

SENATE BILL NO. 341—SENATOR SPEARMAN

MARCH 23, 2021

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to health care. (BDR 40-62)

FISCAL NOTE: Effect on Local Government: No.  
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 health care; requiring the Division of Public and Behavioral Health of the Department of Health and Human Services to apply for grants to reduce disparities in health care and behavioral health; creating and prescribing the duties of the Kidney Disease Prevention and Education Task Force; creating the Minority Health and Equity Account to hold funding for the Office of Minority Health and Equity within the Department; authorizing the Office to enter into a joint partnership with a public or private entity; requiring a managed care plan that provides behavioral health services to recipients of Medicaid to prepare and implement a plan to ensure the delivery of such services in a culturally competent manner; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

- 1 Existing law authorizes the Department of Health and Human Services, through
- 2 the Division of Public and Behavioral Health of the Department, to enter into
- 3 contracts with various entities to carry out its duties relating to mental health and
- 4 public health. (NRS 433.354, 439.155) **Sections 2 and 17** of this bill require the
- 5 Division to apply for available grants to address disparities in health care and
- 6 behavioral health due to race, color, ancestry, national origin, disability, familial
- 7 status, sex, sexual orientation, gender identity or expression, immigration status,
- 8 primary language or income level. **Sections 2 and 17** authorize the Division to use
- 9 a competitive process to select and award a grant of money to a community-based
- 10 nonprofit organization to serve as lead partner in ensuring that services funded by a
- 11 grant obtained by the Division are funded and allocated in an equitable manner.
- 12 **Sections 2 and 17** additionally authorize the Division to establish and consult with



13 an advisory committee to ensure that such services are provided in a culturally  
14 competent manner. **Sections 2 and 17** require the Department to submit to the  
15 Legislature annually two reports concerning efforts to address disparities in health  
16 care and behavioral health, respectively, due to race, color, ancestry, national  
17 origin, disability, familial status, sex, sexual orientation, gender identity or  
18 expression, immigration status, primary language or income level.

19 **Section 4** of this bill creates the Kidney Disease Prevention and Education  
20 Task Force and **section 3** of this bill defines the term “Task Force” to refer to that  
21 Task Force. **Section 5** of this bill prescribes the duties of the Task Force, which  
22 include: (1) collaborating with certain persons and entities to examine, provide  
23 education concerning and raise awareness of issues related to kidney disease; (2)  
24 developing a sustainable plan to raise awareness concerning early detection of  
25 kidney disease, promote transplantation, increase equity in health care and reduce  
26 the frequency and severity of kidney disease in this State; and (3) submitting an  
27 annual report to the Legislature concerning the activities of the Task Force. **Section**  
28 **18** of this bill removes the requirement that the Task Force submit an annual report  
29 to the Legislature after 5 years.

30 Existing law creates the Office of Minority Health and Equity within the  
31 Department of Health and Human Services to: (1) improve the quality of health  
32 care services for members of minority groups; (2) increase access to health care  
33 services for members of minority groups; (3) disseminate information to and  
34 educate the public on matters concerning health care issues of interest to members  
35 of minority groups; and (4) develop recommendations for changes in policy and  
36 advocate on behalf of minority groups. (NRS 232.474) **Section 8** of this bill creates  
37 the Minority Health and Equity Account to hold money provided to the Office  
38 through appropriations, gifts, grants and donations. **Section 8** provides that such  
39 money does not revert to the State General Fund. **Section 10** of this bill makes a  
40 conforming change to indicate the placement of **section 8** in the Nevada Revised  
41 Statutes. **Section 11** of this bill authorizes the Office to enter into joint partnerships  
42 with public and private entities to carry out its purposes.

43 Existing law requires the Department to administer Medicaid and the  
44 Children’s Health Insurance Program. (NRS 422.270) **Section 16** of this bill  
45 requires the Division of Health Care Financing and Policy of the Department to  
46 require a managed care organization that provides behavioral health services to  
47 recipients of Medicaid or the Children’s Health Insurance Program to prepare and  
48 implement a plan to ensure that such services are provided in a culturally competent  
49 manner if such a requirement is practicable. If the Division imposes such a  
50 requirement, **section 16** requires the managed care organization to establish a  
51 committee of interested persons to conduct an ongoing review of the plan.

