

Senate Bill No. 390—Committee on
Health and Human Services

CHAPTER.....

AN ACT relating to behavioral health; providing for the establishment of a suicide prevention and behavioral health crisis hotline; exempting a telecommunications provider from certain damages relating to the hotline; requiring the imposition of a surcharge on certain communications services to support the hotline; creating the Fund for a Resilient Nevada; requiring the Attorney General to deposit the proceeds of certain litigation into the Fund; authorizing the Department of Health and Human Services to use the money in the Fund for certain statewide projects and to award grants to various public and private entities to address the impact of opioid use disorder and other substance use disorders; prescribing certain procedures relating to the awarding of those grants; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing federal law establishes the National Suicide Prevention Lifeline program, including the establishment of a national suicide prevention and mental health crisis hotline that may be accessed by dialing the digits 9-8-8. (42 U.S.C. §§ 290bb-36c) **Section 2** of this bill defines the term “National Suicide Prevention Lifeline program” to refer to that program. **Section 3** of this bill requires the Division of Public and Behavioral Health of the Department of Health and Human Services to perform certain activities to support the implementation of a hotline for persons who are considering suicide or otherwise in a behavioral health crisis that may be accessed by dialing the digits 9-8-8. Specifically, **section 3** requires the Division to: (1) establish at least one support center to answer calls to the hotline and coordinate the response to those calls; (2) encourage the establishment of or establish mobile crisis teams to respond to calls; and (3) perform certain other duties related to the hotline. **Section 3** exempts telecommunications providers from certain damages relating to the hotline. **Section 4** of this bill establishes operational requirements and duties for a support center. Those duties include coordinating and deploying necessary services for persons who access the hotline and providing follow-up services for such persons. **Section 6** of this bill requires the Division to annually submit to the Legislature, the Commission on Behavioral Health and each regional behavioral health policy board a report concerning the usage of the hotline and the services provided to persons who access the hotline.

Existing federal law authorizes a state to impose a fee or charge on a commercial mobile communication service or an IP-enabled voice service to fund the operations of a suicide prevention and mental health crisis hotline established pursuant to the National Suicide Prevention Lifeline program. (47 U.S.C. § 251a) **Section 5** of this bill requires the State Board of Health to adopt regulations to impose a surcharge on mobile communication services, IP-enabled voice services and landline telephone services. **Section 5** requires the Division to deposit the proceeds from the surcharge into an account and use that money to support the operation of the hotline and the services provided to persons who access the



headline. **Section 5** additionally authorizes the Division to accept gifts, grants and donations to support those activities. **Section 6** of this bill requires the Division to annually submit to the Legislature a report concerning the revenue generated by the surcharge and deposits and expenditures from the account.

Existing law: (1) creates the Fund for a Healthy Nevada; (2) requires the State Treasurer to deposit in the Fund the proceeds of litigation by the State against manufacturers of tobacco products; and (3) requires the Department of Health and Human Services, with the authorization of the Legislature, to allocate the money in the Fund for certain purposes to address the health needs of residents of this State. (NRS 439.620, 439.630) **Sections 7-9.9** of this bill similarly: (1) create the Fund for a Resilient Nevada Fund to hold the proceeds of certain litigation by the State concerning the manufacture, distribution, sale and marketing of opioids; and (2) provide for the use of that money for statewide projects and distribution as grants to regional, local and tribal governments and private sector organizations for projects that address the impacts of opioid use disorder and other substance use disorders. **Sections 7-7.6** of this bill define certain relevant terms. **Section 7.7** of this bill creates the Advisory Committee for a Resilient Nevada, which is made up of persons who are affected by or otherwise interested in issues relating to substance use disorder. **Section 7.8** of this bill prescribes procedural requirements governing the operation of the Advisory Committee. **Section 7.9** of this bill requires the Advisory Committee to submit to the Director of the Department a biennial report of recommendations concerning the allocation and distribution of money from the Fund. **Section 8** of this bill creates the Fund and requires the Director to administer the Fund. **Section 8** also prescribes certain requirements relating to the expenditure of money from the Fund, including requiring such expenditures to comply with the State Budget Act and other requirements concerning the expenditure of state money. **Section 10** of this bill authorizes the Interim Finance Committee to perform duties relating to the authorization of administrative expenses from the Fund during a regular session of the Legislature. **Section 9** of this bill requires the Department to: (1) conduct a statewide needs assessment to determine the priorities for allocating money from the Fund; and (2) based on that needs assessment, develop a statewide plan for allocating the money in the Fund. **Sections 9.5 and 9.6** of this bill prescribe specific requirements concerning the statewide needs assessment conducted pursuant to **section 9** and the statewide plan developed pursuant to that section, respectively. Specifically, **section 9.6** authorizes the statewide plan to provide for the allocation of money from the Fund to: (1) fund certain statewide projects to address the impact of opioid use disorder and other substance use disorders; and (2) provide grants to regional, local or tribal governments and private sector organizations whose work relates to opioid use disorder or other substance use disorders. **Section 10.3** of this bill exempts the statewide plan from the requirements of the Nevada Administrative Procedure Act. **Section 9.7** of this bill requires each regional, local or tribal governmental entity that wishes to apply for a grant of money from the Fund to conduct a needs assessment and develop a plan for the expenditure of the money, and **sections 9.8 and 9.9** of this bill prescribe requirements governing such a needs assessment and plan, respectively. **Section 9.7** also requires any regional, local or tribal governmental entity or private sector organization that receives a grant to annually submit to the Department a report concerning the use of that money. Additionally, if a regional, local or tribal governmental entity that receives a grant later receives its own recovery resulting from litigation relating to the manufacture, distribution, sale or marketing of opioids, **section 9.7** authorizes the Department to recover all or a portion of the grant money, not to exceed the amount of the recovery.



