

Senate Bill No. 341–Senator Spearman

CHAPTER.....

AN ACT relating to racial equity; authorizing 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 and certain disparities relating to kidney disease; requiring the Legislative Auditor to include certain information relating to persons employed as a director or chief executive officer in a report of an audit, to the extent money is available; declaring the policy of this State concerning employee diversity for state employers; requiring public employers to provide racial equity training, to the extent money is available; requiring public officers and employees to complete any such training offered; 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:

Existing law authorizes the Department of Health and Human Services, through the Division of Public and Behavioral Health of the Department, to enter into contracts with various entities to carry out its duties relating to mental health and public health. (NRS 433.354, 439.155) **Sections 2 and 17** of this bill authorize the Division to apply for available grants with the express purpose of addressing disparities in health care health outcomes, behavioral health care and behavioral health outcomes based on race, color, ancestry, national origin, disability, familial status, sex, sexual orientation, gender identity or expression, immigration status, primary language or income level. **Sections 2 and 17** authorize the Division to use a competitive process to select and award a grant of money to a community-based nonprofit organization to serve as lead partner in ensuring that services funded by a grant obtained by the Division are funded and allocated in an equitable manner. **Sections 2 and 17** additionally authorize the Division to establish and consult with an advisory committee to ensure that such services are provided in a culturally competent manner. **Sections 2 and 17** require the Department to submit to the Legislature annually two reports concerning efforts to address disparities in health care and behavioral health, respectively, due to race, color, ancestry, national origin, disability, familial status, sex, sexual orientation, gender identity or expression, immigration status, primary language or income level.

Section 2.5 of this bill authorizes the Division to apply for grants available to address disparities relating to kidney disease that are based on race. **Section 2.5** authorizes the Division to establish and consult with an advisory committee consisting of certain persons interested in issues relating to kidney disease to establish a sustainable plan to increase education concerning and awareness of



kidney disease through which services funded by such a grant may be provided. **Section 2.5** also requires the Department to submit to the Legislature an annual report concerning the status of grants applied for during the immediately preceding calendar year.

Existing law requires the Legislative Auditor to conduct certain audits of accounts, funds and other records of agencies of the State to determine certain information. (NRS 218G.200) **Section 7.2** of this bill requires a report of an audit conducted by the Legislative Auditor to include certain information relating to persons employed as a director or chief executive officer of the audited agency, to the extent money is available to do so.

Section 7.6 of this bill: (1) declares the policy of the State that persons employed by the State must, to the extent practicable, reflect the age, gender, sexual, ethnic and geographic diversity of this State; and (2) requires each state agency to post the policy on its Internet website.

Section 7.8 of this bill requires a public employer, to the extent that money is available, to provide training concerning diversity and racial equity to each public officer and employee. **Section 7.8** also requires a public officer or employee to complete any such training.

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

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

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

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

WHEREAS, Systemic racism and structures of racial discrimination create generational poverty and perpetuate debilitating economic, educational and health hardships for persons



of color, causing the single most profound economic and social challenge facing Nevada; and

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

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

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

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

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

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

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

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

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

Sec. 2. 1. *The Division may apply for grants available from the Federal Government and other sources which have the express purpose of addressing disparities in health care and health outcomes based on race, color, ancestry, national origin, disability, familial status, sex, sexual orientation, gender identity or expression, immigration status, primary language or income level.*

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



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

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

(2) Have demonstrated experience serving that community.

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

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

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

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

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

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

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

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

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



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

Sec. 2.5. *1. The Division may apply for grants available from the Federal Government and other sources to support the identification, understanding and mitigation of health disparities relating to kidney disease that are based on race. Such disparities include, without limitation, disparities concerning:*

(a) Early detection, frequency and severity of kidney disease; and

(b) Promotion of kidney transplantation.

