
ASSEMBLY BILL NO. 292—ASSEMBLYMAN OSCARSON

MARCH 13, 2015

JOINT SPONSORS: SENATORS HARDY AND GOICOECHEA

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to providers of health care who provide services through telehealth and various other provisions relating to insurance coverage for such services. (BDR 54-606)

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 public health; requiring a provider of health care who provides services to certain patients through telehealth to have a valid license or certificate in this State; making persons who provide services through telehealth to certain patients subject to the laws and jurisdiction of this State; requiring certain insurers to provide coverage to insureds for services provided through telehealth to the same extent as though provided in person; authorizing a hospital to provide staff privileges to certain providers of health care to provide services through telehealth; requiring the Commissioner of Insurance to consider health care services that may be provided by providers through telehealth when evaluating certain network plans; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law authorizes certain providers of health care to provide certain
2 health care services electronically, telephonically or by fiber optics. (NRS 630.020,
3 630.261, 630.275, 632.237, 633.165, 639.0727, 639.235) **Section 3** of this bill
4 defines “telehealth” as the delivery of health care services from a provider of health
5 care to a patient at a different location through the use of technology that transfers
6 information electronically, telephonically or by fiber optics, not including standard



7 telephone, facsimile or electronic mail. **Section 3** also prohibits a provider of health
8 care from providing services through telehealth to a patient located in this State
9 without a valid license or certificate to practice his or her profession in this State.
10 Finally, **section 3** provides that any person who provides health care services
11 through telehealth to a patient located in this State is subject to the laws and
12 jurisdiction of this State. **Sections 6-18** of this bill clarify that certain provisions
13 regulating the provision of health care services electronically, telephonically or by
14 fiber optics apply to health care services provided through telehealth. **Section 44** of
15 this bill repeals certain requirements of existing law concerning the use of
16 telemedicine by an osteopathic physician because it is addressed by **sections 3, 10**
17 **and 11**.

18 **Sections 27-32, 36-39 and 41-43** of this bill require any policy of health
19 insurance, a policy of industrial insurance that provides benefits for injuries and the
20 State Plan for Medicaid to include coverage for health care services provided to a
21 covered person through telehealth to the same extent and in the same amount as
22 though provided in person.

23 Existing federal regulations allow the governing body of a hospital at which
24 patients receive services through telemedicine to have its medical staff rely upon
25 the credentialing and privileging decisions made by the staff of a facility from
26 which services are provided when deciding whether to extend staff privileges to a
27 provider of health care who provides services through telemedicine from that
28 facility. (42 C.F.R. §§ 482.12, 482.22, 485.616) **Section 22** of this bill authorizes a
29 hospital to grant staff privileges to a provider of health care who is at another
30 location so that the provider may provide services through telehealth to patients at
31 the hospital as prescribed in federal regulations.

32 Existing law requires the Commissioner of Insurance to make certain
33 determinations concerning the adequacy of a network plan that an insurer proposes
34 to offer and approve the network plan before the network plan is issued. Existing
35 law also requires the Commissioner to make an annual determination concerning
36 the availability and accessibility of the health care services of any existing network
37 plan. (NRS 687B.490) **Section 28** of this bill requires the Commissioner to
38 consider health care services that may be provided by providers through telehealth
39 pursuant to the network plan when making such a determination.

1 WHEREAS, Shortages of primary providers of health care and
2 providers of health care who specialize in certain areas and the
3 distances some people must travel to reach a provider of health care
4 affects the ability of many people to obtain the health care services
5 they need; and

6 WHEREAS, Parts of this State have experienced difficulty
7 attracting and retaining providers of health care and supporting
8 health care facilities that provide the necessary variety of health care
9 services to persons; and

10 WHEREAS, Providers of health care located in underserved areas
11 may not have access to mentors and colleagues to support them
12 personally and professionally or information resources that may
13 assist them in their practices; and

14 WHEREAS, Telehealth is a mode of delivering health care and
15 public health services using information and communication
16 technology to enable diagnosis, consultation, treatment, care



1 management and provision of information to patients from providers
2 of health care at other locations; and

3 WHEREAS, Telehealth may help to address the problem of an
4 inadequate distribution of providers of health care and develop
5 health care systems in underserved areas of the State; and

6 WHEREAS, Telehealth can reduce the costs of providing health
7 care and increase the quality of and access to health care in
8 underserved areas of the State; and

9 WHEREAS, Telehealth provides economic benefits to
10 underserved areas by reducing the need for persons to leave those
11 areas to obtain health care services and preserving and creating jobs
12 relating to the provision of health care in those areas; and

13 WHEREAS, Patients receive many benefits from telehealth,
14 including increased access to providers of health care, the ability to
15 receive health care services in a faster and more convenient manner,
16 increased continuity of care, reduction of lost work time and travel
17 costs and the ability to remain near family and friends while
18 receiving health care services; and

19 WHEREAS, Without the assurance that providers of health care
20 will be reimbursed by insurers for services provided through
21 telehealth and the resolution of other legal barriers to the provision
22 of services through telehealth, the full benefits of telehealth cannot
23 be realized; 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 629 of NRS is hereby amended by adding
29 thereto the provisions set forth as sections 2 and 3 of this act.

30 **Sec. 2. *The Legislature hereby finds and declares that:***

31 ***1. Health care services provided through telehealth are often***
32 ***as effective as health care services provided in person;***

33 ***2. The provision of services through telehealth does not***
34 ***detract from, and often improves, the quality of health care***
35 ***provided to patients and the relationship between patients and***
36 ***providers of health care; and***

37 ***3. It is the public policy of this State to:***

38 ***(a) Encourage and facilitate the provision of services through***
39 ***telehealth to improve public health and the quality of health care***
40 ***provided to patients and to lower the cost of health care in this***
41 ***State; and***

42 ***(b) Ensure that services provided through telehealth are***
43 ***covered by policies of insurance to the same extent and in the***
44 ***same amount as though provided in person or by other means.***



1 **Sec. 3. 1.** *Before a provider of health care may provide*
2 *services through telehealth to a patient located in this State, the*
3 *provider must hold a valid license or certificate to practice his or*
4 *her profession in this State, including, without limitation, a special*
5 *purpose license issued pursuant to NRS 630.261.*

6 **2.** *The provisions of this section must not be interpreted or*
7 *construed to:*

8 **(a)** *Modify, expand or alter the scope of practice of a provider*
9 *of health care; or*

10 **(b)** *Authorize a provider of health care to provide services in a*
11 *setting that is not authorized by law or in a manner that violates*
12 *the standard of care required of the provider of health care.*

13 **3.** *A provider of health care who provides services through*
14 *telehealth to a patient located in this State at the time the services*
15 *are provided is subject to the laws and jurisdiction of the State of*
16 *Nevada regardless of the location from which the provider of*
17 *health care provides services through telehealth.*

18 **4.** *As used in this section, “telehealth” means the delivery of*
19 *services from a provider of health care to a patient at a different*
20 *location through the use of technology that transfers information*
21 *electronically, telephonically or by fiber optics, not including*
22 *standard telephone, facsimile or electronic mail.*

23 **Sec. 4.** Chapter 630 of NRS is hereby amended by adding
24 thereto a new section to read as follows:

25 **“Telehealth” has the meaning ascribed to it in section 3 of this**
26 **act.**

27 **Sec. 5.** NRS 630.005 is hereby amended to read as follows:

28 630.005 As used in this chapter, unless the context otherwise
29 requires, the words and terms defined in NRS 630.007 to 630.026,
30 inclusive, **and section 4 of this act** have the meanings ascribed to
31 them in those sections.

32 **Sec. 6.** NRS 630.020 is hereby amended to read as follows:

33 630.020 “Practice of medicine” means:

34 1. To diagnose, treat, correct, prevent or prescribe for any
35 human disease, ailment, injury, infirmity, deformity or other
36 condition, physical or mental, by any means or instrumentality,
37 including, but not limited to, the performance of an autopsy.

38 2. To apply principles or techniques of medical science in the
39 diagnosis or the prevention of any such conditions.

40 3. To perform any of the acts described in subsections 1 and 2
41 by using equipment that transfers information concerning the
42 medical condition of the patient electronically, telephonically or by
43 fiber optics , **including, without limitation, through telehealth,**
44 from within or outside this State or the United States.



1 4. To offer, undertake, attempt to do or hold oneself out as able
2 to do any of the acts described in subsections 1 and 2.

3 **Sec. 7.** NRS 630.261 is hereby amended to read as follows:

4 630.261 1. Except as otherwise provided in NRS 630.161,
5 the Board may issue:

6 (a) A locum tenens license, to be effective not more than 3
7 months after issuance, to any physician who is licensed and in good
8 standing in another state, who meets the requirements for licensure
9 in this State and who is of good moral character and reputation. The
10 purpose of this license is to enable an eligible physician to serve as a
11 substitute for another physician who is licensed to practice medicine
12 in this State and who is absent from his or her practice for reasons
13 deemed sufficient by the Board. A license issued pursuant to the
14 provisions of this paragraph is not renewable.

15 (b) A special license to a licensed physician of another state to
16 come into this State to care for or assist in the treatment of his or her
17 own patient in association with a physician licensed in this State. A
18 special license issued pursuant to the provisions of this paragraph is
19 limited to the care of a specific patient. The physician licensed in
20 this State has the primary responsibility for the care of that patient.

