

Amendment No. 174

Senate Amendment to Senate Bill No. 5	(BDR 40-416)
Proposed by: Senate Committee on Health and Human Services	
Amends: Summary: No Title: No Preamble: No Joint Sponsorship: No Digest: Yes	

ASSEMBLY ACTION			Initial and Date		SENATE ACTION			Initial and Date		
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____		Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____		Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____		Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.



SENATE BILL NO. 5—COMMITTEE ON
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE PATIENT PROTECTION COMMISSION)

PREFILED NOVEMBER 18, 2020

Referred to Committee on Health and Human Services

SUMMARY—Makes changes relating to telehealth. (BDR 40-416)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Yes.

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

AN ACT relating to health care; requiring the Department of Health and Human Services to establish an electronic tool to analyze certain data concerning access to telehealth; requiring certain entities to review access to services provided through telehealth and evaluate policies to make such access more equitable; revising provisions governing services provided through telehealth and insurance coverage of such services; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law: (1) defines the term “telehealth” to mean the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail; and (2) requires a provider of health care who is located in another state to hold a valid license or certificate in this State before using telehealth to provide certain services to a patient located in this State. (NRS 629.515) **Sections 7 and 8 of this bill clarify that telehealth includes both synchronous and asynchronous interactions. Section 8 ~~of this bill~~ includes as telehealth the delivery of services from a provider of health care to a patient at a different location through ~~the use of a standard telephone.~~ **an audio-only interaction, which may include the use of a standard telephone. Section 8 expressly authorizes a provider of health care to establish a relationship with a patient through telehealth and authorizes the State Board of Health to adopt regulations governing the establishment of a relationship in that manner. Section 1** of this bill requires the Department of Health and Human Services **, to the extent that money is available,** to establish a data dashboard that allows for the analysis of data relating to access to telehealth by different groups and populations in this State.**

Existing law establishes: (1) the Commission on Behavioral Health, which is comprised of certain providers and consumers of behavioral health services and members of the general public and which establishes policies relating to services for persons with certain behavioral health issues; (2) five regional behavioral health policy boards, each of which is comprised of a Legislator and various persons with knowledge and experience concerning behavioral health in five designated regions of this State and each of which gathers information and provides advice concerning behavioral health needs in the region served by the board; (3) the Patient Protection Commission, which is comprised of stakeholders in the health care industry and

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25 which studies issues related to the health care needs of residents of this State; and (4) the
 26 Legislative Committee on Health Care, which is comprised of legislators with knowledge of
 27 and experience with health care and studies issues related to health care during the interim
 28 period between regular legislative sessions. (NRS 232.361, 433.428, 433.429, 433.4295,
 29 439.908, 439.916, 439B.200, 439B.210, 439B.220) ~~{Sections}~~ If a data dashboard is
 30 established pursuant to section 1, sections 2, 3, 5 and 6 of this bill expand the duties of
 31 those bodies to include: (1) using the data dashboard to review access by different groups and
 32 populations in this State to services provided through telehealth; and (2) evaluating policies to
 33 make such access more equitable. **Sections 1 and 2** of this bill require the data dashboard if
 34 established, to be accessible through Internet websites maintained by the Department and the
 35 Patient Protection Commission, respectively.

36 Existing law imposes certain requirements concerning coverage of telehealth services by
 37 insurers and certain other third-party payers. Those requirements: (1) include a requirement
 38 that an insurer or other third-party payer must cover services provided through telehealth to
 39 the same extent as if provided in person or by other means, regardless of the site at which the
 40 provider or patient is located; and (2) apply to health coverage, including Medicaid and health
 41 plans for state and local government employees, and workers' compensation coverage. (NRS
 42 287.010, 287.04335, 422.2721, 616C.730, 689A.0463, 689B.0369, 689C.195, 695A.265,
 43 695B.1904, 695C.1708, 695D.216, 695G.162) Because **section 8** includes services provided
 44 ~~{using a standard telephone}~~ through audio-only interaction within the definition of
 45 "telehealth" for the purposes of those requirements, **section 8** makes those requirements
 46 applicable to services provided ~~{by telephone}~~ through audio-only interaction. **However,**
 47 **section 7** excludes services provided through audio-only interaction from the definition
 48 of "telehealth" for the purposes of industrial insurance, thereby excluding industrial
 49 insurance from those requirements governing coverage of services provided through
 50 audio-only interaction. **Sections 4** ~~{, 7}~~ **and 9-16** additionally prohibit a third-party payer
 51 who is not an industrial insurer from: (1) refusing to pay for services provided through
 52 telehealth because of the technology used to provide the services; or (2) categorizing a service
 53 provided through telehealth differently for purposes relating to coverage or reimbursement than
 54 if the service had been provided in person or through other means. **Sections 4** ~~{, 7}~~ **and 9-**
 55 **16** also require a third-party payer who is not an industrial insurer to cover services
 56 provided through telehealth, except for services provided ~~{using a standard telephone}~~
 57 through audio-only interaction, in the same amount as services provided in person or by
 58 other means.

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

1 **Section 1.** Chapter 439 of NRS is hereby amended by adding thereto a new
 2 section to read as follows:

3 **1. ~~{The}~~ To the extent that money is available for this purpose, the**
 4 **Department shall:**

5 ***(a) Establish a data dashboard that allows for the analysis of data relating to***
 6 ***access to telehealth by different groups and populations in this State. The data***
 7 ***dashboard must ~~{,}~~ to the extent authorized by federal law:***

8 ***(1) Include, without limitation, data concerning health care services,***
 9 ***behavioral health services and dental services provided through telehealth; and***

10 ***(2) Allow for the user to sort data based on the race, ethnicity, ancestry,***
 11 ***national origin, color, sex, sexual orientation, gender identity or expression,***
 12 ***mental or physical disability, income level or location of residence of the patient,***
 13 ***type of telehealth service and any other category determined useful by the***
 14 ***Department; and***

15 ***(b) Make the data dashboard available on an Internet website maintained by***
 16 ***the Department.***

17 **2. As used in this section:**

1 (a) *“Data dashboard” means a computerized tool that:*

2 (1) *Provides a centralized, interactive means of monitoring, measuring,*
 3 *analyzing and extracting relevant information from different sets of data; and*

4 (2) *Displays information in an interactive, intuitive and visual manner.*

5 (b) *“Telehealth” has the meaning ascribed to it in NRS 629.515.*

6 **Sec. 2.** NRS 439.916 is hereby amended to read as follows:

7 439.916 1. The Commission shall systematically review issues related to the
 8 health care needs of residents of this State and the quality, accessibility and
 9 affordability of health care, including, without limitation, prescription drugs, in this
 10 State. The review must include, without limitation:

11 (a) Comprehensively examining the system for regulating health care in this
 12 State, including, without limitation, the licensing and regulation of health care
 13 facilities and providers of health care and the role of professional licensing boards,
 14 commissions and other bodies established to regulate or evaluate policies related to
 15 health care.