2. The Division may establish and consult with an advisory committee to establish a sustainable plan to increase education concerning and awareness of kidney disease through which services supported by a grant obtained pursuant to subsection 1 may, to the extent applicable and authorized by the terms of the grant, be delivered. The advisory committee must be composed of representatives of providers of health care and medical facilities who provide care for kidney disease, patients with kidney disease, organ procurement organizations, national kidney organizations and any other members that the Division deems appropriate.

3. On or before February 1 of each year, the Department shall compile a report that includes, without limitation, the status of grants applied for during the immediately preceding calendar year pursuant to subsection 1 and submit the report to the Director of the Legislative Counsel Bureau for transmittal to:

(a) In even-numbered years, the Legislative Commission and the Legislative Committee on Health Care; and

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

4. As used in this section:

(a) "Medical facility" has the meaning ascribed to it in NRS 449.0151.

(b) "Organ procurement organization" means a person designated by the Secretary of the United States Department of Health and Human Services as an organ procurement organization.

(c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

Secs. 3-7. (Deleted by amendment.)

Sec. 7.2. Chapter 218G of NRS is hereby amended by adding thereto a new section to read as follows:

The Legislative Auditor shall, to the extent money is available for this purpose, include in a report of an audit the number of



persons employed as a director or chief executive officer of the audited agency, and, if available, the number of such persons who self-identify as:

1. Women, without regard to designated sex at birth.

2. Black, African-American, Hispanic, Latino, Asian, Pacific Islander, Native American, Native Hawaiian, Native Alaskan, gay, lesbian, bisexual or transgender.

Sec. 7.4. Chapter 281 of NRS is hereby amended by adding thereto the provisions set forth as sections 7.6 and 7.8 of this act.

Sec. 7.6. *1. It is hereby declared to be the public policy of the State of Nevada that, except as otherwise required by law, persons employed by the State must, to the extent practicable, reflect the diversity of this State, including, without limitation, the age, gender, sexual, ethnic and geographic diversity of this State.*

2. Each state agency shall post the policy set forth in subsection 1 on the Internet website maintained by the State agency.

Sec. 7.8. *1. To the extent that money is available, a public employer shall provide training concerning diversity and racial equity to each of its officers and employees, which may include, without limitation, training regarding:*

(a) Implicit and unconscious bias; and

(b) Undoing organizational, institutional, structural and systemic racism.

2. A public officer or employee shall complete any training provided pursuant to subsection 1.

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

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

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

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

2. The interest and income earned on:

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

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

↳ must be credited to the Account.

3. Any money in the Account and any unexpended appropriations made to the Account from the State General Fund remaining at the end of a fiscal year do not revert to the State



General Fund, and the balance in the Account must be carried forward to the next fiscal year.

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

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

232.320 1. The Director:

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

232.476 The Office may:

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

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

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

Secs. 12-15. (Deleted by amendment.)



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

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

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

(a) Identification of disparities in the incidence of behavioral health problems, access to or usage of behavioral health services and in behavioral health outcomes based on race, color, ancestry, national origin, disability, familial status, sex, sexual orientation, gender identity or expression, immigration status, primary language and income level, to the extent that data is available to identify such disparities;

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

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

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

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

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

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



(b) Biennially update the plan to reflect changes in the population served by the managed care organization and submit the updated plan to the Division for approval and for technical assistance and feedback concerning the implementation of the plan.

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

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

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

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

(b) Must be open to the public.

5. The Department and the Division shall provide a managed care organization with any demographic information or technical assistance necessary to carry out the requirements imposed pursuant to this section. A managed care organization may solicit any information necessary to carry out the requirements imposed pursuant to this section from persons who receive behavioral health services from the plan.

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

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

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

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

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

1. The Division may apply for grants available from the Federal Government and other sources which have the express purpose of addressing disparities in behavioral health care and behavioral health outcomes based on race, color, ancestry, national origin, disability, familial status, sex, sexual orientation, gender identity or expression, immigration status, primary language or income level.

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



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

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

(2) Have demonstrated experience serving that community.

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

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

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

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

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

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

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

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

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



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

Secs. 18-19. (Deleted by amendment.)

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

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

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