21 (c) A restricted license for a specified period if the Board
22 determines the applicant needs supervision or restriction.

23 (d) A temporary license for a specified period if the physician is
24 licensed and in good standing in another state and meets the
25 requirements for licensure in this State, and if the Board determines
26 that it is necessary in order to provide medical services for a
27 community without adequate medical care. A temporary license
28 issued pursuant to the provisions of this paragraph is not renewable.

29 (e) A special purpose license to a physician who is licensed in
30 another state to perform any of the acts described in subsections 1
31 and 2 of NRS 630.020 by using equipment that transfers
32 information concerning the medical condition of a patient in this
33 State electronically, telephonically or by fiber optics, **including,**
34 **without limitation, through telehealth,** from within or outside this
35 State or the United States. A physician who holds a special purpose
36 license issued pursuant to this paragraph:

37 (1) Except as otherwise provided by specific statute or
38 regulation, shall comply with the provisions of this chapter and the
39 regulations of the Board; and

40 (2) To the extent not inconsistent with the Nevada
41 Constitution or the United States Constitution, is subject to the
42 jurisdiction of the courts of this State.

43 2. For the purpose of paragraph (e) of subsection 1, the
44 physician must:



1 (a) Hold a full and unrestricted license to practice medicine in
2 another state;

3 (b) Not have had any disciplinary or other action taken against
4 him or her by any state or other jurisdiction; and

5 (c) Be certified by a specialty board of the American Board of
6 Medical Specialties or its successor.

7 3. Except as otherwise provided in this section, the Board may
8 renew or modify any license issued pursuant to subsection 1.

9 **Sec. 8.** NRS 630.275 is hereby amended to read as follows:

10 630.275 The Board shall adopt regulations regarding the
11 licensure of a physician assistant, including, but not limited to:

12 1. The educational and other qualifications of applicants.

13 2. The required academic program for applicants.

14 3. The procedures for applications for and the issuance of
15 licenses.

16 4. The tests or examinations of applicants by the Board.

17 5. The medical services which a physician assistant may
18 perform, except that a physician assistant may not perform those
19 specific functions and duties delegated or restricted by law to
20 persons licensed as dentists, chiropractors, podiatric physicians and
21 optometrists under chapters 631, 634, 635 and 636, respectively, of
22 NRS, or as hearing aid specialists.

23 6. The duration, renewal and termination of licenses.

24 7. The grounds and procedures respecting disciplinary actions
25 against physician assistants.

26 8. The supervision of medical services of a physician assistant
27 by a supervising physician, including, without limitation,
28 supervision that is performed electronically, telephonically or by
29 fiber optics from within or outside this State or the United States.

30 9. A physician assistant's use of equipment that transfers
31 information concerning the medical condition of a patient in this
32 State electronically, telephonically or by fiber optics, *including,*
33 *without limitation, through telehealth,* from within or outside this
34 State or the United States.

35 **Sec. 9.** NRS 632.237 is hereby amended to read as follows:

36 632.237 1. The Board may issue a license to practice as an
37 advanced practice registered nurse to a registered nurse who:

38 (a) Has completed an educational program designed to prepare a
39 registered nurse to:

40 (1) Perform designated acts of medical diagnosis;

41 (2) Prescribe therapeutic or corrective measures; and

42 (3) Prescribe controlled substances, poisons, dangerous drugs
43 and devices;

44 (b) Except as otherwise provided in subsection 5, submits proof
45 that he or she is certified as an advanced practice registered nurse by



1 the American Board of Nursing Specialties, the National
2 Commission for Certifying Agencies of the Institute for
3 Credentialing Excellence, or their successor organizations, or any
4 other nationally recognized certification agency approved by the
5 Board; and

6 (c) Meets any other requirements established by the Board for
7 such licensure.

8 2. An advanced practice registered nurse may:

9 (a) Engage in selected medical diagnosis and treatment; and

10 (b) If authorized pursuant to NRS 639.2351 and subject to the
11 limitations set forth in subsection 3, prescribe controlled substances,
12 poisons, dangerous drugs and devices.

13 ↪ An advanced practice registered nurse shall not engage in any
14 diagnosis, treatment or other conduct which the advanced practice
15 registered nurse is not qualified to perform.

16 3. An advanced practice registered nurse who is authorized to
17 prescribe controlled substances, poisons, dangerous drugs and
18 devices pursuant to NRS 639.2351 shall not prescribe a controlled
19 substance listed in schedule II unless:

20 (a) The advanced practice registered nurse has at least 2 years or
21 2,000 hours of clinical experience; or

22 (b) The controlled substance is prescribed pursuant to a protocol
23 approved by a collaborating physician.

24 4. An advanced practice registered nurse may perform the acts
25 described in subsection 2 by using equipment that transfers
26 information concerning the medical condition of a patient in this
27 State electronically, telephonically or by fiber optics , *including,*
28 *without limitation, through telehealth, as defined in section 3 of*
29 *this act,* from within or outside this State or the United States.

30 5. The Board shall adopt regulations:

31 (a) Specifying any additional training, education and experience
32 necessary for licensure as an advanced practice registered nurse.

33 (b) Delineating the authorized scope of practice of an advanced
34 practice registered nurse.

35 (c) Establishing the procedure for application for licensure as an
36 advanced practice registered nurse.

37 6. The provisions of paragraph (b) of subsection 1 do not apply
38 to an advanced practice registered nurse who obtains a license
39 before July 1, 2014.

40 **Sec. 10.** NRS 633.511 is hereby amended to read as follows:

41 633.511 The grounds for initiating disciplinary action pursuant
42 to this chapter are:

43 1. Unprofessional conduct.

44 2. Conviction of:



1 (a) A violation of any federal or state law regulating the
2 possession, distribution or use of any controlled substance or any
3 dangerous drug as defined in chapter 454 of NRS;

4 (b) A felony relating to the practice of osteopathic medicine or
5 practice as a physician assistant;

6 (c) A violation of any of the provisions of NRS 616D.200,
7 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;

8 (d) Murder, voluntary manslaughter or mayhem;

9 (e) Any felony involving the use of a firearm or other deadly
10 weapon;

11 (f) Assault with intent to kill or to commit sexual assault or
12 mayhem;

13 (g) Sexual assault, statutory sexual seduction, incest, lewdness,
14 indecent exposure or any other sexually related crime;

15 (h) Abuse or neglect of a child or contributory delinquency; or

16 (i) Any offense involving moral turpitude.

17 3. The suspension of a license to practice osteopathic medicine
18 or to practice as a physician assistant by any other jurisdiction.

19 4. Malpractice or gross malpractice, which may be evidenced
20 by a claim of malpractice settled against a licensee.

21 5. Professional incompetence.

22 6. Failure to comply with the requirements of NRS 633.527.

23 7. Failure to comply with the requirements of subsection 3 of
24 NRS 633.471.

25 8. Failure to comply with the provisions of NRS 633.694.

26 9. Operation of a medical facility, as defined in NRS 449.0151,
27 at any time during which:

28 (a) The license of the facility is suspended or revoked; or

29 (b) An act or omission occurs which results in the suspension or
30 revocation of the license pursuant to NRS 449.160.

31 ↪ This subsection applies to an owner or other principal responsible
32 for the operation of the facility.

33 10. Failure to comply with the provisions of subsection 2 of
34 NRS 633.322.

35 11. Signing a blank prescription form.

36 12. Knowingly procuring or administering a controlled
37 substance or a dangerous drug as defined in chapter 454 of NRS that
38 is not approved by the United States Food and Drug Administration,
39 unless the unapproved controlled substance or dangerous drug:

40 (a) Was procured through a retail pharmacy licensed pursuant to
41 chapter 639 of NRS;

42 (b) Was procured through a Canadian pharmacy which is
43 licensed pursuant to chapter 639 of NRS and which has been
44 recommended by the State Board of Pharmacy pursuant to
45 subsection 4 of NRS 639.2328; or



1 (c) Is marijuana being used for medical purposes in accordance
2 with chapter 453A of NRS.

3 13. Attempting, directly or indirectly, by intimidation, coercion
4 or deception, to obtain or retain a patient or to discourage the use of
5 a second opinion.

6 14. Terminating the medical care of a patient without adequate
7 notice or without making other arrangements for the continued care
8 of the patient.

9 15. In addition to the provisions of subsection 3 of NRS
10 633.524, making or filing a report which the licensee knows to be
11 false, failing to file a record or report that is required by law or
12 willfully obstructing or inducing another to obstruct the making or
13 filing of such a record or report.

14 16. Failure to report any person the licensee knows, or has
15 reason to know, is in violation of the provisions of this chapter or
16 the regulations of the Board within 30 days after the date the
17 licensee knows or has reason to know of the violation.

18 17. Failure by a licensee or applicant to report in writing,
19 within 30 days, any criminal action taken or conviction obtained
20 against the licensee or applicant, other than a minor traffic violation,
21 in this State or any other state or by the Federal Government, a
22 branch of the Armed Forces of the United States or any local or
23 federal jurisdiction of a foreign country.

24 18. Engaging in any act that is unsafe in accordance with
25 regulations adopted by the Board.