Section 11 of this bill requires any state agency that has previously received proceeds of litigation by the State concerning the manufacture, distribution, sale and marketing of opioids to transfer any uncommitted portion of those proceeds to the Director of the Department for deposit in the Fund.

EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

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

Section 1. Chapter 433 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 9.9, inclusive, of this act.

Sec. 2. *As used in sections 2 to 6, inclusive, of this act, unless the context otherwise requires, “National Suicide Prevention Lifeline program” means the National Suicide Prevention Lifeline program established by 42 U.S.C. § 290bb-36c.*

Sec. 3. 1. *The Division shall support the implementation of a hotline for persons who are considering suicide or otherwise in a behavioral health crisis that may be accessed by dialing the digits 9-8-8 by:*

(a) Establishing at least one support center that meets the requirements of section 4 of this act to answer calls to the hotline and coordinate the response to persons who access the hotline;

(b) Encouraging the establishment of and, to the extent that money is available, establishing mobile crisis teams to provide community-based intervention, including, without limitation, de-escalation and stabilization, for persons who are considering suicide or otherwise in a behavioral health crisis and access the hotline;

(c) Participating in any collection of information by the Federal Government concerning the National Suicide Prevention Lifeline program;

(d) Collaborating with the National Suicide Prevention Lifeline program and the Veterans Crisis Line program established pursuant to 38 U.S.C. § 1720F(h) to ensure consistent messaging to the public about the hotline; and

(e) Adopting any regulations necessary to carry out the provisions of sections 2 to 6, inclusive, of this act, including, without limitation:

(1) Regulations establishing the qualifications of providers of services who are involved in responding to persons who are considering suicide or are otherwise in a behavioral health crisis and access the hotline;



(2) Any regulations necessary to allow for communication and sharing of information between persons and entities involved in responding to crises and emergencies in this State to facilitate the coordination of care for persons who are considering suicide or are otherwise in a behavioral health crisis and access the hotline; and

(3) Regulations defining the term “person professionally qualified in the field of behavioral health” for the purposes of this section.

2. A mobile crisis team established pursuant to paragraph (b) of subsection 1 must be:

(a) A team based in the jurisdiction that it serves which includes persons professionally qualified in the field of behavioral health and providers of peer recovery support services;

(b) A team established by a provider of emergency medical services that includes persons professionally qualified in the field of behavioral health and providers of peer recovery support services; or

(c) A team established by a law enforcement agency that includes law enforcement officers, persons professionally qualified in the field of psychiatric mental health and providers of peer recovery support services.

3. A telecommunications provider and its employees, agents, subcontractors and suppliers are not liable for damages that directly or indirectly result from the installation, maintenance or provision of service in relation to the hotline implemented pursuant to this section, including, without limitation, the total or partial failure of any transmission to a support center, unless willful conduct or gross negligence is proven.

4. As used in this section, “peer recovery support services” means nonclinical supportive services that use lived experience in recovery from a substance use disorder or other behavioral health disorder to promote recovery in another person with a substance use disorder or other behavioral health disorder by advocating, mentoring, educating, offering hope and providing assistance in navigating systems.

Sec. 4. 1. Any support center established pursuant to section 3 of this act must:

(a) Meet the requirements established for participation in the National Suicide Prevention Lifeline program including, without limitation, requirements established by the National Suicide Prevention Lifeline Program for serving lesbian, gay, bisexual, transgender and questioning persons, persons with substance use



disorders or persons with co-occurring disorders, Native Americans and other high-risk and specialized populations identified by the Substance Abuse and Mental Health Services Administration of the United States Health and Human Services. Such requirements include, without limitation, requirements for training staff to respond to callers who are members of specialized populations and transferring such callers to an appropriate specialized center or subnetwork.

(b) Use technology that is interoperable between systems for responding for crises and emergencies across this State, including, without limitation:

(1) Systems used to provide emergency 911 service;

(2) Systems used by providers of emergency medical services; and

(3) Registries of beds available for persons who require inpatient psychiatric treatment.

2. A support center shall:

(a) Enter into an agreement with the National Suicide Prevention Lifeline program to participate in the network of local crisis support centers established by that program;

(b) Implement the operational and clinical standards and best practices prescribed by the National Suicide Prevention Lifeline program for a local crisis support center;

(c) Share information with other persons and entities in this State responsible for providing services to persons in a behavioral health crisis to facilitate performance of the duties described in paragraph (d);

(d) Coordinate and deploy necessary services, including, without limitation, crisis stabilization services and mobile crisis teams, for persons who are considering suicide or otherwise in a behavioral health crisis and access the hotline established pursuant to section 3 of this act; and

(e) Provide follow-up services for persons who are considering suicide or otherwise in a behavioral health crisis and access the hotline established pursuant to section 3 of this act.