16 (b) Identifying gaps and duplication in the roles of such boards, commissions
 17 and other bodies.

18 (c) Examining the cost of health care and the primary factors impacting those
 19 costs.

20 (d) Examining disparities in the quality and cost of health care between
 21 different groups, including, without limitation, minority groups and other distinct
 22 populations in this State.

23 (e) Reviewing the adequacy and types of providers of health care who
 24 participate in networks established by health carriers in this State and the
 25 geographic distribution of the providers of health care who participate in each such
 26 network.

27 (f) Reviewing the availability of health benefit plans, as defined in NRS
 28 687B.470, in this State.

29 (g) Reviewing the effect of any changes to Medicaid, including, without
 30 limitation, the expansion of Medicaid pursuant to the Patient Protection and
 31 Affordable Care Act, Public Law 111-148, on the cost and availability of health
 32 care and health insurance in this State.

33 (h) ~~Using the~~ *If a data dashboard is established pursuant to section 1 of*
 34 *this act, using the data dashboard to review access by different groups and*
 35 *populations in this State to services provided through telehealth and evaluating*
 36 *policies to make such access more equitable.*

37 (i) Reviewing proposed and enacted legislation, regulations and other changes
 38 to state and local policy related to health care in this State.

39 ~~(j)~~ (j) Researching possible changes to state or local policy in this State that
 40 may improve the quality, accessibility or affordability of health care in this State,
 41 including, without limitation:

42 (1) The use of purchasing pools to decrease the cost of health care;

43 (2) Increasing transparency concerning the cost or provision of health care;

44 (3) Regulatory measures designed to increase the accessibility and the
 45 quality of health care, regardless of geographic location or ability to pay;

46 (4) Facilitating access to data concerning insurance claims for medical
 47 services to assist in the development of public policies;

48 (5) Resolving problems relating to the billing of patients for medical
 49 services;

50 (6) Leveraging the expenditure of money by the Medicaid program and
 51 reimbursement rates under Medicaid to increase the quality and accessibility of
 52 health care for low-income persons; and

1 (7) Increasing access to health care for uninsured populations in this State,
2 including, without limitation, retirees and children.

3 ~~[(k)]~~ (k) Monitoring and evaluating proposed and enacted federal legislation
4 and regulations and other proposed and actual changes to federal health care policy
5 to determine the impact of such changes on the cost of health care in this State.

6 ~~[(l)]~~ (l) Evaluating the degree to which the role, structure and duties of the
7 Commission facilitate the oversight of the provision of health care in this State by
8 the Commission and allow the Commission to perform activities necessary to
9 promote the health care needs of residents of this State.

10 ~~[(m)]~~ (m) Making recommendations to the Governor, the Legislature, the
11 Department of Health and Human Services, local health authorities and any other
12 person or governmental entity to increase the quality, accessibility and affordability
13 of health care in this State, including, without limitation, recommendations
14 concerning the items described in this subsection.

15 2. ~~[(The)]~~ If a data dashboard is established pursuant to section 1 of this act,
16 the Commission shall make available on an Internet website maintained by the
17 Commission a hyperlink to the data dashboard. ~~[concerning telehealth~~
18 ~~established pursuant to section 1 of this act.]~~

19 3. As used in this section:

20 (a) "Health carrier" has the meaning ascribed to it in NRS 687B.625.

21 (b) "Network" has the meaning ascribed to it in NRS 687B.640.

22 (c) **"Telehealth" has the meaning ascribed to it in NRS 629.515.**

23 **Sec. 3.** NRS 439B.220 is hereby amended to read as follows:

24 439B.220 The Committee may:

25 1. Review and evaluate the quality and effectiveness of programs for the
26 prevention of illness.

27 2. Review and compare the costs of medical care among communities in
28 Nevada with similar communities in other states.

29 3. Analyze the overall system of medical care in the State to determine ways
30 to coordinate the providing of services to all members of society, avoid the
31 duplication of services and achieve the most efficient use of all available resources.

32 4. Examine the business of providing insurance, including the development of
33 cooperation with health maintenance organizations and organizations which restrict
34 the performance of medical services to certain physicians and hospitals, and
35 procedures to contain the costs of these services.

36 5. Examine hospitals to:

37 (a) Increase cooperation among hospitals;

38 (b) Increase the use of regional medical centers; and

39 (c) Encourage hospitals to use medical procedures which do not require the
40 patient to be admitted to the hospital and to use the resulting extra space in
41 alternative ways.

42 6. Examine medical malpractice.

43 7. Examine the system of education to coordinate:

44 (a) Programs in health education, including those for the prevention of illness
45 and those which teach the best use of available medical services; and

46 (b) The education of those who provide medical care.

47 8. Review competitive mechanisms to aid in the reduction of the costs of
48 medical care.

49 9. Examine the problem of providing and paying for medical care for indigent
50 and medically indigent persons, including medical care provided by physicians.

51 10. Examine the effectiveness of any legislation enacted to accomplish the
52 purpose of restraining the costs of health care while ensuring the quality of services,
53 and its effect on the subjects listed in subsections 1 to 9, inclusive.