26 19. Failure to comply with the provisions of ~~NRS 633.165.~~
27 *section 3 of this act.*

28 20. Failure to supervise adequately a medical assistant pursuant
29 to the regulations of the Board.

30 **Sec. 11.** NRS 633.711 is hereby amended to read as follows:

31 633.711 1. The Board, through an officer of the Board or the
32 Attorney General, may maintain in any court of competent
33 jurisdiction a suit for an injunction against any person:

34 (a) Practicing osteopathic medicine or practicing as a physician
35 assistant without a valid license to practice osteopathic medicine or
36 to practice as a physician assistant; or

37 (b) ~~Engaging in telemedicine~~ *Providing services through*
38 *telehealth, as defined in section 3 of this act,* without a valid
39 license. ~~pursuant to NRS 633.165.~~

40 2. An injunction issued pursuant to subsection 1:

41 (a) May be issued without proof of actual damage sustained by
42 any person, this provision being a preventive as well as a punitive
43 measure.

44 (b) Must not relieve such person from criminal prosecution for
45 practicing without such a license.



1 **Sec. 12.** Chapter 639 of NRS is hereby amended by adding
2 thereto a new section to read as follows:

3 ***“Telehealth” has the meaning ascribed to it in section 3 of this***
4 ***act.***

5 **Sec. 13.** NRS 639.001 is hereby amended to read as follows:
6 639.001 As used in this chapter, unless the context otherwise
7 requires, the words and terms defined in NRS 639.0015 to 639.016,
8 inclusive, ***and section 12 of this act*** have the meanings ascribed to
9 them in those sections.

10 **Sec. 14.** NRS 639.0151 is hereby amended to read as follows:
11 639.0151 “Remote site” means:

12 1. A pharmacy staffed by a pharmaceutical technician and
13 equipped to facilitate communicative access to a pharmacy and its
14 registered pharmacists; or

15 2. An office of a dispensing practitioner that is staffed by a
16 dispensing technician and equipped to facilitate communicative
17 access to the dispensing practitioner,

18 ↳ electronically, telephonically or by fiber optics , ***including,***
19 ***without limitation, through telehealth,*** during regular business
20 hours from within or outside this State or the United States.

21 **Sec. 15.** NRS 639.0153 is hereby amended to read as follows:

22 639.0153 “Satellite consultation site” means a site that only
23 dispenses filled prescriptions which are delivered to that site after
24 the prescriptions are prepared:

25 1. At a pharmacy where a registered pharmacist provides
26 consultation to patients; or

27 2. At an office of a dispensing practitioner where the
28 dispensing practitioner provides consultation to patients,

29 ↳ electronically, telephonically or by fiber optics , ***including,***
30 ***without limitation, through telehealth,*** during regular business
31 hours from within or outside this State or the United States.

32 **Sec. 16.** NRS 639.0154 is hereby amended to read as follows:

33 639.0154 “Telepharmacy” means:

34 1. A pharmacy; or

35 2. An office of a dispensing practitioner,

36 ↳ that is accessible by a remote site or a satellite consultation site
37 electronically, telephonically or by fiber optics , ***including, without***
38 ***limitation, through telehealth,*** from within or outside this State or
39 the United States.

40 **Sec. 17.** NRS 639.0727 is hereby amended to read as follows:

41 639.0727 The Board shall adopt regulations:

42 1. As necessary for the safe and efficient operation of
43 remote sites, satellite consultation sites and telepharmacies;

44 2. To define the terms “dispensing practitioner” and
45 “dispensing technician,” to provide for the registration and



1 discipline of dispensing practitioners and dispensing technicians,
2 and to set forth the qualifications, powers and duties of dispensing
3 practitioners and dispensing technicians;

4 3. To authorize registered pharmacists to engage in the practice
5 of pharmacy electronically, telephonically or by fiber optics ,
6 *including, without limitation, through telehealth*, from within *or*
7 *outside* this State; and

8 4. To authorize prescriptions to be filled and dispensed to
9 patients as prescribed by practitioners electronically, telephonically
10 or by fiber optics , *including, without limitation, through*
11 *telehealth*, from within or outside this State or the United States.

12 **Sec. 18.** NRS 639.235 is hereby amended to read as follows:

13 639.235 1. No person other than a practitioner holding a
14 license to practice his or her profession in this State may prescribe
15 or write a prescription, except that a prescription written by a person
16 who is not licensed to practice in this State, but is authorized by the
17 laws of another state to prescribe, shall be deemed to be a legal
18 prescription unless the person prescribed or wrote the prescription in
19 violation of the provisions of NRS 453.3611 to 453.3648, inclusive.

20 2. If a prescription that is prescribed by a person who is not
21 licensed to practice in this State, but is authorized by the laws of
22 another state to prescribe, calls for a controlled substance listed in:

23 (a) Schedule II, the registered pharmacist who is to fill the
24 prescription shall establish and document that the prescription is
25 authentic and that a bona fide relationship between the patient and
26 the person prescribing the controlled substance did exist when the
27 prescription was written.

28 (b) Schedule III or IV, the registered pharmacist who is to fill
29 the prescription shall establish that the prescription is authentic and
30 that a bona fide relationship between the patient and the person
31 prescribing the controlled substance did exist when the prescription
32 was written. This paragraph does not require the registered
33 pharmacist to inquire into such a relationship upon the receipt of a
34 similar prescription subsequently issued for that patient.

35 3. A pharmacist who fills a prescription described in subsection
36 2 shall record on the prescription or in the prescription record in the
37 pharmacy's computer:

38 (a) The name of the person with whom the pharmacist spoke
39 concerning the prescription;

40 (b) The date and time of the conversation; and

41 (c) The date and time the patient was examined by the person
42 prescribing the controlled substance for which the prescription was
43 issued.

44 4. For the purposes of subsection 2, a bona fide relationship
45 between the patient and the person prescribing the controlled



1 substance shall be deemed to exist if the patient was examined in
2 person, electronically, telephonically or by fiber optics , *including,*
3 *without limitation, through telehealth,* within or outside this State
4 or the United States by the person prescribing the controlled
5 substances within the 6 months immediately preceding the date the
6 prescription was issued.

7 **Sec. 19.** NRS 287.010 is hereby amended to read as follows:

8 287.010 1. The governing body of any county, school
9 district, municipal corporation, political subdivision, public
10 corporation or other local governmental agency of the State of
11 Nevada may:

12 (a) Adopt and carry into effect a system of group life, accident
13 or health insurance, or any combination thereof, for the benefit of its
14 officers and employees, and the dependents of officers and
15 employees who elect to accept the insurance and who, where
16 necessary, have authorized the governing body to make deductions
17 from their compensation for the payment of premiums on the
18 insurance.

19 (b) Purchase group policies of life, accident or health insurance,
20 or any combination thereof, for the benefit of such officers and
21 employees, and the dependents of such officers and employees, as
22 have authorized the purchase, from insurance companies authorized
23 to transact the business of such insurance in the State of Nevada,
24 and, where necessary, deduct from the compensation of officers and
25 employees the premiums upon insurance and pay the deductions
26 upon the premiums.

27 (c) Provide group life, accident or health coverage through a
28 self-insurance reserve fund and, where necessary, deduct
29 contributions to the maintenance of the fund from the compensation
30 of officers and employees and pay the deductions into the fund. The
31 money accumulated for this purpose through deductions from the
32 compensation of officers and employees and contributions of the
33 governing body must be maintained as an internal service fund as
34 defined by NRS 354.543. The money must be deposited in a state or
35 national bank or credit union authorized to transact business in the
36 State of Nevada. Any independent administrator of a fund created
37 under this section is subject to the licensing requirements of chapter
38 683A of NRS, and must be a resident of this State. Any contract
39 with an independent administrator must be approved by the
40 Commissioner of Insurance as to the reasonableness of
41 administrative charges in relation to contributions collected and
42 benefits provided. The provisions of NRS 687B.408, 689B.030 to
43 689B.050, inclusive, and 689B.287 *and section 31 of this act* apply
44 to coverage provided pursuant to this paragraph.



1 (d) Defray part or all of the cost of maintenance of a self-
2 insurance fund or of the premiums upon insurance. The money for
3 contributions must be budgeted for in accordance with the laws
4 governing the county, school district, municipal corporation,
5 political subdivision, public corporation or other local governmental
6 agency of the State of Nevada.

7 2. If a school district offers group insurance to its officers and
8 employees pursuant to this section, members of the board of trustees
9 of the school district must not be excluded from participating in the
10 group insurance. If the amount of the deductions from compensation
11 required to pay for the group insurance exceeds the compensation to
12 which a trustee is entitled, the difference must be paid by the trustee.

13 3. In any county in which a legal services organization exists,
14 the governing body of the county, or of any school district,
15 municipal corporation, political subdivision, public corporation or
16 other local governmental agency of the State of Nevada in the
17 county, may enter into a contract with the legal services
18 organization pursuant to which the officers and employees of the
19 legal services organization, and the dependents of those officers and
20 employees, are eligible for any life, accident or health insurance
21 provided pursuant to this section to the officers and employees, and
22 the dependents of the officers and employees, of the county, school
23 district, municipal corporation, political subdivision, public
24 corporation or other local governmental agency.