3. As used in this section, "crisis stabilization services" has the meaning ascribed to it in NRS 449.0915.

Sec. 5. 1. The State Board of Health shall adopt regulations to impose a surcharge on each access line of each customer of a company that provides commercial mobile communication services or IP-enabled voice services in this State in accordance with 47 U.S.C. § 251a and each access line or trunk line of each customer to the local exchange of any



telecommunications provider providing those lines in this State. Those companies and providers shall collect the surcharge from their customers and transfer the money collected to the Division pursuant to regulations adopted by the State Board of Health. The amount of the surcharge must be sufficient to support the uses set forth in subsection 2, except that the amount of the surcharge must not exceed 35 cents for each access line or trunk line.

2. The Crisis Response Account is hereby created in the State General Fund. Any money collected from the surcharge imposed pursuant to subsection 1 must be deposited in the State Treasury for credit to the Account. The Division shall administer the Account. The money in the Account:

(a) Must be used by the Division to carry out the provisions of sections 2 to 6, inclusive, of this act, to the extent authorized by 47 U.S.C. § 251a; and

(b) Must not be used to supplant existing methods of funding that are available for those purposes.

3. The interest and income earned on the money in the Account, after deducting any applicable charges, must be credited to the Account.

4. Any money remaining in the Account at the end of each fiscal year does not revert to the State General Fund but must be carried over into the next fiscal year.

5. The Division may accept gifts, grants and donations for the purpose of carrying out the provisions of sections 2 to 6, inclusive, of this act.

Sec. 6. *On or before December 31 of each year, the Division shall compile:*

1. A report concerning the usage of the hotline established pursuant to section 3 of this act and the services provided to persons who are considering suicide or otherwise in a behavioral health crisis and access the hotline and submit the report to:

(a) The Commission on Behavioral Health;

(b) Each regional behavioral health policy board created by NRS 433.429; and

(c) The Director of the Legislative Counsel Bureau for transmittal to:

(1) In odd-numbered years, the Legislative Committee on Health Care created by NRS 439B.200 and the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs created by NRS 218E.750; and

(2) In even-numbered years, the next regular session of the Legislature.



2. A report concerning the revenue generated by the surcharge imposed pursuant to section 5 of this act and deposits and expenditures from the Account created by that section and submit the report to the Director of the Legislative Counsel Bureau for transmittal to:

(a) In odd-numbered years, the Interim Finance Committee; and

(b) In even-numbered years, the next regular session of the Legislature.

Sec. 7. As used in sections 7 to 9.9, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 7.1 to 7.6, inclusive, of this act have the meanings ascribed to them in those sections.

Sec. 7.1. “Advisory Committee” means the Advisory Committee for a Resilient Nevada created by section 7.7 of this act.

Sec. 7.2. “Agency which provides child welfare services” has the meaning ascribed to it in NRS 432B.030.

Sec. 7.3. “Fund” means the Fund for a Resilient Nevada created by section 8 of this act.

Sec. 7.4. “Office” means the Office of Minority Health and Equity of the Department created by NRS 232.474.

Sec. 7.5. “Special population” means a population uniquely affected by substance use or substance use disorder. The term includes, without limitation:

1. Veterans;
2. Persons who are pregnant;
3. Parents of dependent children;
4. Youth;
5. Persons who are lesbian, gay, bisexual, transgender and questioning; and
6. Persons and families involved in the criminal justice system, juvenile justice system and child welfare system.

Sec. 7.6. “Substance use disorder prevention coalition” means a coalition of persons and entities who possess knowledge and experience related to the prevention of substance use and substance use disorders in a region of this State.

Sec. 7.7. 1. The Advisory Committee for a Resilient Nevada is hereby created within the Department.

2. The Attorney General shall appoint to the Advisory Committee:

(a) One member who possesses knowledge, skills and experience working with youth in the juvenile justice system;



(b) One member who possesses knowledge, skills and experience working with persons in the criminal justice system;

(c) One member who possesses knowledge, skills and experience in the surveillance of overdoses; and

(d) One member who:

(1) Resides in a county other than Clark or Washoe County; and

(2) Has experience having a substance use disorder or having a family member who has a substance use disorder.

3. The Office shall appoint to the Advisory Committee:

(a) One member who:

(1) Resides in Clark County; and

(2) Has experience having a substance use disorder or having a family member who has a substance use disorder;

(b) One member who possesses knowledge, skills and experience in public health;

(c) One member who is the director of an agency which provides child welfare services or his or her designee;

(d) One member who represents a program that specializes in the prevention of substance use by youth;

(e) One member who represents a faith-based organization that specializes in recovery from substance use disorder; and

(f) One member who represents a program for substance use disorders that is operated by a nonprofit organization and certified pursuant to NRS 458.025.

4. The Director shall appoint to the Advisory Committee:

(a) One member who:

(1) Resides in Washoe County; and

(2) Has experience having a substance use disorder or having a family member who has a substance use disorder;

(b) One member who is a physician certified in the field of addiction medicine by the American Board of Addiction Medicine or its successor organization;

(c) One member who represents a nonprofit, community-oriented organization that specializes in peer-led recovery from substance use disorder;

(d) One member who has survived an opioid overdose;

(e) One member who represents a program to prevent overdoses or otherwise reduce the harm caused by the use of substances;

(f) One member who represents an organization that specializes in housing; and



(g) One member who possesses knowledge, skills and experience with the education of pupils in kindergarten through 12th grade.

