

Amendment No. 959

Senate Amendment to Senate Bill No. 400 First Reprint	(BDR 38-1027)
Proposed by: Senate Committee on Finance	
Amends: Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes	

Adoption of this amendment will: (1) MAINTAIN the unfunded mandate not requested by the affected local government to S.B. 400 R1 (§ 3.3). (2) ADD an appropriation where one does not currently exist in S.B. 400 R1.

ASSEMBLY ACTION			Initial and Date	SENATE ACTION			Initial and Date		
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.

JFD/BJF



Date: 6/4/2023

S.B. No. 400—Revises provisions relating to homelessness. (BDR 38-1027)



SENATE BILL NO. 400—SENATORS NEAL, FLORES AND DONATE

MARCH 27, 2023

JOINT SPONSOR: ASSEMBLYMAN D’SILVA

Referred to Committee on Revenue and Economic Development

SUMMARY—Revises provisions relating to homelessness. (BDR 38-1027)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact. Effect on the State: No.

CONTAINS UNFUNDED MANDATE (§ 3.3) (NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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

AN ACT relating to public welfare; revising provisions governing the duties of a reinvestment advisory committee; revising provisions governing contracts entered into by the Department of Health and Human Services for the operation of a Medicaid managed care program; requiring ~~[Continuums of Care]~~ **the Department** to establish ~~[a fiscal working group; requiring the transmission of a portion of the proceeds of the license fee for certain gaming licensees to the Continuums of Care in this State;]~~ **the Fiscal Advisory Committee for a Flexible Continuum of Care Plan; making appropriations;** and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law requires the Department of Health and Human Services, to the extent that
2 money is available, to: (1) establish a Medicaid managed care program to provide health care
3 services to recipients of Medicaid in all geographic areas of this State; and (2) conduct a
4 statewide procurement process to select health maintenance organizations to provide the
5 health care services. (NRS 422.273) **Sections 2 and 3** of this bill require each contract entered
6 into by the Department with a health maintenance organization to provide such services to
7 include a requirement for the health maintenance organization to reinvest a percentage of the
8 annual profits of the health maintenance organization in programs and initiatives to address
9 homelessness and to provide sustainable medication and prescription services, alcohol or drug
10 intervention or rehabilitation services and emergency and supportive housing in the local
11 communities in which the health maintenance organization operates.

12 Existing law establishes a reinvestment advisory committee in each county of this State
13 whose population is 700,000 or more (currently only Clark County) and prescribes the duties
14 of a reinvestment advisory committee, which includes reviewing, making recommendations
15 and reporting to the Legislature and Director of the Department concerning the reinvestment

16 of funds by a health maintenance organization that provides health care services through
 17 managed care to recipients of Medicaid in the communities served by those organizations.
 18 (NRS 422.185, 422.205) **Section 1** of this bill revises the duties of the reinvestment advisory
 19 committee such that the recommendations and reports of the advisory committee are required
 20 to concern the reinvestment of funds by managed care organizations to address homelessness
 21 and to provide sustainable medication and prescription services, alcohol or drug intervention
 22 or rehabilitation services, and emergency and supportive housing, in conformance with the
 23 amendatory provisions of **sections 2 and 3**.