25 4. If a contract is entered into pursuant to subsection 3, the
26 officers and employees of the legal services organization:

27 (a) Shall be deemed, solely for the purposes of this section, to be
28 officers and employees of the county, school district, municipal
29 corporation, political subdivision, public corporation or other local
30 governmental agency with which the legal services organization has
31 contracted; and

32 (b) Must be required by the contract to pay the premiums or
33 contributions for all insurance which they elect to accept or of which
34 they authorize the purchase.

35 5. A contract that is entered into pursuant to subsection 3:

36 (a) Must be submitted to the Commissioner of Insurance for
37 approval not less than 30 days before the date on which the contract
38 is to become effective.

39 (b) Does not become effective unless approved by the
40 Commissioner.

41 (c) Shall be deemed to be approved if not disapproved by the
42 Commissioner within 30 days after its submission.

43 6. As used in this section, "legal services organization" means
44 an organization that operates a program for legal aid and receives
45 money pursuant to NRS 19.031.



1 **Sec. 20.** NRS 287.04335 is hereby amended to read as
2 follows:

3 287.04335 If the Board provides health insurance through a
4 plan of self-insurance, it shall comply with the provisions of NRS
5 689B.255, 695G.150, 695G.160, 695G.164, 695G.1645, 695G.167,
6 695G.170, 695G.171, 695G.173, 695G.177, 695G.200 to 695G.230,
7 inclusive, 695G.241 to 695G.310, inclusive, and 695G.405, *and*
8 *section 43 of this act* in the same manner as an insurer that is
9 licensed pursuant to title 57 of NRS is required to comply with those
10 provisions.

11 **Sec. 21.** Chapter 422 of NRS is hereby amended by adding
12 thereto a new section to read as follows:

13 1. *The Director shall include in the State Plan for Medicaid:*

14 (a) *A requirement that the State shall pay for the nonfederal*
15 *share of expenses for services provided to a person through*
16 *telehealth to the same extent and in the same amount as though*
17 *provided in person or by other means; and*

18 (b) *A provision prohibiting the State from:*

19 (1) *Requiring a person to obtain prior authorization,*
20 *establish a relationship with a provider of health care or provide*
21 *any additional consent to or reason for obtaining services through*
22 *telehealth as a condition to paying for services as described in*
23 *paragraph (a);*

24 (2) *Requiring a provider of health care to demonstrate that*
25 *it is necessary to provide services to a person through telehealth or*
26 *receive any additional type of certification or license to provide*
27 *services through telehealth as a condition to paying for services as*
28 *described in paragraph (a);*

29 (3) *Refusing to pay for services as described in paragraph*
30 *(a) because of the location from which a provider of health care*
31 *provides services through telehealth or at which a person who is*
32 *covered by the State Plan for Medicaid receives services through*
33 *telehealth; or*

34 (4) *Requiring services to be provided through telehealth as*
35 *a condition to paying for such services.*

36 2. *As used in this section:*

37 (a) *“Provider of health care” has the meaning ascribed to it in*
38 *NRS 439.820.*

39 (b) *“Telehealth” has the meaning ascribed to it in section 3 of*
40 *this act.*

41 **Sec. 22.** Chapter 449 of NRS is hereby amended by adding
42 thereto a new section to read as follows:

43 *A hospital may grant staff privileges to a provider of health*
44 *care who is at another location for the purpose of providing*
45 *services through telehealth, as defined in section 3 of this act, to*



1 *patients at the hospital in the manner prescribed in 42 C.F.R. §§*
2 *482.12, 482.22 and 485.616.*

3 **Sec. 23.** NRS 449.0302 is hereby amended to read as follows:
4 449.0302 1. The Board shall adopt:

5 (a) Licensing standards for each class of medical facility or
6 facility for the dependent covered by NRS 449.030 to 449.2428,
7 inclusive, *and section 22 of this act* and for programs of hospice
8 care.

9 (b) Regulations governing the licensing of such facilities and
10 programs.

11 (c) Regulations governing the procedure and standards for
12 granting an extension of the time for which a natural person may
13 provide certain care in his or her home without being considered a
14 residential facility for groups pursuant to NRS 449.017. The
15 regulations must require that such grants are effective only if made
16 in writing.

17 (d) Regulations establishing a procedure for the indemnification
18 by the Division, from the amount of any surety bond or other
19 obligation filed or deposited by a facility for refractive surgery
20 pursuant to NRS 449.068 or 449.069, of a patient of the facility who
21 has sustained any damages as a result of the bankruptcy of or any
22 breach of contract by the facility.

23 (e) Any other regulations as it deems necessary or convenient to
24 carry out the provisions of NRS 449.030 to 449.2428, inclusive ~~§~~,
25 *and section 22 of this act.*

26 2. The Board shall adopt separate regulations governing the
27 licensing and operation of:

28 (a) Facilities for the care of adults during the day; and

29 (b) Residential facilities for groups,

30 ↪ which provide care to persons with Alzheimer's disease.

31 3. The Board shall adopt separate regulations for:

32 (a) The licensure of rural hospitals which take into consideration
33 the unique problems of operating such a facility in a rural area.

34 (b) The licensure of facilities for refractive surgery which take
35 into consideration the unique factors of operating such a facility.

36 (c) The licensure of mobile units which take into consideration
37 the unique factors of operating a facility that is not in a fixed
38 location.

39 4. The Board shall require that the practices and policies of
40 each medical facility or facility for the dependent provide
41 adequately for the protection of the health, safety and physical,
42 moral and mental well-being of each person accommodated in the
43 facility.

44 5. In addition to the training requirements prescribed pursuant
45 to NRS 449.093, the Board shall establish minimum qualifications



1 for administrators and employees of residential facilities for groups.
2 In establishing the qualifications, the Board shall consider the
3 related standards set by nationally recognized organizations which
4 accredit such facilities.

5 6. The Board shall adopt separate regulations regarding the
6 assistance which may be given pursuant to NRS 453.375 and
7 454.213 to an ultimate user of controlled substances or dangerous
8 drugs by employees of residential facilities for groups. The
9 regulations must require at least the following conditions before
10 such assistance may be given:

11 (a) The ultimate user's physical and mental condition is stable
12 and is following a predictable course.

13 (b) The amount of the medication prescribed is at a maintenance
14 level and does not require a daily assessment.

15 (c) A written plan of care by a physician or registered nurse has
16 been established that:

17 (1) Addresses possession and assistance in the administration
18 of the medication; and

19 (2) Includes a plan, which has been prepared under the
20 supervision of a registered nurse or licensed pharmacist, for
21 emergency intervention if an adverse condition results.

22 (d) The prescribed medication is not administered by injection
23 or intravenously.

24 (e) The employee has successfully completed training and
25 examination approved by the Division regarding the authorized
26 manner of assistance.

27 7. The Board shall adopt separate regulations governing the
28 licensing and operation of residential facilities for groups which
29 provide assisted living services. The Board shall not allow the
30 licensing of a facility as a residential facility for groups which
31 provides assisted living services and a residential facility for groups
32 shall not claim that it provides "assisted living services" unless:

33 (a) Before authorizing a person to move into the facility, the
34 facility makes a full written disclosure to the person regarding what
35 services of personalized care will be available to the person and the
36 amount that will be charged for those services throughout the
37 resident's stay at the facility.

38 (b) The residents of the facility reside in their own living units
39 which:

40 (1) Except as otherwise provided in subsection 8, contain
41 toilet facilities;

42 (2) Contain a sleeping area or bedroom; and

43 (3) Are shared with another occupant only upon consent of
44 both occupants.



1 (c) The facility provides personalized care to the residents of the
2 facility and the general approach to operating the facility
3 incorporates these core principles:

4 (1) The facility is designed to create a residential
5 environment that actively supports and promotes each resident's
6 quality of life and right to privacy;

7 (2) The facility is committed to offering high-quality
8 supportive services that are developed by the facility in
9 collaboration with the resident to meet the resident's individual
10 needs;

11 (3) The facility provides a variety of creative and innovative
12 services that emphasize the particular needs of each individual
13 resident and the resident's personal choice of lifestyle;

14 (4) The operation of the facility and its interaction with its
15 residents supports, to the maximum extent possible, each resident's
16 need for autonomy and the right to make decisions regarding his or
17 her own life;

18 (5) The operation of the facility is designed to foster a social
19 climate that allows the resident to develop and maintain personal
20 relationships with fellow residents and with persons in the general
21 community;

22 (6) The facility is designed to minimize and is operated in a
23 manner which minimizes the need for its residents to move out of
24 the facility as their respective physical and mental conditions change
25 over time; and

26 (7) The facility is operated in such a manner as to foster a
27 culture that provides a high-quality environment for the residents,
28 their families, the staff, any volunteers and the community at large.

29 8. The Division may grant an exception from the requirement
30 of subparagraph (1) of paragraph (b) of subsection 7 to a facility
31 which is licensed as a residential facility for groups on or before
32 July 1, 2005, and which is authorized to have 10 or fewer beds and
33 was originally constructed as a single-family dwelling if the
34 Division finds that:

35 (a) Strict application of that requirement would result in
36 economic hardship to the facility requesting the exception; and

37 (b) The exception, if granted, would not:

38 (1) Cause substantial detriment to the health or welfare of
39 any resident of the facility;

40 (2) Result in more than two residents sharing a toilet facility;
41 or

42 (3) Otherwise impair substantially the purpose of that
43 requirement.