5. In appointing the members of the Advisory Committee pursuant to subsections 2, 3 and 4, the appointing authorities shall coordinate the appointments when practicable so that the members of the Advisory Committee represent the diversity of:

(a) This State; and

(b) The communities within this State that are disproportionately affected by opioid use disorder and disparities in access to care and health outcomes.

6. The term of each member of the Advisory Committee is 2 years. A member may be reappointed for an additional term of 2 years in the same manner as the original appointment. A vacancy occurring in the membership of the Advisory Committee must be filled in the same manner as the original appointment.

7. To the extent that money is available for these purposes:

(a) Each member of the Advisory Committee who is not an officer or employee of this State is entitled to receive a salary of not more than \$80, as fixed by the Department, for each day or portion of a day spent on the business of the Advisory Committee.

(b) Each member of the Advisory Committee is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally while engaged in the business of the Advisory Committee.

8. A member of the Advisory Committee who is an officer or employee of this State or a political subdivision of this State must be relieved from his or her duties without loss of regular compensation to prepare for and attend meetings of the Advisory Committee and perform any work necessary to carry out the duties of the Advisory Committee in the most timely manner practicable. A state agency or political subdivision of this State shall not require an officer or employee who is a member of the Advisory Committee to:

(a) Make up the time he or she is absent from work to carry out his or her duties as a member of the Advisory Committee; or

(b) Take annual leave or compensatory time for the absence.

Sec. 7.8. *1. At the first meeting of each calendar year, the Advisory Committee shall elect from its members a Chair.*

2. The Advisory Committee shall meet at least twice annually at the call of the Chair or a majority of its members.

3. A majority of the members of the Advisory Committee constitutes a quorum for the transaction of business, and a



majority of a quorum present at any meeting is sufficient for any official action taken by the Advisory Committee.

4. The Department shall provide staff assistance to the Advisory Committee.

Sec. 7.9. *1. On or before June 30 of each even-numbered year, the Advisory Committee shall submit to the Director of the Department a report of recommendations concerning:*

(a) The statewide needs assessment conducted pursuant to paragraph (a) of subsection 1 of section 9 of this act, including, without limitation, the establishment of priorities pursuant to paragraph (e) of subsection 1 of section 9.5 of this act; and

(b) The statewide plan to allocate money from the Fund developed pursuant to paragraph (b) of subsection 1 of section 9 of this act.

2. When developing recommendations to be included in the report pursuant to subsection 1, the Advisory Committee shall consider:

(a) Health equity and identifying relevant disparities among racial and ethnic populations, geographic regions and special populations in this State; and

(b) The need to prevent overdoses, address disparities in access to health care and prevent substance use among youth.

3. When developing recommendations concerning the establishment of priorities pursuant to paragraph (e) of subsection 1 of section 9.5 of this act, the Advisory Committee shall use an objective method to define the potential positive and negative impacts of a priority on the health of the affected communities with an emphasis on disproportionate impacts to any population targeted by the priority.

4. Before finalizing a report of recommendations pursuant to subsection 1, the Advisory Committee must hold at least one public meeting to solicit comments from the public concerning the recommendations and make any revisions to the recommendations determined, as a result of the public comment received, to be necessary.

Sec. 8. *1. The Fund for a Resilient Nevada is hereby created in the State Treasury. Unless otherwise required by the applicable judgment or settlement, the Attorney General shall, after deducting any fees and costs imposed pursuant to an applicable contingent fee contract as described in NRS 228.111, deposit in the Fund all money received by this State pursuant to any judgment received or settlement entered into by the State of Nevada as a result of litigation concerning the manufacture,*



distribution, sale or marketing of opioids conducted in accordance with the declaration of findings issued by the Governor and the Attorney General pursuant to paragraph (a) of subsection 1 of NRS 228.1111 on January 24, 2019.

2. The Director of the Department shall administer the Fund.

3. The interest and income earned on the money in the Fund must, after deducting any applicable charges, be credited to the Fund. All claims against the Fund must be paid as other claims against the State are paid.

4. To the extent authorized by the terms of any judgment or settlement described in subsection 1, the Director of the Department may submit to the Interim Finance Committee a request for an allocation for administrative expenses from the Fund pursuant to this section. Except as otherwise limited by this subsection, the Interim Finance Committee may allocate all or part of the money so requested. The annual allocation for administrative expenses from the Fund must not exceed 8 percent of the money deposited into the Fund. For the purposes of this subsection, expenses directly related to conducting a statewide needs assessment pursuant to paragraph (a) of subsection 1 of section 9 of this act, developing the statewide plan to allocate money from the Fund pursuant to paragraph (b) of subsection 1 of section 9 of this act and allocating money from the Fund in accordance with that statewide plan do not constitute administrative expenses.

5. The money in the Fund remains in the Fund and does not revert to the State General Fund at the end of any fiscal year.

6. Except as otherwise provided in subsection 4, all money that is deposited or paid into the Fund is hereby appropriated to the Department to be used, subject to the provisions of chapter 353 of NRS, to carry out the provisions of sections 9 to 9.7, inclusive, of this act.

7. Money expended from the Fund must not be used to supplant existing methods of funding that are available to state, regional, local or tribal agencies.

8. The Department may accept and deposit into the Fund gifts, grants, donations and appropriations to support the activities described in sections 9 to 9.7, inclusive, of this act.