24 Existing federal law establishes a Continuum of Care Program to provide funding for
 25 efforts by nonprofit providers, states, and local governments to quickly rehouse homeless
 26 individuals and families. (42 U.S.C. 11381 et seq.; 24 C.F.R. Part 578) Federal law requires
 27 representatives from relevant organizations to establish a Continuum of Care for a geographic
 28 area to carry out certain responsibilities and to establish a board to act on behalf of the
 29 Continuum. (24 C.F.R. 578.5) ~~Existing law of this State establishes a monthly licensee fee~~
 30 ~~for certain gaming licensees which is based upon the gross revenue of the licensee. (NRS~~
 31 ~~463.370) Sections 3.3 and 3.7 of this bill require a portion of the proceeds of the gaming~~
 32 ~~licensee fee which is imposed on gross revenue which exceeds \$134,000 per calendar month~~
 33 ~~to be transmitted to the Continuums of Care in this State, in proportion to the population~~
 34 ~~served by each Continuum of Care, to direct the use of such money.] **Section 3.3 [.] of this**~~
 35 ~~**bill:** (1) establishes requirements for the membership of such a fiscal working group; (2) sets~~
 36 ~~forth the purposes for which the fiscal working group is required to direct the use of the~~
 37 ~~money from the proceeds of the gaming license fee;] **requires the Department to establish**~~
 38 ~~**the Fiscal Advisory Committee for a Flexible Continuum of Care Plan; (2) authorizes**~~
 39 ~~**the Department to make grants of money to the Advisory Committee to fund certain**~~
 40 ~~**services;** and (3) requires the [fiscal working group] **Advisory Committee** to prepare an~~
 41 ~~annual report. **Section 3.3** requires a city whose population is 150,000 or more but less than~~
 42 ~~500,000 [which is in the service area of a Continuum of Care, which includes a city whose~~
 43 ~~population is 500,000 or more] to transmit **not less than** \$2,000,000 to the [Continuum of~~
 44 ~~Care] **Department** each fiscal year ~~to be used] for **allocation to the Advisory Committee to**~~
 45 ~~**fund** programs to address homelessness [.] **in the service area of the Continuum of Care in**~~
 46 ~~**which the city is located. **Section 3.3** [authorizes a Continuum of Care] **requires the****~~
 47 ~~**Department to assist the Advisory Committee** to enter into service agreements with~~
 48 ~~federally-qualified health centers.~~~~

49 ~~**Sections 7.1-7.9 of this bill make appropriations to the Department for allocation to**~~
 50 ~~**the Advisory Committee to carry out the provisions of section 3.3.**~~

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

1 **Section 1.** NRS 422.205 is hereby amended to read as follows:

2 422.205 1. A reinvestment advisory committee shall:

3 (a) Solicit and review reports from the Division and Medicaid managed care
 4 organizations concerning the reinvestment of funds by those Medicaid managed care
 5 care organizations in the communities served by the Medicaid managed care
 6 organizations.

7 (b) Report to the Division and Medicaid managed care organizations
 8 concerning initiatives of local governments in the county to address homelessness
 9 ~~[.] **and to provide sustainable medication and prescription drug services, alcohol**~~
 10 ~~**or drug intervention or rehabilitation services, and emergency and supportive**~~
 11 ~~**housing . [issues and social determinants of health.]**~~

12 (c) Make recommendations based on the reports reviewed pursuant to
 13 paragraph (a) to the Division and Medicaid managed care organizations concerning
 14 the reinvestment of funds by those Medicaid managed care organizations in the

1 communities served by the Medicaid managed care organizations. Those
2 recommendations must include, without limitation, recommendations for the use of
3 such funds for the purposes of:

4 (1) Developing innovative partnerships with community development
5 organizations and providers of housing services; and

6 (2) Supporting the initiatives of local governments in the county to address
7 homelessness ~~[-]~~ *and to provide sustainable medication and prescription drug*
8 *services, alcohol or drug intervention or rehabilitation services, and emergency*
9 *and supportive housing.* ~~[- issues and social determinants of health.]~~

10 2. On or before December 31 of each year, a reinvestment advisory
11 committee shall:

12 (a) Compile a report concerning:

13 (1) The uses of funds reinvested by Medicaid managed care organizations
14 in the communities served by those Medicaid managed care organizations,
15 including, without limitation, efforts to address homelessness ~~[-, disparities in health~~
16 ~~care and social determinants of health.]~~ *and to provide sustainable medication and*
17 *prescription drug services, alcohol or drug intervention or rehabilitation services,*
18 *and emergency and supportive housing;* and

19 (2) The activities of the reinvestment advisory committee during the
20 calendar year, including, without limitation, the recommendations made by the
21 reinvestment advisory committee pursuant to paragraph (c) of subsection 1.