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1 WHEREAS, As stated by James Baldwin, “Not everything that is  
2 faced can be changed, but nothing can be changed until it is faced”;  
3 and

4 WHEREAS, Systemic racism and structures of racial  
5 discrimination create generational poverty and perpetuate  
6 debilitating economic, educational and health hardships for persons  
7 of color, causing the single most profound economic and social  
8 challenge facing Nevada; and

9 WHEREAS, This economic and social challenge has been  
10 exacerbated by the COVID-19 pandemic; and



1 WHEREAS, Nearly 49 percent of Nevada's population is  
2 represented by persons of color, including persons who are Black,  
3 Indigenous, Hispanic, Asian or Pacific Islander and persons of more  
4 than one racial or ethnic background; and

5 WHEREAS, Nevada is a growing and diverse state with  
6 continually shifting demographics; and

7 WHEREAS, Racism has deep, harmful impacts and unfairly  
8 disadvantages Black and Indigenous persons and other persons of  
9 color (BIPOC) and has impeded solutions necessary to achieve  
10 racial parity; and

11 WHEREAS, Providers of health care have long noted the  
12 existence of racial and ethnic disparities in our health care system,  
13 and these inequalities have led to a disproportionate negative impact  
14 on BIPOC communities during the COVID-19 pandemic; and

15 WHEREAS, The chronic stress of racism affects the mental and  
16 physical health of the members of BIPOC communities and, in  
17 particular, affects the mental and physical health of Black  
18 Americans on a daily basis to a greater degree than other groups;  
19 and

20 WHEREAS, During the 32nd Special Session of the Legislature,  
21 the Legislature adopted Senate Concurrent Resolution No. 1, which  
22 declared that systemic racism and structures of racial discrimination  
23 constitute a public health crisis; now, therefore,

24  
25 THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN  
26 SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:  
27

28 **Section 1.** Chapter 439 of NRS is hereby amended by adding  
29 thereto the provisions set forth as sections 2 to 5, inclusive, of this  
30 act.

31 **Sec. 2. 1.** *The Division shall apply for grants available*  
32 *from the Federal Government and other sources to support the*  
33 *provision of health care services or other services to promote*  
34 *physical well-being in communities with higher risk of health*  
35 *problems, decreased access to or usage of health care services or*  
36 *worse health outcomes or physical well-being than the general*  
37 *population based on race, color, ancestry, national origin,*  
38 *disability, familial status, sex, sexual orientation, gender identity*  
39 *or expression, immigration status, primary language or income*  
40 *level.*

41 *2. To the extent authorized by the terms of a grant obtained*  
42 *pursuant to subsection 1, the Division may:*

43 *(a) Use a competitive process to select and award a grant of*  
44 *money to a nonprofit organization to serve as a lead partner to*  
45 *ensure that health care services supported by a grant obtained*



1 *pursuant to subsection 1 are funded and allocated in an equitable*  
2 *manner. The lead partner must:*

3 *(1) Be based in the community to which the health care*  
4 *services are to be provided; and*

5 *(2) Have demonstrated experience serving that community.*

6 *(b) Establish and consult with an advisory committee to ensure*  
7 *that health care services supported by a grant obtained pursuant to*  
8 *subsection 1 are provided in a culturally competent manner. The*  
9 *advisory committee must be composed of representatives of*  
10 *nonprofit organizations that have demonstrated experience*  
11 *serving the community to which the health care services are to be*  
12 *provided.*

13 *3. On or before February 1 of each year, the Department*  
14 *shall:*

15 *(a) Compile a report that includes, without limitation:*

16 *(1) The amount of money allocated by the Department*  
17 *during the immediately preceding calendar year to support the*  
18 *provision of health care services or other services to promote*  
19 *physical well-being in communities with higher risk of health*  
20 *problems, decreased access to or usage of health care services or*  
21 *worse health outcomes or physical well-being than the general*  
22 *population based on race, color, ancestry, national origin,*  
23 *disability, familial status, sex, sexual orientation, gender identity*  
24 *or expression, immigration status, primary language or income*  
25 *level;*

26 *(2) A description of the services described in subparagraph*  
27 *(1) that were provided during the immediately preceding calendar*  
28 *year and the efforts made by the Department during the*  
29 *immediately preceding calendar year to locate persons in need of*  
30 *such services and provide such services to those persons;*

31 *(3) The number of persons who received the services*  
32 *described in subparagraph (1) and, to the extent available,*  
33 *information regarding the income level, age, race and ethnicity of*  
34 *those persons; and*