1 11. Determine whether regulation by the State will be necessary in the future
2 by examining hospitals for evidence of:

3 (a) Degradation or discontinuation of services previously offered, including
4 without limitation, neonatal care, pulmonary services and pathology services; or

5 (b) A change in the policy of the hospital concerning contracts,
6 ↪ as a result of any legislation enacted to accomplish the purpose of restraining the
7 costs of health care while ensuring the quality of services.

8 12. Study the effect of the acuity of the care provided by a hospital upon the
9 revenues of the hospital and upon limitations upon that revenue.

10 13. Review the actions of the Director in administering the provisions of NRS
11 439B.160 to 439B.500, inclusive, and adopting regulations pursuant to those
12 provisions. The Director shall report to the Committee concerning any regulations
13 proposed or adopted pursuant to NRS 439B.160 to 439B.500, inclusive.

14 14. Identify and evaluate, with the assistance of an advisory group, the
15 alternatives to institutionalization for providing long-term care, including, without
16 limitation:

17 (a) An analysis of the costs of the alternatives to institutionalization and the
18 costs of institutionalization for persons receiving long-term care in this State;

19 (b) A determination of the effects of the various methods of providing long-
20 term care services on the quality of life of persons receiving those services in this
21 State;

22 (c) A determination of the personnel required for each method of providing
23 long-term care services in this State; and

24 (d) A determination of the methods for funding the long-term care services
25 provided to all persons who are receiving or who are eligible to receive those
26 services in this State.

27 15. Evaluate, with the assistance of an advisory group, the feasibility of
28 obtaining a waiver from the Federal Government to integrate and coordinate acute
29 care services provided through Medicare and long-term care services provided
30 through Medicaid in this State.

31 16. Evaluate, with the assistance of an advisory group, the feasibility of
32 obtaining a waiver from the Federal Government to eliminate the requirement that
33 elderly persons in this State impoverish themselves as a condition of receiving
34 assistance for long-term care.

35 17. ~~Use the~~ *If a data dashboard is established pursuant to section 1 of this*
36 *act, use the data dashboard to review access by different groups and populations*
37 *in this State to services provided through telehealth, as defined in NRS 629.515,*
38 *and evaluate policies to make such access more equitable.*

39 18. Conduct investigations and hold hearings in connection with its review
40 and analysis and exercise any of the investigative powers set forth in NRS
41 218E.105 to 218E.140, inclusive.

42 ~~18.~~ 19. Apply for any available grants and accept any gifts, grants or
43 donations to aid the Committee in carrying out its duties pursuant to NRS 439B.160
44 to 439B.500, inclusive.

45 ~~19.~~ 20. Direct the Legislative Counsel Bureau to assist in its research,
46 investigations, review and analysis.

47 ~~20.~~ 21. Recommend to the Legislature as a result of its review any
48 appropriate legislation.

49 **Sec. 4.** NRS 422.2721 is hereby amended to read as follows:

50 422.2721 1. The Director shall include in the State Plan for Medicaid:

51 (a) A requirement that the State, and, to the extent applicable, any of its
52 political subdivisions, shall pay for the nonfederal share of expenses for services
53 provided to a person through telehealth to the same extent *and, except for services*

1 *provided ~~[using a standard telephone,]~~ through audio-only interaction, in the*
 2 *same amount* as though provided in person or by other means; and

3 (b) A provision prohibiting the State from:

4 (1) Requiring a person to obtain prior authorization that would not be
 5 required if a service were provided in person or through other means, establish a
 6 relationship with a provider of health care or provide any additional consent to or
 7 reason for obtaining services through telehealth as a condition to paying for
 8 services as described in paragraph (a). The State Plan for Medicaid may require
 9 prior authorization for a service provided through telehealth if such prior
 10 authorization would be required if the service were provided in person or through
 11 other means.

12 (2) Requiring a provider of health care to demonstrate that it is necessary
 13 to provide services to a person through telehealth or receive any additional type of
 14 certification or license to provide services through telehealth as a condition to
 15 paying for services as described in paragraph (a).

16 (3) Refusing to pay for services as described in paragraph (a) because of
 17 ~~[the]:~~

18 (I) *The* distant site from which a provider of health care provides
 19 services through telehealth or the originating site at which a person who is covered
 20 by the State Plan for Medicaid receives services through telehealth ~~is~~; *or*

21 (II) *The technology used to provide the services.*

22 (4) Requiring services to be provided through telehealth as a condition to
 23 paying for such services.

24 (5) *Categorizing a service provided through telehealth differently for*
 25 *purposes relating to coverage or reimbursement than if the service had been*
 26 *provided in person or through other means.*

27 2. The provisions of this section do not:

28 (a) Require the Director to include in the State Plan for Medicaid coverage of
 29 any service that the Director is not otherwise required by law to include; or

30 (b) Require the State or any political subdivision thereof to:

31 (1) Ensure that covered services are available to a recipient of Medicaid
 32 through telehealth at a particular originating site; or

33 (2) Provide coverage for a service that is not included in the State Plan for
 34 Medicaid or provided by a provider of health care that does not participate in
 35 Medicaid.

36 3. As used in this section:

37 (a) "Distant site" has the meaning ascribed to it in NRS 629.515.

38 (b) "Originating site" has the meaning ascribed to it in NRS 629.515.

39 (c) "Provider of health care" has the meaning ascribed to it in NRS 439.820.

40 (d) "Telehealth" has the meaning ascribed to it in NRS 629.515.

