

Amendment No. 972

Assembly Amendment to Senate Bill No. 434 Second Reprint (BDR 40-1107)

Proposed by: Assemblymember Backus

Amends: Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

Adoption of this amendment will ADD an appropriation where one does not currently exist in S.B. 434 R2.

ASSEMBLY ACTION				Initial and Date	SENATE ACTION				Initial and Date
Adopted	☐	Lost	☐	_____	Adopted	☐	Lost	☐	_____
Concurred In	☐	Not	☐	_____	Concurred In	☐	Not	☐	_____
Receded	☐	Not	☐	_____	Receded	☐	Not	☐	_____

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.

EWR/BJF



Date: 6/1/2025

S.B. No. 434—Creates a program to award grants to address shortages of providers of health care. (BDR 40-1107)



SENATE BILL NO. 434—SENATOR CANNIZZARO

MARCH 24, 2025

Referred to Committee on Health and Human Services

SUMMARY—Creates a program to award grants to address shortages of providers of health care. (BDR 40-1107)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Contains Appropriation not included in Executive Budget.

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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; creating the Statewide Health Care Access and Recruitment Program Account; providing for certain transfers of money ~~(into and)~~ out of the Account; requiring a biennial assessment of the health care needs of this State; establishing the Statewide Health Care Access and Recruitment Grant Program to award grants of money to fund certain projects to address shortages of providers of health care or clinical services or expertise identified by the assessment; requiring a grantee to enter into a funding agreement with the Department of Health and Human Services; providing for certain oversight of projects funded through the Program; authorizing the Department to take certain actions in response to certain changes to a funded project or if a grantee fails to comply with a funding agreement or applicable law; ~~reducing the amount of certain transfers into the Account to Stabilize the Operation of State Government;~~ **making an appropriation;** and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Department of Health and Human Services, or divisions thereof, to conduct various programs for the improvement of public health and health care in this State. (NRS 433.702-433.744, 439.4921-439.525, 439.529-439.5297, 439.600-439.690, 439A.111-439A.185, 439A.200-439A.290, 442.710-442.745, 457.230-457.280, 458.025, 458A.090, 458A.100, 458A.110) This bill establishes the Statewide Health Care Access and Recruitment Grant Program, which is a competitive grant program managed by the Department ~~{of Health and Human Services}~~ to support projects to address critical shortages of providers of health care or clinical services or expertise in this State. **Sections 3-7** of this bill define certain terms, and **section 2** of this bill establishes the applicability of those definitions. **Section 8** of this bill establishes the Statewide Health Care Access and Recruitment Program Account to hold money to fund the Program. **Section 8** authorizes the Director of the Department, with the approval of the Interim Finance Committee, to transfer money from the Account to another account for the purpose of obtaining additional federal financial participation under Medicaid. **Section 19** of this bill authorizes the Interim Finance Committee to issue such approval during a legislative session.

~~{Existing law: (1) creates the Account to Stabilize the Operation of State Government, also known as the Rainy Day Fund, in the State General Fund; and (2) prescribes a procedure for the transfer of money from that Account to the State General Fund during certain periods of low revenue or fiscal emergency. Existing law requires certain transfers of money to be made from the State General Fund to the Rainy Day Fund, including, without limitation, an annual transfer of 1 percent of the anticipated revenue for the State during the current fiscal year into the Rainy Day Fund. (NRS 353.288) Beginning on July 1, 2027, section 8 requires the State Controller to annually transfer 0.5 percent of the anticipated revenue for the State during the current fiscal year into the Statewide Health Care Access and Recruitment Program Account. However, section 8 prohibits such a transfer if the balance of the Account increases to an amount greater than \$60,000,000 and prohibits subsequent transfers until the balance in that Account drops below \$30,000,000. Section 20 of this bill reduces the amount that the State Controller is required to transfer to the Rainy Day Fund in fiscal years when the State Controller transfers money to the Statewide Health Care Access and Recruitment Program Account to 0.5 percent of the anticipated revenue for the State during the next fiscal year. Section 8 prohibits a transfer into the Statewide Health Care Access and Recruitment Program Account if the balance of the Rainy Day Fund is less than \$1 billion, and section 20 requires the money that would otherwise be transferred into the Account under those circumstances to instead be transferred into the Rainy Day Fund.~~

~~—To the extent that money is available from rebates received by this State for prescription drugs, section 8 authorizes the Director, not later than June 30 of each fiscal year, to request the approval of the Interim Finance Committee for a transfer of not more than \$25,000,000 of that money to the Statewide Health Care Access and Recruitment Program Account for that fiscal year.~~

