

ATTACHMENT B

Senate Bill No. 118—Committee on
Health and Human Services

CHAPTER.....

AN ACT relating to public health; authorizing the creation of a health district by certain counties which are not physically adjacent; making an appropriation; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law creates a health district in any county whose population is 700,000 or more (currently Clark County), which has jurisdiction over all public health matters in the health district. (NRS 439.361, 439.362, 439.366) Existing law authorizes the creation of a health district with similar jurisdiction in counties whose population is less than 700,000 (currently all counties other than Clark County), subject to approval by the State Board of Health, by affirmative vote of: (1) the boards of county commissioners of two or more adjacent counties; (2) the governing bodies of two or more cities or towns within any county; or (3) the board of county commissioners and the governing body or bodies of any incorporated city or cities, town or towns, in such a county. (NRS 439.370) **Sections 7 and 8** of this bill remove the requirement that two counties must be physically adjacent in order to create a health district.

Section 9.2 of this bill makes an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services for allocation to specified entities for the improvement of public health. **Section 9.2** requires each such entity to submit a report to the Interim Finance Committee at the end of Fiscal Year 2024-2025 and Fiscal Year 2025-2026, respectively, concerning the use of the allocated money.

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

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

Sections 1-6. (Deleted by amendment.)

Sec. 7. NRS 439.370 is hereby amended to read as follows:

439.370 By affirmative vote of:

1. The boards of county commissioners of two or more ~~adjacent~~ counties;
2. The governing bodies of two or more cities or towns within any county; or
3. The board of county commissioners and the governing body or bodies of any incorporated city or cities, town or towns, in such county,
➔ and with the approval of the State Board of Health, there may be created a health district with a health department consisting of a district health officer and a district board of health.



Sec. 8. NRS 439.383 is hereby amended to read as follows:
439.383 When two or more [adjacent] counties establish a district board of health, all county boards of health in such district shall thereupon be abolished.

Secs. 8.5 and 9. (Deleted by amendment.)

Sec. 9.2. 1. There is hereby appropriated from the State General Fund to the Division of Public and Behavioral Health of the Department of Health and Human Services the sum of \$15,000,000 for allocation pursuant to subsection 2 for the improvement of the public health.

2. On or before August 1, 2024, the Division of Public and Behavioral Health shall allocate the money appropriated by subsection 1 to the following entities based on the following prescribed percentages of the total appropriated money:

- (a) The Central Nevada Health District, 1.3 percent;
- (b) The Washoe County Health District, 16 percent;
- (c) The Southern Nevada Health District, 73 percent; and
- (d) The Division of Public and Behavioral Health or a designee of the Division, 9.7 percent.

3. An entity to which money is allocated pursuant to subsection 2 shall:

- (a) Evaluate the public health needs of residents of the area under the jurisdiction of the entity;
- (b) Determine the level of priority of the public health needs identified pursuant to paragraph (a);
- (c) Expend the allocated money in accordance with the levels of priority identified pursuant to paragraph (b); and
- (d) Not later than 90 days after the end of Fiscal Year 2024-2025 and 2025-2026, respectively:

(1) Prepare a report which must include, without limitation:

(I) A description of the process used by the entity pursuant to paragraph (a) to evaluate the public health needs of residents of the area under the jurisdiction of the entity and the public health needs identified through that process;

(II) A description of the process used by the entity pursuant to paragraph (b) to determine the level of priority of the public health needs identified pursuant to paragraph (a) and the levels of priority assigned to those public health needs through that process;

(III) A description of each expenditure of the allocated money made by the entity pursuant to paragraph (c); and

(IV) The unexpended balance of the allocated money at the end of the fiscal year.



(2) Submit the report to the Director of the Legislative Counsel Bureau for transmittal to the Interim Finance Committee.

4. An entity to which money is allocated pursuant to subsection 2 shall not use the money to replace or supplant money available from other sources.

5. The portion of any money remaining at the end of Fiscal Year 2024-2025 from an allocation of the money appropriated by subsection 1 that is not committed for expenditure by June 30, 2025, must be carried forward to Fiscal Year 2025-2026 to be used for the same purpose. Any remaining balance of the allocated money carried forward to Fiscal Year 2025-2026 must not be committed for expenditure after June 30, 2026, and must be reverted to the State General Fund on or before September 18, 2026.

Sec. 9.5. (Deleted by amendment.)

Sec. 10. 1. This section and sections 1 to 9, inclusive, and 9.5 of this act become effective upon passage and approval.

