategic plan submitted pursuant to subsection 1, including, without limitation, the status of the strategies, goals and services included in the plan;

(b) A description of any revisions to the long-term strategic plan adopted by the consortium during the immediately preceding year; and

(c) A report of all expenditures made from an account maintained pursuant to NRS 433B.339, if any.

Sec. 11.3. ~~NRS 433B.337 is hereby amended to read as follows:~~

~~433B.337 1. A mental health consortium established by subsection 1 of NRS 433B.333 may:~~

~~(a) Participate in activities within the jurisdiction of the consortium to:~~

~~(1) Implement the provisions of the long-term strategic plan established by the consortium pursuant to NRS 433B.335; and~~

~~(2) Improve the provision of mental health services to children with emotional disturbance and their families, including, without limitation, advertising the availability of mental health services and carrying out a demonstration project relating to mental health services.~~

~~(b) Take other action to carry out its duties set forth in this section and NRS 433B.335 and 433B.339.~~

~~2. The statewide mental health consortium established by subsection 4 of NRS 433B.333 shall:~~

~~(a) Represent all mental health consortia established by subsection 1 of NRS 433B.333 before the Legislature, Commission and Department.~~

~~(b) Review, make recommendations for and approve programs proposed by the Division to prevent placing children in facilities located outside of the home or home state of the child for the treatment of emotional disturbance, substance use disorders or co-occurring disorders.~~

~~(c) Evaluate the future needs of this State concerning the treatment of children with emotional disturbance, substance use disorders or co-occurring disorders and develop ways to improve the treatment currently provided.~~

~~(d) Take any other action necessary to promote the mental health of children in this State.~~

~~3. The statewide mental health consortium established by subsection 4 of NRS 433B.333 may:~~

~~(a) Create a document that consolidates the strategies, goals and services in the long-term strategic plan prepared by each mental health consortium pursuant to NRS 433B.335.~~

~~(b) Take such other action as is necessary to represent all mental health consortia established by subsection 1 of NRS 433B.333.~~

~~4. To the extent practicable, a mental health consortium established by subsection 1 of NRS 433B.333 and the statewide mental health consortium established by subsection 4 of NRS 433B.333 shall coordinate with the Department to avoid duplicating or contradicting the efforts of the Department to provide mental health services to children with emotional disturbance and their families.]~~

(Deleted by amendment.)

Sec. 11.6. [NRS 433B.339 is hereby amended to read as follows:]

~~433B.339 1. A mental health consortium established by subsection 1 of NRS 433B.333 and the statewide mental health consortium established by subsection 4 of NRS 433B.333 may:~~

~~(a) Enter into contracts and agreements to carry out the provisions of this section, [and] NRS [433B.335 and] 433B.337 [.] and, if applicable, NRS 433B.335; and~~

~~(b) Apply for and accept gifts, grants, donations and bequests from any source to carry out the provisions of this section, [and] NRS [433B.335 and] 433B.337 [.] and, if applicable, NRS 433B.335.~~

~~2. Any money collected pursuant to subsection 1:~~

~~(a) Must be deposited in the State Treasury and accounted for separately in the State General Fund; and~~

~~(b) Except as otherwise provided by the terms of a specific gift, grant, donation or bequest, must only be expended, under the direction of the consortium which deposited the money, to carry out the provisions of this section, [and] NRS [433B.335 and] 433B.337 [.] and, if applicable, NRS 433B.335.~~

~~3. The Administrator shall administer the account maintained for each consortium.~~

~~4. Any interest or income earned on the money in an account maintained pursuant to this section must be credited to the account and does not revert to the State General Fund at the end of a fiscal year.~~

~~5. Any claims against an account maintained pursuant to this section must be paid as other claims against the State are paid.] **(Deleted by amendment.)**~~

Sec. 12. (Deleted by amendment.)

Sec. 12.3. [Chapter 218D of NRS is hereby amended by adding thereto a new section to read as follows:]

~~1. For a regular session, the statewide mental health consortium established by subsection 4 of NRS 433B.333 and each mental health consortium established by subsection 1 of NRS 433B.333 may request the drafting of not more than one legislative measure which relates to matters within the scope of the consortium.~~

~~2. Any such request must be submitted to the Legislative Counsel on or before September 1 preceding a regular session.~~

~~3. Each request made pursuant to this section must be on a form prescribed by the Legislative Counsel. A legislative measure requested pursuant to this section must be prefiled on or before the third Wednesday in November preceding a regular session. A legislative measure that is not prefiled on or before that day shall be deemed withdrawn. (Deleted by amendment.)~~

Sec. 12.5. ~~NRS 218D.100 is hereby amended to read as follows:~~

~~218D.100 1. The provisions of NRS 218D.100 to 218D.220, inclusive, apply to requests for the drafting of legislative measures for a regular session.~~

~~2. Except as otherwise provided by a specific statute, joint rule or concurrent resolution, the Legislative Counsel shall not honor a request for the drafting of a legislative measure if the request:~~

~~(a) Exceeds the number of requests authorized by NRS 218D.100 to 218D.220, inclusive, and section 12.3 of this act for the requester; or~~

~~(b) Is submitted by an authorized nonlegislative requester pursuant to NRS 218D.175 to 218D.220, inclusive, and section 12.3 of this act but is not in a subject related to the function of the requester.~~

~~3. The Legislative Counsel shall not:~~

~~(a) Honor a request to change the subject matter of a request for the drafting of a legislative measure after it has been submitted for drafting;~~

~~(b) Honor a request for the drafting of a legislative measure which has been combined in violation of Section 17 of Article 4 of the Nevada Constitution. (Deleted by amendment.)~~

Sec. 12.8. NRS 449.0303 is hereby amended to read as follows:

449.0303 The Board may adopt regulations requiring the licensing of a facility other than those required to be licensed pursuant to NRS 449.029 to 449.2428, inclusive, if the:

1. Facility provides any type of medical care or treatment ~~that~~, **including, without limitation, behavioral health care or treatment;** and

2. Regulation is necessary to protect the health of the general public.

Sec. 13. (Deleted by amendment.)

Sec. 13.5. 1. During the 2023-2024 interim, the ~~Joint Interim Standing~~ **Legislative** Committee on ~~Health and Human Services~~ **Senior Citizens, Veterans and Adults With Special Needs created by NRS 218E.750** shall study the feasibility of formulating and operating a comprehensive plan to provide behavioral health services ~~for adults and children~~ in this State. In conducting the study, the ~~Joint Interim Standing~~ Committee may collaborate with:

(a) The Commission on Behavioral Health;

(b) ~~Any mental health consortium established by NRS 433B.333, as amended by section 10.5 of this act;~~

~~(c)~~ Personnel of the Department of Health and Human Services or any division thereof;

~~(d)~~ **(c)** Any regional behavioral health policy board created by NRS 433.429; and

~~(e)~~ **(d)** Any other state or local governmental entity that provides or performs duties relating to behavioral health services in this State.

2. On or before September 1, 2024, the ~~Joint Interim Standing~~ **Legislative** Committee on ~~Health and Human Services~~ **Senior Citizens, Veterans and Adults With Special Needs** shall submit a report of the results of the study conducted pursuant to subsection 1 and recommendations for legislation resulting from the study to:

(a) The Governor; and

1 (b) The Director of the Legislative Counsel Bureau for transmittal to the 83rd
2 Session of the Nevada Legislature.

3 **Sec. 14.** The provisions of subsection 1 of NRS 218D.380 do not apply to
4 any provision of this act which adds or revises a requirement to submit a report to
5 the Legislature.

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

7 **Sec. 16.** This act becomes effective on July 1, 2023.