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FIRST REPRINT

A.B. 201

ASSEMBLY BILL NO. 201—COMMITTEE ON  
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE JOINT INTERIM STANDING COMMITTEE  
ON HEALTH AND HUMAN SERVICES)

FEBRUARY 20, 2023

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to planning for the provision of behavioral health care. (BDR 39-325)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.  
Effect on the State: Yes.

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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 behavioral health; requiring the Department of Health and Human Services to provide certain oversight and make certain recommendations concerning the children’s behavioral health system of care; adding certain members to the subcommittee on the mental health of children of the Commission on Behavioral Health; prescribing certain duties of a regional behavioral health policy board; creating a statewide mental health consortium; prescribing the membership, powers and duties of the statewide mental health consortium; authorizing each mental health consortium to request the drafting of not more than one legislative measure for each regular session of the Legislature; clarifying the authority of the State Board of Health to require the licensing of certain facilities; requiring the Joint Interim Standing Committee on Health and Human Services to conduct a study of the feasibility of formulating and operating a comprehensive state plan to provide behavioral health services for adults and children; and providing other matters properly relating thereto.



**Legislative Counsel's Digest:**

1 Existing law requires: (1) the Division of Public and Behavioral Health of the  
2 Department of Health and Human Services to perform certain duties relating to the  
3 provision of behavioral health services in this State; and (2) the Division of Child  
4 and Family Services of the Department to administer provisions governing mental  
5 health services for children. (NRS 433.331-433.374, chapter 433B of NRS) **Section**  
6 **2** of this bill requires the Department to: (1) track the spending of federal and state  
7 money on the children's behavioral health system of care, which consists of certain  
8 behavioral health services for children and their families; (2) quantify and track the  
9 costs avoided through such expenditures; and (3) perform certain duties to provide  
10 oversight for and make recommendations concerning the reinvestment of the  
11 money saved through such avoided costs in the children's behavioral health system  
12 of care.

13 Existing law establishes a regional behavioral health policy board for each of  
14 the five behavioral health regions of this State. (NRS 433.428, 433.429) Existing  
15 law requires each regional behavioral health policy board to: (1) advise the  
16 Department, the Division of Public and Behavioral Health and the Commission on  
17 Behavioral Health regarding certain matters relating to behavioral health in the  
18 region; and (2) submit an annual report to the Commission concerning the  
19 behavioral health needs of the region and certain duties of the policy board. (NRS  
20 433.4295) **Section 8** of this bill additionally requires each regional behavioral  
21 health policy board to advise the Division of Child and Family Services regarding  
22 behavioral health for children in the region over which the policy board has  
23 jurisdiction. **Section 8** also requires a regional behavioral health policy board to  
24 additionally submit the annual report to the Division of Public and Behavioral  
25 Health and the Division of Child and Family Services.

26 Existing law establishes a mental health consortium for each county whose  
27 population is 100,000 or more (currently Clark and Washoe Counties) and another  
28 behavioral health consortium for the jurisdiction consisting of all other counties in  
29 this State. (NRS 433B.333) **Section 10.5** of this bill establishes a statewide mental  
30 health consortium to represent all mental health consortia established by existing  
31 law. **Section 10.5** also prescribes the membership of the statewide mental health  
32 consortium. **Section 11.3** of this bill prescribes the powers and duties of the  
33 statewide mental health consortium, which include representing all regional mental  
34 health consortia and taking certain other actions related to the mental health of  
35 children.

36 Existing law requires each mental health consortium to: (1) prepare and submit  
37 to the Director of the Department a long-term strategic plan for the provision of  
38 mental health services to children with emotional disturbance in the jurisdiction of  
39 the consortium; and (2) annually submit to the Director of the Department and the  
40 Commission certain reports relating to the long-term strategic plan. (NRS  
41 433B.335) **Section 11** of this bill exempts the statewide mental health consortium  
42 from those requirements. **Sections 6 and 11.6** of this bill make conforming changes  
43 to clarify that only a mental health consortium that represents a particular region is  
44 required to submit a long-term strategic plan. **Section 11** additionally requires each  
45 mental health consortium that represents a particular region to submit the long-term  
46 strategic plan and the annual reports to the Administrator of the Division of Child  
47 and Family Services.