2. Section 9.2 of this act becomes effective on July 1, 2024.



SB 118 funding Breakdown				
<i>By Jurisdiction</i>	<i>% Allocation</i>	<i>Dollar Allocation</i>		
Central Nevada Health District	1.3%	\$	195,000.00	
Northern Nevada Public Health	16.0%	\$	2,400,000.00	
Southern Nevada Health District	73.0%	\$	10,950,000.00	
Division of Public and Behavioral Health	9.7%	\$	1,455,000.00	
		\$	15,000,000.00	
<i>DPBH Breakdown by County</i>				
<i>County/City</i>	<i>Population*</i>	<i>% of State Population</i>	<i>% of DPBH allocation</i>	<i>Dollar Allocation</i>
Carson City	58,314	1.8%	18.0%	\$ 262,101.18
Storey County	4,427	0.1%	1.4%	\$ 19,897.83
Douglas County	52,674	1.6%	16.3%	\$ 236,751.34
Lyon County	60,454	1.9%	18.7%	\$ 271,719.74
Lander County	6,158	0.2%	1.9%	\$ 27,678.07
Humboldt County	17,921	0.6%	5.5%	\$ 80,548.67
Elko County	56,396	1.8%	17.4%	\$ 253,480.44
White Pine County	10,001	0.3%	3.1%	\$ 44,951.02
Lincoln County	4,971	0.2%	1.5%	\$ 22,342.92
Nye County	51,334	1.6%	15.9%	\$ 230,728.50
Esmeralda County	1,068	0.0%	0.3%	\$ 4,800.29
Nevada Total	3,204,105	10.1%	100.0%	\$ 1,455,000.00
*Based on the Nevada State Demographer - 2022 Governor's Certified Series: Population of Nevada's Counties and Incorporated Cities				

Guidance For SB 118 funds

1. Q: Regarding DPBH Health Authority counties, can DPBH utilize the funds on our behalf?

A: Yes; DPBH can keep the funds to support your specific counties by collaborating with you and using the State Health Improvement Plan to identify priorities. For example, DPBH could directly fund a subgrant to a non-profit to provide needed public health services in a specific county. In this case, DPBH would manage the funds including subrecipient monitoring and reporting. If a county chooses to be a designee of DPBH, the county will receive the funds via the interlocal contract and would be responsible for reporting, etc.

2. Q: Is there a deadline for the counties to provide a budget and proposal if DPBH is directly funding them, instead of them using an Interlocal?

A: No, a budget and proposal are not required from the counties if DPBH is keeping the funds. However, DPBH will collaborate with the counties to determine priorities and funding mechanisms (i.e., subgrants to non-profits supporting the counties). Discussions will take place prior to July 1st with counties who do not choose to be designees of DPBH.

3. Most questions were about timelines and how much needed to be done by which dates to be on the June BOE:

- a. Do the counties need a complete, yet not executed Interlocal prior to BOE for example and when would that need to be done?
 - i. DPBH needs each county's priorities and amounts by April 2nd.
 - ii. DPBH staff will draft the interlocal agreements, route for internal reviews, and send the contracts to the counties for review and signature by April 10th.
 - iii. The counties should send their signed agreements back to DPBH by April 23rd. This gives us 2 weeks to obtain the remaining signatures and submit to GFO for placement on the June BOE (our agency deadline to BOE is May 7th).

If the contract does not need to go to BOE (less than \$100K), the deadline of April 2nd could be extended to April 30th. This still gives us enough time to submit the documents for internal review, county signature, and final signatures at the state prior to July 1st.

- b. Do the counties need to provide more than the budget and proposal?
No
- c. If they want to shift funds to a different project once the interlocal is in place, will they need an amendment?

No, the following language has been included in the draft SOW:

Priorities and funding amounts per priority can be modified as needed without a formal amendment as long as the overall dollar amount does not change.

4. For many, they won't be on their Board's agenda until the BOE has approved the amounts.

BOE will not approve the amounts until the interlocal agreements have been submitted. This means we would need the county's signature before submitting to BOE (if \$100K or more) or Clerk of Board (if under \$100K).

If a contract is subject to BOE approval, we could go to July BOE if necessary. SB118 states "On or before August 1, 2024, the Division of Public and Behavioral Health shall allocate the money appropriated by subsection 1 to the following entities..." Our agency deadline for July BOE is June 4th, so it is recommended the counties submit their information to DPBH no later than April 30th to ensure we make the deadline for July. We would need the signed contracts from the counties no later than May 21st to ensure remaining signatures are obtained in time to meet the June 4th deadline.

5. Q: Do the counties with less than \$100,000 still go to BOE?

A: No, these will be Clerk of Board, so do not require BOE approval. They will be included as an info item on the next available BOE agenda after execution.