41 **Sec. 5.** NRS 433.314 is hereby amended to read as follows:

42 433.314 1. The Commission shall:

43 (a) Establish policies to ensure adequate development and administration of
 44 services for persons with mental illness, persons with intellectual disabilities,
 45 persons with developmental disabilities, persons with substance use disorders or
 46 persons with co-occurring disorders, including services to prevent mental illness,
 47 intellectual disabilities, developmental disabilities, substance use disorders and co-
 48 occurring disorders, and services provided without admission to a facility or
 49 institution;

50 (b) Set policies for the care and treatment of persons with mental illness,
 51 persons with intellectual disabilities, persons with developmental disabilities,
 52 persons with substance use disorders or persons with co-occurring disorders
 53 provided by all state agencies;

1 (c) ~~Use the~~ *If a data dashboard is established pursuant to section 1 of this*
2 *act, use the data dashboard to review access by different groups and populations*
3 *in this State to behavioral health services provided through telehealth, as defined*
4 *in NRS 629.515, and evaluate policies to make such access more equitable;*

5 (d) Review the programs and finances of the Division;

6 ~~(e)~~ (e) Report at the beginning of each year to the Governor and at the
7 beginning of each odd-numbered year to the Legislature:

8 (1) Information concerning the quality of the care and treatment provided
9 for persons with mental illness, persons with intellectual disabilities, persons with
10 developmental disabilities, persons with substance use disorders or persons with co-
11 occurring disorders in this State and on any progress made toward improving the
12 quality of that care and treatment; and

13 (2) In coordination with the Department, any recommendations from the
14 regional behavioral health policy boards created pursuant to NRS 433.429. The
15 report must include, without limitation:

16 (I) The epidemiologic profiles of substance use disorders, addictive
17 disorders related to gambling and suicide;

18 (II) Relevant behavioral health prevalence data for each behavioral
19 health region created by NRS 433.428; and

20 (III) The health priorities set for each behavioral health region; and

21 ~~(e)~~ (f) Review and make recommendations concerning regulations submitted
22 to the Commission for review pursuant to NRS 641.100, 641A.160, 641B.160 and
23 641C.200.

24 2. The Commission may employ an administrative assistant and a data analyst
25 to assist the regional behavioral health policy boards created by NRS 433.429 in
26 carrying out their duties.

27 **Sec. 6.** NRS 433.4295 is hereby amended to read as follows:

28 433.4295 1. Each policy board shall:

29 (a) Advise the Department, Division and Commission regarding:

30 (1) The behavioral health needs of adults and children in the behavioral
31 health region;

32 (2) Any progress, problems or proposed plans relating to the provision of
33 behavioral health services and methods to improve the provision of behavioral
34 health services in the behavioral health region;

35 (3) Identified gaps in the behavioral health services which are available in
36 the behavioral health region and any recommendations or service enhancements to
37 address those gaps;

38 (4) Any federal, state or local law or regulation that relates to behavioral
39 health which it determines is redundant, conflicts with other laws or is obsolete and
40 any recommendation to address any such redundant, conflicting or obsolete law or
41 regulation; and

42 (5) Priorities for allocating money to support and develop behavioral health
43 services in the behavioral health region.

44 (b) Promote improvements in the delivery of behavioral health services in the
45 behavioral health region.

46 (c) Coordinate and exchange information with the other policy boards to
47 provide unified and coordinated recommendations to the Department, Division and
48 Commission regarding behavioral health services in the behavioral health region.

49 (d) Review the collection and reporting standards of behavioral health data to
50 determine standards for such data collection and reporting processes.

51 (e) To the extent feasible, establish an organized, sustainable and accurate
52 electronic repository of data and information concerning behavioral health and
53 behavioral health services in the behavioral health region that is accessible to

1 members of the public on an Internet website maintained by the policy board. A
 2 policy board may collaborate with an existing community-based organization to
 3 establish the repository.

4 (f) To the extent feasible, track and compile data concerning persons admitted
 5 to mental health facilities and hospitals pursuant to NRS 433A.145 to 433A.197,
 6 inclusive, and to mental health facilities and programs of community-based or
 7 outpatient services pursuant to NRS 433A.200 to 433A.330, inclusive, in the
 8 behavioral health region, including, without limitation:

9 (1) The outcomes of treatment provided to such persons; and

10 (2) Measures taken upon and after the release of such persons to address
 11 behavioral health issues and prevent future admissions.

12 (g) ~~Use the~~ *If a data dashboard is established pursuant to section 1 of this*
 13 *act, use the data dashboard to review access by different groups and populations*
 14 *in this State to behavioral health services provided through telehealth, as defined*
 15 *in NRS 629.515, and evaluate policies to make such access more equitable.*

16 (h) Identify and coordinate with other entities in the behavioral health region
 17 and this State that address issues relating to behavioral health to increase awareness
 18 of such issues and avoid duplication of efforts.

19 ~~(h)~~ (i) In coordination with existing entities in this State that address issues
 20 relating to behavioral health services, submit an annual report to the Commission
 21 which includes, without limitation:

22 (1) The specific behavioral health needs of the behavioral health region;

23 (2) A description of the methods used by the policy board to collect and
 24 analyze data concerning the behavioral health needs and problems of the behavioral
 25 health region and gaps in behavioral health services which are available in the
 26 behavioral health region, including, without limitation, a list of all sources of such
 27 data used by the policy board;

28 (3) A description of the manner in which the policy board has carried out
 29 the requirements of paragraphs (c) and ~~(g)~~ (h) of subsection 1 and the results of
 30 those activities; and

31 (4) The data compiled pursuant to paragraph (f) and any conclusions that
 32 the policy board has derived from such data.

33 2. A report described in paragraph ~~(h)~~ (i) of subsection 1 may be submitted
 34 more often than annually if the policy board determines that a specific behavioral
 35 health issue requires an additional report to the Commission.

36 **Sec. 7.** NRS 616C.730 is hereby amended to read as follows:

37 616C.730 1. Every policy of insurance issued pursuant to chapters 616A to
 38 617, inclusive, of NRS must include coverage for services provided to an employee
 39 through telehealth to the same extent ~~and, except for services provided using a~~
 40 ~~standard telephone, in the same amount~~ as though provided in person or by other
 41 means.

