#### (Reprinted with amendments adopted on April 17, 2023)

FIRST REPRINT S.B. 237

# SENATE BILL NO. 237—COMMITTEE ON HEALTH AND HUMAN SERVICES

# (ON BEHALF OF THE JOINT INTERIM STANDING COMMITTEE ON JUDICIARY)

MARCH 8, 2023

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to crisis intervention. (BDR 39-312)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State: Yes.

EXPLANATION - Matter in bolded italics is new; matter between brackets formitted material is material to be omitted.

AN ACT relating to behavioral health; revising provisions governing the imposition of a surcharge on certain communications services to support a suicide prevention and behavioral health crisis hotline; and providing other matters properly relating thereto.

#### **Legislative Counsel's Digest:**

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Existing federal law authorizes a state to impose a fee or charge on a commercial mobile communication service or an IP-enabled voice service to fund the operations of a suicide prevention and mental health crisis hotline established pursuant to the National Suicide Prevention Lifeline program. (47 U.S.C. § 251a) Existing state law requires the State Board of Health to adopt regulations to impose a surcharge on certain mobile communication services, IP-enabled voice services and landline telephone services. Existing state law requires telecommunications companies and providers who provide such services to collect the surcharge from customers and transfer the surcharge to the Division of Public and Behavioral Health of the Department of Health and Human Services. Existing state law requires the Division to: (1) deposit the proceeds from the surcharge into the Crisis Response Account; (2) administer the Account; and (3) use the money in the Account to support the operation of a suicide prevention and mental health crisis hotline and the services provided to persons who access the hotline. (NRS 433.708) Existing state law requires the Division to support the implementation of that hotline through various activities. (NRS 433.704) Section 1 of this bill adds a requirement for the Division to support the implementation of that hotline by supporting the establishment and maintenance of hospitals that hold endorsements as crisis stabilization centers pursuant to existing law. (NRS 449.0915) Section 1.5





of this bill: (1) authorizes the State Board of Health to review and adjust, by regulation, the surcharge not more frequently than once every 5 years; (2) prescribes procedures for calculating the adjusted surcharge; and (3) revises the definitions of certain terms that apply to the surcharge. Section 1.5 requires the telecommunications companies and providers that collect the surcharge to report annually to the Division the average number of lines that were subject to the surcharge for each month of the preceding year. Section 4 of this bill: (1) declares any regulations adopted by the Board relating to the surcharge before the effective date of this bill to be void; (2) prohibits the Board from adjusting the surcharge until 5 years after the effective date of this bill; and (3) requires telecommunications companies and providers that collect the surcharge to report to the Division on or before July 1, 2023, the average number of lines that were subject to the surcharge for each month of the 2022 calendar year.

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

- **Section 1.** NRS 433.704 is hereby amended to read as follows: 433.704 1. The Division shall support the implementation of a hotline for persons who are considering suicide or otherwise in a behavioral health crisis that may be accessed by dialing the digits 9-8-8 by:
- (a) Establishing at least one support center that meets the requirements of NRS 433.706 to answer calls to the hotline and coordinate the response to persons who access the hotline;
- (b) Encouraging the establishment of and, to the extent that money is available, establishing mobile crisis teams to provide community-based intervention, including, without limitation, deescalation and stabilization, for persons who are considering suicide or otherwise in a behavioral health crisis and access the hotline;
- (c) Participating in any collection of information by the Federal Government concerning the National Suicide Prevention Lifeline program;
- (d) Collaborating with the National Suicide Prevention Lifeline program and the Veterans Crisis Line program established pursuant to 38 U.S.C. § 1720F(h) to ensure consistent messaging to the public about the hotline; [and]
- (e) Supporting the establishment and maintenance of hospitals that hold endorsements as crisis stabilization centers pursuant to NRS 449.0915; and
- (f) Adopting any regulations necessary to carry out the provisions of NRS 433.702 to 433.710, inclusive, including, without limitation:
- (1) Regulations establishing the qualifications of providers of services who are involved in responding to persons who are considering suicide or are otherwise in a behavioral health crisis and access the hotline;





- (2) Any regulations necessary to allow for communication and sharing of information between persons and entities involved in responding to crises and emergencies in this State to facilitate the coordination of care for persons who are considering suicide or are otherwise in a behavioral health crisis and access the hotline; and
- (3) Regulations defining the term "person professionally qualified in the field of behavioral health" for the purposes of this section.
- 2. A mobile crisis team established pursuant to paragraph (b) of subsection 1 must be:
- (a) A team based in the jurisdiction that it serves which includes persons professionally qualified in the field of behavioral health and providers of peer recovery support services;
- (b) A team established by a provider of emergency medical services that includes persons professionally qualified in the field of behavioral health and providers of peer recovery support services; or
- (c) A team established by a law enforcement agency that includes law enforcement officers, persons professionally qualified in the field of psychiatric mental health and providers of peer recovery support services.
- 3. A telecommunications provider and its employees, agents, subcontractors and suppliers are not liable for damages that directly or indirectly result from the installation, maintenance or provision of service in relation to the hotline implemented pursuant to this section, including, without limitation, the total or partial failure of any transmission to a support center, unless willful conduct or gross negligence is proven.
- 4. As used in this section, "peer recovery support services" means nonclinical supportive services that use lived experience in recovery from a substance use disorder or other behavioral health disorder to promote recovery in another person with a substance use disorder or other behavioral health disorder by advocating, mentoring, educating, offering hope and providing assistance in navigating systems.
  - Sec. 1.5. NRS 433.708 is hereby amended to read as follows:
- 433.708 1. The State Board of Health shall [adopt regulations to] impose a surcharge of 35 cents for each line, as adjusted in accordance with subsection 8, on [each]:
- (a) Each access line of each customer of a company that provides commercial mobile communication services or IP-enabled voice services in this State in accordance with 47 U.S.C. § 251a; and Feach!
- (b) Each access line or trunk line of each customer to the local exchange of any telecommunications provider providing those lines in this State. [Those]