22 (b) Submit the report to:

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

24 (I) In odd-numbered years, the Joint Interim Standing Committee on
25 Health and Human Services; and

26 (II) In even-numbered years, the next regular session of the
27 Legislature.

28 (2) The Director of the Department.

29 3. As used in this section, “Medicaid managed care organization” means a
30 managed care organization that provides health care services to recipients of
31 Medicaid who reside in the county for which a reinvestment advisory committee is
32 established.

33 **Sec. 2.** NRS 422.273 is hereby amended to read as follows:

34 422.273 1. For any Medicaid managed care program established in the State
35 of Nevada, the Department shall contract only with a health maintenance
36 organization that has:

37 (a) Negotiated in good faith with a federally-qualified health center to provide
38 health care services for the health maintenance organization;

39 (b) Negotiated in good faith with the University Medical Center of Southern
40 Nevada to provide inpatient and ambulatory services to recipients of Medicaid; and

41 (c) Negotiated in good faith with the University of Nevada School of Medicine
42 to provide health care services to recipients of Medicaid.

43 **Nothing in this section shall be construed as exempting a federally-qualified**
44 **health center, the University Medical Center of Southern Nevada or the University**
45 **of Nevada School of Medicine from the requirements for contracting with the**
46 **health maintenance organization.**

47 2. During the development and implementation of any Medicaid managed
48 care program, the Department shall cooperate with the University of Nevada School
49 of Medicine by assisting in the provision of an adequate and diverse group of
50 patients upon which the school may base its educational programs.

51 3. The University of Nevada School of Medicine may establish a nonprofit
52 organization to assist in any research necessary for the development of a Medicaid
53 managed care program, receive and accept gifts, grants and donations to support

1 such a program and assist in establishing educational services about the program for
2 recipients of Medicaid.

3 4. For the purpose of contracting with a Medicaid managed care program
4 pursuant to this section, a health maintenance organization is exempt from the
5 provisions of NRS 695C.123.

6 5. The provisions of this section apply to any managed care organization,
7 including a health maintenance organization, that provides health care services to
8 recipients of Medicaid under the State Plan for Medicaid or the Children's Health
9 Insurance Program pursuant to a contract with the Division. Such a managed care
10 organization or health maintenance organization is not required to establish a
11 system for conducting external reviews of adverse determinations in accordance
12 with chapter 695B, 695C or 695G of NRS. This subsection does not exempt such a
13 managed care organization or health maintenance organization for services
14 provided pursuant to any other contract.

15 6. *Each contract entered into by the Department with a health maintenance
16 organization to provide health care services to recipients of Medicaid in all
17 geographic areas of this State shall include a requirement for the health
18 maintenance organization to reinvest a percentage of the annual profits of the
19 health maintenance organization in programs and initiatives to address
20 homelessness and to provide sustainable medication and prescription drug
21 services, alcohol or drug intervention or rehabilitation services, and emergency
22 and supportive housing in the local communities in which the health
23 maintenance organization operates.*

24 7. As used in this section, unless the context otherwise requires:

25 (a) "Federally-qualified health center" has the meaning ascribed to it in 42
26 U.S.C. § 1396d(l)(2)(B).

27 (b) "Health maintenance organization" has the meaning ascribed to it in NRS
28 695C.030.

29 (c) "Managed care organization" has the meaning ascribed to it in NRS
30 695G.050.

31 **Sec. 3.** NRS 422.273 is hereby amended to read as follows:

32 422.273 1. To the extent that money is available, the Department shall:

33 (a) Establish a Medicaid managed care program to provide health care services
34 to recipients of Medicaid in all geographic areas of this State. The program is not
35 required to provide services to recipients of Medicaid who are aged, blind or
36 disabled pursuant to Title XVI of the Social Security Act, 42 U.S.C. §§ 1381 et seq.