Section 9 of this bill requires the Department ~~{of Health and Human Services}~~ to conduct a biennial assessment of the health care needs of this State, which must identify health care professions and specialties and types of clinical services and expertise and geographic areas experiencing critical shortages of providers of health care or clinical services or expertise. **Section 21.5** of this bill requires the Department to utilize existing assessments in lieu of conducting the first scheduled assessment on or before July 1, 2026. **Section 10** authorizes certain entities involved in the provision of health care, governmental entities and certain nonprofit organizations to apply for a grant of money from the Account to support a project to address those critical shortages. **Section 10** imposes certain additional requirements for a project to be eligible to receive such funding, including a requirement that the applicant has secured matching financial or in-kind contributions valued at an amount at least equal to the amount of the grant being sought. **Section 11** of this bill prescribes the required contents of an application for such a grant. **Sections 12 and 13** of the bill prescribe the process for the Department to review applications and, with the approval of the Interim Finance Committee, award grants. **Section 19** authorizes the Interim Finance Committee to issue such approval during a legislative session.

After a grant is awarded, **section 14** of this bill requires the Department to enter into a funding agreement with the grantee that outlines the terms and conditions of the grant and the responsibilities of the grantee. **Section 15** of this bill requires a grantee to notify and submit a revised plan to the Department if: (1) the grantee significantly modifies a funded project; (2) the amount of money available for a funded project changes; (3) a funded project becomes inactive for at least 12 months; or (4) a funded project is terminated. **Section 15** authorizes the Department to take certain actions in response to such notice. **Section 16** of this bill authorizes the Department and the Office of Finance to provide certain oversight of a funded project. **Section 17** of this bill authorizes the Department to suspend or terminate a grant or take certain other actions if it determines that the grantee has failed to comply with a funding agreement. **Section 17** also requires the Department to suspend or terminate a grant if it determines that the grantee has violated applicable law, misused funds or submitted fraudulent information to the Department. Upon the completion of a funded project and again 10 years after the completion of a funded project, **section 18** of this bill requires the grantee to submit a report to the Department concerning the project.

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

Section 1. Chapter 439A of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 18, inclusive, of this act.

Sec. 2. *As used in sections 2 to 18, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 3 to 7, inclusive, of this act have the meanings ascribed to them in those sections.*

Sec. 3. *“Account” means the Statewide Health Care Access and Recruitment Program Account created by section 8 of this act.*

Sec. 4. *“Certified area of need” means a critical shortage of providers of health care who practice a health care profession or specialty, a critical shortage of providers of health care in a geographic area of this State or a critical shortage of clinical services or expertise in this State or a geographic area of this State, as identified by the assessment conducted pursuant to section 9 of this act.*

Sec. 5. *“Funding agreement” means a funding agreement between the Department and a grantee entered into pursuant to section 14 of this act.*

Sec. 6. *“Medical facility” has the meaning ascribed to it in NRS 449.0151.*

Sec. 7. *“Provider of health care” has the meaning ascribed to it in NRS 629.031.*

Sec. 8. *1. There is hereby created in the State General Fund the Statewide Health Care Access and Recruitment Program Account. The Department shall administer the Account.*

2. ~~Except as otherwise provided in subsections 4 and 5, commencing with the fiscal year that begins on July 1, 2027, each year after the close of the previous fiscal year and before the issuance of the State Controller’s annual report, the State Controller shall transfer from the State General Fund to the Account 0.5 percent of the total anticipated revenue for the fiscal year in which the transfer will be made, as projected by the Economic Forum for that fiscal year pursuant to paragraph (e) of subsection 1 of NRS 353.228 and as adjusted by any legislation enacted by the Legislature that affects state revenue for that fiscal year.~~

~~3. Money transferred pursuant to subsection 2 to the Account is a continuing appropriation solely for the purpose of authorizing the use of the transferred money for the purposes set forth in this section.~~

~~4. If the balance in the Account is greater than \$60,000,000 on July 1 of a fiscal year, the State Controller shall not make a transfer pursuant to subsection 2 for that fiscal year or any subsequent fiscal year until the balance in the Account decreases to an amount less than \$30,000,000.~~

~~5. If the balance in the Account to Stabilize the Operation of the State Government created by NRS 353.299 is less than \$1 billion on July 1 of a fiscal year, the State Controller shall not make a transfer pursuant to subsection 2 for that fiscal year.~~

~~6. To the extent that money is available from rebates received by this State for prescription drugs, the Director may, not later than June 30 of each fiscal year, request the approval of the Interim Finance Committee for a transfer of not more than \$25,000,000 of that money to the Account for that fiscal year.~~