42 2. An insurer shall not:

43 (a) Require an employee to establish a relationship in person with a provider of
 44 health care or provide any additional consent to or reason for obtaining services
 45 through telehealth as a condition to providing the coverage described in subsection
 46 1;

47 (b) Require a provider of health care to demonstrate that it is necessary to
 48 provide services to an employee through telehealth or receive any additional type of
 49 certification or license to provide services through telehealth as a condition to
 50 providing the coverage described in subsection 1;

51 (c) Refuse to provide the coverage described in subsection 1 because of ~~the f~~

1 ~~— (1) The~~ distant site from which a provider of health care provides services
 2 through telehealth or the originating site at which an employee receives services
 3 through telehealth; or

4 ~~— (2) The technology used to provide the services;~~

5 (d) Require covered services to be provided through telehealth as a condition to
 6 providing coverage for such services. ~~— for~~

7 ~~— (c) Categorize a service provided through telehealth differently for purposes~~
 8 ~~relating to coverage or reimbursement than if the service had been provided in~~
 9 ~~person or through other means.~~

10 3. A policy of insurance issued pursuant to chapters 616A to 617, inclusive,
 11 of NRS must not require an employee to obtain prior authorization for any service
 12 provided through telehealth that is not required for the service when provided in
 13 person. Such a policy of insurance may require prior authorization for a service
 14 provided through telehealth if such prior authorization would be required if the
 15 service were provided in person or by other means.

16 4. The provisions of this section do not require an insurer to:

17 (a) Ensure that covered services are available to an employee through
 18 telehealth at a particular originating site;

19 (b) Provide coverage for a service that is not a covered service or that is not
 20 provided by a covered provider of health care; or

21 (c) Enter into a contract with any provider of health care or cover any service if
 22 the insurer is not otherwise required by law to do so.

23 5. A policy of insurance subject to the provisions of chapters 616A to 617,
 24 inclusive, of NRS that is delivered, issued for delivery or renewed on or after July
 25 1, 2015, ~~[October 1, 2021]~~ has the legal effect of including the coverage required
 26 by this section, and any provision of the policy or the renewal which is in conflict
 27 with this section is void.

28 6. As used in this section:

29 (a) “Distant site” has the meaning ascribed to it in NRS 629.515.

30 (b) “Originating site” has the meaning ascribed to it in NRS 629.515.

31 (c) “Provider of health care” has the meaning ascribed to it in NRS 439.820.

32 (d) “Telehealth” ~~[has the meaning ascribed to it in NRS 629.515.]~~ means the
 33 delivery of services from a provider of health care to a patient at a different
 34 location through the use of information and audio-visual communication
 35 technology, not including standard telephone, facsimile or electronic mail. The
 36 term includes, without limitation, the delivery of services from a provider of
 37 health care to a patient at a different location through the use of synchronous
 38 interaction or an asynchronous system of storing and forwarding information.

39 **Sec. 8.** NRS 629.515 is hereby amended to read as follows:

40 629.515 1. Except as otherwise provided in this subsection, before a
 41 provider of health care who is located at a distant site may use telehealth to direct or
 42 manage the care or render a diagnosis of a patient who is located at an originating
 43 site in this State or write a treatment order or prescription for such a patient, the
 44 provider must hold a valid license or certificate to practice his or her profession in
 45 this State, including, without limitation, a special purpose license issued pursuant to
 46 NRS 630.261. The requirements of this subsection do not apply to a provider of
 47 health care who is providing services within the scope of his or her employment by
 48 or pursuant to a contract entered into with an urban Indian organization, as defined
 49 in 25 U.S.C. § 1603.

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

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

1 (b) Authorize a provider of health care to provide services in a setting that is
2 not authorized by law or in a manner that violates the standard of care required of
3 the provider of health care.

4 3. A provider of health care who is located at a distant site and uses telehealth
5 to direct or manage the care or render a diagnosis of a patient who is located at an
6 originating site in this State or write a treatment order or prescription for such a
7 patient:

8 (a) Is subject to the laws and jurisdiction of the State of Nevada, including,
9 without limitation, any regulations adopted by an occupational licensing board in
10 this State, regardless of the location from which the provider of health care provides
11 services through telehealth.

12 (b) Shall comply with all federal and state laws that would apply if the provider
13 were located at a distant site in this State.

14 4. *A provider of health care may establish a relationship with a patient*
15 *using telehealth when it is clinically appropriate to establish a relationship with a*
16 *patient in that manner. The State Board of Health may adopt regulations*
17 *governing the process by which a provider of health care may establish a*
18 *relationship with a patient using telehealth.*

19 5. As used in this section:

20 (a) "Distant site" means the location of the site where a telehealth provider of
21 health care is providing telehealth services to a patient located at an originating site.

22 (b) "Originating site" means the location of the site where a patient is receiving
23 telehealth services from a provider of health care located at a distant site.

24 (c) "Telehealth" means the delivery of services from a provider of health care
25 to a patient at a different location through the use of information and audio-visual
26 communication technology, not including ~~[standard telephone,]~~ facsimile or
27 electronic mail. *The term includes, without limitation, the delivery of services*
28 *from a provider of health care to a patient at a different location through the use*
29 *of ~~[a standard telephone,]~~ ;*

30 *(1) Synchronous interaction or an asynchronous system of storing and*
31 *forwarding information; and*

32 *(2) Audio-only interaction, whether synchronous or asynchronous.*

33 **Sec. 9.** NRS 689A.0463 is hereby amended to read as follows:

34 689A.0463 1. A policy of health insurance must include coverage for
35 services provided to an insured through telehealth to the same extent *and, except*
36 *for services provided ~~using a standard telephone,]~~ through audio-only*
37 *interaction, in the same amount* as though provided in person or by other means.

38 2. An insurer shall not:

39 (a) Require an insured to establish a relationship in person with a provider of
40 health care or provide any additional consent to or reason for obtaining services
41 through telehealth as a condition to providing the coverage described in subsection
42 1;

43 (b) Require a provider of health care to demonstrate that it is necessary to
44 provide services to an insured through telehealth or receive any additional type of
45 certification or license to provide services through telehealth as a condition to
46 providing the coverage described in subsection 1;

47 (c) Refuse to provide the coverage described in subsection 1 because of ~~[the]~~ :

48 *(1) The distant site from which a provider of health care provides services*
49 *through telehealth or the originating site at which an insured receives services*
50 *through telehealth; or*

51 *(2) The technology used to provide the services;*

52 (d) Require covered services to be provided through telehealth as a condition to
53 providing coverage for such services ~~[]~~ ; *or*

1 (e) *Categorize a service provided through telehealth differently for purposes*
2 *relating to coverage or reimbursement than if the service had been provided in*
3 *person or through other means.*

4 3. A policy of health insurance must not require an insured to obtain prior
5 authorization for any service provided through telehealth that is not required for the
6 service when provided in person. A policy of health insurance may require prior
7 authorization for a service provided through telehealth if such prior authorization
8 would be required if the service were provided in person or by other means.