48 Existing law requires the Commission to appoint a subcommittee on the mental  
49 health of children to review each long-term strategic plan submitted by a mental  
50 health consortium that represents a particular region. (NRS 433.317) **Section 6**  
51 requires that subcommittee to include two members of the statewide mental health  
52 consortium.

53 Existing law prescribes the number of legislative measures which may be  
54 requested by various departments, agencies and other entities of this State for each



55 regular session of the Legislature. (NRS 218D.100-218D.220) **Section 12.3** of this  
56 bill authorizes the statewide mental health consortium and each regional mental  
57 health consortium to request the drafting of not more than one legislative measure  
58 for each regular session of the Legislature. **Section 12.5** of this bill makes a  
59 conforming change to indicate the proper placement of **section 12.3** in the Nevada  
60 Revised Statutes.

61 Existing law: (1) requires a medical facility or facility for the dependent to  
62 obtain a license from the Division of Public and Behavioral Health; and (2)  
63 authorizes the State Board of Health to adopt regulations requiring the licensing of  
64 other types of facilities that provide any type of medical care or treatment. (NRS  
65 449.030, 449.0303) **Section 12.8** of this bill clarifies that the authority of the State  
66 Board to require such licensing includes the authority to require the licensing of  
67 facilities that provide behavioral health care or treatment.

68 Existing law requires the Division of Public and Behavioral Health to formulate  
69 and operate a comprehensive state plan for programs for alcohol or other substance  
70 use disorders. (NRS 458.025) **Section 13.5** of this bill requires the Joint Interim  
71 Standing Committee on Health and Human Services to study, during the 2023-2024  
72 interim, the feasibility of formulating and operating a similar comprehensive state  
73 plan for the provision of behavioral health services to adults and children in this  
74 State.

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

1 **Section 1.** Chapter 433 of NRS is hereby amended by adding  
2 thereto the provisions set forth as sections 2 and 3 of this act.

3 **Sec. 2. 1. The Department shall:**

4 *(a) Track the spending of federal and state money on the*  
5 *children’s behavioral health system of care;*

6 *(b) Quantify and track the costs avoided through the*  
7 *expenditures described in paragraph (a) over time;*

8 *(c) Solicit, compile and analyze information and hold public*  
9 *hearings concerning:*

10 *(1) The use of federal and state money spent on the*  
11 *children’s behavioral health system of care; and*

12 *(2) Ways to reinvest the money saved through the avoided*  
13 *costs quantified pursuant to paragraph (b) in the children’s*  
14 *behavioral health system of care in a manner that addresses the*  
15 *behavioral health needs of children in this State and reduces the*  
16 *involvement of such children in the child welfare and juvenile*  
17 *justice systems;*

18 *(d) On or before June 30 of every even-numbered year, present*  
19 *at a meeting of the Joint Interim Standing Committee on Health*  
20 *and Human Services concerning:*

21 *(1) The costs that are projected to be avoided through the*  
22 *expenditure of federal and state money on the children’s*  
23 *behavioral health system of care during the immediately following*  
24 *2 years; and*



1           (2) *Recommendations for the reinvestment of such avoided*  
2 *costs in accordance with subparagraph (2) of paragraph (c); and*  
3           (e) *On or before December 31 of every even-numbered year,*  
4 *submit a report of the information described in paragraph (d) to*  
5 *the Governor and the Director of the Legislative Counsel Bureau*  
6 *for transmittal to the Senate Standing Committee on Finance and*  
7 *the Assembly Standing Committee on Ways and Means at the*  
8 *beginning of the next regular session of the Legislature.*