~~7. The Account consists of:~~

~~(a) Money transferred to the Account pursuant to subsection 2;~~

~~(b) Any money transferred to the Account pursuant to subsection 6;~~

~~(c) Any money appropriated by the Legislature;~~

~~1 (d) Any money received through gifts, grants and donations pursuant to~~
~~2 subsection 11; and~~

~~3 (e) Any money provided by any other source to carry out the provisions of~~
~~4 sections 2 to 18, inclusive, of this act.~~

~~5 9.1~~ Any interest earned on money in the Account, after deducting any
6 applicable charges, must be credited to the Account. Money that remains in the
7 Account at the end of a fiscal year does not revert to the State General Fund, and
8 the balance in the Account must be carried forward to the next fiscal year.

~~9 10.1~~ 3. Except as otherwise provided in subsection ~~10.1~~ 4, money in the
10 Account must be used to carry out the provisions of sections 2 to 18, inclusive, of
11 this act. The Department may use not more than 1 percent of the money in the
12 Account to pay the administrative costs necessary to carry out those provisions.

~~13 10.1~~ 4. With the approval of the Interim Finance Committee, the Director
14 may transfer money from the Account to another account for the purpose of
15 obtaining additional federal financial participation under Medicaid.

~~16 11.1~~ 5. The Department may accept gifts, grants and donations to carry out
17 the provisions of sections 2 to 18, inclusive, of this act. The Director shall deposit
18 such gifts, grants and donations into the Account.

19 Sec. 9. 1. On or before July 1 of each even-numbered year, the
20 Department shall:

21 (a) Conduct a comprehensive assessment of the health care needs in this
22 State; and

23 (b) Compile a report of the results of the assessment and submit the report to
24 the Governor and the Director of the Legislative Counsel Bureau for transmittal to
25 the Joint Interim Standing Committee on Health and Human Services and the
26 next regular session of the Legislature.

27 2. The assessment conducted pursuant to paragraph (a) of subsection 1
28 must consist of:

29 (a) A quantitative analysis of the health care workforce in this State,
30 including, without limitation:

31 (1) A determination of the total number of providers of health care in
32 this State and the total number of providers of health care in this State who
33 practice different professions and different specialties within those professions;

34 (2) A determination of the total number of providers of health care who
35 practice in different geographic areas of this State and the total number of
36 providers of health care who practice different professions and different
37 specialties within those geographic areas; and

38 (3) A comparison of the numbers of providers of health care identified
39 pursuant to subparagraphs (1) and (2) with benchmarks established by the
40 Health Resources and Services Administration of the United States Department
41 of Health and Human Services or nationally recognized organizations that
42 prescribe such benchmarks;

43 (b) A determination of the most critical shortages in the health care
44 workforce of this State, prioritizing:

45 (1) Essential health care professions and specialties and essential clinical
46 services or expertise currently experiencing shortages; and

47 (2) Geographic areas of this State that are experiencing the most critical
48 shortages of providers of health care or clinical services or expertise; and

49 (c) An identification of unmet needs for specific health technology and
50 therapies, including, without limitation, genomic testing, clinical trials, cellular
51 therapies and palliative care.

52 3. The report compiled pursuant to paragraph (b) of subsection 1 must
53 include, without limitation:

(a) A summary of the assessment conducted pursuant to subsection 1, including, without limitation:

(1) An analysis of shortages of providers of health care, shortages of clinical services or expertise and unmet health needs in this State; and

(2) A description of shortages of providers of health care and the shortages of clinical services or expertise by geographic region, including rural and urban areas;

(b) A prioritized list of recommendations for allocating funding pursuant to sections 2 to 18, inclusive, of this act in a manner that addresses the critical shortages and unmet needs identified in the assessment conducted pursuant to subsection 1;

(c) Recommendations for legislation and regulatory changes to improve the recruitment and retention of providers of health care; and

(d) An analysis of the effects of projects funded pursuant to sections 2 to 18, inclusive, of this act on the health care workforce and health needs of this State.

4. As used in this section, "palliative care" means a multidisciplinary and patient- and family-centered approach to specialized medical care for a person with a serious illness, which approach focuses on the care of a patient throughout the continuum of an illness and involves addressing the physical, emotional, social and spiritual needs of the patient, as well as facilitating patient autonomy, access to information and choice of care. The term includes, without limitation, discussion of the goals of the patient for treatment and discussion of treatment options appropriate to the patient, including, where appropriate, hospice care and comprehensive management of pain and symptoms.