Sec. 9. 1. *At least once every 4 years, the Department, in consultation with the Office, shall:*

(a) Conduct a statewide needs assessment in accordance with section 9.5 of this act; and



(b) Based on the statewide needs assessment, develop or revise, as applicable, a statewide plan to allocate the money in the Fund in accordance with section 9.6 of this act.

2. When performing the duties described in subsection 1, the Department and the Office shall consider:

(a) The recommendations provided by the Advisory Committee in the report submitted pursuant to section 7.9 of this act; and

(b) The recommendations of state, regional, local and tribal governmental entities in this State whose work relates to opioid use disorders and other substance use disorders.

3. On or before January 31 of each year, the Department shall transmit a report concerning all findings and recommendations made and money expended pursuant to sections 9 to 9.7, inclusive, of this act to:

(a) The Governor;

(b) The Director of the Legislative Counsel Bureau for transmittal to:

(1) In odd-numbered years, the next regular session of the Legislature; and

(2) In even-numbered years, the Legislative Committee on Health Care and the Interim Finance Committee;

(c) The Commission;

(d) Each regional behavioral health policy board created by NRS 433.429;

(e) The Office of the Attorney General; and

(f) Any other committees or commissions the Director of the Department deems appropriate.

4. The Department may adopt any regulations or take such other actions as are necessary to carry out its duties pursuant to sections 7 to 9.9, inclusive, of this act.

Sec. 9.5. *1. A statewide needs assessment conducted by the Department, in consultation with the Office, pursuant to paragraph (a) of subsection 1 of section 9 of this act must:*

(a) Be evidence-based and use information from damages reports created by experts as part of the litigation described in subsection 1 of section 8 of this act.

(b) Include an analysis of the impacts of opioid use and opioid use disorder on this State that uses quantitative and qualitative data concerning this State and the regions, counties and Native American tribes in this State to determine the risk factors that contribute to opioid use, the use of substances and the rates of opioid use disorder, other substance use disorders and co-occurring disorders among residents of this State.



(c) Focus on health equity and identifying disparities across all racial and ethnic populations, geographic regions and special populations in this State.

(d) Take into account the resources of state, regional, local and tribal agencies and nonprofit organizations, including, without limitation, any money recovered or anticipated to be recovered by county, local or tribal governmental agencies through judgments or settlements resulting from litigation concerning the manufacture, distribution, sale or marketing of opioids, and the programs currently existing in each geographic region of this State to address opioid use disorder and other substance use disorders.

(e) Based on the information and analyses described in paragraphs (a) to (d), inclusive, establish priorities for the use of the funds described in subsection 1 of section 8 of this act. Such priorities must include, without limitation, priorities related to the prevention of overdoses, addressing disparities in access to health care and the prevention of substance use among youth.

2. When conducting a needs assessment, the Department, in consultation with the Office, shall:

(a) Use community-based participatory research methods or similar methods to conduct outreach to groups impacted by the use of opioids, opioid use disorder and other substance use disorders, including, without limitation:

(1) Persons and families impacted by the use of opioids and other substances;

(2) Providers of treatment for opioid use disorder and other substance use disorders;

(3) Substance use disorder prevention coalitions;

(4) Communities of persons in recovery from opioid use disorder and other substance use disorders;

(5) Providers of services to reduce the harms caused by opioid use disorder and other substance use disorders;

(6) Persons involved in the child welfare system;

(7) Providers of social services;

(8) Faith-based organizations;

(9) Providers of health care and entities that provide health care services; and

(10) Members of diverse communities disproportionately impacted by opioid use and opioid use disorder; and

(b) Conduct outreach to governmental agencies who interact with persons or groups impacted by the use of opioids, opioid use



disorder and other substance use disorders, including, without limitation:

(1) The Office of the Attorney General, the Department of Public Safety, the Department of Corrections, courts, juvenile justice agencies and other governmental agencies involved in law enforcement or criminal justice;

(2) Agencies which provide child welfare services and other governmental agencies involved in the child welfare system; and

(3) Public health agencies.

Sec. 9.6. *1. The statewide plan to allocate money from the Fund established by the Department, in consultation with the Office, pursuant to paragraph (b) of subsection 1 of section 9 of this act must:*

(a) Establish policies and procedures for the administration and distribution of money from the Fund;

(b) Allocate the money in the Fund for the purposes described in subsection 2; and

(c) Establish requirements governing the use of money allocated from the Fund.

2. The statewide plan may allocate money to:

(a) Statewide projects, which may include, without limitation:

(1) Expanding access to evidence-based prevention of substance use disorders, early intervention for persons at risk of a substance use disorder, treatment for substance use disorders and support for persons in recovery from substance use disorders;

(2) Programs to reduce the incidence and severity of neonatal abstinence syndrome;

(3) Prevention of adverse childhood experiences and early intervention for children who have undergone adverse childhood experiences and the families of such children;

(4) Services to reduce the harm caused by substance use;

(5) Prevention and treatment of infectious diseases in persons with substance use disorders;

(6) Services for children and other persons in a behavioral health crisis and the families of such persons;

(7) Housing for persons who have or are in recovery from substance use disorders;

(8) Campaigns to educate and increase awareness of the public concerning substance use and substance use disorders;

(9) Programs for persons involved in the criminal justice or juvenile justice system and the families of such persons, including, without limitation, programs that are administered by courts;



(10) The evaluation of existing programs relating to substance use and substance use disorders;

(11) Development of the workforce of providers of services relating to substance use and substance use disorders;

(12) The collection and analysis of data relating to substance use and substance use disorders;

(13) Capital projects relating to substance use and substance use disorders, including, without limitation, construction, purchasing and remodeling; and

(14) Implementing the hotline for persons who are considering suicide or otherwise in a behavioral health crisis and providing services to persons who access that hotline in accordance with the provisions of sections 2 to 6, inclusive, of this act.