37 (b) Conduct a statewide procurement process to select health maintenance
38 organizations to provide the services described in paragraph (a).

39 2. For any Medicaid managed care program established in the State of
40 Nevada, the Department shall contract only with a health maintenance organization
41 that has:

42 (a) Negotiated in good faith with a federally-qualified health center to provide
43 health care services for the health maintenance organization;

44 (b) Negotiated in good faith with the University Medical Center of Southern
45 Nevada to provide inpatient and ambulatory services to recipients of Medicaid;

46 (c) Negotiated in good faith with the University of Nevada School of Medicine
47 to provide health care services to recipients of Medicaid; and

48 (d) Complied with the provisions of subsection 2 of NRS 695K.220.

49 ➤ Nothing in this section shall be construed as exempting a federally-qualified
50 health center, the University Medical Center of Southern Nevada or the University
51 of Nevada School of Medicine from the requirements for contracting with the
52 health maintenance organization.

1 3. During the development and implementation of any Medicaid managed
2 care program, the Department shall cooperate with the University of Nevada School
3 of Medicine by assisting in the provision of an adequate and diverse group of
4 patients upon which the school may base its educational programs.

5 4. The University of Nevada School of Medicine may establish a nonprofit
6 organization to assist in any research necessary for the development of a Medicaid
7 managed care program, receive and accept gifts, grants and donations to support
8 such a program and assist in establishing educational services about the program for
9 recipients of Medicaid.

10 5. For the purpose of contracting with a Medicaid managed care program
11 pursuant to this section, a health maintenance organization is exempt from the
12 provisions of NRS 695C.123.

13 6. To the extent that money is available, a Medicaid managed care program
14 must include, without limitation, a state-directed payment arrangement established
15 in accordance with 42 C.F.R. § 438.6(c) to require a Medicaid managed care
16 organization to reimburse a critical access hospital and any federally-qualified
17 health center or rural health clinic affiliated with a critical access hospital for
18 covered services at a rate that is equal to or greater than the rate received by the
19 critical access hospital, federally-qualified health center or rural health clinic, as
20 applicable, for services provided to recipients of Medicaid on a fee-for-service
21 basis.

22 7. The provisions of this section apply to any managed care organization,
23 including a health maintenance organization, that provides health care services to
24 recipients of Medicaid under the State Plan for Medicaid or the Children's Health
25 Insurance Program pursuant to a contract with the Division. Such a managed care
26 organization or health maintenance organization is not required to establish a
27 system for conducting external reviews of adverse determinations in accordance
28 with chapter 695B, 695C or 695G of NRS. This subsection does not exempt such a
29 managed care organization or health maintenance organization for services
30 provided pursuant to any other contract.

31 8. *Each contract entered into by the Department with a health maintenance*
32 *organization to provide the services described in paragraph (a) of subsection 1*
33 *shall include a requirement for the health maintenance organization to reinvest a*
34 *percentage of the annual profits of the health maintenance organization in*
35 *programs and initiatives to address homelessness and to provide sustainable*
36 *medication and prescription drug services, alcohol or drug intervention or*
37 *rehabilitation services, and emergency and supportive housing in the local*
38 *communities in which the health maintenance organization operates.*

39 9. As used in this section, unless the context otherwise requires:

40 (a) "Critical access hospital" means a hospital which has been certified as a
41 critical access hospital by the Secretary of Health and Human Services pursuant to
42 42 U.S.C. § 1395i-4(e).

43 (b) "Federally-qualified health center" has the meaning ascribed to it in 42
44 U.S.C. § 1396d(l)(2)(B).

45 (c) "Health maintenance organization" has the meaning ascribed to it in NRS
46 695C.030.

47 (d) "Managed care organization" has the meaning ascribed to it in NRS
48 695G.050.

49 (e) "Rural health clinic" has the meaning ascribed to it in 42 C.F.R. §
50 405.2401.

