



WORK SESSION DOCUMENT JOINT INTERIM STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

Nevada Revised Statutes (NRS) [218E.320](#)

August 12, 2024

INTRODUCTION

The Chair and Legislative Counsel Bureau (LCB) staff of the Joint Interim Standing Committee (JISC) on Health and Human Services (HHS) prepared this "Work Session Document" (WSD) to assist the Committee in determining which legislative measures it may request for the 2025 Session of the Nevada Legislature, as well as other actions the Committee may endorse. The WSD contains a summary of recommendations presented during public hearings, through communication with individual Committee members, or through correspondence submitted to the Committee members or staff.

The members of the Committee do not necessarily support or oppose the recommendations in this WSD. Committee staff compiled and organized the proposals so that Committee members may review them and decide whether they want to accept, reject, modify, or take no action on the recommendations. The WSD groups the proposals by topic, and they are not preferentially ordered.

Pursuant to NRS [218D.160](#), the Committee is limited to 15 legislative measures or bill draft requests (BDRs) that relate to matters within the scope of the Committee, at least 5 of which must relate to matters relating to child welfare. The Committee may choose to recommend any of the following actions: (1) draft legislation to amend NRS; (2) draft a letter; or (3) include a policy statement in the Committee's final report. It should also be noted that any potential recommendations listed may or may not have a fiscal impact. Any potential fiscal impacts have not been determined by staff at this time.

Committee members are advised that LCB staff, at the direction of the Chair, may coordinate with interested parties to obtain additional information for drafting purposes or for information to be included in the Committee's final report.

RECOMMENDATIONS FOR LEGISLATION

PROPOSALS RELATING TO ACCESS TO CARE

1. EMERGENCY MEDICAL SERVICES (EMS)

Request the drafting of a legislative measure (BDR) to:

- a. Revise Chapter 439 (“Administration of Public Health”) and 450B (“Emergency Medical Services”) of NRS to authorize the district board of health in a county whose population is 100,000 or more but less than 700,000 to administer emergency medical services in the same manner as a county whose population is 700,000 or more; and

Recommendation proposed by David Cochran, President, Nevada Fire Chiefs Association.

- b. Authorize an individual between 16 and 18 years of age to become licensed as an Ambulance Attendant or as an Emergency Medical Technician.

Recommendation proposed by Senator Fabian Doñate, Chair, JISC HHS.

2. SILVER STATE HEALTH INSURANCE EXCHANGE

Request the drafting of a legislative measure (BDR) to:

- a. Require the Silver State Health Insurance Exchange—in consultation with the Commissioner of Insurance, Division of Insurance, Department of Business and Industry, and the Director of the Department of Health and Human Services (DHHS)—to apply for a State Innovation Waiver under Section 1332 of the Patient Protection and Affordable Care Act (ACA) ([H.R.3590](#), 111th Congress) through the Centers for Medicaid and Medicare Services (CMS). Specifically, the Exchange shall seek a waiver to Section 1312 (f)(3) of the ACA to the extent it would otherwise require excluding certain Nevada residents from enrolling in qualified dental and health plans of the State’s Exchange Section;
- b. Require the Exchange to conduct an actuarial analysis for the waiver application to determine without limitation that the waiver meets the requirements of Section 1332 (b)(1) of the ACA, which requires a waiver to:
 - i. Provide coverage that is at least as comprehensive as the coverage provided without the waiver;
 - ii. Provide coverage and cost-sharing protections against excessive out-of-pocket spending that are at least as affordable as without the waiver;
 - iii. Provide coverage to at least a comparable number of residents as without the waiver; and
 - iv. Not increase the federal deficit.
- c. Make an appropriation totaling \$1,000,000 from the State General Fund to the Exchange over the 2025–2027 Biennium to conduct the actuarial analysis and any other administrative activities related to the waiver application and implementation;

- d. Require the Exchange to complete the analysis and apply for the waiver in such a manner that it can offer health insurance under the waiver starting on January 1, 2028; and
- e. Amend subsection 2 of NRS [695I.300](#) by requiring the Senate Majority Leader and the Speaker of the Assembly to each appoint one additional voting member to the Board of Directors of the Silver State Health Insurance Exchange.

Recommendation proposed by Chair Doñate in consultation with Committee staff based on testimony related to the Section 1332 State Innovation Waiver of the Washington Health Benefit Exchange at the Committee's meeting on [April 8, 2024](#).

3. TRIBAL HEALTH CARE

Request the drafting of a legislative measure (BDR) to:

- a. Create the Tribal Health Authority Council to:
 - i. Serve as the principal tribal health authority body to the Governor and DHHS on issues related to health and health care for American Indians and Alaska Natives;
 - ii. Adopt a tribal health advisory plan to increase access to care and address and eliminate any barriers. The plan may include, without limitation: (1) an assessment of Indian health and Indian health care in the State; and (2) development of specific recommendations for programs, projects, or activities to support advancement of health initiatives for American Indians and Alaska Natives in the State; and
 - iii. Address issues with tribal health implications that cannot be resolved at the State agency level.
- b. Establish the membership and terms of the Council as follows:
 - i. Voting members: one tribal health representative or designee of each Nevada tribe as defined in NRS [233A.220](#), the director or designee of each urban tribal health organization, and the directors or designee of tribal health programs, one person who is a member of a Native Hawaiian community in Nevada, one representative of the Office of the Governor, and one member from each the majority and minority caucuses of the Senate and the Assembly;
 - ii. Non-voting members: one representative or designee of the [Indian Health Service Phoenix Area Office](#) and Service Units and any tribal liaisons of State agencies involved in health care;
 - iii. Each member appointed to the Council serves for a term of four years. A vacancy on the Council must be filled consistent with voting and non-voting membership criteria;
 - iv. A member may be reappointed to the Council without limitation of terms served;
 - v. The members of the Council shall elect—from tribal health representatives—a Chair and Vice Chair by majority vote. After the initial election, the Chair and Vice Chair shall hold office for a term of one year beginning on July 1 of each year. If the

position of Chair or Vice Chair becomes vacant, the members of the Council shall elect a Chair or Vice Chair, as appropriate, from among its members for the remainder of the unexpired term; and

