SUMMARY OF RECOMMENDATIONS

JOINT INTERIM STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

Nevada Revised Statutes (NRS) 218E.320

This summary presents the recommendations approved by the Joint Interim Standing Committee on Health and Human Services (JISC HHS) at its meetings on August 12, 2024. The bill draft requests (BDRs) will be forwarded to the Director of the Legislative Counsel Bureau for transmittal to the 83rd Session of the Nevada Legislature.

RECOMMENDATIONS FOR LEGISLATION

Emergency Medical Services (EMS)

1. Propose legislation to:

    a. Revise Chapters 439 and 450B 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;

    b. Remove the need to be licensed as an Ambulance Attendant for an Emergency Medical Technician (EMT) trainee in order to participate in a "ride along" with ambulance services during his or her training if the trainee participating in the ride along is not caring for a patient being transported in the ambulance; and

    c. Authorize an individual between 16 and 18 years of age to become licensed as an Ambulance Attendant or as an EMT in Nevada. **(BDR –345)**

Silver State Health Insurance Exchange

2. Propose legislation 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 Medicare and Medicaid 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. **(BDR –346)**

Tribal Health Care

3. Propose legislation 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 designees 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 each from the majority and minority caucuses of the Senate and the Assembly;

ii. Nonvoting 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 nonvoting 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;

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 Nevada's Department of Native American Affairs over the 2025–2027 Biennium for the personnel and operating costs of the Coordinator for the Council; and

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. **(BDR –347)**

Health Services Provided to Medicaid-Enrolled Pupils

4. Propose legislation 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 school health services (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: a school district or charter school; or 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 school-based health center (SBHC) located on or near a school facility of a school district which provides primary and preventative medical services to Medicaid-eligible students;

b. Establish the School Health Access Resource Center in the Division of Health Care Financing and Policy (DHCFP), DHHS, 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. **(BDR –348)**

Account for Public Health and Public Health Data Interoperability

5. Propose legislation 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 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 county within its jurisdiction;

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 allocated from the Account for Public Health to establish the framework for their respective jurisdiction. **(BDR –349)**

Medicaid Reimbursement for Community-Based Living Arrangement Services Provided to Adults With Serious Mental Illness

6. Propose legislation 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. **(BDR –350)**

Health Insurance Coverage for the Screening and Assessment of Certain Disorders and Disabilities

7. Propose legislation 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. **(BDR –351)**

Social Work Apprentices

8. Propose legislation 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 regulations 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, medical facilities, State or local agencies, public schools, or 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 worker, 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 in which the social work student is enrolled;

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 of NRS and Chapter 641B *Nevada Administrative Code* (NAC);

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; and

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. **(BDR –352)**

Health Care Occupational Licensing

9. Propose legislation 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 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 NRS:

i. Board of Psychological Examiners (NRS 641.030);

ii. Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors (NRS 641A.090);

iii. Board of Examiners for Social Workers (NRS 641B.100);

iv. Board of Examiners for Alcohol, Drug and Gambling Counselors (NRS 641C.150); and

v. Board of Applied Behavior Analysis (NRS 641D.200);

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 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 the following Chapters of NRS:

(1) Chapters 641, 641A, 641B, 641C, and 641D;

(2) Chapter 630 ("Physicians, Physician Assistants, Medical Assistants, Perfusionists, Anesthesiologist Assistants and Practitioners of Respiratory Care");

(3) Chapter 630A ("Homeopathic Physicians, Advanced Practitioners of Homeopathy and Homeopathic Assistants");

(4) Chapter 631 ("Dentistry, Dental Hygiene, Dental Therapy and Expanded Function Dental Assistance");

(5) Chapter 632 ("Nursing");

(6) Chapter 633 ("Osteopathic Medicine");

(7) Chapter 634 ("Chiropractic Physicians and Chiropractic Assistants");

(8) Chapter 634A ("Doctors of Oriental Medicine");

(9) Chapter 634B ("Naprapaths");

(10) Chapter 635 ("Podiatric Physicians and Podiatry Hygienists");

(11) Chapter 636 ("Optometry");

(12) Chapter 637 ("Dispensing Opticians");

(13) Chapter 637B ("Audiologists, Speech-Language Pathologists and Hearing Aid Specialists");

(14) Chapter 639 ("Pharmacists and Pharmacy");

(15) Chapter 640 ("Physical Therapists, Physical Therapist Assistants and Physical Therapist Technicians");

(16) Chapter 640A ("Occupational Therapists and Occupational Therapy Assistants");

(17) Chapter 640B ("Athletic Trainers");

(18) Chapter 640C ("Massage Therapy");

(19) Chapter 640D ("Music Therapists");

(20) Chapter 640E ("Dietitians");

(21) Chapter 652 ("Medical Laboratories");

(22) Chapter 653 ("Radiation Therapy and Radiologic Imaging"); and

(23) Chapter 654 ("Administrators of Facilities for Long-Term Care"). **(BDR –353)**

Priority Review of Health Care License or Certificate Applications

10. Propose legislation 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. **(BDR –354)**

Categorical Grants for Adoption Assistance Programs

11. Propose legislation 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. **(BDR –355)**

Adoption of Children and Adults

12. Propose legislation to:

    a. Codify NAC 127.140 in Chapter 127 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. **(BDR –356)**

Immunity for Reporting Child Abuse or Neglect

13. Propose legislation 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 as set forth in Section 3 of the Victims of Child Abuse Act Reauthorization Act of 2018 (S.2961, 115th Congress); 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. **(BDR –357)**

Office of Children's Mental and Behavioral Health

14. Propose legislation 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. **(BDR –358)**

RECOMMENDATION FOR COMMITTEE ACTION

Cardiovascular Health

15. Include a statement of support in the Committee's final report that supports an updated Complete Streets Policy to promote cardiovascular health as developed through the Context Sensitive Design approach of Nevada's Department of Transportation.