9           2. *For the purposes of this section, the children's behavioral*  
10 *health system of care consists of:*

11           (a) *Respite care for families and caregivers;*

12           (b) *Community-based and in-home behavioral health services*  
13 *for children;*

14           (c) *Services for children in a behavioral health crisis,*  
15 *including, without limitation, mobile crisis services and services*  
16 *for in-home stabilization;*

17           (d) *Services to promote the coordination of behavioral health*  
18 *care between families and providers, including, without limitation,*  
19 *high fidelity wraparound;*

20           (e) *Family-to-family peer support services;*

21           (f) *Specialty services for children with an emotional*  
22 *disturbance and dual diagnoses;*

23           (g) *Behavioral health services identified in the state plan for*  
24 *foster care and adoption assistance established pursuant to 42*  
25 *U.S.C. § 671; and*

26           (h) *Any other services prescribed by regulation of the Division*  
27 *of Child and Family Services of the Department.*

28           3. *As used in this section:*

29           (a) *"Child with an emotional disturbance" has the meaning*  
30 *ascribed to it in NRS 433B.045.*

31           (b) *"High fidelity wraparound" means an evidence-based,*  
32 *structured and team-oriented process for developing and*  
33 *implementing a plan to meet all of the behavioral health needs of*  
34 *a child with complex behavioral health issues in collaboration*  
35 *with the family of the child.*

36           **Sec. 3.** (Deleted by amendment.)

37           **Sec. 4.** (Deleted by amendment.)

38           **Sec. 5.** (Deleted by amendment.)

39           **Sec. 6.** NRS 433.317 is hereby amended to read as follows:

40           433.317 1. The Commission shall appoint a subcommittee on  
41 the mental health of children to review the findings and  
42 recommendations ~~[of each mental health consortium]~~ submitted by  
43 *mental health consortia* pursuant to NRS 433B.335 and to create a  
44 statewide plan for the provision of mental health services to



1 children. *The members of the subcommittee must include, without*  
2 *limitation:*

3 (a) *The Chair of the statewide mental health consortium*  
4 *established pursuant to subsection 4 of NRS 433B.333; and*

5 (b) *A member of the statewide mental health consortium*  
6 *appointed pursuant to subparagraph (2) of paragraph (c) of*  
7 *subsection 4 of NRS 433B.333, other than the Chair of the*  
8 *statewide mental health consortium.*

9 2. The members of the subcommittee appointed pursuant to  
10 this section serve at the pleasure of the Commission. The members  
11 serve without compensation, except that each member is entitled,  
12 while engaged in the business of the subcommittee, to the per diem  
13 allowance and travel expenses provided for state officers and  
14 employees generally if funding is available for this purpose.

15 **Sec. 7.** (Deleted by amendment.)

16 **Sec. 8.** NRS 433.4295 is hereby amended to read as follows:  
17 433.4295 1. Each policy board shall:

18 (a) Advise the Department, *the Division , the Division of Child*  
19 *and Family Services* and *the Commission , as appropriate,*  
20 regarding:

21 (1) The behavioral health needs of adults and children in the  
22 behavioral health region;

23 (2) Any progress, problems or proposed plans relating to the  
24 provision of behavioral health services and methods to improve the  
25 provision of behavioral health services in the behavioral health  
26 region;

27 (3) Identified gaps in the behavioral health services which  
28 are available in the behavioral health region and any  
29 recommendations or service enhancements to address those gaps;

30 (4) Any federal, state or local law or regulation that relates to  
31 behavioral health which it determines is redundant, conflicts with  
32 other laws or is obsolete and any recommendation to address any  
33 such redundant, conflicting or obsolete law or regulation; and

34 (5) Priorities for allocating money to support and develop  
35 behavioral health services in the behavioral health region.

36 (b) Promote improvements in the delivery of behavioral health  
37 services in the behavioral health region.