- vi. The members of the Council serve without compensation.
- c. Require the Council to meet at least once every quarter and at the times and places specified by a call of the Chair or a majority of the members of the Council. A Council member who is a tribal health representative may designate in writing a person to represent him or her at a meeting of the Council if it is impractical for the Council member to attend the meeting. The designated representative shall be deemed to be a member of the Council for the purpose of tribal participation during the meeting and may vote on any matter that is voted on by the regular Council members at the meeting;
- d. Require the Director of DHHS to request federal approval from CMS authorizing tribal health benefit coordinators to determine eligibility for the Medicaid program of any American Indian and Alaska Native in the State. Upon approval, DHHS shall collaborate with the Council and any tribal health clinic in the State for activities that will enable such coordinators to make Medicaid determinations, including without limitation:
 - (1) providing necessary training;
 - (2) coordinating information technology upgrades;
 - (3) establishing interfaces to any Medicaid or welfare management software; and
 - (4) any other necessary activities;

Recommendation proposed by Angie Wilson, Director, Reno-Sparks Tribal Health Center, at the JISC HHS meeting on [February 16, 2024](#).

- e. Create the Account for Tribal Health in the State General Fund. The Council may seek opportunities to apply for matching federal funds and may accept any gift, donation, bequest, grant, or other source of money to fulfill the purposes of the Council. Any money remaining in the Account at the end of a fiscal year does not revert to the State General Fund, and the balance in the Account must be carried forward to the next fiscal year;
- f. Make an appropriation totaling \$224,000 from the State General Fund to the Nevada Department of Native American Affairs over the 2025–2027 Biennium for the personnel and operating costs of the Coordinator for the Council;
- g. Direct the Director of DHHS to collaborate with the Council during the 2025–2026 Legislative Interim to:
 - i. Develop a proposal to seek the establishment of a tribal reinvestment program of savings that may be achieved from the enhanced Medicaid federal medical assistance percentage of 100 percent provided for certain health care services rendered to American Indians and Alaska Natives who are enrolled in Medicaid, which is similar to [Oregon House Bill 2286](#) (2023) or any pertinent legislation from other states; and
 - ii. Submit a report to and present the report at a meeting of the JISC HHS no later than June 30, 2026, that includes, without limitation, the developed proposals and any recommendations for legislation.

Recommendation proposed by Chair Doñate in response to testimony provided by Director Wilson, Reno-Sparks Tribal Health Center, at the JISC HHS meeting on [February 16, 2024](#).

4. HEALTH SERVICES PROVIDED TO MEDICAID-ENROLLED PUPILS

According to Nevada Medicaid, there are two different provider types for *School Health Services* (SHS) and *School-Based Health Centers* (SBHCs): (1) SHS are health care services provided in the school setting¹ to Medicaid-eligible pupils ([Provider Type 60](#)); and (2) SBHCs provide primary and preventive medical services to Medicaid-eligible students at health centers located on or near a school facility of a school district, independent school, or board of an Indian tribe or tribal organization ([Provider Type 17](#)).

In June 2024, [CMS awarded a grant](#) to the Division of Health Care Financing and Policy (DHCFP or Nevada Medicaid), DHHS, for “the Implementation, Enhancement, and Expansion of Medicaid and the Children’s Health Insurance Program (CHIP) school-based services,” which will be used to expand access to critical health care services for pupils, especially mental health care (see also DHCFP’s [press release](#)). The recommendation below would supplement the current efforts of Nevada Medicaid to expand access to these services.

Request the drafting of a legislative measure (BDR) to:

a. Require the Director of DHHS to:

- i. Take any action necessary to ensure that local and State educational agencies are able to receive reimbursement for health services covered by Medicaid when provided on the premises of a school and establish incentives for certain providers to enter into an agreement with a school district or charter school or Nevada’s Department of Education (NDE) to provide SHS;
- ii. Apply for any necessary federal authority to increase by at least 5 percent the rates of reimbursement for any SHS covered by Medicaid when provided on the premises of a school by an employee or independent contractor of: (1) a school district or charter school; or (2) NDE; and
- iii. Apply for any necessary federal authority to simplify and streamline reimbursement methodology and increase by 10 percent any service provided by a SBHC located on or near a school facility of a school district which provides primary and preventative medical services to Medicaid-eligible students.

¹ Reimbursable SHS for Medicaid-eligible pupils who are between 3 and 21 years of age, include, without limitation: (1) screening and diagnostic services, including hearing and vision screening through the [Healthy Kids Program](#); (2) physician’s services; (3) physician’s assistant services; (4) nursing services provided by registered nurses, licensed practical nurses, and advanced nurse practitioners; (5) psychological services; (6) physical therapy services; (7) speech therapy, language disorders, and audiology services; (8) occupational therapy services; (9) applied behavior analysis; (10) personal care services; (11) home health care services, such as those which may be written into an Individualized Educational Plan; (12) case management; (13) dental services; (14) optometry services; (15) non-residential mental health rehabilitative services; (16) outpatient alcohol and substance abuse services; (17) audiological supplies, such as Assistive Communication Devices; and (18) durable medical equipment and supplies.

- b. Establish the School Health Access Resource Center in DHCFP for the purpose of assisting persons and entities who wish to provide health services in schools to evaluate and utilize different methods of participating in and billing Medicaid;
- c. Make an appropriation totaling \$600,000 from the State General Fund to DHCFP over the 2025–2027 Biennium for vendor support to conceptualize and establish the Resource Center and all other related activities; and
- d. Make an appropriation totaling \$224,000 from the State General Fund to DHCFP over the 2025–2027 Biennium for the personnel and operating costs of the Resource Center created in the Division and make an additional appropriation of \$5,000 for equipment and office supplies for Fiscal Year (FY) 2025–2026.