35 *(4) Any community-based organizations with which the*  
36 *Department collaborated to provide those services; and*

37 *(b) Submit the report to the Director of the Legislative Counsel*  
38 *Bureau for transmittal to:*

39 *(1) In even-numbered years, the Legislative Commission*  
40 *and the Legislative Committee on Health Care; and*

41 *(2) In odd-numbered years, the next regular session of the*  
42 *Legislature.*

43 **Sec. 3.** *As used in this section and sections 4 and 5 of this*  
44 *act, unless the context otherwise requires, "Task Force" means*



1 *the Kidney Disease Prevention and Education Task Force created*  
2 *by section 4 of this act.*

3 **Sec. 4. 1. *The Kidney Disease Prevention and Education***  
4 ***Task Force is hereby created within the Department of Health and***  
5 ***Human Services. The Task Force consists of:***

6 (a) *One member of the Senate who is appointed by the*  
7 *Majority Leader of the Senate;*

8 (b) *One member of the Assembly who is appointed by the*  
9 *Speaker of the Assembly;*

10 (c) *One member of the Senate who is appointed by the*  
11 *Minority Leader of the Senate;*

12 (d) *One member of the Assembly who is appointed by the*  
13 *Minority Leader of the Assembly;*

14 (e) *One member who is a representative of the Department,*  
15 *appointed by the Governor;*

16 (f) *One member who is a provider of health care, other than a*  
17 *physician, who provides care to patients with kidney disease,*  
18 *appointed by the Co-Chairs;*

19 (g) *One member who is a representative of a medical facility*  
20 *with a program related to kidney health, appointed by the Co-*  
21 *Chairs;*

22 (h) *One member who is a physician who provides care to*  
23 *patients with kidney disease, appointed by the Co-Chairs;*

24 (i) *One member who represents a nonprofit organ*  
25 *procurement organization, appointed by the Co-Chairs;*

26 (j) *One member who represents the National Kidney*  
27 *Foundation, or its successor organization, and works primarily in*  
28 *this State, appointed by that organization;*

29 (k) *One member who represents the American Kidney Fund,*  
30 *or its successor organization, and works primarily in this State,*  
31 *appointed by that organization;*

32 (l) *One member who is a patient who has or has recovered*  
33 *from kidney disease, appointed by the Co-Chairs; and*

34 (m) *Any additional members appointed by the Co-Chairs to*  
35 *represent public health clinics, community health centers,*  
36 *organizations to provide health care to minority populations and*  
37 *insurers. Members appointed pursuant to this paragraph serve at*  
38 *the pleasure of the Co-Chairs.*

39 2. *The members appointed to the Task Force pursuant to*  
40 *paragraphs (a) and (b) of subsection 1 shall serve as Co-Chairs.*

41 3. *After the initial terms, the members of the Task Force*  
42 *described in paragraphs (a) to (l), inclusive, of subsection 1 serve*  
43 *terms of 2 years. A member may be reappointed to the Task Force*  
44 *and any vacancy must be filled in the same manner as the original*  
45 *appointment.*



1     4. *The members of the Task Force serve without*  
2 *compensation and are not entitled to the per diem and travel*  
3 *expenses provided for state officers and employees generally.*

4     5. *Each member of the Task Force who is an officer or*  
5 *employee of this State or a political subdivision of this State must*  
6 *be relieved from his or her duties without loss of regular*  
7 *compensation so that the officer or employee may prepare for and*  
8 *attend meetings of the Task Force and perform any work*  
9 *necessary to carry out the duties of the Task Force in the most*  
10 *timely manner practicable. A state agency or political subdivision*  
11 *of this State shall not require an officer or employee who is a*  
12 *member of the Task Force to make up the time the officer or*  
13 *employee is absent from work to carry out duties as a member of*  
14 *the Task Force or use annual leave or compensatory time for the*  
15 *absence.*

16     6. *The Department shall provide such administrative support*  
17 *to the Task Force as is necessary to carry out the duties of the*  
18 *Task Force.*

19     7. *As used in this section:*

20     (a) *“Medical facility” has the meaning ascribed to it in*  
21 *NRS 449.0151.*

22     (b) *“Organ procurement organization” has the meaning*  
23 *ascribed to it in NRS 451.534.*

24     (c) *“Provider of health care” has the meaning ascribed to it in*  
25 *NRS 629.031.*