(b) Grants to regional, county, local and tribal agencies and private-sector organizations whose work relates to opioid use disorder and other substance use disorders.

3. The projects described in paragraph (a) of subsection 2 may include, without limitation, projects to maximize expenditures through federal, local and private matching contributions.

4. The Department, in consultation with the Office, may revise the statewide plan to allocate money from the Fund as necessary without conducting a statewide needs assessment pursuant to paragraph (a) of subsection 1 of section 9 of this act so long as a needs assessment is conducted at the intervals required by that subsection.

Sec. 9.7. *1. If the Department awards grants pursuant to paragraph (b) of subsection 2 of section 9.6 of this act, the Department, in consultation with the Office, must:*

(a) Develop, solicit and accept applications for those grants. An application submitted by a regional, local or tribal governmental entity must include, without limitation:

(1) The results of a needs assessment that meets the requirements of section 9.8 of this act; and

(2) A plan for the use of the grant that meets the requirements of section 9.9 of this act.

(b) Coordinate with and provide support to regional, local and tribal governmental entities in conducting needs assessments and developing plans pursuant to paragraph (a).

(c) Consider any money recovered or anticipated to be recovered by county, local or tribal governmental agencies through judgments received or settlements entered into as a result



of litigation concerning the manufacture, distribution, sale or marketing of opioids.

(d) Conduct annual evaluations of programs to which grants have been awarded.

2. To the extent authorized by the terms of any judgment or settlement described in subsection 1 of section 8 of this act, the recipient of a grant pursuant to paragraph (b) of subsection 2 of section 9.6 of this act may use not more than 8 percent of the grant for administrative expenses related to the grant or the projects supported by the grant.

3. The recipient of a grant pursuant to paragraph (b) of subsection 2 of section 9.6 of this act shall annually submit to the Department a report concerning the expenditure of the money that was received and the outcomes of the projects on which that money was spent.

4. If a regional, local or tribal governmental entity that receives a grant pursuant to paragraph (b) of subsection 2 of section 9.6 of this act later recovers money through a judgment or a settlement resulting from litigation concerning the manufacture, distribution, sale or marketing of opioids:

(a) The regional, local or tribal governmental entity must immediately notify the Department; and

(b) The Department may recover from the governmental entity an amount not to exceed the amount of the grant or the amount of the recovery, whichever is less.

5. A regional, local or tribal governmental entity that receives a grant pursuant to paragraph (b) of subsection 2 of section 9.6 of this act shall conduct a new needs assessment and update its plan for the use of the grant at intervals prescribed by regulation of the Department, which must be not less than every 4 years.

Sec. 9.8. *1. A needs assessment conducted pursuant to subparagraph (1) of paragraph (a) of subsection 1 of section 9.7 of this act by a regional, local or tribal governmental entity applying for a grant must:*

(a) Be evidence-based.

(b) Include an analysis of the impacts of opioid use and opioid use disorder on the area under the jurisdiction of the applicant that uses quantitative and qualitative data to determine the risk factors that contribute to opioid use, the use of substances and the rates of opioid use disorder, other substance use disorders and co-occurring disorders among residents of the area.



(c) Focus on health equity and identifying disparities across all racial and ethnic populations, geographic regions and special populations in the area under the jurisdiction of the applicant.

(d) Take into account the resources of the applicant and the programs currently existing in the area under the jurisdiction of the applicant to address opioid use disorder and other substance use disorders.

(e) Based on the information and analyses described in paragraphs (a) to (d), inclusive, establish priorities for the use of the funds for which the applicant is applying.

2. When conducting a needs assessment, a regional, local or tribal governmental entity applying for a grant shall:

(a) Use community-based participatory research methods or similar methods to conduct outreach to groups impacted by the use of opioids, opioid use disorder and other substance use disorders, including, without limitation:

(1) Persons and families impacted by the use of opioids and other substances;

(2) Providers of treatment for opioid use disorder and other substance use disorders;

(3) Substance use disorder prevention coalitions;

(4) Communities of persons in recovery from opioid use disorder and other substance use disorders;

(5) Providers of services to reduce the harms caused by opioid use disorder and other substance use disorders;

(6) Persons involved in the child welfare system;

(7) Providers of social services;

(8) Faith-based organizations;

(9) Providers of health care and entities that provide health care services; and

(10) Members of diverse communities disproportionately impacted by opioid use and opioid use disorder; and

(b) Conduct outreach to governmental agencies that interact with persons or groups impacted by the use of opioids, opioid use disorder and other substance use disorders, including, without limitation:

(1) Courts, juvenile justice agencies and other governmental agencies involved in law enforcement or criminal justice;

(2) Agencies which provide child welfare services and other governmental agencies involved in the child welfare system; and

(3) Public health agencies.



Sec. 9.9. 1. *A plan for the use of grant money by a state, local or tribal governmental entity developed pursuant to subparagraph (2) of paragraph (a) of subsection 1 of section 9.7 of this act must:*

(a) Establish policies and procedures for the administration and distribution of the grant money for which the governmental entity is applying;

(b) Describe the projects to which the governmental entity is proposing to allocate grant money; and

(c) Establish requirements governing the use of the grant money.