1 **Sec. 3.3.** Chapter 439 of NRS is hereby amended by adding thereto a new
2 section to read as follows:

3 1. ~~Each~~ The Department shall establish the Fiscal Advisory Committee for
4 a Flexible Continuum of Care ~~in this State shall establish a fiscal working group~~
5 ~~to consist of not more than seven~~ Plan which consists of the following members
6 appointed by the ~~governing board of the Continuum of Care and which must~~
7 ~~include~~ Director of the Department;

8 (a) A representative from ~~each~~ the largest incorporated city in the service
9 area of ~~the~~ each Continuum of Care ~~for, if there are more than three~~
10 ~~incorporated cities within the service area of the Continuum of Care, a~~
11 ~~representative from each of the three largest incorporated cities in the service~~
12 ~~area of the Continuum of Care;~~ in this State, who must also reside in the service
13 area of the Continuum of Care in which the city he or she represents is located;

14 (b) A person who represents a county ~~within the service area of the~~
15 Continuum of Care; in this State;

16 (c) A person who represents law enforcement ; ~~in the service area of the~~
17 Continuum of Care;

18 (d) A person selected from a list of nominees provided by the Nevada Resort
19 Association ; ~~who resides in the service area of the Continuum of Care;~~ and

20 (e) A representative of a nonprofit organization that provides services to
21 persons who are homeless ; ~~in the service area of the Continuum of Care;~~

22 2. ~~The fiscal working group established pursuant to this section shall direct~~
23 ~~the use of any money allocated to the Continuum of Care pursuant to NRS~~
24 ~~463.320. The money transmitted to the Continuum of Care pursuant to NRS~~
25 ~~463.320 must be used exclusively~~ To the extent practicable, each member
26 appointed pursuant to paragraphs (a), (b), (c) and (e) of subsection 1 must be
27 selected from a list of nominees provided by a Continuum of Care in this State.
28 Except as otherwise provided in this subsection and subsection 1, each
29 Continuum of Care in this State shall submit a list of nominees to fill any
30 vacancy on the Advisory Committee. Each member appointed pursuant to
31 paragraph (a) of subsection 1 must be selected from a list of nominees provided
32 by the Continuum of Care whose service area includes the city which the member
33 represents.

34 3. Each member of the Advisory Committee serves a term of 2 years.
35 Members may be reappointed for additional terms of 2 years in the same manner
36 as the original appointments. Any vacancy occurring in the membership of the
37 Advisory Committee must be filled in the same manner as the original
38 appointment.

39 4. The members of the Advisory Committee serve without compensation but
40 are entitled to receive the per diem allowance and travel expenses provided for
41 state officers and employees generally.

42 5. A majority of the members of the Advisory Committee constitutes a
43 quorum for the transaction of business, and a majority of a quorum present at
44 any meeting is sufficient for any official action taken by the Advisory Committee.

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

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

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

2 7. At its first meeting and annually thereafter, the Advisory Committee shall
3 elect a Chair from among its members.

4 8. To the extent that funding is available for that purpose, and upon
5 application by the Advisory Committee in such form as the Department may
6 require, the Department may make grants to the Advisory Committee to fund:

7 (a) Services for persons released from prison or a county, city or town jail or
8 detention facility including, without limitation, sustainable medication and
9 prescription drug services, alcohol or drug intervention or rehabilitation services,
10 and emergency and supportive housing.

11 (b) Services for persons leaving emergency shelters, including, without
12 limitation, sustainable medication and prescription drug services, alcohol or drug
13 intervention or rehabilitation services, and emergency and supportive housing.

14 (c) Services for persons leaving acute care settings, mental health care
15 facilities, drug and alcohol rehabilitation facilities, or transitional housing.

16 (d) Emergency and supportive housing services, including, without
17 limitation, the acquisition and rehabilitation of properties suitable for conversion
18 to supportive housing.

