State Agency Overview and Mission

The Department of Health and Human Services (DHHS) (Nevada Revised Statutes [NRS] 232.290 through 232.484) promotes the health and well-being of Nevadans through the delivery of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.

DHHS Website: http://dhhs.nv.gov/.

The DHHS consists of the following divisions:

Aging and Disability Services Division (ADSD)—The mission of the ADSD is to ensure the provision of effective supports and services to meet the needs of individuals and families and help them lead independent, meaningful, and dignified lives.

Hot Topic Link—Autism Treatment Assistance Program (http://adsd.nv.gov/Programs/Autism/ATAP/ATAP/)

Division of Child and Family Services (DCFS)—The mission of the DCFS, together in genuine partnership with families, communities, and county governmental agencies is to provide support and services to assist Nevada’s children and families in reaching their full human potential.

Hot Topic Link—Juvenile Justice Services (http://dcfs.nv.gov/Programs/JJS/)

Division of Health Care Financing and Policy (DHCFP)—The mission of the DHCFP, Nevada Medicaid, and Nevada Check Up is to: (1) purchase and provide quality health care services to low-income Nevadans in the most efficient manner; (2) promote equal access to health care at an affordable cost to the taxpayers of Nevada; (3) restrain the growth of health care costs; and (4) review Medicaid and other State health care programs to maximize potential federal revenue.

Hot Topic Link—Managed Care Expansion (http://dhcfp.nv.gov/Pgms/LTSS/MCE/MCEHome/)

Division of Public and Behavioral Health (DPBH)—The mission of the DPBH is to protect, promote, and improve the physical and behavioral health of the people of Nevada.

Hot Topic Link—Substance Abuse Prevention and Treatment Agency (http://dpbh.nv.gov/Programs/ClinicalSAPTA/Home_-_SAPTA/)

Division of Welfare and Supportive Services (DWSS)—The mission of the DWSS is to engage clients, staff, and the community to provide public assistance benefits to all who qualify and reasonable support for children with absentee parents to help Nevadans achieve safe, stable, and healthy lives.

Hot Topic Link—Supplemental Nutrition Assistance Program (https://dwss.nv.gov/SNAP/Food/)

Office of the State Public Defender—The State Public Defender's Office is also located within DHHS. It meets the State’s responsibility to provide counsel to indigent adults in criminal cases and to indigent juveniles in juvenile court in those counties with populations under 100,000 that do not have a county public defender office.

Select Nevada Revised Statutes (NRS) Titles

TITLE 38—PUBLIC WELFARE
TITLE 39—MENTAL HEALTH
TITLE 40—PUBLIC HEALTH AND SAFETY (with exceptions, including chapters related to recycling, air pollution, environmental requirements and conventions, excavations and high voltage lines, outdoor sports, recreational parks, boilers, elevators and pressure vessels, generators of electricity, manufactured buildings mobile homes and parks)

Issues

Medicaid—Medicaid is a jointly funded program—created by the federal government and managed by the State—that provides payments for medical services for low-income citizens. To qualify, individuals must meet federal income and asset criteria. Prior to the expansion offered through the Affordable Care Act (ACA), Medicaid covered the aged, the blind, the disabled, and single parent families. Nevada voluntarily expanded Medicaid coverage to all Nevadans under age 65 whose family income is at or below 133 percent of federal poverty guidelines, effective January 1, 2014. With the expansion of Medicaid, the number of Nevadans covered by the public health insurance program nearly doubled from 320,000 in 2014 to approximately 627,000 in August 2016.

Mental Health—According to the Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services, nearly one in five adults in Nevada (18.5 percent) had a mental illness in 2014. Furthermore, suicide is the second leading cause of death for Nevadans between the ages of 15 and 34 and the eighth leading cause of death statewide. The behavioral health system in Nevada is centralized at the State level. Policy development, oversight, service administration and provision, and funding are provided primarily by the State. The Commission on Behavioral Health, established in 1975 by NRS 433.314, guides policy and provides system oversight. The availability and distribution of behavioral health care providers, health insurance coverage, and changes in coverage following implementation of the ACA have all impacted patients’ ability to access care in Nevada.

Prescription Drug Abuse—The Injury Prevention & Control: Opioid Overdose data compiled by the Centers for Disease Control and Prevention indicates that Nevada is among the states with the highest rates of prescription painkiller sales and drug overdose deaths per capita. To begin to address the problem, the Governor established a task force to develop a strategy to improve public health by reducing prescription drug abuse in Nevada. The plan’s development was supported by the National Governors Association Policy Academy on Prescription Drug Abuse Prevention. The State of Nevada Plan to Reduce Prescription Drug Abuse notes that, “The Task Force identified community education, provider education, criminal justice interventions, data collection, and screening and treatment, improved policy, and statewide coordination as key areas for the state to focus on in order to begin combating prescription drug abuse.”

2015–2016 Interim: Health and Human Services Related Committees

Legislative Committee on Health Care (LCHC) (NRS 439B.220 through 439B.227) may review and evaluate the quality and effectiveness of programs for the prevention of illness and analyze the overall system of medical care in the State to determine how to coordinate the provision of services, avoid duplication, and achieve the most efficient use of all available resources. The LCHC also may review health insurance issues and may examine hospital-related issues, medical malpractice issues, and the health education system. Additionally, the LCHC is responsible for reviewing certain health care regulations.

Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs (NRS 218E.750) may review, study, and comment on issues relating to these groups. The Committee may recommend and request legislation to address these and other issues, and it is required to report to each regular legislative session.

Legislative Committee on Child Welfare and Juvenile Justice (NRS 218E.700 through 218E.720) reviews and evaluates issues relating to the provision of child welfare services and juvenile justice in the State and recommends legislation concerning child welfare and juvenile justice to the Legislature.

Subcommittee to Conduct a Study of Postacute Care (Assembly Bill 242 [Chapter 306, Statutes of Nevada 2015]) is required to conduct a study relating to postacute care in Nevada. The study must include a review of the quality and cost of postacute care; alternatives to institutionalization; cost savings of home- and community-based waiver programs; the impact of alternatives to institutionalization on the quality of life of a person receiving postacute care services; and State and national quality measures and funding methodologies for postacute care. The Subcommittee may recommend legislation to the 2017 Nevada Legislature concerning postacute care.

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