26     **Sec. 5. 1.** *The members of the Task Force shall meet at the*  
27 *call of the Co-Chairs. The Task Force shall prescribe regulations*  
28 *for its own management and government.*

29     2. *A majority of the members of the Task Force constitutes a*  
30 *quorum, and a quorum may exercise all the powers conferred on*  
31 *the Task Force.*

32     3. *The Task Force shall:*

33     (a) *Collaborate with interested persons and entities, including,*  
34 *without limitation, governmental entities and educational*  
35 *institutions, to examine, provide education concerning and*  
36 *increase awareness of chronic kidney disease, kidney transplant,*  
37 *donation of kidneys by living and deceased donors and disparities*  
38 *among races in rates of kidney disease.*

39     (b) *Develop a sustainable plan to raise awareness concerning*  
40 *early detection of kidney disease, promote kidney transplant,*  
41 *increase equity in health care services and reduce the frequency*  
42 *and severity of kidney disease in this State. The plan must include,*  
43 *without limitation, ongoing workshops, seminars, research,*  
44 *preventive screenings, social media campaigns and television and*  
45 *radio advertisements.*



1 (c) *Make recommendations concerning kidney health and*  
2 *kidney disease to the Division, the Department, the Legislature*  
3 *and other interested persons and entities.*

4 (d) *On or before December 31 of each year, compile a report*  
5 *concerning the activities of the Task Force and submit the report*  
6 *to the Director of the Legislative Counsel Bureau for transmittal*  
7 *to:*

8 (1) *In odd-numbered years, the Legislative Committee on*  
9 *Health Care; and*

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

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

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

14 **Sec. 8.** Chapter 232 of NRS is hereby amended by adding  
15 thereto a new section to read as follows:

16 1. *The Minority Health and Equity Account is hereby created*  
17 *in the State General Fund. The Account must be administered by*  
18 *the Manager. The Manager shall deposit in the Account:*

19 (a) *Any legislative appropriations made to the Office; and*

20 (b) *Any other money received by the Office pursuant to*  
21 *NRS 232.476.*

22 2. *The interest and income earned on:*

23 (a) *The money in the Account, after deducting any applicable*  
24 *charges; and*

25 (b) *Unexpended appropriations made to the Account from the*  
26 *State General Fund,*

27 *↪ must be credited to the Account.*

28 3. *Any money in the Account and any unexpended*  
29 *appropriations made to the Account from the State General Fund*  
30 *remaining at the end of a fiscal year do not revert to the State*  
31 *General Fund, and the balance in the Account must be carried*  
32 *forward to the next fiscal year.*

33 4. *The money in the Account must be expended to carry out*  
34 *the purposes of this section and NRS 232.467 to 232.484,*  
35 *inclusive.*

36 **Sec. 9.** NRS 232.320 is hereby amended to read as follows:

37 232.320 1. The Director:

38 (a) Shall appoint, with the consent of the Governor,  
39 administrators of the divisions of the Department, who are  
40 respectively designated as follows:

41 (1) The Administrator of the Aging and Disability Services  
42 Division;

43 (2) The Administrator of the Division of Welfare and  
44 Supportive Services;



1 (3) The Administrator of the Division of Child and Family  
2 Services;

3 (4) The Administrator of the Division of Health Care  
4 Financing and Policy; and

5 (5) The Administrator of the Division of Public and  
6 Behavioral Health.

7 (b) Shall administer, through the divisions of the Department,  
8 the provisions of chapters 63, 424, 425, 427A, 432A to 442,  
9 inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS  
10 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, *and*  
11 *section 16 of this act*, 422.580, 432.010 to 432.133, inclusive,  
12 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive,  
13 and 445A.010 to 445A.055, inclusive, and all other provisions of  
14 law relating to the functions of the divisions of the Department, but  
15 is not responsible for the clinical activities of the Division of Public  
16 and Behavioral Health or the professional line activities of the other  
17 divisions.

18 (c) Shall administer any state program for persons with  
19 developmental disabilities established pursuant to the  
20 Developmental Disabilities Assistance and Bill of Rights Act of  
21 2000, 42 U.S.C. §§ 15001 et seq.