19 ~~3. A fiscal working group created by a Continuum of Care which has a~~
20 ~~service area that includes a city whose population is 500,000 or more shall:~~

21 ~~(a) From the money allocated to the Continuum of Care pursuant to NRS~~
22 ~~463.320:~~

23 ~~(1) In Fiscal Year 2023-2024, direct not less than \$9,000,000 to such a~~
24 ~~city to be used for programs to address homelessness in the city; and~~

25 ~~(2) In each fiscal year after Fiscal Year 2023-2024, direct not less than~~
26 ~~\$2,500,000 to such a city to be used for programs to address homelessness in the~~
27 ~~city.~~

28 ~~4. 9. A city in [the service area of a Continuum of Care described in~~
29 ~~subsection 3] this State whose population is 150,000 or more but less than~~
30 ~~500,000 shall transmit to the [Continuum of Care] Department not less than~~
31 ~~\$2,000,000 each fiscal year from money available for that purpose [to be used]~~
32 ~~for allocation to the Advisory Committee to fund programs to address~~
33 ~~homelessness in the service area of the Continuum of Care.]~~

34 ~~5. A Continuum of Care may] in which the city is located.~~

35 10. The Department shall assist the Advisory Committee to enter into an
36 agreement with a federally-qualified health center to provide services described in
37 paragraphs (a), (b) and (c) of subsection ~~2.~~ 8.

38 ~~[6.] 11. On or before September 30 of each year, [each fiscal working~~
39 ~~group] the Advisory Committee shall submit to the governing board of the~~
40 ~~Continuum of Care, the Department and the Interim Finance Committee a~~
41 ~~report detailing the use of [the] any grant of money [allocated to the Continuum~~
42 ~~of Care pursuant to NRS 463.320] received from the Department pursuant to~~
43 ~~subsection 8 and the status of any programs or services funded using such~~
44 ~~money.~~

45 ~~[7.] 12. Any grant of money [allocated to a Continuum of Care pursuant to~~
46 ~~NRS 463.320] made to the Advisory Committee and any funding allocated by [a~~
47 ~~fiscal working group] the Advisory Committee to any person must not supplant,~~
48 ~~replace, offset or otherwise reduce funding for programs to address~~
49 ~~homelessness.~~

50 ~~[8.] 13. As used in this section, "Continuum of Care" has the meaning~~
51 ~~ascribed to it in 24 C.F.R. § 578.3.~~

1 **Sec. 3.7.** ~~NRS 463.320 is hereby amended to read as follows:~~

2 ~~463.320 1. All gaming license fees imposed by the provisions of NRS~~
3 ~~463.370, 463.373 to 463.383, inclusive, and 463.3855 must be collected and~~
4 ~~disposed of as provided in this section.~~

5 ~~2. All state gaming license fees and penalties must be collected by the~~
6 ~~Commission and paid over immediately to the State Treasurer to be disposed of as~~
7 ~~follows:~~

8 ~~(a) Except as otherwise provided in paragraphs (c), [and] (d) [,] and (e), all~~
9 ~~state gaming license fees and penalties other than the license fees imposed by the~~
10 ~~provisions of NRS 463.380 must be deposited for credit to the State General Fund.~~

11 ~~(b) All state gaming license fees imposed by the provisions of NRS 463.380~~
12 ~~must, after deduction of costs of administration and collection, be divided equally~~
13 ~~among the various counties and transmitted to the respective county treasurers.~~
14 ~~Such fees, except as otherwise provided in this section, must be deposited by the~~
15 ~~county treasurer in the county general fund and be expended for county purposes. If~~
16 ~~the board of county commissioners desires to apportion and allocate all or a portion~~
17 ~~of such fees to one or more cities or towns within the county, the board of county~~
18 ~~commissioners shall, annually, before the preparation of the city or town budget or~~
19 ~~budgets as required by chapter 254 of NRS, adopt a resolution so apportioning and~~
20 ~~allocating a percentage of such fees anticipated to be received during the coming~~
21 ~~fiscal year to such city or cities or town or towns for the next fiscal year~~
22 ~~commencing July 1. After the adoption of the resolution, the percentage so~~
23 ~~apportioned and allocated must be converted to a dollar figure and included in the~~
24 ~~city or town budget or budgets as an estimated receipt for the next fiscal year.~~
25 ~~Quarterly, upon receipt of the money from the State, the county treasurer shall~~
26 ~~deposit an amount of money equal to the percentage so apportioned and allocated to~~
27 ~~the credit of the city or town fund to be used for city or town purposes, and the~~
28 ~~balance remaining must be deposited in the county general fund and must be~~
29 ~~expended for county purposes.~~