44 9. The Board shall, if it determines necessary, adopt
45 regulations and requirements to ensure that each residential facility



1 for groups and its staff are prepared to respond to an emergency,
2 including, without limitation:

3 (a) The adoption of plans to respond to a natural disaster and
4 other types of emergency situations, including, without limitation,
5 an emergency involving fire;

6 (b) The adoption of plans to provide for the evacuation of a
7 residential facility for groups in an emergency, including, without
8 limitation, plans to ensure that nonambulatory patients may be
9 evacuated;

10 (c) Educating the residents of residential facilities for groups
11 concerning the plans adopted pursuant to paragraphs (a) and (b); and

12 (d) Posting the plans or a summary of the plans adopted
13 pursuant to paragraphs (a) and (b) in a conspicuous place in each
14 residential facility for groups.

15 10. The regulations governing the licensing and operation of
16 facilities for transitional living for released offenders must provide
17 for the licensure of at least three different types of facilities,
18 including, without limitation:

19 (a) Facilities that only provide a housing and living
20 environment;

21 (b) Facilities that provide or arrange for the provision of
22 supportive services for residents of the facility to assist the residents
23 with reintegration into the community, in addition to providing a
24 housing and living environment; and

25 (c) Facilities that provide or arrange for the provision of alcohol
26 and drug abuse programs, in addition to providing a housing and
27 living environment and providing or arranging for the provision of
28 other supportive services.

29 ↪ The regulations must provide that if a facility was originally
30 constructed as a single-family dwelling, the facility must not be
31 authorized for more than eight beds.

32 11. As used in this section, "living unit" means an individual
33 private accommodation designated for a resident within the facility.

34 **Sec. 24.** NRS 449.0306 is hereby amended to read as follows:

35 449.0306 1. Money received from licensing medical facilities
36 and facilities for the dependent must be forwarded to the State
37 Treasurer for deposit in the State General Fund.

38 2. The Division shall enforce the provisions of NRS 449.030 to
39 449.245, inclusive, *and section 22 of this act* and may incur any
40 necessary expenses not in excess of money appropriated for that
41 purpose by the State or received from the Federal Government.

42 **Sec. 25.** NRS 449.160 is hereby amended to read as follows:

43 449.160 1. The Division may deny an application for a
44 license or may suspend or revoke any license issued under the



1 provisions of NRS 449.030 to 449.2428, inclusive, *and section 22*
2 *of this act* upon any of the following grounds:

3 (a) Violation by the applicant or the licensee of any of the
4 provisions of NRS 439B.410 or 449.030 to 449.245, inclusive, *and*
5 *section 22 of this act*, or of any other law of this State or of the
6 standards, rules and regulations adopted thereunder.

7 (b) Aiding, abetting or permitting the commission of any illegal
8 act.

9 (c) Conduct inimical to the public health, morals, welfare and
10 safety of the people of the State of Nevada in the maintenance and
11 operation of the premises for which a license is issued.

12 (d) Conduct or practice detrimental to the health or safety of the
13 occupants or employees of the facility.

14 (e) Failure of the applicant to obtain written approval from the
15 Director of the Department of Health and Human Services as
16 required by NRS 439A.100 or as provided in any regulation adopted
17 pursuant to NRS 449.001 to 449.430, inclusive, *and section 22 of*
18 *this act*, and 449.435 to 449.965, inclusive, if such approval is
19 required.

20 (f) Failure to comply with the provisions of NRS 449.2486.

21 2. In addition to the provisions of subsection 1, the Division
22 may revoke a license to operate a facility for the dependent if, with
23 respect to that facility, the licensee that operates the facility, or an
24 agent or employee of the licensee:

25 (a) Is convicted of violating any of the provisions of
26 NRS 202.470;

27 (b) Is ordered to but fails to abate a nuisance pursuant to NRS
28 244.360, 244.3603 or 268.4124; or

29 (c) Is ordered by the appropriate governmental agency to correct
30 a violation of a building, safety or health code or regulation but fails
31 to correct the violation.

32 3. The Division shall maintain a log of any complaints that it
33 receives relating to activities for which the Division may revoke the
34 license to operate a facility for the dependent pursuant to subsection
35 2. The Division shall provide to a facility for the care of adults
36 during the day:

37 (a) A summary of a complaint against the facility if the
38 investigation of the complaint by the Division either substantiates
39 the complaint or is inconclusive;

40 (b) A report of any investigation conducted with respect to the
41 complaint; and

42 (c) A report of any disciplinary action taken against the facility.

43 ➤ The facility shall make the information available to the public
44 pursuant to NRS 449.2486.



1 4. On or before February 1 of each odd-numbered year, the
2 Division shall submit to the Director of the Legislative Counsel
3 Bureau a written report setting forth, for the previous biennium:

4 (a) Any complaints included in the log maintained by the
5 Division pursuant to subsection 3; and

6 (b) Any disciplinary actions taken by the Division pursuant to
7 subsection 2.

8 **Sec. 26.** NRS 449.220 is hereby amended to read as follows:

9 449.220 1. The Division may bring an action in the name of
10 the State to enjoin any person, state or local government unit or
11 agency thereof from operating or maintaining any facility within the
12 meaning of NRS 449.030 to 449.2428, inclusive ~~+~~, and *section 22*
13 *of this act:*

14 (a) Without first obtaining a license therefor; or

15 (b) After his or her license has been revoked or suspended by
16 the Division.

17 2. It is sufficient in such action to allege that the defendant did,
18 on a certain date and in a certain place, operate and maintain such a
19 facility without a license.

20 **Sec. 27.** Chapter 616C of NRS is hereby amended by adding
21 thereto a new section to read as follows:

22 *1. Every policy of insurance issued pursuant to chapters*
23 *616A to 617, inclusive, of NRS must include coverage for services*
24 *provided to an employee through telehealth to the same extent and*
25 *in the same amount as though provided in person or by other*
26 *means.*

27 *2. An insurer shall not:*

28 *(a) Require an employee to establish a relationship in person*
29 *with a provider of health care or provide any additional consent to*
30 *or reason for obtaining services through telehealth as a condition*
31 *to providing the coverage described in subsection 1;*

32 *(b) Require a provider of health care to demonstrate that it is*
33 *necessary to provide services to an employee through telehealth or*
34 *receive any additional type of certification or license to provide*
35 *services through telehealth as a condition to providing the*
36 *coverage described in subsection 1;*

37 *(c) Refuse to provide the coverage described in subsection 1*
38 *because of the location from which a provider of health care*
39 *provides services through telehealth or at which an employee*
40 *receives services through telehealth; or*

41 *(d) Require covered services to be provided through telehealth*
42 *as a condition to providing coverage for such services.*

43 *3. A policy of insurance issued pursuant to chapters 616A to*
44 *617, inclusive, of NRS must not require an employee to obtain*



1 *prior authorization for any service provided through telehealth*
2 *that is not required for the service when provided in person.*

3 4. *A policy of insurance subject to the provisions of chapters*
4 *616A to 617, inclusive, of NRS that is delivered, issued for delivery*
5 *or renewed on or after July 1, 2015, has the legal effect of*
6 *including the coverage required by this section, and any provision*
7 *of the policy or the renewal which is in conflict with this section is*
8 *void.*

9 5. *As used in this section:*

10 (a) *“Provider of health care” has the meaning ascribed to it in*
11 *NRS 439.820.*

12 (b) *“Telehealth” has the meaning ascribed to it in section 3 of*
13 *this act.*

14 **Sec. 28.** NRS 687B.490 is hereby amended to read as follows:

15 687B.490 1. A carrier that offers coverage in the group or
16 individual market must, before making any network plan available
17 for sale in this State, demonstrate the capacity to deliver services
18 adequately by applying to the Commissioner for the issuance of a
19 network plan and submitting a description of the procedures and
20 programs to be implemented to meet the requirements described in
21 subsection 2.

22 2. The Commissioner shall determine, within 90 days after
23 receipt of the application required pursuant to subsection 1, if the
24 carrier, with respect to the network plan:

25 (a) Has demonstrated the willingness and ability to ensure that
26 health care services will be provided in a manner to ensure both
27 availability and accessibility of adequate personnel and facilities in a
28 manner that enhances availability, accessibility and continuity of
29 service;

30 (b) Has organizational arrangements established in accordance
31 with regulations promulgated by the Commissioner; and

32 (c) Has a procedure established in accordance with regulations
33 promulgated by the Commissioner to develop, compile, evaluate
34 and report statistics relating to the cost of its operations, the pattern
35 of utilization of its services, the availability and accessibility of its
36 services and such other matters as may be reasonably required by
37 the Commissioner.

38 3. The Commissioner may certify that the carrier and the
39 network plan meet the requirements of subsection 2, or may
40 determine that the carrier and the network plan do not meet such
41 requirements. Upon a determination that the carrier and the network
42 plan do not meet the requirements of subsection 2, the
43 Commissioner shall specify in what respects the carrier and the
44 network plan are deficient.



1 4. A carrier approved to issue a network plan pursuant to this
2 section must file annually with the Commissioner a summary of
3 information compiled pursuant to subsection 2 in a manner
4 determined by the Commissioner.