- 2. The companies and providers described in subsection 1 shall [collect]:
- (a) Collect the surcharge described in subsection 1 from their customers; and [transfer]
- (b) Transfer the money collected to the Division [pursuant to regulations adopted by the State Board of Health. The amount of the surcharge must be sufficient to support the uses set forth in subsection 2, except that the amount of the surcharge must not exceed 35 cents for each access line or trunk line.
- 2.] on or before the last day of the month immediately following the month to which the surcharge applies.
- **3.** The Crisis Response Account is hereby created in the State General Fund. Any money collected from the surcharge imposed pursuant to subsection 1 must be deposited in the State Treasury for credit to the Account. The Division shall administer the Account. The money in the Account:
- (a) Must be used by the Division to carry out the provisions of NRS 433.702 to 433.710, inclusive, to the extent authorized by 47 U.S.C. § 251a; and
- (b) Must not be used to supplant existing methods of funding that are available for those purposes.
- [3.] 4. The interest and income earned on the money in the Account, after deducting any applicable charges, must be credited to the Account.
- [4.] 5. Any money remaining in the Account at the end of each fiscal year does not revert to the State General Fund but must be carried over into the next fiscal year.
- [5.] 6. The Division may accept gifts, grants and donations for the purpose of carrying out the provisions of NRS 433.702 to 433.710, inclusive.
- 7. On or before April 1 of each year, the companies and providers described in subsection 1 shall report to the Division the average number of access lines and trunk lines in service which were subject to the surcharge imposed pursuant to subsection 1 for each calendar month of the immediately preceding year. Such information shall be deemed proprietary information regarding a trade secret which is subject to the provisions of NRS 333.333.
  - 8. The State Board of Health:
- (a) May review and adjust, by regulation, the amount of the surcharge imposed pursuant to subsection 1 not more frequently than once every 5 years;
- (b) Except as otherwise provided in paragraph (c), shall calculate the amount of the adjusted surcharge pursuant to paragraph (a) by adding to the surcharge the product of:
  - (1) The amount of that surcharge; and





- (2) The average percentage increase in the Consumer Price Index West Urban for All Urban Consumers (All Items) over the 5 calendar years immediately preceding the year in which the adjustment is calculated; and
- (c) May revise the amount of the adjusted surcharge calculated pursuant to paragraph (b) or decline to adjust the amount of the surcharge based on comment received during the process of adopting the regulations.
  - 9. As used in this section:

- (a) "Access line" means any voice connection between a customer and a carrier that provides the customer with access to telecommunication in this State and allows a customer to access the hotline described in NRS 433.704 by dialing the digits 9-8-8.
- (b) "Commercial mobile service" means commercial mobile service, as that term is defined in 47 U.S.C. § 251a, which is provided to a customer within this State as determined by the place of primary use, as that term is defined in 4 U.S.C. § 124.
- (c) "IP-enabled voice service" has the meaning ascribed to it in 47 U.S.C. § 251a.
- (d) "Trunk line" means a line which provides a channel between a switchboard owned by a customer of a telecommunications provider and the local exchange of the telecommunications provider.
  - **Sec. 2.** (Deleted by amendment.)
  - **Sec. 3.** (Deleted by amendment.)
- **Sec. 4.** 1. Any regulations adopted by the State Board of Health pursuant to NRS 433.708, as that section existed before the effective date of section 1.5 of this act, are void. The Legislative Counsel shall remove those regulations from the Nevada Administrative Code as soon as practicable after the effective date of this section.
- 2. On or before July 1, 2023, the companies and providers described in subsection 1 of NRS 433.708, as amended by section 1.5 of this act, shall report to the Division of Public and Behavioral Health of the Department of Health and Human Services the average number of access lines and trunk lines in service which were subject to the surcharge imposed pursuant to subsection 1 for each calendar month of the 2022 calendar year. Such information shall be deemed proprietary information regarding a trade secret which is subject to the provisions of NRS 333.333.
- 3. The State Board of Health may not take any action described in subsection 8 of NRS 433.708, as amended by section 1.5 of this act, before the date 5 years after the effective date of this act.
  - 4. As used in this section:





- 1 (a) "Access line" has the meaning ascribed to it in section 1.5 of 2 this act.
- 3 (b) "Trunk line" has the meaning ascribed to it in section 1.5 of 4 this act.
  - Sec. 5. This act becomes effective upon passage and approval.