9 4. The provisions of this section do not require an insurer to:

10 (a) Ensure that covered services are available to an insured through telehealth
11 at a particular originating site;

12 (b) Provide coverage for a service that is not a covered service or that is not
13 provided by a covered provider of health care; or

14 (c) Enter into a contract with any provider of health care or cover any service if
15 the insurer is not otherwise required by law to do so.

16 5. A policy of health insurance subject to the provisions of this chapter that is
17 delivered, issued for delivery or renewed on or after ~~July 1, 2015,~~ **October 1,**
18 **2021**, has the legal effect of including the coverage required by this section, and
19 any provision of the policy or the renewal which is in conflict with this section is
20 void.

21 6. As used in this section:

22 (a) “Distant site” has the meaning ascribed to it in NRS 629.515.

23 (b) “Originating site” has the meaning ascribed to it in NRS 629.515.

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

25 (d) “Telehealth” has the meaning ascribed to it in NRS 629.515.

26 **Sec. 10.** NRS 689B.0369 is hereby amended to read as follows:

27 689B.0369 1. A policy of group or blanket health insurance must include
28 coverage for services provided to an insured through telehealth to the same extent
29 *and, except for services provided ~~using a standard telephone,~~ through audio-*
30 *only interaction, in the same amount* as though provided in person or by other
31 means.

32 2. An insurer shall not:

33 (a) Require an insured to establish a relationship in person with a provider of
34 health care or provide any additional consent to or reason for obtaining services
35 through telehealth as a condition to providing the coverage described in subsection
36 1;

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

41 (c) Refuse to provide the coverage described in subsection 1 because of ~~the~~ :

42 (1) *The distant site from which a provider of health care provides services*
43 *through telehealth or the originating site at which an insured receives services*
44 *through telehealth; or*

45 (2) *The technology used to provide the services;*

46 (d) Require covered services to be provided through telehealth as a condition to
47 providing coverage for such services ~~to~~; *or*

48 (e) *Categorize a service provided through telehealth differently for purposes*
49 *relating to coverage or reimbursement than if the service had been provided in*
50 *person or through other means.*

51 3. A policy of group or blanket health insurance must not require an insured
52 to obtain prior authorization for any service provided through telehealth that is not
53 required for that service when provided in person. A policy of group or blanket

1 health insurance may require prior authorization for a service provided through
2 telehealth if such prior authorization would be required if the service were provided
3 in person or by other means.

4 4. The provisions of this section do not require an insurer to:

5 (a) Ensure that covered services are available to an insured through telehealth
6 at a particular originating site;

7 (b) Provide coverage for a service that is not a covered service or that is not
8 provided by a covered provider of health care; or

9 (c) Enter into a contract with any provider of health care or cover any service if
10 the insurer is not otherwise required by law to do so.

11 5. A policy of group or blanket health insurance subject to the provisions of
12 this chapter that is delivered, issued for delivery or renewed on or after ~~July 1,~~
13 ~~2015,~~ **October 1, 2021**, has the legal effect of including the coverage required by
14 this section, and any provision of the policy or the renewal which is in conflict with
15 this section is void.

16 6. As used in this section:

17 (a) "Distant site" has the meaning ascribed to it in NRS 629.515.

18 (b) "Originating site" has the meaning ascribed to it in NRS 629.515.

19 (c) "Provider of health care" has the meaning ascribed to it in NRS 439.820.

20 (d) "Telehealth" has the meaning ascribed to it in NRS 629.515.

21 **Sec. 11.** NRS 689C.195 is hereby amended to read as follows:

22 689C.195 1. A health benefit plan must include coverage for services
23 provided to an insured through telehealth to the same extent *and, except for*
24 *services provided ~~using a standard telephone,~~ through audio-only interaction,*
25 *in the same amount* as though provided in person or by other means.

26 2. A carrier shall not:

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

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

35 (c) Refuse to provide the coverage described in subsection 1 because of ~~the~~:

36 (1) *The* distant site from which a provider of health care provides services
37 through telehealth or the originating site at which an insured receives services
38 through telehealth; or

39 (2) *The technology used to provide the services;*

40 (d) Require covered services to be provided through telehealth as a condition to
41 providing coverage for such services ~~to~~; *or*

42 (e) *Categorize a service provided through telehealth differently for purposes*
43 *relating to coverage or reimbursement than if the service had been provided in*
44 *person or through other means.*

45 3. A health benefit plan must not require an insured to obtain prior
46 authorization for any service provided through telehealth that is not required for the
47 service when provided in person. A health benefit plan may require prior
48 authorization for a service provided through telehealth if such prior authorization
49 would be required if the service were provided in person or by other means.

50 4. The provisions of this section do not require a carrier to:

51 (a) Ensure that covered services are available to an insured through telehealth
52 at a particular originating site;

1 (b) Provide coverage for a service that is not a covered service or that is not
2 provided by a covered provider of health care; or

3 (c) Enter into a contract with any provider of health care or cover any service if
4 the carrier is not otherwise required by law to do so.

5 5. A plan subject to the provisions of this chapter that is delivered, issued for
6 delivery or renewed on or after ~~[July 1, 2015,]~~ **October 1, 2021**, has the legal effect
7 of including the coverage required by this section, and any provision of the plan or
8 the renewal which is in conflict with this section is void.

9 6. As used in this section:

10 (a) "Distant site" has the meaning ascribed to it in NRS 629.515.

11 (b) "Originating site" has the meaning ascribed to it in NRS 629.515.

12 (c) "Provider of health care" has the meaning ascribed to it in NRS 439.820.

13 (d) "Telehealth" has the meaning ascribed to it in NRS 629.515.