38 (c) Coordinate and exchange information with the other policy  
39 boards to provide unified and coordinated recommendations to the  
40 Department, *the Division , the Division of Child and Family*  
41 *Services* and *the Commission* regarding behavioral health services  
42 in the behavioral health region.

43 (d) Review the collection and reporting standards of behavioral  
44 health data to determine standards for such data collection and  
45 reporting processes.



1 (e) To the extent feasible, establish an organized, sustainable  
2 and accurate electronic repository of data and information  
3 concerning behavioral health and behavioral health services in the  
4 behavioral health region that is accessible to members of the public  
5 on an Internet website maintained by the policy board. A policy  
6 board may collaborate with an existing community-based  
7 organization to establish the repository.

8 (f) To the extent feasible, track and compile data concerning  
9 persons placed on a mental health crisis hold pursuant to NRS  
10 433A.160, persons admitted to mental health facilities and hospitals  
11 under an emergency admission pursuant to NRS 433A.162, persons  
12 admitted to mental health facilities under an involuntary court-  
13 ordered admission pursuant to NRS 433A.200 to 433A.330,  
14 inclusive, and persons ordered to receive assisted outpatient  
15 treatment pursuant to NRS 433A.335 to 433A.345, inclusive, in the  
16 behavioral health region, including, without limitation:

17 (1) The outcomes of treatment provided to such persons; and

18 (2) Measures taken upon and after the release of such  
19 persons to address behavioral health issues and prevent future  
20 mental health crisis holds and admissions.

21 (g) If a data dashboard is established pursuant to NRS 439.245,  
22 use the data dashboard to review access by different groups and  
23 populations in this State to behavioral health services provided  
24 through telehealth, as defined in NRS 629.515, and evaluate policies  
25 to make such access more equitable.

26 (h) Identify and coordinate with other entities in the behavioral  
27 health region and this State that address issues relating to behavioral  
28 health to increase awareness of such issues and avoid duplication of  
29 efforts.

30 (i) In coordination with existing entities in this State that address  
31 issues relating to behavioral health services, submit an annual report  
32 to the Commission, *the Division and the Division of Child and*  
33 *Family Services* which includes, without limitation:

34 (1) The specific behavioral health needs of the behavioral  
35 health region;

36 (2) A description of the methods used by the policy board to  
37 collect and analyze data concerning the behavioral health needs and  
38 problems of the behavioral health region and gaps in behavioral  
39 health services which are available in the behavioral health region,  
40 including, without limitation, a list of all sources of such data used  
41 by the policy board;

42 (3) A description of the manner in which the policy board  
43 has carried out the requirements of paragraphs (c) and (h) and the  
44 results of those activities; and



1 (4) The data compiled pursuant to paragraph (f) and any  
2 conclusions that the policy board has derived from such data.

3 2. A report described in paragraph (i) of subsection 1 may be  
4 submitted more often than annually if the policy board determines  
5 that a specific behavioral health issue requires an additional report .  
6 ~~[to the Commission.]~~

7 **3. As used in this section, "Division of Child and Family**  
8 **Services" means the Division of Child and Family Services of the**  
9 **Department.**

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

11 **Sec. 10.** (Deleted by amendment.)

12 **Sec. 10.5.** NRS 433B.333 is hereby amended to read as  
13 follows:

14 433B.333 1. A mental health consortium is hereby  
15 established in each of the following jurisdictions:

16 (a) A county whose population is 100,000 or more; and

17 (b) The region consisting of all counties whose population are  
18 less than 100,000.

19 2. In a county whose population is 100,000 or more, such a  
20 consortium must consist of at least the following persons appointed  
21 by the Administrator:

22 (a) A representative of the Division;

23 (b) A representative of the agency which provides child welfare  
24 services;

25 (c) A representative of the Division of Health Care Financing  
26 and Policy of the Department;

27 (d) A representative of the board of trustees of the school district  
28 in the county;

29 (e) A representative of the local juvenile probation department;

30 (f) A representative of the local chamber of commerce or  
31 business community;

32 (g) A private provider of mental health care;

33 (h) A provider of foster care;

34 (i) A parent of a child with an emotional disturbance; and

35 (j) A representative of an agency which provides services for the  
36 treatment and prevention of substance use disorders.