Sec. 10. 1. The Department shall, in accordance with sections 2 to 18, inclusive, of this act, establish and administer the Statewide Health Care Access and Recruitment Grant Program as a competitive program to award grants of money from the Account to entities described in subsection 2 seeking to address shortages of providers of health care or clinical services or expertise and difficulties in accessing health care identified in the assessment conducted pursuant to section 9 of this act. The Department may adopt any regulations necessary to carry out the provisions of sections 2 to 18, inclusive, of this act.

2. The following entities are eligible to apply for a grant from the Account:

(a) Entities that provide health care or coordinate or otherwise facilitate the provision of health care, including, without limitation:

(1) Medical facilities and community health clinics;

(2) Group practices of providers of health care;

(3) Federally-qualified health centers, as defined in 42 U.S.C. § 1396d(l)(2)(B);

(4) Accredited institutions of higher education that offer programs to train providers of health care, including, without limitation, residency and fellowship programs for providers of health care;

(5) Entities that provide behavioral health care;

(6) Facilities for the treatment of alcohol or other substance use disorders, as defined in NRS 449.00455;

(7) Detoxification facilities or programs certified pursuant to NRS 458.025;

(8) Substance use disorder prevention coalitions certified pursuant to NRS 458.033; and

(9) Oncology organizations, including, without limitation, oncology organizations that:

(I) Offer programs for transplantation and cellular therapy;

(II) Provide or facilitate the provision of clinical trials;

(III) Host fellowships in oncology and oncology subspecialties; or
(IV) Have been designated as a comprehensive cancer center by the National Cancer Institute, or its successor organization;

(b) Governmental entities; and

(c) Nonprofit organizations that provide direct care to patients, training for providers of health care or services aimed at expanding access to health care.

3. To be eligible for a grant from the Account, a proposed project must:

(a) Be designed to increase the number of providers of health care, improve the expertise of providers of health care or improve access to clinical services or innovative treatments.

(b) Directly address one or more certified areas of need.

(c) Include specific, measurable outcomes to demonstrate an increase in the number of providers of health care, improved access to health care and the enhanced capacity of the health care work force in a manner that addresses the certified areas of need identified in paragraph (b).

(d) Secure from the Federal Government or any other source, or receive from the Federal Government or any other source a commitment to provide, an amount of matching funds and in-kind contributions for which the total value is at least equal to the amount of the grant for which the applicant is applying. Matching funds from the Federal Government meet the requirements of this section only if the applicant demonstrates that the project qualifies for and is likely to receive such federal money. In-kind contributions may consist of, without limitation:

(1) Construction or procurement of machinery or infrastructure;

(2) Recruitment of providers of health care;

(3) The provision of free health care;

(4) Charitable contributions after the completion of the project; and

(5) Unfunded research.

(e) Demonstrate the potential for financial and operational sustainability after the expiration of the grant, including, without limitation, through:

(1) Plans for continued staffing, budget sustainability and continued allocation of resources; and

(2) An impact assessment concerning the potential long-term effects of the project on survival, quality of life and the experience of patients.

Sec. 11. An entity described in subsection 2 of section 10 of this act that wishes to receive a grant from the Account to support a project described in subsection 3 of section 10 of this act must apply to the Department in the form prescribed by the Department during an open application period established by the Department. The application must include, without limitation:

1. A comprehensive proposal for the project to be funded by the grant that outlines:

(a) The goals and objectives of the proposed project;

(b) The specific certified areas of need that the proposed project will address; and

(c) Detailed plans to recruit, retain or train providers of health care.

2. A detailed budget that clearly sets forth the projected costs and sources of funding for the proposed project and the manner in which that funding will be used to pay those projected costs. Such sources of funding must include, without limitation, the matching funds and in-kind contributions described in paragraph (d) of subsection 3 of section 10 of this act, where applicable.

3. Evidence of approval or commitment from the persons and entities that will provide the matching funds or in-kind contributions described in paragraph

(d) of subsection 3 of section 10 of this act or otherwise contribute to or collaborate on the project.

4. Documentation of the qualifications and relevant experience of the applicant, including, without limitation:

(a) A demonstrated ability to produce measurable, long-term improvements in rates of survival, quality of life and the experience of patients; and

(b) The experience and organizational capacity necessary to implement and sustain the project successfully.

5. Identification of the key personnel who will be involved in the project and any relevant partnerships with persons and entities engaged in the provision of health care, educational institutions, governmental entities or other persons and entities.

6. A timeline for implementing the proposed project that includes, without limitation, defined milestones, measurable performance indicators and a plan for reporting progress and evaluating outcomes at regular intervals.