2. *A plan for the use of grant money by a state, local or tribal governmental entity may allocate money pursuant to paragraph (b) of subsection 1 to:*

(a) Projects and programs to:

(1) Expand access to evidence-based prevention of substance use disorders, early intervention for persons at risk of a substance use disorder, treatment for substance use disorders and support for persons in recovery from substance use disorders;

(2) Reduce the incidence and severity of neonatal abstinence syndrome;

(3) Prevent incidents of adverse childhood experiences and increase early intervention for children who have undergone adverse childhood experiences and the families of such children;

(4) Reduce the harm caused by substance use;

(5) Prevent and treat infectious diseases in persons with substance use disorders;

(6) Provide services for children and other persons in a behavioral health crisis and the families of such persons; and

(7) Provide housing for persons who have or are in recovery from substance use disorders;

(b) Campaigns to educate and increase awareness of the public concerning substance use and substance use disorders;

(c) Programs for persons involved in the criminal justice or juvenile justice system and the families of such persons, including, without limitation, programs that are administered by courts;

(d) Evaluation of existing programs relating to substance use and substance use disorders;

(e) Development of the workforce of providers of services relating to substance use and substance use disorders;

(f) The collection and analysis of data relating to substance use and substance use disorders; and



(g) Capital projects relating to substance use and substance use disorders, including, without limitation, construction, purchasing and remodeling.

3. The projects described in subsection 2 may include, without limitation, projects to maximize expenditures through federal, local and private matching contributions.

Sec. 10. NRS 218E.405 is hereby amended to read as follows:

218E.405 1. Except as otherwise provided in subsection 2, the Interim Finance Committee may exercise the powers conferred upon it by law only when the Legislature is not in a regular or special session.

2. During a regular or special session, the Interim Finance Committee may also perform the duties imposed on it by NRS 228.1111, subsection 5 of NRS 284.115, NRS 285.070, subsection 2 of NRS 321.335, NRS 322.007, subsection 2 of NRS 323.020, NRS 323.050, subsection 1 of NRS 323.100, subsection 3 of NRS 341.126, NRS 341.142, paragraph (f) of subsection 1 of NRS 341.145, NRS 353.220, 353.224, 353.2705 to 353.2771, inclusive, 353.288, 353.335, 353C.224, 353C.226, paragraph (b) of subsection 4 of NRS 407.0762, NRS 428.375, 439.4905, 439.620, 439.630, 445B.830, subsection 1 of NRS 445C.320 and NRS 538.650 **and section 8 of this act.** In performing those duties, the Senate Standing Committee on Finance and the Assembly Standing Committee on Ways and Means may meet separately and transmit the results of their respective votes to the Chair of the Interim Finance Committee to determine the action of the Interim Finance Committee as a whole.

3. The Chair of the Interim Finance Committee may appoint a subcommittee consisting of six members of the Committee to review and make recommendations to the Committee on matters of the State Public Works Division of the Department of Administration that require prior approval of the Interim Finance Committee pursuant to subsection 3 of NRS 341.126, NRS 341.142 and paragraph (f) of subsection 1 of NRS 341.145. If the Chair appoints such a subcommittee:

(a) The Chair shall designate one of the members of the subcommittee to serve as the chair of the subcommittee;

(b) The subcommittee shall meet throughout the year at the times and places specified by the call of the chair of the subcommittee; and

(c) The Director or the Director's designee shall act as the nonvoting recording secretary of the subcommittee.



Sec. 10.3. NRS 233B.039 is hereby amended to read as follows:

233B.039 1. The following agencies are entirely exempted from the requirements of this chapter:

- (a) The Governor.
- (b) Except as otherwise provided in NRS 209.221, the Department of Corrections.
- (c) The Nevada System of Higher Education.
- (d) The Office of the Military.
- (e) The Nevada Gaming Control Board.
- (f) Except as otherwise provided in NRS 368A.140 and 463.765, the Nevada Gaming Commission.
- (g) Except as otherwise provided in NRS 425.620, the Division of Welfare and Supportive Services of the Department of Health and Human Services.
- (h) Except as otherwise provided in NRS 422.390, the Division of Health Care Financing and Policy of the Department of Health and Human Services.
- (i) Except as otherwise provided in NRS 533.365, the Office of the State Engineer.
- (j) The Division of Industrial Relations of the Department of Business and Industry acting to enforce the provisions of NRS 618.375.
- (k) The Administrator of the Division of Industrial Relations of the Department of Business and Industry in establishing and adjusting the schedule of fees and charges for accident benefits pursuant to subsection 2 of NRS 616C.260.
- (l) The Board to Review Claims in adopting resolutions to carry out its duties pursuant to NRS 445C.310.
- (m) The Silver State Health Insurance Exchange.
- (n) The Cannabis Compliance Board.

2. Except as otherwise provided in subsection 5 and NRS 391.323, the Department of Education, the Board of the Public Employees' Benefits Program and the Commission on Professional Standards in Education are subject to the provisions of this chapter for the purpose of adopting regulations but not with respect to any contested case.