5 5. The Commissioner shall, not less than once each year, or
6 more often if deemed necessary by the Commissioner for the
7 protection of the interests of the people of this State, make a
8 determination concerning the availability and accessibility of the
9 health care services of any network plan approved pursuant to this
10 section.

11 6. The expense of any determination made by the
12 Commissioner pursuant to this section must be assessed against the
13 carrier and remitted to the Commissioner.

14 7. *When making any determination concerning the*
15 *availability and accessibility of the services of any network plan or*
16 *proposed network plan pursuant to this section, the Commissioner*
17 *shall consider services that may be provided through telehealth*
18 *pursuant to the network plan or proposed network plan to be*
19 *available services.*

20 8. As used in this section, "network plan" has the meaning
21 ascribed to it in NRS 689B.570.

22 **Sec. 29.** Chapter 689A of NRS is hereby amended by adding
23 thereto a new section to read as follows:

24 1. *A policy of health insurance must include coverage for*
25 *services provided to an insured through telehealth to the same*
26 *extent and in the same amount as though provided in person or by*
27 *other means.*

28 2. *An insurer shall not:*

29 (a) *Require an insured to establish a relationship in person*
30 *with a provider of health care or provide any additional consent to*
31 *or reason for obtaining services through telehealth as a condition*
32 *to providing the coverage described in subsection 1;*

33 (b) *Require a provider of health care to demonstrate that it is*
34 *necessary to provide services to an insured through telehealth or*
35 *receive any additional type of certification or license to provide*
36 *services through telehealth as a condition to providing the*
37 *coverage described in subsection 1;*

38 (c) *Refuse to provide the coverage described in subsection 1*
39 *because of the location from which a provider of health care*
40 *provides services through telehealth or at which an insured*
41 *receives services through telehealth; or*

42 (d) *Require covered services to be provided through telehealth*
43 *as a condition to providing coverage for such services.*

44 3. *A policy of health insurance must not require an insured to*
45 *obtain prior authorization for any service provided through*



1 *telehealth that is not required for the service when provided in*
2 *person.*

3 *4. A policy of health insurance subject to the provisions of*
4 *this chapter that is delivered, issued for delivery or renewed on or*
5 *after July 1, 2015, has the legal effect of including the coverage*
6 *required by this section, and any provision of the policy or the*
7 *renewal which is in conflict with this section is void.*

8 *5. As used in this section:*

9 *(a) "Provider of health care" has the meaning ascribed to it in*
10 *NRS 439.820.*

11 *(b) "Telehealth" has the meaning ascribed to it in section 3 of*
12 *this act.*

13 **Sec. 30.** NRS 689A.330 is hereby amended to read as follows:

14 689A.330 If any policy is issued by a domestic insurer for
15 delivery to a person residing in another state, and if the insurance
16 commissioner or corresponding public officer of that other state has
17 informed the Commissioner that the policy is not subject to approval
18 or disapproval by that officer, the Commissioner may by ruling
19 require that the policy meet the standards set forth in NRS 689A.030
20 to 689A.320, inclusive ~~H~~, *and section 29 of this act.*

21 **Sec. 31.** Chapter 689B of NRS is hereby amended by adding
22 thereto a new section to read as follows:

23 *1. A policy of group or blanket health insurance must include*
24 *coverage for services provided to an insured through telehealth to*
25 *the same extent and in the same amount as though provided in*
26 *person or by other means.*

27 *2. An insurer shall not:*

28 *(a) Require an insured to establish a relationship in person*
29 *with a provider of health care or provide any additional consent to*
30 *or reason for obtaining services through telehealth as a condition*
31 *to providing the coverage described in subsection 1;*

32 *(b) Require a provider of health care to demonstrate that it is*
33 *necessary to provide services to an insured through telehealth or*
34 *receive any additional type of certification or license to provide*
35 *services through telehealth as a condition to providing the*
36 *coverage described in subsection 1;*

37 *(c) Refuse to provide the coverage described in subsection 1*
38 *because of the location from which a provider of health care*
39 *provides services through telehealth or at which an insured*
40 *receives services through telehealth; or*

41 *(d) Require covered services to be provided through telehealth*
42 *as a condition to providing coverage for such services.*

43 *3. A policy of group or blanket health insurance must not*
44 *require an insured to obtain prior authorization for any service*



1 *provided through telehealth that is not required for that service*
2 *when provided in person.*

3 4. *A policy of group or blanket health insurance subject to*
4 *the provisions of this chapter that is delivered, issued for delivery*
5 *or renewed on or after July 1, 2015, has the legal effect of*
6 *including the coverage required by this section, and any provision*
7 *of the policy or the renewal which is in conflict with this section is*
8 *void.*

9 5. *As used in this section:*

10 (a) *“Provider of health care” has the meaning ascribed to it in*
11 *NRS 439.820.*

12 (b) *“Telehealth” has the meaning ascribed to it in section 3 of*
13 *this act.*

14 **Sec. 32.** Chapter 689C of NRS is hereby amended by adding
15 thereto a new section to read as follows:

16 1. *A health benefit plan must include coverage for services*
17 *provided to an insured through telehealth to the same extent and*
18 *in the same amount as though provided in person or by other*
19 *means.*

20 2. *A carrier shall not:*

21 (a) *Require an insured to establish a relationship in person*
22 *with a provider of health care or provide any additional consent to*
23 *or reason for obtaining services through telehealth as a condition*
24 *to providing the coverage described in subsection 1;*

25 (b) *Require a provider of health care to demonstrate that it is*
26 *necessary to provide services to an insured through telehealth or*
27 *receive any additional type of certification or license to provide*
28 *services through telehealth as a condition to providing the*
29 *coverage described in subsection 1;*

30 (c) *Refuse to provide the coverage described in subsection 1*
31 *because of the location from which a provider of health care*
32 *provides services through telehealth or at which an insured*
33 *receives services through telehealth; or*

34 (d) *Require covered services to be provided through telehealth*
35 *as a condition to providing coverage for such services.*

36 3. *A health benefit plan must not require an insured to obtain*
37 *prior authorization for any service provided through telehealth*
38 *that is not required for the service when provided in person.*

39 4. *A plan subject to the provisions of this chapter that is*
40 *delivered, issued for delivery or renewed on or after July 1, 2015,*
41 *has the legal effect of including the coverage required by this*
42 *section, and any provision of the plan or the renewal which is in*
43 *conflict with this section is void.*

44 5. *As used in this section:*



1 (a) *“Provider of health care” has the meaning ascribed to it in*
2 *NRS 439.820.*

3 (b) *“Telehealth” has the meaning ascribed to it in section 3 of*
4 *this act.*

5 **Sec. 33.** NRS 689C.155 is hereby amended to read as follows:

6 689C.155 The Commissioner may adopt regulations to carry
7 out the provisions of NRS 689C.109 to 689C.143, inclusive,
8 689C.156 to 689C.159, inclusive, 689C.165, 689C.183, 689C.187,
9 689C.191 to 689C.198, inclusive, *and section 32 of this act,*
10 689C.203, 689C.207, 689C.265, 689C.325, 689C.355 and 689C.610
11 to 689C.940, inclusive, and to ensure that rating practices used by
12 carriers serving small employers are consistent with those sections,
13 including regulations that:

14 1. Ensure that differences in rates charged for health benefit
15 plans by such carriers are reasonable and reflect only differences in
16 the designs of the plans, the terms of the coverage, the amount
17 contributed by the employers to the cost of coverage and differences
18 based on the rating factors established by the carrier.

19 2. Prescribe the manner in which rating factors may be used by
20 such carriers.

21 **Sec. 34.** NRS 689C.156 is hereby amended to read as follows:

22 689C.156 1. As a condition of transacting business in this
23 State with small employers, a carrier shall actively market to a small
24 employer each health benefit plan which is actively marketed in this
25 State by the carrier to any small employer in this State. A carrier
26 shall be deemed to be actively marketing a health benefit plan when
27 it makes available any of its plans to a small employer that is not
28 currently receiving coverage under a health benefit plan issued by
29 that carrier.

30 2. A carrier shall issue to a small employer any health benefit
31 plan marketed in accordance with this section if the eligible small
32 employer applies for the plan and agrees to make the required
33 premium payments and satisfy the other reasonable provisions of the
34 health benefit plan that are not inconsistent with NRS 689C.015 to
35 689C.355, inclusive, *and section 32 of this act,* and 689C.610 to
36 689C.940, inclusive, except that a carrier is not required to issue a
37 health benefit plan to a self-employed person who is covered by, or
38 is eligible for coverage under, a health benefit plan offered by
39 another employer.

40 3. If a health benefit plan marketed pursuant to this section
41 provides, delivers, arranges for, pays for or reimburses any cost of
42 health care services through managed care, the carrier shall provide
43 a system for resolving any complaints of an employee concerning
44 those health care services that complies with the provisions of NRS
45 695G.200 to 695G.310, inclusive.



1 **Sec. 35.** NRS 689C.425 is hereby amended to read as follows:
2 689C.425 A voluntary purchasing group and any contract
3 issued to such a group pursuant to NRS 689C.360 to 689C.600,
4 inclusive, are subject to the provisions of NRS 689C.015 to the extent
5 689C.355, inclusive, *and section 32 of this act* to the extent
6 applicable and not in conflict with the express provisions of NRS
7 687B.408 and 689C.360 to 689C.600, inclusive.