7. A detailed operational plan for the proposed project that:

(a) Outlines staffing, facilities, equipment and other logistical requirements; and

(b) Addresses potential challenges in recruiting and retaining providers of health care.

8. A plan for sustainability that addresses the manner in which the proposed project will continue to provide benefits after the expiration of the grant, including, without limitation, possible sources of funding, partnerships or strategies for reinvestment.

9. Any additional information required by regulation of the Department for:

(a) Assessing the feasibility, impact and sustainability of projects and the alignment of projects with the objectives set forth in subsection 3 of section 10 of this act; or

(b) Ensuring accountability and preventing the misuse of funds.

Sec. 12. 1. The Department shall review applications submitted pursuant to section 11 of this act to determine which applicants will be recommended to receive funding pursuant to section 13 of this act.

2. In reviewing applications and determining which applicants to recommend for funding, the Department shall:

(a) Give first priority for recommendation to projects that will most effectively address unmet needs;

(b) Give secondary priority for recommendation to projects that will provide the greatest benefit in certified areas of need;

(c) Give tertiary priority for recommendation to projects that will be located in:

(I) Areas designated by the Health Resources and Services Administration of the United States Department of Health and Human Services as having a shortage of providers of health care, including, without limitation:

(I) Areas designated as medically underserved areas or health professional shortage areas with high scores;

(II) Areas designated as health professional shortage areas for primary care; and

(III) Areas with populations that have been designated as medically underserved populations; or

(2) Geographic areas where at least 30 percent of the population is enrolled in Medicaid, as determined by the Department or the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services; and

(d) To the extent practicable, make recommendations to fund projects in different geographic areas of this State.

3. The Department shall consider the following criteria when reviewing applications pursuant to subsection 1:

(a) The severity and urgency of the shortage of providers of health care in the certified areas of need targeted by the proposed project;

(b) The potential of the proposed project to produce measurable, long-term improvements in rates of survival, quality of life and the experience of patients, including, without limitation, by causing high levels of improvement for underserved populations;

(c) The potential of the proposed project to create lasting improvement in accessibility to health care and the availability of providers of health care in the community affected by the proposed project, including, without limitation, by meeting specific metrics for improvements to access to health care, health care outcomes and the capacity of the health care workforce;

(d) The extent of the proposed investment in and establishment of capital infrastructure to address certified areas of need over the long term and support sustainable access to health care, including, without limitation:

(1) The construction of medical facilities and other health care facilities;

(2) The acquisition of medical equipment or equipment related to the advancement of medical research;

(3) The expansion of capabilities for delivering services through precision medicine, early-phase clinical trials and telehealth; and

(4) The development of facilities for residencies or other training of providers of health care;

(e) The level of financial commitment from sources other than the State, including, without limitation, the degree to which the matching funds and in-kind contributions exceed the amount required by paragraph (d) of subsection 3 of section 10 of this act;

(f) The level of collaboration between the applicant and other entities in the public and private sectors to enhance the overall impact of the project;

(g) The qualifications and organizational capacity of the applicant to effectively implement and sustain the proposed project, including, without limitation, a demonstrated ability to manage similar projects, meet projections concerning outcomes and maintain compliance with the requirements of sections 2 to 18, inclusive, of this act and any regulations adopted pursuant thereto; and

(h) The degree to which the proposed project will strategically use technology or innovative models of delivering health care in a manner that may reduce costs, improve outcomes and expand access to underserved populations.

4. As used in this section, "telehealth" has the meaning ascribed to it in NRS 629.515.

Sec. 13. 1. After reviewing applications pursuant to section 12 of this act, the Department shall submit to the Interim Finance Committee recommendations for the awarding of grants from the Account for the approval of the Committee.

2. When making recommendations pursuant to subsection 1, the Department:

(a) Shall ensure that all applicants for grants from the Account meet the requirements of section 10 of this act;

(b) May recommend funding one or more proposed projects, within the limits of money in the Account;

(c) Shall, to the extent that qualified applicants are available, recommend awarding all of the money in the Account for a fiscal year as grants; and

1 (d) May not recommend awarding a total amount of money during any
2 funding period that exceeds the amount available in the Account for that funding
3 period.

4 3. The Department shall maintain a public record of all decisions to
5 recommend the award of funding to an entity that submits an application
6 pursuant to section 11 of this act or to refuse to make such a recommendation.

7 4. Upon receiving approval of a recommendation from the Interim Finance
8 Committee pursuant to subsection 1, the Department shall issue a written notice
9 of the approval to the applicant to whom the recommendation pertains. Such
10 written notice must include, without limitation:

11 (a) The total amount of money being awarded; and

12 (b) The schedule of disbursements and specific conditions that will be
13 included in the applicable funding agreement.