Recommendation proposed by Chair Doñate in consultation with Committee staff and representatives of DHCFP, DHHS.

PROPOSALS RELATING TO PUBLIC HEALTH

5. PUBLIC HEALTH IMPROVEMENT FUND AND PUBLIC HEALTH INTEROPERABILITY

Request the drafting of a legislative measure (BDR) to:

- a. Create the Account for Public Health in the State General Fund. The Division of Public and Behavioral Health (DBPH), DHHS, shall administer the Account. The Account shall be funded with the first \$30 million per biennium of the Insurance Premium Tax collected by the Department of Taxation. The money in the Account must be expended to address the tribal, county, district, and State public health needs in Nevada.
- b. Define “health authority” as a county or district board of health pursuant to Chapter 439 (“Administration of Public Health”) of NRS or each Nevada tribe as defined in NRS [233A.220](#);
- c. Require DPBH on or before April 1 of an even-numbered year and upon approving proposals from each health authority to allocate the money in the Account to the following health authorities based on the following prescribed percentages of the total appropriated money:
 - i. To DPBH for distribution to each Nevada tribe as defined in NRS [233A.220](#), 10 percent;
 - ii. To DPBH, 5 percent;
 - iii. To each county or district board of health in Nevada, 1 percent. A district board of health formed by more than one county shall receive 1 percent for each county² within its jurisdiction;

² For instance, the Central Nevada Health District is comprised of four counties: Churchill, Eureka, Mineral, and Pershing Counties. The District would receive 4 percent of the total appropriated money from the Account.

- iv. After this allocation, the remaining money in the account shall be allocated to the county or district boards of health in proportion to their respective population. The population shall be based on the demographic projection of the current calendar year from the State Demographer.
 - v. Any balance of the sums allocated to a health authority remaining at the end of the following fiscal year must not be committed for expenditure and must be reverted to the Account. The Division of Public and Behavioral Health must use reverted sums for public health improvement efforts within the health authority's jurisdiction that reverted these sums or to support any other statewide public health efforts; and
 - vi. The Account may retain no more than 4 percent of the total appropriations received in the biennium as a reserve. The reserve can be used in a future biennium based on public health needs. Any reserve in excess of the 4 percent is considered excess reserve and must be reverted to the State General Fund by the end of the fiscal year. The portion of any money remaining in the Account at the end of a fiscal year from the sums allocated to a health authority that is reverted to the Account pursuant to item (v) is excluded for the purpose of calculating the reserve, does not revert to the State General Fund, and may be carried forward to the next fiscal year to be used for public health efforts. Any such money remaining by the end of the fiscal year to which the money was carried forward is included for the purpose of calculating the reserve and reverts to the State General Fund accordingly.
- d. Require DPBH to:
- i. Provide each health authority with an estimate of allocations in the Account at the beginning of a fiscal year in an odd-numbered year;
 - ii. Request from each health authority who may receive allocations from the Account a proposal that includes, without limitation, a list of public health priorities and associated spending plans; and
 - iii. Review the priorities and process for alignment with requirements pursuant to section (e), approve or deny the proposals, and make biennial progress reports to the State Board of Health.
- e. Require a health authority to include in its proposal to DPBH: (1) an evaluation of the public health needs of residents of the area under the jurisdiction of the authority; (2) a determination of the level of priority of the public health needs identified; and (3) a spending plan of the allocated money in accordance with the levels of priority. Areas of public health improvement that can be part of a proposal include:
- i. Control of communicable diseases and other notifiable conditions;
 - ii. Chronic disease and injury prevention;
 - iii. Environmental public health;
 - iv. Maternal, child, and family health;

- v. Access to and linkage with medical, oral, and behavioral health services;
 - vi. Vital records;
 - vii. Assessing the health of populations;
 - viii. Public health emergency planning;
 - ix. Communications;
 - x. Policy development and support;
 - xi. Community partnership development;
 - xii. Business competencies; and
 - xiii. Any other area as defined by DPBH.
- f. Require a health authority that received allocations from the Account to submit a report to DPBH in the format and on the timeline recommended by the Division no later than 90 days after the end of each fiscal year. The report must include, without limitation:
- i. A description of the process used by the health authority pursuant to paragraph (e) to evaluate the public health needs of residents of the area under the jurisdiction of the health authority and the public health needs identified through that process;
 - ii. A description of each expenditure of the allocated money made by the health authority;
 - iii. The unexpended balance of the allocated money at the end of the fiscal year; and
 - iv. Reporting and metrics requested by the Division in the format and on the timeline prescribed by the Division.
- g. Revise NRS [439.362](#) to add two additional members—one appointed by the Senate Majority Leader and one appointed by the Speaker of the Assembly—to any district board of health created in counties whose population is 700,000 or more;
- h. Revise NRS [439.390](#) to add two additional members—one appointed by the Senate Majority Leader and one appointed by the Speaker of the Assembly—to any district board of health created in counties whose population is less than 700,000; and
- i. Require health authorities to establish a framework that includes standards on public health data interoperability and data exchange by 2030. The framework should use any public health reporting standards established on a federal level by the Centers for Disease Control and Prevention, the Office of the National Coordinator for Health Information Technology, or any other federal agency that establishes nationwide frameworks and standards, including, without limitation, the Trusted Exchange Framework and Common Agreement. For this purpose, all health authorities must use funding from the public health improvement fund to establish the framework for their respective jurisdiction.

Recommendation proposed by Chair Doñate in consultation with Committee staff based on testimony from public health officials at the Committee meeting on [April 8, 2024](#).