22 (d) Shall, after considering advice from agencies of local  
23 governments and nonprofit organizations which provide social  
24 services, adopt a master plan for the provision of human services in  
25 this State. The Director shall revise the plan biennially and deliver a  
26 copy of the plan to the Governor and the Legislature at the  
27 beginning of each regular session. The plan must:

28 (1) Identify and assess the plans and programs of the  
29 Department for the provision of human services, and any  
30 duplication of those services by federal, state and local agencies;

31 (2) Set forth priorities for the provision of those services;

32 (3) Provide for communication and the coordination of those  
33 services among nonprofit organizations, agencies of local  
34 government, the State and the Federal Government;

35 (4) Identify the sources of funding for services provided by  
36 the Department and the allocation of that funding;

37 (5) Set forth sufficient information to assist the Department  
38 in providing those services and in the planning and budgeting for the  
39 future provision of those services; and

40 (6) Contain any other information necessary for the  
41 Department to communicate effectively with the Federal  
42 Government concerning demographic trends, formulas for the  
43 distribution of federal money and any need for the modification of  
44 programs administered by the Department.





1 (e) May, by regulation, require nonprofit organizations and state  
2 and local governmental agencies to provide information regarding  
3 the programs of those organizations and agencies, excluding  
4 detailed information relating to their budgets and payrolls, which the  
5 Director deems necessary for the performance of the duties imposed  
6 upon him or her pursuant to this section.

7 (f) Has such other powers and duties as are provided by law.

8 2. Notwithstanding any other provision of law, the Director, or  
9 the Director's designee, is responsible for appointing and removing  
10 subordinate officers and employees of the Department.

11 **Sec. 10.** NRS 232.467 is hereby amended to read as follows:

12 232.467 As used in NRS 232.467 to 232.484, inclusive, *and*  
13 *section 8 of this act*, unless the context otherwise requires, the  
14 words and terms defined in NRS 232.468 to 232.473, inclusive,  
15 have the meanings ascribed to them in those sections.

16 **Sec. 11.** NRS 232.476 is hereby amended to read as follows:

17 232.476 The Office may:

18 1. Apply for any available grants and accept any available  
19 gifts, grants, appropriations or donations, and use any such gifts,  
20 grants, appropriations or donations to carry out its purposes;

21 2. Contract *or enter into a partnership* with a public or private  
22 entity to assist in carrying out its purposes; and

23 3. Adopt such regulations as are necessary to carry out the  
24 provisions of NRS 232.467 to 232.484, inclusive ~~§~~, *and section 8*  
25 *of this act*.

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

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

28 **Sec. 14.** (Deleted by amendment.)

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

30 **Sec. 16.** Chapter 422 of NRS is hereby amended by adding  
31 thereto a new section to read as follows:

32 *1. To the extent practicable, the Division shall require a*  
33 *managed care organization, including, without limitation, a health*  
34 *maintenance organization, that provides behavioral health*  
35 *services to recipients of Medicaid under the State Plan for*  
36 *Medicaid or the Children's Health Insurance Program pursuant*  
37 *to a contract with the Division to prepare and implement a plan to*  
38 *ensure that such services are provided in a culturally competent*  
39 *manner.*

40 *2. A plan to ensure that behavioral health services are*  
41 *provided in a culturally competent manner must be approved by*  
42 *the Division and must include, without limitation:*

43 *(a) Identification of disparities in the incidence of behavioral*  
44 *health problems, access to or usage of behavioral health services*  
45 *and in behavioral health outcomes based on race, color, ancestry,*



1 national origin, disability, familial status, sex, sexual orientation,  
2 gender identity or expression, immigration status, primary  
3 language and income level, to the extent that data is available to  
4 identify such disparities;

5 (b) Strategies for reducing the disparities identified pursuant  
6 to paragraph (a) and the rationale for each strategy;

7 (c) Mechanisms and goals to measure the effectiveness of the  
8 strategies prescribed pursuant to paragraph (b) and, if applicable,  
9 the degree to which the managed care organization has achieved  
10 goals set forth in previous plans;

11 (d) Strategies for addressing trauma and providing services in  
12 a trauma-informed manner; and

13 (e) Strategies for soliciting input from persons to whom the  
14 managed care organization provides services and other interested  
15 persons.

16 3. If the Division requires a managed care organization to  
17 prepare and implement a plan to ensure that behavioral health  
18 services are provided in a culturally competent manner, the  
19 managed care organization must:

20 (a) Establish, through an open invitation, a committee of  
21 interested persons for the purpose of conducting an ongoing  
22 review of the plan. The committee must include, without  
23 limitation, state and local government officers and employees,  
24 consumers of behavioral health services, advocates for consumers  
25 of behavioral health services, experts on reducing disparities in  
26 behavioral health and providers of behavioral health services.