14 **Sec. 14.** 1. Not later than 30 days after the Interim Finance Committee
15 approves a grantee to receive funding pursuant to section 13 of this act, the
16 Department shall enter into a funding agreement with the grantee. Such a
17 funding agreement must outline the terms and conditions of the grant and the
18 responsibilities of the grantee in a manner that ensures that the grantee satisfies
19 the requirements and objectives specified in subsection 3 of section 10 of this act.

20 2. A funding agreement entered into pursuant to subsection 1 must:

21 (a) Provide for the disbursement of the grant in installments that are
22 contingent on the achievement of specific milestones, goals and indicators of
23 performance relating to increases in the number of providers of health care,
24 improved access to health care and improvements to infrastructure;

25 (b) Require the grantee to submit documentation that the grantee has
26 achieved the milestones, goals and indicators of performance prescribed in the
27 agreement pursuant to paragraph (a) before money may be disbursed, including,
28 without limitation:

29 (1) Financial reports detailing expenditures of money and allocations of
30 matching funds;

31 (2) Operational progress reports that demonstrate measurable
32 achievements in recruiting providers of health care, improving health care
33 infrastructure or expanding the availability of health care or clinical services;
34 and

35 (3) Any additional information required by the Department for the
36 purposes specified in this paragraph;

37 (c) Require the grantee to submit to the Department an annual report that
38 includes, without limitation, details regarding the financial status of the project,
39 efforts to recruit providers of health care and the impact of the project;

40 (d) Require the grantee to comply with any request made by the Department
41 or the Office of Finance in accordance with section 16 of this act;

42 (e) Specify the date on which the portion of the project funded by the grant is
43 scheduled to terminate; and

44 (f) Require the grantee to meet any additional conditions imposed by the
45 Department to ensure accountability, the achievement of the objectives of the
46 project and the sustainability of the project.

47 3. A funding agreement entered into pursuant to subsection 1 may require
48 that the matching funds be:

49 (a) Held in escrow by an independent third party before the disbursement of
50 money from the Account;

51 (b) Secured through an irrevocable trust, letter of credit or surety bond; or

52 (c) Verified through financial reporting to confirm the availability and
53 appropriate use of the matching funds.

4. A funding agreement entered into pursuant to subsection 1 may require that the matching funds and in-kind contributions be subject to an independent verification process that may include, without limitation:

(a) Certification by a certified public accountant or other qualified third party;

(b) Submission of documentation demonstrating the value and availability of matching funds or in-kind contributions, including, without limitation:

(1) Financial statements;

(2) Governance documents;

(3) Appraisals or market valuations of in-kind contributions; and

(4) Documentation of cost basis or fair market value, as appropriate;

(c) Periodic reports concerning the valuation of in-kind contributions that are aligned with the disbursement schedule established pursuant to paragraph (a) of subsection 2; and

(d) Adherence to generally accepted accounting principles for the valuation of in-kind contributions.

Sec. 15. 1. If a grantee significantly modifies a project that has received funding pursuant to sections 2 to 18, inclusive, of this act, or if there are changes in the availability of funding for such a project, the grantee shall immediately notify the Department and submit to the Department a revised plan for the project. Upon receiving such notification, the Department may, to ensure that money from the Account is used efficiently and effectively in a manner that complies with section 10 of this act, adjust the terms of the funding agreement, including, without limitation, the terms for disbursement and the amount of funding, or suspend or terminate the funding agreement.

2. If a grantee terminates a project that has received funding pursuant to sections 2 to 18, inclusive, of this act, before the date of termination specified in the applicable funding agreement or if such a project remains inactive for 12 consecutive months, the grantee shall:

(a) Notify the Department; and

(b) Submit to the Department a revised plan for the project.

3. Upon receiving notice pursuant to subsection 2 of the early termination or inactivity of a project, the Department may:

(a) Place a lien or other security interest on assets related to the project until at least half of the goals and indicators of performance included in the applicable funding agreement are met;

(b) Reallocate unspent money to other approved projects or deposit unspent money in the Account to support grants for other projects pursuant to sections 2 to 18, inclusive, of this act;

(c) Require the grantee to take corrective action within 60 days;

(d) Suspend or terminate the grant;

(e) Require the grantee to repay money previously disbursed; or

(f) Take any combination of the actions described in paragraphs (a) to (e), inclusive.