PROPOSALS RELATING TO BEHAVIORAL HEALTH CARE

6. MEDICAID REIMBURSEMENT FOR COMMUNITY-BASED LIVING ARRANGEMENT SERVICES PROVIDED TO ADULTS WITH SERIOUS MENTAL ILLNESS

Request the drafting of a legislative measure (BDR) to:

Require DHCFP to coordinate with DPBH to establish a method of reimbursement for a therapeutic group home model of care for adults with serious mental illness who are recipients of Medicaid. "Therapeutic group home" means a provider certified by DPBH to provide community-based living arrangement services as defined in NRS [449.0026](#) that supports independent, community-based living for individuals with serious mental illness. Additionally, the Director of DHHS shall seek all necessary federal authority under [Title XIX of the United States Social Security Act](#) (H.R.4366, 118th Congress) to provide Medicaid reimbursement for services provided in such group home settings by qualified providers.

Recommendation proposed by Chair Doñate in consultation with Committee staff and representatives of Nevada Medicaid.

7. HEALTH INSURANCE COVERAGE FOR THE SCREENING AND ASSESSMENT OF CERTAIN DISORDERS AND DISABILITIES

Request the drafting of a legislative measure (BDR) to:

Require private and public health insurers to provide coverage for individuals under 18 years of age or, if enrolled in high school, until the person reaches 22 years of age for the screening and assessment of attention deficit and hyperactivity disorder, fetal alcohol spectrum disorder, intellectual disabilities, and specific learning disorders.

Recommendation proposed by Brian Knudsen, Councilman, City of Las Vegas, and Holly Welborn, Executive Director, Children's Advocacy Alliance of Nevada (CAA), at the JISC HHS meeting on [June 10, 2024](#).

PROPOSALS RELATING TO HEALTH CARE WORKFORCE AND LICENSING

8. SOCIAL WORK APPRENTICES

Request the drafting of a legislative measure (BDR) to:

- a. Require the Board of Examiners for Social Workers to promulgate regulations authorizing a social work student to perform social work functions as a social work apprentice. The regulations³ shall include, without limitation, the following conditions:
 - i. The social work student must be enrolled as a student in a social work program to pursue a baccalaureate degree or master's degree in social work from a college or university accredited by the Council on Social Work Education, or its successor organization, or which is a candidate for such accreditation;
 - ii. The social work student is employed at an apprenticeship site or facility as approved by the Board. An apprenticeship site or facility may include, without limitation: (1) medical facilities; (2) State or local agencies; (3) public schools; (4) any other site as defined by the Board;
 - iii. The social work student is supervised by a licensed social worker, licensed master social worker, licensed independent social workers, or licensed clinical social worker or any other licensed behavioral health or health care professional as determined by the Board and depending on the social work program the social work student is enrolled in;
 - iv. The social work student presents to his or her employer satisfactory evidence from his or her school of social work the successful demonstration of his or her skills;
 - v. The Board must approve a list of tasks a social work student may perform at an approved apprenticeship site. The tasks' difficulties and complexities may increase on a social work student's progress in a social work program for a baccalaureate or master's degree;
 - vi. The apprenticeship site must: (1) evaluate a social work student as safe to perform those tasks; (2) identify the roles and responsibilities of the apprentice position of a social work student; (3) identify the tasks delegated to the social work student acting as a social work apprentice; (4) establish a formal procedure for the social work student to refuse to perform any task until he or she is comfortable with his or her ability to do so safely; and (5) require the social work student, acting as a social work apprentice, to identify himself or herself as such with clients of the apprenticeship site; and
 - vii. The social work student must demonstrate acquired skills to his or her employer and only perform tasks approved by the Board. Social work apprentices must adhere to the laws and regulations set forth for social workers in Chapter 641B ("Social Workers") of NRS and *Nevada Administrative Code* (NAC).

³ The State Board of Nursing adopted [NAC 632.252](#) (see also [R018-22](#)) to allow nursing students to be employed as apprentice nurses at certain medical facilities. The recommendation on social work apprentices is using these nursing regulations as a model.

- b. Establish the Social Work Apprentice program in DHHS. The Department shall oversee the program and may:
 - i. Contract with any third party to administer the program and reimburse the third party for its services;
 - ii. Set up a process for facilities and sites approved by the Board to enroll in the program;
 - iii. Determine the amount of reimbursement of each social work apprentice's salary at an hourly rate that the facility may receive. The hourly rate shall progressively increase for social work apprentices enrolled as students in a baccalaureate degree or master's degree in social work;
 - iv. Determine the amount of reimbursement of a health care professional approved by the Board to supervise the social work apprentice;
 - v. Determine the amount of a retention or sign-on bonus—to the extent of available funding—for a facility or site who employs a social work apprentice upon successful graduation and licensure of the social work apprentice; and
 - vi. Determine the parameters to reimburse a social work apprentice for travel, per diem meals, and lodging to work at a remote-employing facility or site.
- c. Make an appropriation totaling \$2,000,000 from the State General Fund to DHHS over the 2025–2027 Biennium to establish the Social Work Apprentice program and any other administrative activities related to the program.

Recommendation proposed by Senator Robin Titus, Member, JISC HHS.

9. HEALTH CARE WORKFORCE

Part of the following recommendation on health care workforce is based on [Senate Bill 26](#) of the Utah Legislature, which passed during its 2024 Legislative Session. Among other provisions, the bill established the Behavioral Health Board (see also *Utah Code* Section [58-60-102.5](#)), a multi-professional board to replace certain individual licensing boards of various behavioral health professions. The Board is comprised of at least six licensed behavioral health providers, two other licensed providers, and four members of the public. The Board's responsibilities and powers include overseeing behavioral health licensees and recommending statutory changes to support workforce adequacy, public safety, and revisions to burdensome regulations, among others.

Senate Bill 26 also established three advisory committees—Qualifications and Professional Development, Background and Investigations, and Probation and Compliance—to advise the Board on licensure, professional development, criteria for license applicants with criminal backgrounds, and probation compliance. Additionally, the measure authorizes Utah's Division of Integrated Healthcare, Utah Department of Health and Human Services—in consultation with the Behavioral Health Board—to establish standing or ad hoc subcommittees to address various aspects of licensing such as client or patient access to qualified licensees; education, examination, and supervision of applicants for licensure; continuing education requirements; et cetera. Finally, the bill made multiple other changes to behavioral health licensing.