37 3. In the region consisting of counties whose population are  
38 less than 100,000, such a consortium must consist of at least the  
39 following persons appointed by the Administrator:

40 (a) A representative of the Division of Public and Behavioral  
41 Health of the Department;

42 (b) A representative of the agency which provides child welfare  
43 services in the region;

44 (c) A representative of the Division of Health Care Financing  
45 and Policy of the Department;



1 (d) A representative of the boards of trustees of the school  
2 districts in the region;

3 (e) A representative of the local juvenile probation departments;

4 (f) A representative of the chambers of commerce or business  
5 community in the region;

6 (g) A private provider of mental health care;

7 (h) A provider of foster care;

8 (i) A parent of a child with an emotional disturbance; and

9 (j) A representative of an agency which provides services for the  
10 treatment and prevention of substance use disorders.

11 **4. A statewide mental health consortium is hereby established**  
12 **to represent all mental health consortia established by subsection**  
13 **1. The statewide mental health consortium must consist of:**

14 (a) **The Administrator as an ex officio, nonvoting member.**  
15 **The Administrator may designate an alternate who is an employee**  
16 **of the Division or another person to attend any meeting of the**  
17 **consortium in his or her place.**

18 (b) **The following voting members:**

19 (1) **A representative of the Division of Health Care**  
20 **Financing and Policy of the Department, appointed by the**  
21 **Administrator of that Division;**

22 (2) **A representative of the Department of Education,**  
23 **appointed by the Superintendent of Public Instruction; and**

24 (3) **A representative of the Division of Child and Family**  
25 **Services of the Department, appointed by the Administrator.**

26 (c) **The following voting members, appointed by the mental**  
27 **health consortium established by subsection 1 of which they are a**  
28 **member:**

29 (1) **Not more than three members from each mental health**  
30 **consortium established by subsection 1; and**

31 (2) **In addition to the members appointed pursuant to**  
32 **subparagraph (1), one parent or legal guardian of a child with an**  
33 **emotional disturbance from each mental health consortium**  
34 **established by subsection 1.**

35 **5. The statewide mental health consortium established**  
36 **pursuant to subsection 4 shall annually elect a Chair from among**  
37 **its voting members.**

38 **Sec. 11.** NRS 433B.335 is hereby amended to read as follows:

39 433B.335 1. Each mental health consortium established  
40 ~~pursuant to~~ **by subsection 1 of** NRS 433B.333 shall prepare and  
41 submit to the Director of the Department **and the Administrator**  
42 a long-term strategic plan for the provision of mental health services  
43 to children with emotional disturbance in the jurisdiction of the  
44 consortium. A plan submitted pursuant to this section is valid for 10





1 years after the date of submission, and each consortium shall submit  
2 a new plan upon its expiration.

3 2. In preparing the long-term strategic plan pursuant to  
4 subsection 1, each mental health consortium *established by*  
5 *subsection 1 of NRS 433B.333* must be guided by the following  
6 principles:

7 (a) The system of mental health services set forth in the plan  
8 should be centered on children with emotional disturbance and their  
9 families, with the needs and strengths of those children and their  
10 families dictating the types and mix of services provided.

11 (b) The families of children with emotional disturbance,  
12 including, without limitation, foster parents, should be active  
13 participants in all aspects of planning, selecting and delivering  
14 mental health services at the local level.

15 (c) The system of mental health services should be community-  
16 based and flexible, with accountability and the focus of the services  
17 at the local level.

18 (d) The system of mental health services should provide timely  
19 access to a comprehensive array of cost-effective mental health  
20 services.

21 (e) Children and their families who are in need of mental health  
22 services should be identified as early as possible through screening,  
23 assessment processes, treatment and systems of support.