30 ~~(c) One twenty fifth of the license fee imposed by the provisions of NRS~~
31 ~~463.370 on gross revenue which exceeds \$134,000 per calendar month that is paid~~
32 ~~pursuant to subsection 2 of NRS 464.045 by persons licensed to conduct off track~~
33 ~~pari-mutuel wagering must, after the deduction of costs of administration and~~
34 ~~collection, be allocated pro-rata among the counties in this State whose population~~
35 ~~is less than 100,000 in which on track pari-mutuel wagering is conducted. The~~
36 ~~allocation must be based upon the amounts paid from each such county pursuant to~~
37 ~~subsection 2 of NRS 466.125 and transmitted to the respective county treasurers.~~
38 ~~Money received by a county treasurer pursuant to this paragraph must be deposited~~
39 ~~in the county general fund and expended to augment any stakes, purses or rewards~~
40 ~~which are offered with respect to horse races conducted in that county by a state~~
41 ~~fair association, agricultural society or county fair and recreation board.~~

42 ~~(d) Ten percent of the amount of the license fee imposed by the provisions of~~
43 ~~NRS 463.370 that is paid pursuant to subsection 2 of NRS 464.045 by persons~~
44 ~~licensed to conduct off track pari-mutuel wagering which exceeds \$5,036,938 per~~
45 ~~calendar year must, after the deduction of costs of administration and collection, be~~
46 ~~allocated pro-rata among the counties in this State whose population is less than~~
47 ~~100,000 in which on track pari-mutuel wagering is conducted. The allocation must~~
48 ~~be based upon the amounts paid from each such county pursuant to subsection 2 of~~
49 ~~NRS 466.125 and must be transmitted to the respective county treasurers as~~
50 ~~provided in this paragraph. On March 1 of each year, the Board shall calculate the~~
51 ~~amount of money to be allocated to the respective county treasurers and notify the~~
52 ~~State Treasurer of the appropriate amount of each allocation. The State Treasurer~~
53 ~~shall transfer the money to the respective county treasurers. Money received by a~~

1 county treasurer pursuant to this paragraph must be deposited in the county general
2 fund and expended to augment any stakes, purses or rewards which are offered with
3 respect to horse races conducted in that county by a state fair association,
4 agricultural society or county fair and recreation board.

5 ~~(c) Fifteen hundredths of the license fee imposed by the provisions of NRS
6 463.370 on gross revenue which exceeds \$134,000 per calendar month must,
7 after the deduction of costs of administration and collection, be transmitted to the
8 Continuum of Care in this State in proportion to the population of the service
9 area of each Continuum of Care.] (Deleted by amendment.)~~

10 Sec. 4. (Deleted by amendment.)

11 Sec. 5. (Deleted by amendment.)

12 Sec. 6. (Deleted by amendment.)

13 Sec. 7. (Deleted by amendment.)

14 Sec. 7.1. There is hereby appropriated from the State General Fund to
15 the Department of Health and Human Services the sum of \$17,000,000;

16 1. For allocation to Fiscal Advisory Committee for a Flexible Continuum
17 of Care Plan established pursuant to section 3.3 of this act to fund the services
18 described in subsection 8 of section 3.3 of this act; or

19 2. To satisfy matching requirements for federal grants to fund the
20 services described in subsection 8 of section 3.3 of this act.