6. Q: When can the counties expect the correct numbers for the allocations?

A: Provided with this email.

7. Q: Will awards be retroactive to July 1, if they aren't on the June BOE or if they make the June BOE, but it takes longer than 30 days to get their board approval?

A: Contracts are required to have all signatures (up to BOE or Clerk of Board) prior to submitting them to GFO. If the county's board needs to approve the agreement first, they will need to do so prior to executing the contract on their end. This may mean we need to go to July BOE to accommodate them if they are unable to get us the required information by April 2nd. Contracts going to June BOE will have an effective date of July 1st. Contracts going to July BOE will have an effective date of "upon approval" (anticipated to be July 9th).

8. Q: What is the project period?

A: Funds are available from July 1, 2024, through June 30, 2026. However, Health Districts and counties should plan on expending the funds in the first year (7/1/2024-6/30/2025). If additional time is needed, the funds can be spent into the second year (7/1/2025-6/30/2026). Interlocal contracts will be for the full two-year term so amendments will not be necessary to extend the time.

9. Q: Are there reporting requirements?

A: Yes; reporting requirements are different for Health Districts and counties.

Health Districts (CNHD, NNPH, and SNHD) – report directly to the Legislative Counsel Bureau

Not later than 90 days after the end of Fiscal Year 2024-2025 and 2025-2026, respectively:

(1) Prepare a report which must include, without limitation:

- (I) A description of the process used by the entity pursuant to paragraph (a) to evaluate the public health needs of residents of the area under the jurisdiction of the entity and the public health needs identified through that process.
- (II) A description of the process used by the entity pursuant to paragraph (b) to determine the level of priority of the public health needs identified pursuant to paragraph (a) and the levels of priority assigned to those public health needs through that process.
- (III) A description of each expenditure of the allocated money made by the entity pursuant to paragraph (c); and
- (IV) The unexpended balance of the allocated money at the end of the fiscal year.

(2) Submit the report to the Director of the Legislative Counsel Bureau for transmittal to the Interim Finance Committee.

Counties Acting as Designees of DPBH – report to DPBH.

Not later than 60 days after the end of Fiscal Year 2024-2025 and 2025-2026, respectively:

(1) Prepare a report which must include, without limitation:

- (I) A description of the process used by the entity pursuant to paragraph (a) to evaluate the public health needs of residents of the area under the jurisdiction of the entity and the public health needs identified through that process.
- (II) A description of the process used by the entity pursuant to paragraph (b) to determine the level of priority of the public health needs identified pursuant to paragraph (a) and the levels of priority assigned to those public health needs through that process.
- (III) A description of each expenditure of the allocated money made by the entity pursuant to paragraph (c); and
- (IV) The unexpended balance of the allocated money at the end of the fiscal year.

(2) Submit the report to the Nevada Division of Public and Behavioral Health for transmittal to the Interim Finance Committee.

Additionally, counties acting as designees of DPBH will be required to submit monthly expenditure reports. This will be a high-level report showing budgeted amounts per priority and amounts expended. A template has been provided with this email.

Counties Not Acting as Designees of DPBH

Since DPBH will keep the funds and expend them as necessary (through subgrants to non-profits, etc.), counties not receiving the funds through interlocal contracts will not be

required to report to DPBH. DPBH will prepare and report directly to the Legislative Counsel Bureau.

10. Q: What is the disbursement schedule of the funds? Will they be advanced, or will they be on a reimbursement basis?

A: These funds will not be disbursed on a reimbursement basis but will be advanced to allow maximum flexibility. Health Districts and counties acting as designees of DPBH will have two options for disbursement of funds.

1. 50% upon contract execution, 45% mid-way through Year 1 (approx. January 1, 2025), and 5% upon project completion.
2. 100% upon contract execution. Any remaining funds will need to be returned to DPBH no later than March 15, 2026.

11. Q: Can funds be used for medical needs for the jail?

A: Yes, funds can be used to maintain or expand direct service health programs provided by the county in the jail if this is identified as a priority by the county. Please note that funds cannot supplant existing funding for services.

12. Q: What if there are remaining funds at the end of the project?

A: Per SB118, any remaining balance of the allocated money must not be committed for expenditure after June 30, 2026, and must be reverted to the State General Fund on or before September 18, 2026. It is imperative that entities project remaining funds and return the funds to DPBH no later than March 15, 2026. If at the end of the project there are additional funds that need to be returned, DPBH must be notified no later than June 15, 2026, to facilitate the return of the funds.