Request the drafting of a legislative measure (BDR) to:

- a. Establish the State Office of Health Care Workforce and Licensing within DPBH;
- b. Move to the State Office of Health Care Workforce and Licensing from the Office of Science, Innovation and Technology, Office of the Governor, all funding, power, and responsibilities pertaining to the Graduate Medical Education Grant Program and the Advisory Council on Graduate Medical Education established in [Chapter 223](#) ("Governor") of NRS;
- c. Create under the State Office of Health Care Workforce and Licensing a Behavioral Health Board and advisory committees modeled after *Utah Code Section 58-60-102.5* and consolidate under the Behavioral Health Board the following boards established in:
 - i. Chapter 641 ("Psychologists") of NRS;
 - ii. Chapter 641A ("Marriage and Family Therapists and Clinical Professional Counselors") of NRS;
 - iii. Chapter 641B ("Social Workers") of NRS;
 - iv. Chapter 641C ("Alcohol, Drug and Gambling Counselors") of NRS; and
 - v. Chapter 641D ("Applied Behavior Analysis") of NRS.
- d. Require the Behavioral Health Board to assume responsibility for administration of licensure, investigations, and complaint resolution for all behavioral health professionals currently licensed in Chapters 641, 641A, 641B, 641C, and 641D of NRS;
- e. Redirect board fees and funds generated through licensure and other funding streams from boards established pursuant to Chapters 641, 641A, 641B, 641C and 641D of NRS to the Behavioral Health Board to support the activities of licensure administration, investigation, and regulatory oversight for behavioral health professionals;
- f. Require the Behavioral Health Board to make necessary regulatory changes to existing regulations in Chapters 641, 641A, 641B, 641C, and 641D of NAC, and develop new regulations to comply with these legislative changes;
- g. Establish that any laws and regulations pertaining to disciplinary processes adopted by boards established pursuant to Chapters 641, 641A, 641B, 641C, and 641D of NRS remain in effect and may be enforced by the Behavioral Health Board until the Behavioral Health Board adopts regulations to repeal or replace those regulations;
- h. Provide that contracts and agreements, disciplinary and administrative actions, and licenses issued by such boards remain in effect as if taken by the officer or entity to which the responsibility for the enforcement of such action has been transferred;
- i. Require DPBH to:
 - i. Develop a plan for transitioning from the existing licensing structure of the professions in Chapters 641, 641A, 641B, 641C, and 641D of NRS to the Behavioral Health Board, so licensees and the public can follow and participate in the transition

process. The plan must be presented at a meeting in compliance with the Open Meeting Law and adopted at a second meeting in compliance with the Open Meeting Law. Provisions of Chapter 233B ("Nevada Administrative Procedure Act") of NRS do not apply to this transition plan. The transitioning must be completed in such a manner that the Behavioral Health Board starts to conduct its business no later than January 1, 2027; and

- ii. Develop and provide recommendations to the JISC HHS during the 2025–2026 Interim that outline the consolidation of all other health care licensing boards and other health care professions under the State Office of Health Care Workforce and Licensing. Health care licensing board or profession means a licensing authority as established in:
 - a. Chapters 641, 641A, 641B, 641C, and 641D of NRS;
 - b. Chapter 630 ("Physicians, Physician Assistants, Medical Assistants, Perfusionists, Anesthesiologist Assistants and Practitioners of Respiratory Care");
 - c. Chapter 630A ("Homeopathic Physicians, Advanced Practitioners of Homeopathy and Homeopathic Assistants");
 - d. Chapter 631 ("Dentistry, Dental Hygiene, Dental Therapy and Expanded Function Dental Assistance");
 - e. Chapter 632 ("Nursing");
 - f. Chapter 633 ("Osteopathic Medicine");
 - g. Chapter 634 ("Chiropractic Physicians and Chiropractic Assistants");
 - h. Chapter 634A ("Doctors of Oriental Medicine");
 - i. Chapter 634B ("Naprpaths");
 - j. Chapter 635 ("Podiatric Physicians and Podiatry Hygienists");
 - k. Chapter 636 ("Optometry");
 - l. Chapter 637 ("Dispensing Opticians");
 - m. Chapter 637B ("Audiologists, Speech-Language Pathologists and Hearing Aid Specialists");
 - n. Chapter 639 ("Pharmacists and Pharmacy");
 - o. Chapter 640 ("Physical Therapists, Physical Therapist Assistants and Physical Therapist Technicians");
 - p. Chapter 640A ("Occupational Therapists and Occupational Therapy Assistants");
 - q. Chapter 640B ("Athletic Trainers");
 - r. Chapter 640C ("Massage Therapy");

- s. Chapter 640D (“Music Therapists”);
- t. Chapter 640E (“Dietitians”);
- u. Chapter 652 (“Medical Laboratories”);
- v. Chapter 653 (“Radiation Therapy and Radiologic Imaging”); and
- w. Chapter 654 (“Administrators of Facilities for Long-Term Care”).

Recommendation proposed by Chair Doñate in consultation with Committee staff.

(See [Attachment A.](#))

10. PRIORITY REVIEW OF HEALTH CARE LICENSE OR CERTIFICATE APPLICATIONS

Request the drafting of a legislative measure (BDR) to:

Require all entities that license or certify health care professions to develop a process to expedite the licensure or certification process by giving priority review status to the application of an applicant for a license or certificate who demonstrates that he or she intends to practice in an historically underserved community as defined in NRS [704.78343](#). An applicant shall provide proper documentation, including, without limitation, a letter from an employer located in a historically underserved community indicating that the applicant has accepted employment and stating the start date.

Recommendation proposed by Chair Doñate in consultation with Committee staff.