27 (b) Annually update the plan to reflect changes in the  
28 population served by the managed care organization and submit  
29 the updated plan to the Division for approval.

30 (c) Post the plan and each updated version of the plan on a  
31 publicly available Internet website.

32 (d) Annually compile, submit to the Division and post publicly  
33 on the Internet a report concerning the degree to which the  
34 managed care organization has achieved or is progressing toward  
35 achieving the goals set forth pursuant to paragraph (c) of  
36 subsection 2.

37 (e) Every third year, submit the plan to the Division for  
38 technical assistance and feedback concerning the implementation  
39 of the plan.

40 4. A committee established pursuant to paragraph (a) of  
41 subsection 3 must meet at least monthly. Such meetings:

42 (a) May be conducted remotely or in person; and

43 (b) Must be open to the public.

44 5. The Department and the Division shall provide a managed  
45 care organization with any demographic information or technical



1 *assistance necessary to carry out the requirements imposed*  
2 *pursuant to this section. A managed care organization may solicit*  
3 *any information necessary to carry out the requirements imposed*  
4 *pursuant to this section from persons who receive behavioral*  
5 *health services from the plan.*

6 6. *As used in this section, "trauma-informed manner" means*  
7 *a manner that:*

8 (a) *Is informed by knowledge of and responsiveness to the*  
9 *effects of trauma;*

10 (b) *Emphasizes physical, psychological and emotional safety*  
11 *for persons receiving services; and*

12 (c) *Creates opportunities for a person affected by trauma to*  
13 *rebuild a sense of control and empowerment.*

14 **Sec. 17.** Chapter 433 of NRS is hereby amended by adding  
15 thereto a new section to read as follows:

16 1. *The Division shall apply for grants available from the*  
17 *Federal Government and other sources to support the provision of*  
18 *behavioral health services or other services to promote emotional*  
19 *well-being in communities with higher risk of behavioral health*  
20 *problems, decreased access to or usage of behavioral health care*  
21 *services or worse behavioral health outcomes or emotional well-*  
22 *being than the general population based on race, color, ancestry,*  
23 *national origin, disability, familial status, sex, sexual orientation,*  
24 *gender identity or expression, immigration status, primary*  
25 *language or income level.*

26 2. *To the extent authorized by the terms of a grant obtained*  
27 *pursuant to subsection 1, the Division may:*

28 (a) *Use a competitive process to select and award a grant of*  
29 *money to a nonprofit organization to serve as a lead partner to*  
30 *ensure that services supported by a grant obtained pursuant to*  
31 *subsection 1 are funded and allocated in an equitable manner.*  
32 *The lead partner must:*

33 (1) *Be based in the community to which the services are to*  
34 *be provided; and*

35 (2) *Have demonstrated experience serving that community.*

36 (b) *Establish and consult with an advisory committee to ensure*  
37 *that services supported by a grant obtained pursuant to subsection*  
38 *1 are provided in a culturally competent manner. The advisory*  
39 *committee must be composed of representatives of nonprofit*  
40 *organizations that have demonstrated experience serving the*  
41 *community to which the services are to be provided.*

42 3. *On or before February 1 of each year, the Department*  
43 *shall:*

44 (a) *Compile a report that includes, without limitation:*



1           (1) *The amount of money allocated by the Department*  
2 *during the immediately preceding calendar year to support the*  
3 *provision of behavioral health services or other services to*  
4 *promote emotional well-being in communities with higher risk of*  
5 *behavioral health problems, decreased access to or usage of*  
6 *behavioral health services or worse behavioral health outcomes or*  
7 *emotional well-being than the general population based on race,*  
8 *color, ancestry, national origin, disability, familial status, sex,*  
9 *sexual orientation, gender identity or expression, immigration*  
10 *status, primary language or income level;*

11           (2) *A description of the services described in subparagraph*  
12 *(1) that were provided during the immediately preceding calendar*  
13 *year and the efforts made by the Department during the*  
14 *immediately preceding calendar year to locate persons in need of*  
15 *such services and provide such services to those persons;*

16           (3) *The number of persons who received the services*  
17 *described in subparagraph (1) and, to the extent available,*  
18 *information regarding the income level, age, race and ethnicity of*  
19 *those persons; and*