24 (f) Comprehensive mental health services should be made  
25 available in the least restrictive but clinically appropriate  
26 environment.

27 (g) The family of a child with an emotional disturbance should  
28 be eligible to receive mental health services from the system.

29 (h) Mental health services should be provided to children with  
30 emotional disturbance in a sensitive manner that is responsive to  
31 cultural and gender-based differences and the special needs of the  
32 children.

33 3. The long-term strategic plan prepared pursuant to subsection  
34 1 must include:

35 (a) An assessment of the need for mental health services in the  
36 jurisdiction of the consortium;

37 (b) The long-term strategies and goals of the consortium for  
38 providing mental health services to children with emotional  
39 disturbance within the jurisdiction of the consortium;

40 (c) A description of the types of services to be offered to  
41 children with emotional disturbance within the jurisdiction of the  
42 consortium;

43 (d) Criteria for eligibility for those services;

44 (e) A description of the manner in which those services may be  
45 obtained by eligible children;



1 (f) The manner in which the costs for those services will be  
2 allocated;

3 (g) The mechanisms to manage the money provided for those  
4 services;

5 (h) Documentation of the number of children with emotional  
6 disturbance who are not currently being provided services, the costs  
7 to provide services to those children, the obstacles to providing  
8 services to those children and recommendations for removing those  
9 obstacles;

10 (i) Methods for obtaining additional money and services for  
11 children with emotional disturbance from private and public entities;  
12 and

13 (j) The manner in which family members of eligible children  
14 and other persons may be involved in the treatment of the children.

15 4. On or before January 31 of each even-numbered year, each  
16 mental health consortium *established by subsection 1 of NRS*  
17 *433B.333* shall submit to the Director of the Department, *the*  
18 *Administrator* and the Commission:

19 (a) A list of the priorities of services necessary to implement the  
20 long-term strategic plan submitted pursuant to subsection 1 and an  
21 itemized list of the costs to provide those services;

22 (b) A description of any revisions to the long-term strategic plan  
23 adopted by the consortium during the immediately preceding year;  
24 and

25 (c) Any request for an allocation for administrative expenses of  
26 the consortium.

27 5. In preparing the biennial budget request for the Department,  
28 the Director of the Department shall consider the list of priorities  
29 and any request for an allocation submitted pursuant to subsection 4  
30 by each mental health consortium ~~§~~ *established by subsection 1 of*  
31 *NRS 433B.333*. On or before September 30 of each even-numbered  
32 year, the Director of the Department shall submit to each mental  
33 health consortium *established by subsection 1 of NRS 433B.333* a  
34 report which includes a description of:

35 (a) Each item on the list of priorities of the consortium that was  
36 included in the biennial budget request for the Department;

37 (b) Each item on the list of priorities of the consortium that was  
38 not included in the biennial budget request for the Department and  
39 an explanation for the exclusion; and

40 (c) Any request for an allocation for administrative expenses of  
41 the consortium that was included in the biennial budget request for  
42 the Department.

43 6. On or before January 31 of each odd-numbered year, each  
44 *mental health* consortium *established by subsection 1 of*



1 **NRS 433B.333** shall submit to the Director of the Department , *the*  
2 *Administrator* and the Commission:

3 (a) A report regarding the status of the long-term strategic plan  
4 submitted pursuant to subsection 1, including, without limitation,  
5 the status of the strategies, goals and services included in the plan;

6 (b) A description of any revisions to the long-term strategic plan  
7 adopted by the consortium during the immediately preceding year;  
8 and

9 (c) A report of all expenditures made from an account  
10 maintained pursuant to NRS 433B.339, if any.

11 **Sec. 11.3.** NRS 433B.337 is hereby amended to read as  
12 follows:

13 433B.337 1. A mental health consortium established by  
14 *subsection 1 of NRS 433B.333* may:

15 (a) Participate in activities within the jurisdiction of the  
16 consortium to:

17 (1) Implement the provisions of the long-term strategic plan  
18 established by the consortium pursuant to NRS 433B.335; and

19 (2) Improve the provision of mental health services to  
20 children with emotional disturbance and their families, including,  
21 without limitation, advertising the availability of mental health  
22 services and carrying out a demonstration project relating to mental  
23 health services.