PROPOSALS RELATING TO CHILD WELFARE AND CHILDREN’S MENTAL HEALTH

11. CATEGORICAL GRANTS FOR ADOPTION ASSISTANCE PROGRAMS

Request the drafting of a legislative measure (BDR) to:

- a. Revise subsection 1 of NRS [432B.219](#) to stipulate that the amount allocated to a child welfare agency’s adoption assistance program through a categorical grant shall also be determined based on the calculations prescribed under [42 U.S.C § 673\(a\)\(8\)\(A\)](#). This *U.S. Code* requires the State to calculate certain savings—if any—to all applicable children for a fiscal year using a methodology specified by the U.S. Secretary of Health and Human Services or an alternate methodology proposed by the State and approved by the Secretary; and
- b. Revise subsection 4 of NRS [432B.219](#) to allow any savings from categorical grants that have been awarded to a child welfare agency’s adoption assistance program to be carried forward with that agency for two fiscal years instead of only one fiscal year.

Recommendation proposed by Ashley Garza Kennedy, Principal Management Analyst, Government Affairs, Department of Administrative Services, Clark County.

(See [Attachment B.](#))

12. IMMUNITY FOR REPORTING CHILD ABUSE OR NEGLECT

Request the drafting of a legislative measure (BDR) to:

- a. Amend NRS [432B.160](#) to clarify the provisions regarding the protection from criminal and civil liability for individuals who make a good faith report of suspected or known child abuse or neglect or who provide assistance, such as medical evaluations or consultations, in connection with such reports or investigations. Specifically, extend immunity from civil or criminal liability to every person who in good faith permits, takes, reviews, consults, or provides a medical opinion regarding a medical test, photographs, or X-rays performed or completed pursuant to NRS [432B.270](#); and
- b. Provide that a mandatory reporter who prevailed as a defendant in a civil action may be awarded by the court costs and reasonable attorney's fees incurred by the defendant.

Recommendation proposed by Ms. Garza Kennedy.

(See [Attachment C.](#))

13. ADOPTION OF CHILDREN AND ADULTS

Request the drafting of a legislative measure (BDR) to:

- a. Codify NAC [127.140](#) in Chapter 127 ("Adoption of Children and Adults") of NRS to authorize the fingerprinting of an applicant for an initial license as a director of a private child-placing agency;
- b. Revise subsection 3 of NRS [127.007](#) by authorizing the Division of Child and Family Services (DCFS), DHHS, to release information to relatives under extenuating circumstances as determined by the Division. The intent is to allow, for example, two siblings trying to locate each other who were adopted by different adoptive parents. Currently, this may only occur if the natural parent provided consent to the Division or if the siblings have a death certificate of the natural parent; and
- c. Revise NRS [127.145](#) by authorizing prospective adoptive parents to attend a court hearing by videoconference or any other technological means available to the court in addition to attending a hearing by telephone.

Recommendation proposed by Marla McDade Williams, Administrator, DCFS, DHHS.

14. OFFICE OF CHILDREN'S MENTAL AND BEHAVIORAL HEALTH

Request the drafting of a legislative measure (BDR) to:

- a. Create the Office of Children's Mental and Behavioral Health in the Director's Office of DHHS;
- b. Require the Director of DHHS to appoint a Director of the Office. The Director of the Office shall connect all State children's mental and behavioral health efforts in Nevada;

- c. Require the Director of the Office to ensure that the Office:
 - i. Develops a statewide child behavioral health plan;
 - ii. Disseminates statewide information, resources, and opportunities that will improve child behavioral health care;
 - iii. Provides expertise in and acts as a resource for certain matters related to children’s mental and behavioral health solutions;
 - iv. Tracks, reviews, and analyzes the policies and programs of State agencies relating to child behavioral and mental health outcomes;
 - v. Engages in State and federal policy affecting children and adolescents with mental and behavioral health needs to improve access and delivery of services and resources; and
 - vi. Develops sustainable partnerships with community foundations and other nonprofit or private sector entities that serve children and adolescents with mental and behavioral health needs in this State.
- d. Require each agency, board, commission, department, officer, employee, or agent of a local government in Nevada to assist the Office; and
- e. Make an appropriation totaling \$1,113,364 from the State General Fund to DHHS over the 2025–2027 Biennium for the personnel and operating costs of the Office created in the Department and make an additional appropriation of \$15,000 for equipment and office supplies in FY 2025–2026.

Recommendation proposed by Councilman Knudsen and Director Welborn, CAA, at the Committee meeting on [June 10, 2024](#).

RECOMMENDATIONS TO DRAFT LETTERS OR STATEMENTS OF SUPPORT

15. CARDIOVASCULAR HEALTH

Include a statement of support in the Committee’s final report that supports an updated Complete Streets Policy as developed through the Context Sensitive Design approach of Nevada’s Department of Transportation (NDOT).

Recommendation proposed by Chair Doñate in response to testimony provided by representatives of NDOT at the joint meeting of the JISC on Growth and Infrastructure and the JISC HHS on [July 17, 2024](#).

ATTACHMENT A

**(Related to Recommendation 9—Health Care
Workforce)**

Effective 5/1/2024

58-60-102.5 Behavioral Health Board -- Advisory committees.