21 Sec. 7.3. There is hereby appropriated from the State General Fund to
22 the Department of Health and Human Services the sum of \$1,000,000 for
23 allocation to the Fiscal Advisory Committee for a Flexible Continuum of Care
24 Plan established pursuant to section 3.3 of this act to match an equal amount
25 of money provided by local governments in the service area of the Northern
26 Nevada Continuum of Care to fund the services described in subsection 8 of
27 section 3.3 of this act in the service area of the Northern Nevada Continuum of
28 Care.

29 Sec. 7.5. There is hereby appropriated from the State General Fund to
30 the Department of Health and Human Services the sum of \$1,000,000 for
31 allocation to the Fiscal Advisory Committee for a Flexible Continuum of Care
32 Plan established pursuant to section 3.3 of this act to match an equal amount
33 of money provided by local governments in the service area of the Rural
34 Nevada Continuum of Care to fund the services described in subsection 8 of
35 section 3.3 of this act in the service area of the Rural Nevada Continuum of
36 Care.

37 Sec. 7.7. Any remaining balance of the appropriations made by sections
38 7.1, 7.3 and 7.5 of this act must not be committed for expenditure after June
39 30, 2025, by the entity to which the appropriation is made or any entity to
40 which money from the appropriation is granted or otherwise transferred in
41 any manner, and any portion of the appropriated money remaining must not
42 be spent for any purpose after September 19, 2025, by either the entity to
43 which the money was appropriated or the entity to which the money was
44 subsequently granted or transferred, and must be reverted to the State
45 General Fund on or before September 19, 2025.

46 Sec. 7.9. 1. There is hereby appropriated from the State General Fund
47 to the Department of Health and Human Services for allocation to the Fiscal
48 Advisory Committee for a Flexible Continuum of Care Plan established
49 pursuant to section 3.3 of this act to address homelessness in the city of Las
50 Vegas the following sums:

<u>For the Fiscal Year 2023-2024</u>	<u>\$9,000,000</u>
<u>For the Fiscal Year 2024-2025</u>	<u>\$1,000,000</u>

1 2. Any balance of the sums appropriated by subsection 1 remaining at
2 the end of the respective fiscal years must not be committed for expenditure
3 after June 30 of the respective fiscal years by the entity to which the
4 appropriation is made or any entity to which money from the appropriation is
5 granted or otherwise transferred in any manner, and any portion of the
6 appropriated money remaining must not be spent for any purpose after
7 September 20, 2024, and September 19, 2025, respectively, by either the entity
8 to which the money was appropriated or the entity to which the money was
9 subsequently granted or transferred, and must be reverted to the State
10 General Fund on or before September 20, 2024, and September 19, 2025,
11 respectively.

12 **Sec. 8.** The amendatory provisions of sections 1, 2 and 3 of this act do not
13 apply during the current term of any agreement entered into between the
14 Department of Health and Human Services and a health maintenance organization
15 pursuant to NRS 422.273 before January 1, 2024, but do apply to any extension or
16 renewal of such an agreement and to any agreement entered into between the
17 Department of Health and Human Services and a health maintenance organization
18 pursuant to NRS 422.273 on or after January 1, 2024.

19 **Sec. 9.** (Deleted by amendment.)

20 **Sec. 10.** 1. This section becomes effective upon passage and approval.

21 2. Sections 3.3, ~~and~~ 3.7 and 7.1 to 7.9, inclusive, of this ~~bill~~ act become
22 effective on July 1, 2023.

23 3. Sections 1, 2 and 8 of this act become effective on January 1, 2024.

24 4. Section 3 of this act becomes effective on January 1, 2026.

25 5. Sections 4 to 7, inclusive, and 9 of this act ~~becomes~~ becomes effective on
26 July 1, 2027.

27 6. The amendatory provisions of section 2 of this act expire by limitation on
28 December 31, 2025.