24 (b) Take other action to carry out its duties set forth in this  
25 section and NRS 433B.335 and 433B.339.

26 2. *The statewide mental health consortium established by*  
27 *subsection 4 of NRS 433B.333 shall:*

28 (a) *Represent all mental health consortia established by*  
29 *subsection 1 of NRS 433B.333 before the Legislature, Commission*  
30 *and Department.*

31 (b) *Review, make recommendations for and approve programs*  
32 *proposed by the Division to prevent placing children in facilities*  
33 *located outside of the home or home state of the child for the*  
34 *treatment of emotional disturbance, substance use disorders or co-*  
35 *occurring disorders.*

36 (c) *Evaluate the future needs of this State concerning the*  
37 *treatment of children with emotional disturbance, substance use*  
38 *disorders or co-occurring disorders and develop ways to improve*  
39 *the treatment currently provided.*

40 (d) *Take any other action necessary to promote the mental*  
41 *health of children in this State.*

42 3. *The statewide mental health consortium established by*  
43 *subsection 4 of NRS 433B.333 may:*



1 (a) *Create a document that consolidates the strategies, goals*  
2 *and services in the long-term strategic plan prepared by each*  
3 *mental health consortium pursuant to NRS 433B.335.*

4 (b) *Take such other action as is necessary to represent all*  
5 *mental health consortia established by subsection 1 of*  
6 *NRS 433B.333.*

7 4. To the extent practicable, a mental health consortium  
8 *established by subsection 1 of NRS 433B.333 and the statewide*  
9 *mental health consortium established by subsection 4 of NRS*  
10 *433B.333* shall coordinate with the Department to avoid duplicating  
11 or contradicting the efforts of the Department to provide mental  
12 health services to children with emotional disturbance and their  
13 families.

14 **Sec. 11.6.** NRS 433B.339 is hereby amended to read as  
15 follows:

16 433B.339 1. A mental health consortium established by  
17 *subsection 1 of NRS 433B.333 and the statewide mental health*  
18 *consortium established by subsection 4 of NRS 433B.333* may:

19 (a) Enter into contracts and agreements to carry out the  
20 provisions of this section , ~~[and] NRS [433B.335 and] 433B.337 [-]~~  
21 and , *if applicable, NRS 433B.335; and*

22 (b) Apply for and accept gifts, grants, donations and bequests  
23 from any source to carry out the provisions of this section , ~~[and]~~  
24 NRS ~~[433B.335 and]~~ 433B.337 [-] *and, if applicable,*  
25 *NRS 433B.335.*

26 2. Any money collected pursuant to subsection 1:

27 (a) Must be deposited in the State Treasury and accounted for  
28 separately in the State General Fund; and

29 (b) Except as otherwise provided by the terms of a specific gift,  
30 grant, donation or bequest, must only be expended, under the  
31 direction of the consortium which deposited the money, to carry out  
32 the provisions of this section , ~~[and] NRS [433B.335 and] 433B.337~~  
33 ~~[-] and, if applicable, NRS 433B.335.~~

34 3. The Administrator shall administer the account maintained  
35 for each consortium.

36 4. Any interest or income earned on the money in an account  
37 maintained pursuant to this section must be credited to the account  
38 and does not revert to the State General Fund at the end of a fiscal  
39 year.

40 5. Any claims against an account maintained pursuant to this  
41 section must be paid as other claims against the State are paid.

42 **Sec. 12.** (Deleted by amendment.)