14 **Sec. 12.** NRS 695A.265 is hereby amended to read as follows:

15 695A.265 1. A benefit contract must include coverage for services provided
16 to an insured through telehealth to the same extent *and, except for services*
17 *provided ~~[using a standard telephone,]~~ through audio-only interaction, in the*
18 *same amount* as though provided in person or by other means.

19 2. A society shall not:

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

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

28 (c) Refuse to provide the coverage described in subsection 1 because of ~~[the]~~ :

29 (1) *The* distant site from which a provider of health care provides services
30 through telehealth or the originating site at which an insured receives services
31 through telehealth; or

32 (2) *The technology used to provide the services;*

33 (d) Require covered services to be provided through telehealth as a condition to
34 providing coverage for such services ~~[]~~; or

35 (e) *Categorize a service provided through telehealth differently for purposes*
36 *relating to coverage or reimbursement than if the service had been provided in*
37 *person or through other means.*

38 3. A benefit contract must not require an insured to obtain prior authorization
39 for any service provided through telehealth that is not required for the service when
40 provided in person. A benefit contract may require prior authorization for a service
41 provided through telehealth if such prior authorization would be required if the
42 service were provided in person or by other means.

43 4. The provisions of this section do not require a society to:

44 (a) Ensure that covered services are available to an insured through telehealth
45 at a particular originating site;

46 (b) Provide coverage for a service that is not a covered service or that is not
47 provided by a covered provider of health care; or

48 (c) Enter into a contract with any provider of health care or cover any service if
49 the society is not otherwise required by law to do so.

50 5. A benefit contract subject to the provisions of this chapter that is delivered,
51 issued for delivery or renewed on or after ~~[July 1, 2015,]~~ **October 1, 2021**, has the
52 legal effect of including the coverage required by this section, and any provision of
53 the contract or the renewal which is in conflict with this section is void.

1 6. As used in this section:

- 2 (a) “Distant site” has the meaning ascribed to it in NRS 629.515.
3 (b) “Originating site” has the meaning ascribed to it in NRS 629.515.
4 (c) “Provider of health care” has the meaning ascribed to it in NRS 439.820.
5 (d) “Telehealth” has the meaning ascribed to it in NRS 629.515.

6 **Sec. 13.** NRS 695B.1904 is hereby amended to read as follows:

7 695B.1904 1. A contract for hospital, medical or dental services subject to
8 the provisions of this chapter must include services provided to an insured through
9 telehealth to the same extent *and, except for services provided ~~using a standard~~*
10 *telephone, through audio-only interaction, in the same amount* as though
11 provided in person or by other means.

12 2. A medical services corporation that issues contracts for hospital, medical or
13 dental services shall not:

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

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

22 (c) Refuse to provide the coverage described in subsection 1 because of ~~the~~:

23 (1) *The distant site from which a provider of health care provides services*
24 *through telehealth or the originating site at which an insured receives services*
25 *through telehealth; or*

26 (2) *The technology used to provide the services;*

27 (d) Require covered services to be provided through telehealth as a condition to
28 providing coverage for such services ~~to~~; *or*

29 (e) *Categorize a service provided through telehealth differently for purposes*
30 *relating to coverage or reimbursement than if the service had been provided in*
31 *person or through other means.*

32 3. A contract for hospital, medical or dental services must not require an
33 insured to obtain prior authorization for any service provided through telehealth
34 that is not required for the service when provided in person. A contract for hospital,
35 medical or dental services may require prior authorization for a service provided
36 through telehealth if such prior authorization would be required if the service were
37 provided in person or by other means.

38 4. The provisions of this section do not require a medical services corporation
39 that issues contracts for hospital, medical or dental services to:

40 (a) Ensure that covered services are available to an insured through telehealth
41 at a particular originating site;

42 (b) Provide coverage for a service that is not a covered service or that is not
43 provided by a covered provider of health care; or

44 (c) Enter into a contract with any provider of health care or cover any service if
45 the medical services corporation is not otherwise required by law to do so.

46 5. A contract for hospital, medical or dental services subject to the provisions
47 of this chapter that is delivered, issued for delivery or renewed on or after ~~July 1,~~
48 ~~2015,~~ *October 1, 2021*, has the legal effect of including the coverage required by
49 this section, and any provision of the contract or the renewal which is in conflict
50 with this section is void.

51 6. As used in this section:

- 52 (a) “Distant site” has the meaning ascribed to it in NRS 629.515.
53 (b) “Originating site” has the meaning ascribed to it in NRS 629.515.

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

2 (d) “Telehealth” has the meaning ascribed to it in NRS 629.515.

3 **Sec. 14.** NRS 695C.1708 is hereby amended to read as follows:

4 695C.1708 1. A health care plan of a health maintenance organization must
5 include coverage for services provided to an enrollee through telehealth to the same
6 extent *and, except for services provided ~~using a standard telephone,~~ through*
7 *audio-only interaction, in the same amount* as though provided in person or by
8 other means.

9 2. A health maintenance organization shall not:

10 (a) Require an enrollee to establish a relationship in person with a provider of
11 health care or provide any additional consent to or reason for obtaining services
12 through telehealth as a condition to providing the coverage described in subsection
13 1;

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

18 (c) Refuse to provide the coverage described in subsection 1 because of ~~the~~:

19 (1) *The* distant site from which a provider of health care provides services
20 through telehealth or the originating site at which an enrollee receives services
21 through telehealth; or

22 (2) *The technology used to provide the services;*

23 (d) Require covered services to be provided through telehealth as a condition to
24 providing coverage for such services ~~to~~; *or*

25 (e) *Categorize a service provided through telehealth differently for purposes*
26 *relating to coverage or reimbursement than if the service had been provided in*
27 *person or through other means.*

28 3. A health care plan of a health maintenance organization must not require an
29 enrollee to obtain prior authorization for any service provided through telehealth
30 that is not required for the service when provided in person. Such a health care plan
31 may require prior authorization for a service provided through telehealth if such
32 prior authorization would be required if the service were provided in person or by
33 other means.