20           (4) *Any community-based organizations with which the*  
21 *Department collaborated to provide those services; and*

22           (b) *Submit the report to the Director of the Legislative Counsel*  
23 *Bureau for transmittal to:*

24           (1) *In even-numbered years, the Legislative Commission*  
25 *and the Legislative Committee on Health Care; and*

26           (2) *In odd-numbered years, the next regular session of the*  
27 *Legislature.*

28           **Sec. 18.** Section 5 of this act is hereby amended to read as  
29 follows:

30           Sec. 5. 1. The members of the Task Force shall meet  
31 at the call of the Co-Chairs. The Task Force shall prescribe  
32 regulations for its own management and government.

33           2. A majority of the members of the Task Force  
34 constitutes a quorum, and a quorum may exercise all the  
35 powers conferred on the Task Force.

36           3. The Task Force shall:

37           (a) Collaborate with interested persons and entities,  
38 including, without limitation, governmental entities and  
39 educational institutions, to examine, provide education  
40 concerning and increase awareness of chronic kidney disease,  
41 kidney transplant, donation of kidneys by living and deceased  
42 donors and disparities among races in rates of kidney disease.

43           (b) Develop a sustainable plan to raise awareness  
44 concerning early detection of kidney disease, promote kidney  
45 transplant, increase equity in health care services and reduce



1 the frequency and severity of kidney disease in this State. The  
2 plan must include, without limitation, ongoing workshops,  
3 seminars, research, preventive screenings, social media  
4 campaigns and television and radio advertisements.

5 (c) Make recommendations concerning kidney health and  
6 kidney disease to the Division, the Department, the  
7 Legislature and other interested persons and entities.

8 ~~[(d) On or before December 31 of each year, compile a  
9 report concerning the activities of the Task Force and submit  
10 the report to the Director of the Legislative Counsel Bureau  
11 for transmittal to:~~

12 ~~— (1) In odd numbered years, the Legislative Committee  
13 on Health Care; and~~

14 ~~— (2) In even numbered years, the next regular session  
15 of the Legislature.]~~

16 **Sec. 19.** As soon as practicable after July 1, 2021:

17 1. The Majority Leader of the Senate shall appoint to the  
18 Kidney Disease Prevention and Education Task Force the member  
19 described in paragraph (a) of subsection 1 of section 4 of this act to  
20 an initial term of 2 years.

21 2. The Speaker of the Assembly shall appoint to the Kidney  
22 Disease Prevention and Education Task Force the member described  
23 in paragraph (b) of subsection 1 of section 4 of this act to an initial  
24 term of 2 years.

25 3. The Minority Leader of the Senate shall appoint to the  
26 Kidney Disease Prevention and Education Task Force the member  
27 described in paragraph (c) of subsection 1 of section 4 of this act to  
28 an initial term of 2 years.

29 4. The Minority Leader of the Assembly shall appoint to the  
30 Kidney Disease Prevention and Education Task Force the member  
31 described in paragraph (d) of subsection 1 of section 4 of this act to  
32 an initial term of 2 years.

33 5. The Governor shall appoint to the Kidney Disease  
34 Prevention and Education Task Force the member described in  
35 paragraph (e) of subsection 1 of section 4 of this act to an initial  
36 term of 1 year.

37 6. The Co-Chairs of the Kidney Disease Prevention and  
38 Education Task Force shall appoint to the Task Force the members  
39 described in paragraphs (f) to (i), inclusive, and (l) of subsection 1  
40 of section 4 of this act to initial terms of 1 year.

41 7. The National Kidney Foundation shall appoint to the Kidney  
42 Disease Prevention and Education Task Force the member described  
43 in paragraph (j) of subsection 1 of section 4 of this act to an initial  
44 term of 2 years.



1 8. The American Kidney Fund shall appoint to the Kidney  
2 Disease Prevention and Education Task Force the member described  
3 in paragraph (k) of subsection 1 of section 4 of this act to an initial  
4 term of 2 years.

5 **Sec. 20.** The provisions of subsection 1 of NRS 218D.380 do  
6 not apply to any provision of this act which adds or revises a  
7 requirement to submit a report to the Legislature.

8 **Sec. 21.** 1. This section and sections 1 to 17, inclusive, 19  
9 and 20 of this act become effective on July 1, 2021.

10 2. Section 18 of this act becomes effective on July 1, 2026.