1     **Sec. 12.3.** Chapter 218D of NRS is hereby amended by adding  
2     thereto a new section to read as follows:

3     ***1. For a regular session, the statewide mental health***  
4     ***consortium established by subsection 4 of NRS 433B.333 and each***  
5     ***mental health consortium established by subsection 1 of NRS***  
6     ***433B.333 may request the drafting of not more than one***  
7     ***legislative measure which relates to matters within the scope of the***  
8     ***consortium.***

9     ***2. Any such request must be submitted to the Legislative***  
10    ***Counsel on or before September 1 preceding a regular session.***

11    ***3. Each request made pursuant to this section must be on a***  
12    ***form prescribed by the Legislative Counsel. A legislative measure***  
13    ***requested pursuant to this section must be prefiled on or before***  
14    ***the third Wednesday in November preceding a regular session. A***  
15    ***legislative measure that is not prefiled on or before that day shall***  
16    ***be deemed withdrawn.***

17    **Sec. 12.5.** NRS 218D.100 is hereby amended to read as  
18    follows:

19    218D.100 1. The provisions of NRS 218D.100 to 218D.220,  
20    inclusive, apply to requests for the drafting of legislative measures  
21    for a regular session.

22    2. Except as otherwise provided by a specific statute, joint rule  
23    or concurrent resolution, the Legislative Counsel shall not honor a  
24    request for the drafting of a legislative measure if the request:

25    (a) Exceeds the number of requests authorized by NRS  
26    218D.100 to 218D.220, inclusive, ***and section 12.3 of this act*** for  
27    the requester; or

28    (b) Is submitted by an authorized nonlegislative requester  
29    pursuant to NRS 218D.175 to 218D.220, inclusive, ***and section 12.3***  
30    ***of this act*** but is not in a subject related to the function of the  
31    requester.

32    3. The Legislative Counsel shall not:

33    (a) Honor a request to change the subject matter of a request for  
34    the drafting of a legislative measure after it has been submitted for  
35    drafting.

36    (b) Honor a request for the drafting of a legislative measure  
37    which has been combined in violation of Section 17 of Article 4 of  
38    the Nevada Constitution.

39    **Sec. 12.8.** NRS 449.0303 is hereby amended to read as  
40    follows:

41    449.0303 The Board may adopt regulations requiring the  
42    licensing of a facility other than those required to be licensed  
43    pursuant to NRS 449.029 to 449.2428, inclusive, if the:



1 1. Facility provides any type of medical care or treatment **H**,  
2 *including, without limitation, behavioral health care or treatment*;  
3 and

4 2. Regulation is necessary to protect the health of the general  
5 public.

6 **Sec. 13.** (Deleted by amendment.)

7 **Sec. 13.5.** 1. During the 2023-2024 interim, the Joint Interim  
8 Standing Committee on Health and Human Services shall study the  
9 feasibility of formulating and operating a comprehensive plan to  
10 provide behavioral health services for adults and children in this  
11 State. In conducting the study, the Joint Interim Standing  
12 Committee may collaborate with:

13 (a) The Commission on Behavioral Health;

14 (b) Any mental health consortium established by NRS  
15 433B.333, as amended by section 10.5 of this act;

16 (c) Personnel of the Department of Health and Human Services  
17 or any division thereof;

18 (d) Any regional behavioral health policy board created by NRS  
19 433.429; and

20 (e) Any other state or local governmental entity that provides  
21 behavioral health services in this State.

22 2. On or before September 1, 2024, the Joint Interim Standing  
23 Committee on Health and Human Services shall submit a report of  
24 the results of the study conducted pursuant to subsection 1 and  
25 recommendations for legislation resulting from the study to:

26 (a) The Governor; and

27 (b) The Director of the Legislative Counsel Bureau for  
28 transmittal to the 83rd Session of the Nevada Legislature.

29 **Sec. 14.** The provisions of subsection 1 of NRS 218D.380 do  
30 not apply to any provision of this act which adds or revises a  
31 requirement to submit a report to the Legislature.

32 **Sec. 15.** (Deleted by amendment.)

33 **Sec. 16.** This act becomes effective on July 1, 2023.