4. Not later than 60 days after the early termination of a project for which a grantee received a grant pursuant to sections 2 to 18, inclusive, of this act, a grantee shall submit to the Department a report which includes, without limitation:

(a) The total amount of money spent on the project;

(b) The amount of money disbursed from the Account that was spent on the project;

(c) The reasons for the early termination of the project; and

1 (d) A proposed plan to repay money disbursed from the Account, if required
2 by the Department.

3 **Sec. 16.** 1. The Department shall conduct site visits, audits or reviews at
4 least annually to ensure that a project funded pursuant to sections 2 to 18,
5 inclusive, of this act comply with the requirements of those sections and the
6 applicable funding agreement.

7 2. The Office of Finance may audit any project funded pursuant to sections
8 2 to 18, inclusive, of this act to ensure that the grantee is using the money
9 awarded pursuant to 2 to 18, inclusive, of this act in an effective and efficient
10 manner that accords with state and federal law and the applicable funding
11 agreement.

12 **Sec. 17.** If the Department concludes, as the result of a site visit, audit or
13 review pursuant to section 16 of this act or for any other reason, that a grantee
14 who has received funding pursuant to sections 2 to 18, inclusive, of this act has
15 failed to:

16 1. Comply with the terms of a funding agreement, including, without
17 limitation, by failing to achieve the milestones, goals and indicators of
18 performance prescribed in the agreement pursuant to paragraph (a) of subsection
19 2 of section 14 of this act, the Department may:

20 (a) Suspend or terminate the grant;

21 (b) Require the grantee to take corrective action within 60 days;

22 (c) Require the grantee to repay money that was previously disbursed to the
23 grantee;

24 (d) Reallocate unspent money to other approved projects or deposit unspent
25 money in the Account to support grants for other projects pursuant to sections 2
26 to 18, inclusive, of this act;

27 (e) Take such other measures as are necessary to ensure compliance with the
28 provisions of sections 2 to 18, inclusive, of this act, the regulations adopted
29 pursuant thereto, other state and federal law and the applicable funding
30 agreement; or

31 (f) Take any combination of the actions described in paragraphs (a) to (e),
32 inclusive.

33 2. Comply with any provision of sections 2 to 18, inclusive, of this act, any
34 regulation adopted pursuant thereto or any other state or federal law, or has
35 misused funds or submitted fraudulent information to the Department, the
36 Department:

37 (a) Shall suspend or terminate the grant;

38 (b) May refer the matter to a district attorney who has jurisdiction over the
39 matter or the Attorney General, where appropriate; and

40 (c) May additionally take any other action or combination of actions
41 described in subsection 1.

42 **Sec. 18.** Upon completing a project for which a grantee received a grant
43 pursuant to sections 2 to 18, inclusive, of this act, and again 10 years after the
44 completion of such a project, the grantee shall submit to the Department a report
45 that includes, without limitation:

46 1. A summary of the achievements of the project relative to the initial goals
47 of the project, focusing on improvements in access to health care or clinical
48 services and the capacity of the health care workforce in the area affected by the
49 project;

50 2. Financial accounting of all money received for the project pursuant to
51 sections 2 to 18, inclusive, of this act and from other sources, including, without
52 limitation, matching funds and an itemized statement of expenditures of such
53 money;

3. *A narrative evaluation of the impact of the project on the community affected by the project, including, without limitation, benefits realized, challenges encountered and lessons learned for future projects;*

4. *Any relevant data on patient outcomes, measurements of community health or the retention and expansion of the health care workforce attributable to the project; and*

5. *Feedback or testimonials concerning the project from beneficiaries, partners and other affected persons and entities.*

Sec. 19. 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, subsection 3 of NRS 349.073, NRS 353.220, 353.224, 353.2705 to 353.2771, inclusive, 353.288, 353.335, 353.3375, 353C.224, 353C.226, paragraph (b) of subsection 4 of NRS 407.0762, NRS 428.375, 433.732, 439.4905, 439.620, 439.630, 445B.830, subsection 1 of NRS 445C.320 and NRS 538.650 ~~and sections 8 and 13 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. 20. ~~NRS 353.288 is hereby amended to read as follows:~~

~~353.288 1. The Account to Stabilize the Operation of the State Government is hereby created in the State General Fund. Except as otherwise provided in subsections 3 and 4, each year after the close of the previous fiscal year and before the issuance of the State Controller's annual report, the State Controller shall transfer from the State General Fund to the Account to Stabilize the Operation of the State Government:~~

~~(a) Forty percent of the unrestricted balance of the State General Fund, as of the close of the previous fiscal year, which remains after subtracting an amount equal to 7 percent of all appropriations made from the State General Fund during that previous fiscal year for the operation of all departments, institutions and agencies of State Government and for the funding of schools; and~~