8 **Sec. 36.** Chapter 695A of NRS is hereby amended by adding
9 thereto a new section to read as follows:

10 1. *A benefit contract must include coverage for services*
11 *provided to an insured through telehealth to the same extent and*
12 *in the same amount as though provided in person or by other*
13 *means.*

14 2. *A society shall not:*

15 (a) *Require an insured to establish a relationship in person*
16 *with a provider of health care or provide any additional consent to*
17 *or reason for obtaining services through telehealth as a condition*
18 *to providing the coverage described in subsection 1;*

19 (b) *Require a provider of health care to demonstrate that it is*
20 *necessary to provide services to an insured through telehealth or*
21 *receive any additional type of certification or license to provide*
22 *services through telehealth as a condition to providing the*
23 *coverage described in subsection 1;*

24 (c) *Refuse to provide the coverage described in subsection 1*
25 *because of the location from which a provider of health care*
26 *provides services through telehealth or at which an insured*
27 *receives services through telehealth; or*

28 (d) *Require covered services to be provided through telehealth*
29 *as a condition to providing coverage for such services.*

30 3. *A benefit contract must not require an insured to obtain*
31 *prior authorization for any service provided through telehealth*
32 *that is not required for the service when provided in person.*

33 4. *A benefit contract subject to the provisions of this chapter*
34 *that is delivered, issued for delivery or renewed on or after July 1,*
35 *2015, has the legal effect of including the coverage required by*
36 *this section, and any provision of the contract or the renewal*
37 *which is in conflict with this section is void.*

38 5. *As used in this section:*

39 (a) *“Provider of health care” has the meaning ascribed to it in*
40 *NRS 439.820.*

41 (b) *“Telehealth” has the meaning ascribed to it in section 3 of*
42 *this act.*



1 **Sec. 37.** Chapter 695B of NRS is hereby amended by adding
2 thereto a new section to read as follows:

3 1. *A contract for hospital, medical or dental services subject*
4 *to the provisions of this chapter must include services provided to*
5 *an insured through telehealth to the same extent and in the same*
6 *amount as though provided in person or by other means.*

7 2. *A medical services corporation that issues contracts for*
8 *hospital, medical or dental services shall not:*

9 (a) *Require an insured to establish a relationship in person*
10 *with a provider of health care or provide any additional consent to*
11 *or reason for obtaining services through telehealth as a condition*
12 *to providing the coverage described in subsection 1;*

13 (b) *Require a provider of health care to demonstrate that it is*
14 *necessary to provide services to an insured through telehealth or*
15 *receive any additional type of certification or license to provide*
16 *services through telehealth as a condition to providing the*
17 *coverage described in subsection 1;*

18 (c) *Refuse to provide the coverage described in subsection 1*
19 *because of the location from which a provider of health care*
20 *provides services through telehealth or at which an insured*
21 *receives services through telehealth; or*

22 (d) *Require covered services to be provided through telehealth*
23 *as a condition to providing coverage for such services.*

24 3. *A contract for hospital, medical or dental services must not*
25 *require an insured to obtain prior authorization for any service*
26 *provided through telehealth that is not required for the service*
27 *when provided in person.*

28 4. *A contract for hospital, medical or dental services subject*
29 *to the provisions of this chapter that is delivered, issued for*
30 *delivery or renewed on or after July 1, 2015, has the legal effect of*
31 *including the coverage required by this section, and any provision*
32 *of the contract or the renewal which is in conflict with this section*
33 *is void.*

34 5. *As used in this section:*

35 (a) *“Provider of health care” has the meaning ascribed to it in*
36 *NRS 439.820.*

37 (b) *“Telehealth” has the meaning ascribed to it in section 3 of*
38 *this act.*

39 **Sec. 38.** Chapter 695C of NRS is hereby amended by adding
40 thereto a new section to read as follows:

41 1. *A health care plan of a health maintenance organization*
42 *must include coverage for services provided to an enrollee through*
43 *telehealth to the same extent and in the same amount as though*
44 *provided in person or by other means.*

45 2. *A health maintenance organization shall not:*



1 (a) *Require an enrollee to establish a relationship in person*
2 *with a provider of health care or provide any additional consent to*
3 *or reason for obtaining services through telehealth as a condition*
4 *to providing the coverage described in subsection 1;*

5 (b) *Require a provider of health care to demonstrate that it is*
6 *necessary to provide services to an enrollee through telehealth or*
7 *receive any additional type of certification or license to provide*
8 *services through telehealth as a condition to providing the*
9 *coverage described in subsection 1;*

10 (c) *Refuse to provide the coverage described in subsection 1*
11 *because of the location from which a provider of health care*
12 *provides services through telehealth or at which an enrollee*
13 *receives services through telehealth; or*

14 (d) *Require covered services to be provided through telehealth*
15 *as a condition to providing coverage for such services.*

16 3. *A health care plan of a health maintenance organization*
17 *must not require an enrollee to obtain prior authorization for any*
18 *service provided through telehealth that is not required for the*
19 *service when provided in person.*

20 4. *Evidence of coverage subject to the provisions of this*
21 *chapter that is delivered, issued for delivery or renewed on or after*
22 *July 1, 2015, has the legal effect of including the coverage*
23 *required by this section, and any provision of the plan or the*
24 *renewal which is in conflict with this section is void.*

25 5. *As used in this section:*

26 (a) *“Provider of health care” has the meaning ascribed to it in*
27 *NRS 439.820.*

28 (b) *“Telehealth” has the meaning ascribed to it in section 3 of*
29 *this act.*

30 **Sec. 39.** NRS 695C.050 is hereby amended to read as follows:

31 695C.050 1. Except as otherwise provided in this chapter or
32 in specific provisions of this title, the provisions of this title are not
33 applicable to any health maintenance organization granted a
34 certificate of authority under this chapter. This provision does not
35 apply to an insurer licensed and regulated pursuant to this title
36 except with respect to its activities as a health maintenance
37 organization authorized and regulated pursuant to this chapter.

38 2. Solicitation of enrollees by a health maintenance
39 organization granted a certificate of authority, or its representatives,
40 must not be construed to violate any provision of law relating to
41 solicitation or advertising by practitioners of a healing art.

42 3. Any health maintenance organization authorized under this
43 chapter shall not be deemed to be practicing medicine and is exempt
44 from the provisions of chapter 630 of NRS.



1 4. The provisions of NRS 695C.110, 695C.125, 695C.1691,
2 695C.1693, 695C.170 to 695C.173, inclusive, 695C.1733 to
3 695C.200, inclusive, and 695C.265 do not apply to a health
4 maintenance organization that provides health care services through
5 managed care to recipients of Medicaid under the State Plan for
6 Medicaid or insurance pursuant to the Children's Health Insurance
7 Program pursuant to a contract with the Division of Health Care
8 Financing and Policy of the Department of Health and Human
9 Services. This subsection does not exempt a health maintenance
10 organization from any provision of this chapter for services
11 provided pursuant to any other contract.

12 5. The provisions of NRS 695C.1694, 695C.1695 and
13 695C.1731 *and section 38 of this act* apply to a health maintenance
14 organization that provides health care services through managed
15 care to recipients of Medicaid under the State Plan for Medicaid.

16 **Sec. 40.** NRS 695C.330 is hereby amended to read as follows:

17 695C.330 1. The Commissioner may suspend or revoke any
18 certificate of authority issued to a health maintenance organization
19 pursuant to the provisions of this chapter if the Commissioner finds
20 that any of the following conditions exist:

21 (a) The health maintenance organization is operating
22 significantly in contravention of its basic organizational document,
23 its health care plan or in a manner contrary to that described in and
24 reasonably inferred from any other information submitted pursuant
25 to NRS 695C.060, 695C.070 and 695C.140, unless any amendments
26 to those submissions have been filed with and approved by the
27 Commissioner;

28 (b) The health maintenance organization issues evidence of
29 coverage or uses a schedule of charges for health care services
30 which do not comply with the requirements of NRS 695C.1691 to
31 695C.200, inclusive, *and section 38 of this act* or 695C.207;

32 (c) The health care plan does not furnish comprehensive health
33 care services as provided for in NRS 695C.060;

34 (d) The Commissioner certifies that the health maintenance
35 organization:

36 (1) Does not meet the requirements of subsection 1 of NRS
37 695C.080; or

38 (2) Is unable to fulfill its obligations to furnish health care
39 services as required under its health care plan;

40 (e) The health maintenance organization is no longer financially
41 responsible and may reasonably be expected to be unable to meet its
42 obligations to enrollees or prospective enrollees;

43 (f) The health maintenance organization has failed to put into
44 effect a mechanism affording the enrollees an opportunity to



1 participate in matters relating to the content of programs pursuant to
2 NRS 695C.110;

3 (g) The health maintenance organization has failed to put into
4 effect the system required by NRS 695C.260 for:

5 (1) Resolving complaints in a manner reasonably to dispose
6 of valid complaints; and

7 (2) Conducting external reviews of adverse determinations
8 that comply with the provisions of NRS 695G.241 to 695G.310,
9 inclusive;

10 (h) The health maintenance organization or any person on its
11 behalf has advertised or merchandised its services in an untrue,
12 misrepresentative, misleading, deceptive or unfair manner;

13 (i) The continued operation of the health maintenance
14 organization would be hazardous to its enrollees;

15 (j) The health maintenance organization fails to provide the
16 coverage required by NRS 695C.1691; or

17 (k) The health maintenance organization has otherwise failed to
18 comply substantially with the provisions of this chapter.