3. The special provisions of:

- (a) Chapter 612 of NRS for the adoption of an emergency regulation or the distribution of regulations by and the judicial review of decisions of the Employment Security Division of the Department of Employment, Training and Rehabilitation;



(b) Chapters 616A to 617, inclusive, of NRS for the determination of contested claims;

(c) Chapter 91 of NRS for the judicial review of decisions of the Administrator of the Securities Division of the Office of the Secretary of State; and

(d) NRS 90.800 for the use of summary orders in contested cases,

↳ prevail over the general provisions of this chapter.

4. The provisions of NRS 233B.122, 233B.124, 233B.125 and 233B.126 do not apply to the Department of Health and Human Services in the adjudication of contested cases involving the issuance of letters of approval for health facilities and agencies.

5. The provisions of this chapter do not apply to:

(a) Any order for immediate action, including, but not limited to, quarantine and the treatment or cleansing of infected or infested animals, objects or premises, made under the authority of the State Board of Agriculture, the State Board of Health, or any other agency of this State in the discharge of a responsibility for the preservation of human or animal health or for insect or pest control;

(b) An extraordinary regulation of the State Board of Pharmacy adopted pursuant to NRS 453.2184;

(c) A regulation adopted by the State Board of Education pursuant to NRS 388.255 or 394.1694;

(d) The judicial review of decisions of the Public Utilities Commission of Nevada;

(e) The adoption, amendment or repeal of policies by the Rehabilitation Division of the Department of Employment, Training and Rehabilitation pursuant to NRS 426.561 or 615.178;

(f) The adoption or amendment of a rule or regulation to be included in the State Plan for Services for Victims of Crime by the Department of Health and Human Services pursuant to NRS 217.130;

(g) The adoption, amendment or repeal of rules governing the conduct of contests and exhibitions of unarmed combat by the Nevada Athletic Commission pursuant to NRS 467.075; ~~for~~

(h) The adoption, amendment or repeal of regulations by the Director of the Department of Health and Human Services pursuant to NRS 447.335 to 447.350, inclusive ~~for~~; or

(i) The adoption, amendment or repeal of the statewide plan to allocate money from the Fund for a Resilient Nevada created by section 8 of this act established by the Department of Health and Human Services pursuant to paragraph (b) of subsection 1 of section 9 of this act.



6. The State Board of Parole Commissioners is subject to the provisions of this chapter for the purpose of adopting regulations but not with respect to any contested case.

Sec. 10.6. 1. As soon as practicable after the effective date of this section:

(a) The Attorney General shall appoint to the Advisory Committee:

(1) The members described in paragraphs (a) and (b) of subsection 2 of section 7.7 of this act to initial terms that expire on July 1, 2022.

(2) The members described in paragraphs (c) and (d) of subsection 2 of section 7.7 of this act to initial terms that expire on July 1, 2023.

(b) The Office of Minority Health and Equity of the Department shall appoint to the Advisory Committee:

(1) The members described in paragraphs (a), (b) and (c) of subsection 3 of section 7.7 of this act to initial terms that expire on July 1, 2022.

(2) The members described in paragraphs (d), (e) and (f) of subsection 3 of section 7.7 of this act to initial terms that expire on July 1, 2023.

(c) The Director of the Department shall appoint to the Advisory Committee:

(1) The members described in paragraphs (a), (b) and (c) of subsection 4 of section 7.7 of this act to initial terms that expire on July 1, 2022.

(2) The members described in paragraphs (d) to (g), inclusive, of subsection 4 of section 7.7 of this act to initial terms that expire on July 1, 2023.

2. As used in this section:

(a) "Advisory Committee" means the Advisory Committee for a Resilient Nevada created by section 7.7 of this act.

(b) "Department" means the Department of Health and Human Services.

Sec. 11. Any state agency that has received money from a settlement or judgment as a result of the litigation described in subsection 1 of section 8 of this act before January 1, 2022, shall, to the extent authorized by the settlement or judgment, transfer to the Director of the Department of Health and Human Services any portion of such money that remains uncommitted for deposit in the Fund for A Resilient Nevada pursuant to section 8 of this act.

Sec. 11.5. 1. During the 2022-2023 interim, the Department of Health and Human Services, in consultation with the Office of



Minority Health and Equity of the Department, may, without further legislative authorization, use money in the Fund For A Resilient Nevada created by section 8 of this act to conduct an initial statewide needs assessment and develop an initial statewide plan to spend the money in the Fund pursuant to section 9 of this act.

2. The Department, in consultation with the Office, shall:

(a) Develop a proposed budget to carry out the provisions of the initial statewide plan developed pursuant to subsection 1 for the remainder of the 2022-2023 interim; and

(b) Obtain the approval of the Interim Finance Committee for that budget before money from the Fund is used for the purposes described in the plan. Notwithstanding the provisions of section 8 of this act, such approval is sufficient to authorize the use of money from the Fund as prescribed in the budget for the remainder of the 2022-2023 interim.

Sec. 12. The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

Sec. 13. Notwithstanding the provisions of NRS 218D.430 and 218D.435, a committee, other than the Assembly Standing Committee on Ways and Means and the Senate Standing Committee on Finance, may vote on this act before the expiration of the period prescribed for the return of a fiscal note in NRS 218D.475. This section applies retroactively from and after March 22, 2021.

Sec. 14. 1. This section and sections 7 to 13, inclusive, of this act become effective upon passage and approval.

2. Sections 1 to 6, inclusive, of this act become effective:

(a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) On January 1, 2022, for all other purposes.