- (1) There is created the Behavioral Health Board consisting of:
 - (a) no less than six behavioral health care providers licensed in Utah to practice as a:
 - (i) clinical social worker;
 - (ii) marriage and family therapist;
 - (iii) clinical mental health counselor;
 - (iv) master addiction counselor;
 - (v) psychologist under Chapter 61, Psychologist Licensing Act; or
 - (vi) behavior analyst or specialist;
 - (b) no less than two other behavioral health care providers licensed in Utah to practice as:
 - (i) a certified social worker;
 - (ii) a social service worker;
 - (iii) an associate marriage and family therapist;
 - (iv) an associate clinical mental health counselor;
 - (v) an associate master addiction counselor;
 - (vi) an advanced substance use disorder counselor;
 - (vii) a substance use disorder counselor;
 - (viii) a certified psychology resident; or
 - (ix) an assistant behavior analyst or specialist;
 - (c) no less than four public members:
 - (i) who comprise no less than 1/3 of the total membership of the board;
 - (ii) who are not licensed to practice under:
 - (A) this chapter; or
 - (B) Chapter 61, Psychologist Licensing Act;
 - (iii) two of whom shall, at the time of appointment to the board, hold a leadership position with:
 - (A) a behavioral health consumer advocacy organization;
 - (B) a behavioral health employer;
 - (C) a behavioral health payor;
 - (D) an academic institution conducting research related to the behavioral health licenses under Subsection (3)(b), including public health, epidemiology, economics, and the health care workforce;
 - (E) a training institution providing education credentials required for a license under Subsection (3)(b);
 - (F) a licensed health care facility as defined in Section 26B-2-201; or
 - (G) a licensed human services program as defined in Section 26B-2-101;
 - (iv) one of whom the executive director of the Department of Health and Human Services appoints; and
 - (v) one of whom is licensed in Utah to practice as a:
 - (A) physician under Chapter 67, Utah Medical Practice Act, or Chapter 68, Utah Osteopathic Medical Practice Act;
 - (B) physician assistant under Chapter 70a, Utah Physician Assistant Act; or
 - (C) nurse under Chapter 31b, Nurse Practice Act, or Chapter 31e, Nurse Licensure Compact
- (2) Board members shall be appointed, serve terms, and be compensated in accordance with Section 58-1-201.
- (3) The board shall:
 - (a) operate in accordance with Section 58-1-202, unless otherwise provided in this section;

- (b) oversee licenses under:
 - (i) this chapter; and
 - (ii) Chapter 61, Psychologist Licensing Act;
 - (c) recommend to the appropriate legislative committee statutory changes to:
 - (i) ensure that regulation supports an adequate workforce to meet consumer demand for behavioral health services; and
 - (ii) prevent harm to the health, safety, and financial welfare of the public;
 - (d) recommend to the appropriate legislative committee statutory changes to remove regulations that are no longer necessary or effective in protecting the public and enhancing commerce; and
 - (e) disqualify any member from acting as a presiding officer in any administrative procedure in which that member has previously reviewed the complaint or advised the division.
- (4)
- (a) There are created the following advisory committees to the board:
 - (i) the Qualifications and Professional Development Advisory Committee;
 - (ii) the Background and Investigations Advisory Committee; and
 - (iii) the Probation and Compliance Advisory Committee.
 - (b) Each advisory committee shall consist of:
 - (i) a committee chair who is a member of the Behavioral Health Board;
 - (ii) a member of each profession regulated under this chapter;
 - (iii) Chapter 61, Psychologist Licensing Act; and
 - (iv) as determined by the division in rule, additional members from the professions licensed under this chapter or Chapter 61, Psychologist Licensing Act.
 - (c) In addition to the requirements of Subsection (4)(b):
 - (i) the Qualifications and Professional Development Advisory Committee shall also consist of an educator for each profession regulated under this chapter and Chapter 61, Psychologist Licensing Act; and
 - (ii) the Background and Investigations Advisory Committee shall also consist of a criminal justice professional.
 - (d) The Qualifications and Professional Development Advisory Committee shall:
 - (i) advise the division regarding qualifications for licensure, including passing scores for applicant examinations and standards of supervision for students or persons in training to become licensed;
 - (ii) recommend evidence-based ongoing professional development requirements for licensure that:
 - (A) ensure an adequate workforce to meet consumer demand; and
 - (B) prevent harm to the health, safety, and financial welfare of the public;
 - (iii) advise the division on the licensing, renewal, reinstatement, and relicensure of:
 - (A) internationally trained applicants;
 - (B) applicants applying via licensure by endorsement; and
 - (C) applicants applying using an alternate pathway to licensure including a non-exam or equivalent field degree path;
 - (iv) draw on additional profession-specific advisors as needed;
 - (v) make policy recommendations to the board regarding qualifications for licensure or renewal for a specific profession, including the committee chair assigning at least one committee member licensed under that profession to serve as a subject matter expert; and

- (vi) make recommendations to the board related to an individual applicant for a specific license, including the committee chair assigning at least one committee member licensed under the same profession as the applicant to serve as a subject matter expert.
- (e) The Background and Investigations Advisory Committee shall:
 - (i) advise the division on establishing criteria for licensure for those with a criminal conviction according to Section 58-1-401;
 - (ii) advise the division on establishing criteria for referral to the Utah Professionals Health Program under Chapter 4a, Utah Professionals Health Program;
 - (iii) screen applicants with a criminal history for licensing, renewal, reinstatement, and relicensure and recommending licensing, renewal, reinstatement, and relicensure actions to the division;
 - (iv) advise the division on investigative practices and procedures and administrative sanctions for consistency and fairness across relevant occupations;
 - (v) make recommendations to the board for sanctions against individual licensees and certificate holders and referral to the Utah Professionals Health Program under Chapter 4a, Utah Professionals Health Program;
 - (vi) draw on additional profession-specific advisors as needed; and
 - (vii) make recommendations to the board related to the disposition for any specific applicant or licensee, including the committee chair assigning at least one committee member licensed under the same profession as the applicant or licensee to serve as a subject matter expert.
- (f) The Probation and Compliance Advisory Committee shall:
 - (i) review compliance with probationary orders;
 - (ii) review early termination and make any recommendations as requested by the board;
 - (iii) advise the board regarding the screening of applicants previously sanctioned for licensing, renewal, reinstatement, and relicensure, including recommending licensing, renewal, reinstatement, and relicensure actions to the board;
 - (iv) establish procedures for monitoring sanctioned licensees or certificate holders;
 - (v) draw on additional profession-specific advisors as needed; and
 - (vi) make recommendations to the board related to the disposition for any specific licensee or certification holder, including the committee chair assigning a committee member licensed under the same profession as the licensee or certification holder to serve as a subject-matter expert related to that disposition.
- (5) The division, in consultation with the board, may establish one or more standing or ad hoc subcommittees to consider and advise the board regarding any aspect of licensing, including:
 - (a) client or patient access to qualified licensees;
 - (b) education, examination, and supervision of applicants for licensure;
 - (c) verification of applicant for licensure qualifications;
 - (d) continuing education requirements;
 - (e) alternate pathways to licensure; and
 - (f) probation and recovery assistance.
- (6) The division may consult with licensed psychologists on matters specific to the oversight of doctoral-level licensed psychologists.
- (7) Members of the board and any subcommittees created under this section may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:
 - (a) Section 63A-3-106;
 - (b) Section 63A-3-107; and
 - (c) rules made by the Division of Finance under Sections 63A-3-106 and 63A-3-107.