19 2. A certificate of authority must be suspended or revoked only
20 after compliance with the requirements of NRS 695C.340.

21 3. If the certificate of authority of a health maintenance
22 organization is suspended, the health maintenance organization shall
23 not, during the period of that suspension, enroll any additional
24 groups or new individual contracts, unless those groups or persons
25 were contracted for before the date of suspension.

26 4. If the certificate of authority of a health maintenance
27 organization is revoked, the organization shall proceed, immediately
28 following the effective date of the order of revocation, to wind up its
29 affairs and shall conduct no further business except as may be
30 essential to the orderly conclusion of the affairs of the organization.
31 It shall engage in no further advertising or solicitation of any kind.
32 The Commissioner may, by written order, permit such further
33 operation of the organization as the Commissioner may find to be in
34 the best interest of enrollees to the end that enrollees are afforded
35 the greatest practical opportunity to obtain continuing coverage for
36 health care.

37 **Sec. 41.** Chapter 695D of NRS is hereby amended by adding
38 thereto a new section to read as follows:

39 ***1. A plan for dental care must include coverage for services***
40 ***provided to a member through telehealth to the same extent and in***
41 ***the same amount as though provided in person or by other means.***

42 ***2. An organization for dental care shall not:***

43 ***(a) Require a member to establish a relationship in person***
44 ***with a provider of health care or provide any additional consent to***



1 *or reason for obtaining services through telehealth as a condition*
2 *to providing the coverage described in subsection 1;*

3 (b) *Require a provider of health care to demonstrate that it is*
4 *necessary to provide services to a member through telehealth or*
5 *receive any additional type of certification or license to provide*
6 *services through telehealth as a condition to providing the*
7 *coverage described in subsection 1;*

8 (c) *Refuse to provide the coverage described in subsection 1*
9 *because of the location from which a provider of health care*
10 *provides services through telehealth or at which a member*
11 *receives services through telehealth;*

12 (d) *Require covered services to be provided through telehealth*
13 *as a condition to providing coverage for such services.*

14 3. *A plan for dental care must not require a member to obtain*
15 *prior authorization for any service provided through telehealth*
16 *that is not required for the service when provided in person.*

17 4. *A plan for dental care subject to the provisions of this*
18 *chapter that is delivered, issued for delivery or renewed on or after*
19 *July 1, 2015, has the legal effect of including the coverage*
20 *required by this section, and any provision of the plan or the*
21 *renewal which is in conflict with this section is void.*

22 5. *As used in this section:*

23 (a) *“Provider of health care” has the meaning ascribed to it in*
24 *NRS 439.820.*

25 (b) *“Telehealth” has the meaning ascribed to it in section 3 of*
26 *this act.*

27 **Sec. 42.** NRS 695F.090 is hereby amended to read as follows:

28 695F.090 Prepaid limited health service organizations are
29 subject to the provisions of this chapter and to the following
30 provisions, to the extent reasonably applicable:

31 1. NRS 687B.310 to 687B.420, inclusive, concerning
32 cancellation and nonrenewal of policies.

33 2. NRS 687B.122 to 687B.128, inclusive, concerning
34 readability of policies.

35 3. The requirements of NRS 679B.152.


36 4. The fees imposed pursuant to NRS 449.465.

37 5. NRS 686A.010 to 686A.310, inclusive, concerning trade
38 practices and frauds.

39 6. The assessment imposed pursuant to NRS 679B.700.

40 7. Chapter 683A of NRS.

41 8. To the extent applicable, the provisions of NRS 689B.340 to
42 689B.580, inclusive, and chapter 689C of NRS relating to the
43 portability and availability of health insurance.

44 9. NRS 689A.035, 689A.410, 689A.413 and 689A.415  *and*
45 *section 29 of this act.*



1 10. NRS 680B.025 to 680B.039, inclusive, concerning
2 premium tax, premium tax rate, annual report and estimated
3 quarterly tax payments. For the purposes of this subsection, unless
4 the context otherwise requires that a section apply only to insurers,
5 any reference in those sections to “insurer” must be replaced by a
6 reference to “prepaid limited health service organization.”

7 11. Chapter 692C of NRS, concerning holding companies.

8 12. NRS 689A.637, concerning health centers.

9 **Sec. 43.** Chapter 695G of NRS is hereby amended by adding
10 thereto a new section to read as follows:

11 *1. A health care plan issued by a managed care organization*
12 *for group coverage must include coverage for services provided to*
13 *an insured through telehealth to the same extent and in the same*
14 *amount as though provided in person or by other means.*

15 *2. A managed care organization shall not:*

16 *(a) Require an insured to establish a relationship in person*
17 *with a provider of health care or provide any additional consent to*
18 *or reason for obtaining services through telehealth as a condition*
19 *to providing the coverage described in subsection 1;*

20 *(b) Require a provider of health care to demonstrate that it is*
21 *necessary to provide services to an insured through telehealth or*
22 *receive any additional type of certification or license to provide*
23 *services through telehealth as a condition to providing the*
24 *coverage described in subsection 1;*

25 *(c) Refuse to provide the coverage described in subsection 1*
26 *because of the location from which a provider of health care*
27 *provides services through telehealth or at which an insured*
28 *receives services through telehealth; or*

29 *(d) Require covered services to be provided through telehealth*
30 *as a condition to providing coverage for such services.*

31 *3. A health care plan of a managed care organization must*
32 *not require an insured to obtain prior authorization for any*
33 *service provided through telehealth that is not required for the*
34 *service when provided in person.*

35 *4. Evidence of coverage that is delivered, issued for delivery*
36 *or renewed on or after July 1, 2015, has the legal effect of*
37 *including the coverage required by this section, and any provision*
38 *of the plan or the renewal which is in conflict with this section is*
39 *void.*

40 *5. As used in this section:*

41 *(a) “Provider of health care” has the meaning ascribed to it in*
42 *NRS 439.820.*

43 *(b) “Telehealth” has the meaning ascribed to it in section 3 of*
44 *this act.*

45 **Sec. 44.** NRS 633.165 is hereby repealed.



1 **Sec. 45.** This act becomes effective on July 1, 2015.

TEXT OF REPEALED SECTION

633.165 Telemedicine: Requirements for practice; exceptions; scope.

1. An osteopathic physician may engage in telemedicine from within or outside this State or the United States if he or she possesses an unrestricted license to practice osteopathic medicine in this State pursuant to this chapter. An osteopathic physician who engages in telemedicine:

(a) Except as otherwise provided by specific statute or regulation, shall comply with the provisions of this chapter and the regulations of the Board; and

(b) To the extent not inconsistent with the Nevada Constitution or the United States Constitution, is subject to the jurisdiction of the courts of this State.

2. If an osteopathic physician engages in telemedicine with a patient who is physically located in another state or territory of the United States, the osteopathic physician shall, before engaging in telemedicine with the patient, take any steps necessary to be authorized or licensed to practice osteopathic medicine in the other state or territory of the United States in which the patient is physically located.

3. Except as otherwise provided in subsections 4 and 5, before an osteopathic physician may engage in telemedicine pursuant to this section:

(a) A bona fide relationship between the osteopathic physician and the patient must exist which must include, without limitation, a history and an examination or consultation which occurred in person or through the use of telemedicine and which was sufficient to establish a diagnosis and identify any underlying medical conditions of the patient.

(b) The osteopathic physician must obtain informed consent from the patient or the legal representative of the patient to engage in telemedicine with the patient. The osteopathic physician shall document the consent as part of the permanent medical record of the patient.

(c) The osteopathic physician must inform the patient:

(1) That the patient or the legal representative of the patient may withdraw the consent provided pursuant to paragraph (b) at any time;



(2) Of the potential risks, consequences and benefits of telemedicine;

(3) Whether the osteopathic physician has a financial interest in the Internet website used to engage in telemedicine or in the products or services provided to the patient via telemedicine; and

(4) That the transmission of any confidential medical information while engaged in telemedicine is subject to all applicable federal and state laws with respect to the protection of and access to confidential medical information.

4. An osteopathic physician is not required to comply with the provisions of paragraph (a) of subsection 3 if the osteopathic physician engages in telemedicine for the purposes of making a diagnostic interpretation of a medical examination, study or test of the patient.

5. An osteopathic physician is not required to comply with the provisions of paragraph (a) or (c) of subsection 3 in an emergency medical situation.

6. The provisions of this section must not be interpreted or construed to:

(a) Modify, expand or alter the scope of practice of an osteopathic physician pursuant to this chapter; or

(b) Authorize the practice of osteopathic medicine or delivery of care by an osteopathic physician in a setting that is not authorized by law or in a manner that violates the standard of care required of an osteopathic physician pursuant to this chapter.

7. As used in this section, "telemedicine" means the practice of osteopathic medicine by using equipment that transfers information concerning the medical condition of a patient electronically, telephonically or by fiber optics.