~~(b) Commencing with the fiscal year that begins on July 1, 2017 [1, 1];~~

~~(1) One half of one percent of the total anticipated revenue for the fiscal year in which the transfer will be made, as projected by the Economic Forum for that fiscal year pursuant to paragraph (c) of subsection 1 of NRS 353.228 and as~~

adjusted by any legislation enacted by the Legislature that affects state revenue for that fiscal year [], under circumstances where the State Controller is required to transfer money to the Statewide Health Care Access and Recruitment Program Account created pursuant to section 8 of this act; or

~~(2) One percent of the total anticipated revenue for the fiscal year in which the transfer will be made, as projected by the Economic Forum for that fiscal year pursuant to paragraph (c) of subsection 1 of NRS 253.229 and as adjusted by any legislation enacted by the Legislature that affects state revenue for that fiscal year, under circumstances where the State Controller is prohibited from transferring money to the Statewide Health Care Access and Recruitment Program Account created pursuant to section 8 of this act.~~

~~2. Money transferred pursuant to subsection 1 to the Account to Stabilize the Operation of the State Government is a continuing appropriation solely for the purpose of authorizing the expenditure of the transferred money for the purposes set forth in this section.~~

~~3. The balance in the Account to Stabilize the Operation of the State Government must not exceed 26 percent of the total of all appropriations from the State General Fund for the operation of all departments, institutions and agencies of the State Government and for the funding of schools and authorized expenditures from the State General Fund for the regulation of gaming for the fiscal year in which that revenue will be transferred to the Account to Stabilize the Operation of the State Government.~~

~~4. Except as otherwise provided in this subsection and NRS 253.2725, beginning with the fiscal year that begins on July 1, 2003, the State Controller shall, at the end of each quarter of a fiscal year, transfer from the State General Fund to the Disaster Relief Account created pursuant to NRS 253.2725 an amount equal to not more than 10 percent of the aggregate balance in the Account to Stabilize the Operation of the State Government during the previous quarter. The State Controller shall not transfer more than \$500,000 for any quarter pursuant to this subsection.~~

~~5. The Director of the Office of Finance in the Office of the Governor may submit a request to the State Board of Examiners to transfer money from the Account to Stabilize the Operation of the State Government to the State General Fund.~~

~~(a) If the total actual revenue of the State falls short by 5 percent or more of the total anticipated revenue for the biennium in which the transfer will be made, as determined by the Legislature, or the Interim Finance Committee if the Legislature is not in session; or~~

~~(b) If the Legislature, or the Interim Finance Committee if the Legislature is not in session, and the Governor declare that a fiscal emergency exists.~~

~~6. The State Board of Examiners shall consider a request made pursuant to subsection 5 and shall, if it finds that a transfer should be made, recommend the amount of the transfer to the Interim Finance Committee for its independent evaluation and action. The Interim Finance Committee is not bound to follow the recommendation of the State Board of Examiners.~~

~~7. If the Interim Finance Committee finds that a transfer recommended by the State Board of Examiners should and may lawfully be made, the Committee shall by resolution establish the amount and direct the State Controller to transfer that amount to the State General Fund. The State Controller shall thereupon make the transfer.~~

~~8. In addition to the manner of allocation authorized pursuant to subsections 5, 6 and 7, the money in the Account to Stabilize the Operation of the State~~

~~Government may be allocated directly by the Legislature to be used for any other purpose.~~ (Deleted by amendment.)

Sec. 21. (Deleted by amendment.)

Sec. 21.2. There is hereby appropriated from the State General Fund to the Statewide Health Care Access and Recruitment Program Account created in the State General Fund by section 8 of this act the sum of \$10,000,000 for the purposes described in subsections 3 and 4 of section 8 of this act.

Sec. 21.5. In lieu of conducting the assessment described in paragraph (a) of subsection 1 of section 9 of this act on or before July 1, 2026, the Department of Health and Human Services shall:

1. Review existing assessments of the health care needs of this State that, to the extent available, carry out the purposes described in subsection 2 of section 9 of this act; and

2. Utilize the assessments described in subsection 1 to:

(a) Create the summary described in paragraph (a) of subsection 3 of section 9 of this act; and

(b) Make the recommendations described in paragraphs (b) and (c) of subsection 3 of section 9 of this act.

Sec. 22. 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. 23. 1. This ~~act~~ section becomes effective upon passage and approval.

2. Sections 1 to 21, inclusive, 21.5 and 22 of this act become effective on July 1, 2025.

3. Section 21.2 of this act becomes effective on July 1, 2026.