- (8) The division shall consult with the Physicians Licensing Board created in Section 58-67-201 on any matters relating to:
- (a) the licensing of individual certified prescribing psychologists and provisional prescribing psychologists; and
 - (b) rulemaking related to the occupation of prescribing psychology.

Enacted by Chapter 420, 2024 General Session

ATTACHMENT B

**(Related to Recommendation 11—Categorical
Grants for Adoption Assistance Programs)**

Background: The Adoption Assistance Program, authorized by federal law, provides states with federal funds to facilitate the adoption of children from foster care. The Fostering Connections to Success and Increasing Adoptions Act of 2008 required states to reinvest any adoption savings in their child welfare programs. Since its enactment, additional federal requirements related to the percentage of savings that shall be spent on particular programs, like post adoption services, as well as increased reporting requirements have also been added. In 2018, there was additional legislation that examined how well states were complying with the reinvestment of adoption savings. Currently, state law requires any adoption savings that have not been committed by the end of the fiscal year must revert to the State General Fund. First, this does not align with federal requirements and the goal of reinvesting savings. Additionally, by the time adoption savings have been identified for reinvestment and savings can be programmed the end of a fiscal year may be near not giving child welfare agencies adequate time to comply with federal requirements.

NRS 432B.219 Categorical grants for adoption assistance programs; determination of amount; restrictions on use; nonreversion of certain grant money.

1. The Division of Child and Family Services shall provide a categorical grant to each agency which provides child welfare services for each fiscal year for its adoption assistance program to the extent that money has been appropriated to the Division for that purpose. The amount of the grant must be based upon:

- a) the estimated cost of the projected growth in the adoption assistance program; *and*
- b) *the calculated Adoption Savings, pursuant to the calculation required under 42 U.S.C. § 673(a)(8)(A), reported at the end of the prior federal fiscal year.*

2. The amount of the grant awarded pursuant to subsection 1 must be determined for 2 years beginning on July 1 of each odd-numbered year and allocated each fiscal year.

3. Except as otherwise provided in subsection 4:

(a) An agency which provides child welfare services that receives a grant pursuant to subsection 1 must use the money allocated only for costs associated with the adoption assistance program.

(b) Any money from the grant awarded pursuant to subsection 1 that has not been used or committed for expenditure by the agency which provides child welfare services by the end of the fiscal year reverts to the State General Fund.

4. The portion of any money remaining at the end of a fiscal year from a grant awarded pursuant to subsection 1 that is identified as savings pursuant to the calculation required under 42 U.S.C. § 673(a)(8)(D)(ii) does not revert to the State General Fund and may be carried forward to the next fiscal year and used for any costs of providing child welfare services without restriction. ~~Any such money identified as savings that has not been used or committed for expenditure by the agency which provides child welfare services by the end of the fiscal year to which the money was carried forward reverts to the State General Fund.~~

ATTACHMENT C

(Related to Recommendation 12—Immunity for Reporting Child Abuse or Neglect)

Background: Under the Child Abuse Prevention and Treatment Act (CAPTA) states are required to provide protection from criminal and civil liability for mandatory reporters who make a good faith report of suspected or known child abuse or neglect or who otherwise provide assistance, such as medical evaluations or consultation, in connection with a report or investigation. To ensure compliance with CAPTA and to further support physicians participating as experts in investigations the following changes are suggested:

NRS 432B.160 Immunity from civil or criminal liability; presumption.

1. Except as otherwise provided in subsection 2, immunity from civil or criminal liability extends to every person who in good faith:

- (a) Makes a report pursuant to [NRS 432B.220](#);
- (b) Conducts an interview or allows an interview to be taken pursuant to [NRS 432B.270](#);
- (c) Allows, ~~or~~ takes, *reviews, consults, or provides a medical opinion of* photographs or X-rays pursuant to [NRS 432B.270](#);
- (d) Causes, *reviews, consults, or provides a medical opinion of* a medical test to be performed *or completed* pursuant to [NRS 432B.270](#);
- (e) Provides a record, or a copy thereof, of a medical test performed pursuant to [NRS 432B.270](#) to an agency which provides child welfare services to the child, a law enforcement agency that participated in the investigation of the report made pursuant to [NRS 432B.220](#) or the prosecuting attorney's office;
- (f) Holds a child pursuant to [NRS 432B.400](#), takes possession of a child pursuant to [NRS 432B.630](#) or places a child in protective custody pursuant to any provision of this chapter;
- (g) Performs any act pursuant to subsection 2 of [NRS 432B.630](#);
- (h) Refers a case or recommends the filing of a petition pursuant to [NRS 432B.380](#); or
- (i) Participates in a judicial proceeding resulting from a referral or recommendation.

2. The provisions of subsection 1 do not confer any immunity from liability for the negligent performance of any act pursuant to paragraph (b) of subsection 2 of [NRS 432B.630](#).

3. In any proceeding to impose liability against a person for:

- (a) Making a report pursuant to [NRS 432B.220](#); or
- (b) Performing any act set forth in paragraphs (b) to (i), inclusive, of subsection 1,

↳ there is a presumption that the person acted in good faith.

(1) If a defendant prevails in a civil action, the court may award costs and reasonable attorney's fees incurred by the defendant.