34 4. The provisions of this section do not require a health maintenance
35 organization to:

36 (a) Ensure that covered services are available to an enrollee through telehealth
37 at a particular originating site;

38 (b) Provide coverage for a service that is not a covered service or that is not
39 provided by a covered provider of health care; or

40 (c) Enter into a contract with any provider of health care or cover any service if
41 the health maintenance organization is not otherwise required by law to do so.

42 5. Evidence of coverage subject to the provisions of this chapter that is
43 delivered, issued for delivery or renewed on or after ~~July 1, 2015,~~ *October 1,*
44 *2021,* has the legal effect of including the coverage required by this section, and
45 any provision of the plan or the renewal which is in conflict with this section is
46 void.

47 6. As used in this section:

48 (a) “Distant site” has the meaning ascribed to it in NRS 629.515.

49 (b) “Originating site” has the meaning ascribed to it in NRS 629.515.

50 (c) “Provider of health care” has the meaning ascribed to it in NRS 439.820.

51 (d) “Telehealth” has the meaning ascribed to it in NRS 629.515.

1 **Sec. 15.** NRS 695D.216 is hereby amended to read as follows:

2 695D.216 1. A plan for dental care must include coverage for services
3 provided to a member through telehealth to the same extent *and, except for services*
4 *provided ~~using a standard telephone,~~ through audio-only interaction, in the*
5 *same amount* as though provided in person or by other means.

6 2. An organization for dental care shall not:

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

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

15 (c) Refuse to provide the coverage described in subsection 1 because of ~~the~~:

16 (1) *The* distant site from which a provider of health care provides services
17 through telehealth or the originating site at which a member receives services
18 through telehealth; or

19 (2) *The technology used to provide the services;*

20 (d) Require covered services to be provided through telehealth as a condition to
21 providing coverage for such services ~~to~~; *or*

22 (e) *Categorize a service provided through telehealth differently for purposes*
23 *relating to coverage or reimbursement than if the service had been provided in*
24 *person or through other means.*

25 3. A plan for dental care must not require a member to obtain prior
26 authorization for any service provided through telehealth that is not required for the
27 service when provided in person. A plan for dental care may require prior
28 authorization for a service provided through telehealth if such prior authorization
29 would be required if the service were provided in person or by other means.

30 4. The provisions of this section do not require an organization for dental care
31 to:

32 (a) Ensure that covered services are available to a member through telehealth at
33 a particular originating site;

34 (b) Provide coverage for a service that is not a covered service or that is not
35 provided by a covered provider of health care; or

36 (c) Enter into a contract with any provider of health care or cover any service if
37 the organization for dental care is not otherwise required by law to do so.

38 5. A plan for dental care subject to the provisions of this chapter that is
39 delivered, issued for delivery or renewed on or after ~~July 1, 2015,~~ *October 1,*
40 *2021,* has the legal effect of including the coverage required by this section, and
41 any provision of the plan or the renewal which is in conflict with this section is
42 void.

43 6. As used in this section:

44 (a) “Distant site” has the meaning ascribed to it in NRS 629.515.

45 (b) “Originating site” has the meaning ascribed to it in NRS 629.515.

46 (c) “Provider of health care” has the meaning ascribed to it in NRS 439.820.

47 (d) “Telehealth” has the meaning ascribed to it in NRS 629.515.

48 **Sec. 16.** NRS 695G.162 is hereby amended to read as follows:

49 695G.162 1. A health care plan issued by a managed care organization for
50 group coverage must include coverage for services provided to an insured through
51 telehealth to the same extent *and, except for services provided ~~using a standard~~*
52 *telephone,* *through audio-only interaction, in the same amount* as though
53 provided in person or by other means.

1 2. A managed care organization shall not:

2 (a) Require an insured to establish a relationship in person with a provider of
3 health care or provide any additional consent to or reason for obtaining services
4 through telehealth as a condition to providing the coverage described in subsection
5 1;

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

10 (c) Refuse to provide the coverage described in subsection 1 because of ~~the~~:

11 (1) *The* distant site from which a provider of health care provides services
12 through telehealth or the originating site at which an insured receives services
13 through telehealth; or

14 (2) *The technology used to provide the services;*

15 (d) Require covered services to be provided through telehealth as a condition to
16 providing coverage for such services ~~+~~; or

17 (e) *Categorize a service provided through telehealth differently for purposes*
18 *relating to coverage or reimbursement than if the service had been provided in*
19 *person or through other means.*

20 3. A health care plan of a managed care organization must not require an
21 insured to obtain prior authorization for any service provided through telehealth
22 that is not required for the service when provided in person. Such a health care plan
23 may require prior authorization for a service provided through telehealth if such
24 prior authorization would be required if the service were provided in person or by
25 other means.

26 4. The provisions of this section do not require a managed care organization
27 to:

28 (a) Ensure that covered services are available to an insured through telehealth
29 at a particular originating site;

30 (b) Provide coverage for a service that is not a covered service or that is not
31 provided by a covered provider of health care; or

32 (c) Enter into a contract with any provider of health care or cover any service if
33 the managed care organization is not otherwise required by law to do so.

34 5. Evidence of coverage that is delivered, issued for delivery or renewed on or
35 after ~~July 1, 2015,~~ **October 1, 2021**, has the legal effect of including the coverage
36 required by this section, and any provision of the plan or the renewal which is in
37 conflict with this section is void.

38 6. As used in this section:

39 (a) “Distant site” has the meaning ascribed to it in NRS 629.515.

40 (b) “Originating site” has the meaning ascribed to it in NRS 629.515.

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

42 (d) “Telehealth” has the meaning ascribed to it in NRS 629.515.

43 **Sec. 16.5. 1. Any regulations adopted by a regulatory body that conflict**
44 **with the amendatory provisions of this act are void. The Legislative Counsel**
45 **shall remove those regulations from the Nevada Administrative Code as soon**
46 **as practicable after October 1, 2021.**

47 **2. As used in this section, “regulatory body” has the meaning ascribed to**
48 **it in NRS 622.060.**

49 **Sec. 17.** This act becomes effective:

50 1. Upon passage and approval for the purpose of performing any preparatory
51 administrative tasks that are necessary to carry out the provisions of this act; and

52 2. On October 1, 2021, for all other purposes.