

Amendment No. 608

Assembly Amendment to Senate Bill No. 5 First Reprint	(BDR 40-416)
Proposed by: Assembly 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~~ **Section 7** ~~and~~ **of this bill provides that for the purposes of certain policies of insurance related to industrial insurance, telehealth includes only synchronous interactions. Section 8** of this bill ~~clarify~~ **provides that for certain other purposes** telehealth includes both synchronous and asynchronous interactions. **Section 8** includes as telehealth the delivery of services from a provider of health care to a patient at a different location through 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

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

37 Existing law imposes certain requirements concerning coverage of telehealth services by
 38 insurers and certain other third-party payers. Those requirements: (1) include a requirement
 39 that an insurer or other third-party payer must cover services provided through telehealth to
 40 the same extent as if provided in person or by other means, regardless of the site at which the
 41 provider or patient is located; and (2) apply to health coverage, including Medicaid and health
 42 plans for state and local government employees, and workers' compensation coverage. (NRS
 43 287.010, 287.04335, 422.2721, 616C.730, 689A.0463, 689B.0369, 689C.195, 695A.265,
 44 695B.1904, 695C.1708, 695D.216, 695G.162) Because **section 8** includes services provided
 45 through audio-only interaction within the definition of "telehealth" for the purposes of those
 46 requirements, **section 8** makes those requirements applicable to services provided through
 47 audio-only interaction. However, **section 7** excludes services provided through audio-only
 48 interaction from the definition of "telehealth" for the purposes of industrial insurance, thereby
 49 excluding industrial insurance from those requirements governing coverage of services
 50 provided through audio-only interaction. **Sections 4 and 9-16** additionally prohibit a third-
 51 party payer who is not an industrial insurer from: (1) refusing to pay for services provided
 52 through telehealth because of the technology used to provide the services; or (2) categorizing
 53 a service provided through telehealth differently for purposes relating to coverage or
 54 reimbursement than if the service had been provided in person or through other means.
 55 **Sections 4 [and 9-16], 9, 10, 11, 12, 13, 14, 15 and 16** also require a third-party payer who is
 56 not an industrial insurer to cover services provided through telehealth, except for services
 57 provided through audio-only interaction, in the same amount as services provided in person or
 58 by other means. **Sections 4.3-4.9, 9.3-9.9, 10.3-10.9, 11.3-11.9, 12.3-12.9, 13.3-13.9, 14.3-
 59 14.9, 15.5, 16.1-16.3 and 17 of this act: (1) expire that requirement, as it applies to
 60 services other than mental health services, by limitation 1 year after the termination of
 61 the emergency declared for COVID-19 or on June 30, 2023, whichever is earlier; and (2)
 62 expire that requirement, as it applies to mental health services, by limitation on June 30,
 63 2023.**

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. To the extent that money is available for this purpose, the Department**
 4 **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,**

1 *type of telehealth service and any other category determined useful by the*
2 *Department; and*

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

5 2. *As used in this section:*

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

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

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

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

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

12 439.916 1. The Commission shall systematically review issues related to the
13 health care needs of residents of this State and the quality, accessibility and
14 affordability of health care, including, without limitation, prescription drugs, in this
15 State. The review must include, without limitation:

16 (a) Comprehensively examining the system for regulating health care in this
17 State, including, without limitation, the licensing and regulation of health care
18 facilities and providers of health care and the role of professional licensing boards,
19 commissions and other bodies established to regulate or evaluate policies related to
20 health care.

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

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

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

28 (e) Reviewing the adequacy and types of providers of health care who
29 participate in networks established by health carriers in this State and the
30 geographic distribution of the providers of health care who participate in each such
31 network.

32 (f) Reviewing the availability of health benefit plans, as defined in NRS
33 687B.470, in this State.

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

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

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

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

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

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

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

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

1 (5) Resolving problems relating to the billing of patients for medical
2 services;

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

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

8 ~~(k)~~ (k) Monitoring and evaluating proposed and enacted federal legislation
9 and regulations and other proposed and actual changes to federal health care policy
10 to determine the impact of such changes on the cost of health care in this State.

11 ~~(l)~~ (l) Evaluating the degree to which the role, structure and duties of the
12 Commission facilitate the oversight of the provision of health care in this State by
13 the Commission and allow the Commission to perform activities necessary to
14 promote the health care needs of residents of this State.

15 ~~(m)~~ (m) Making recommendations to the Governor, the Legislature, the
16 Department of Health and Human Services, local health authorities and any other
17 person or governmental entity to increase the quality, accessibility and affordability
18 of health care in this State, including, without limitation, recommendations
19 concerning the items described in this subsection.

20 2. *If a data dashboard is established pursuant to section 1 of this act, the*
21 *Commission shall make available on an Internet website maintained by the*
22 *Commission a hyperlink to the data dashboard.*

23 3. As used in this section:

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

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

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

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

28 439B.220 The Committee may:

29 1. Review and evaluate the quality and effectiveness of programs for the
30 prevention of illness.

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

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

36 4. Examine the business of providing insurance, including the development of
37 cooperation with health maintenance organizations and organizations which restrict
38 the performance of medical services to certain physicians and hospitals, and
39 procedures to contain the costs of these services.

40 5. Examine hospitals to:

41 (a) Increase cooperation among hospitals;

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

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

46 6. Examine medical malpractice.

47 7. Examine the system of education to coordinate:

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

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

51 8. Review competitive mechanisms to aid in the reduction of the costs of
52 medical care.

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

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

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

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

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

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

15 13. Review the actions of the Director in administering the provisions of NRS
16 439B.160 to 439B.500, inclusive, and adopting regulations pursuant to those
17 provisions. The Director shall report to the Committee concerning any regulations
18 proposed or adopted pursuant to NRS 439B.160 to 439B.500, inclusive.

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

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

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

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

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

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

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

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

44 18. Conduct investigations and hold hearings in connection with its review
45 and analysis and exercise any of the investigative powers set forth in NRS
46 218E.105 to 218E.140, inclusive.

47 ~~18.~~ 19. Apply for any available grants and accept any gifts, grants or
48 donations to aid the Committee in carrying out its duties pursuant to NRS 439B.160
49 to 439B.500, inclusive.

50 ~~19.~~ 20. Direct the Legislative Counsel Bureau to assist in its research,
51 investigations, review and analysis.

52 ~~20.~~ 21. Recommend to the Legislature as a result of its review any
53 appropriate legislation.

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

2 422.2721 1. The Director shall include in the State Plan for Medicaid:

3 (a) A requirement that the State, and, to the extent applicable, any of its
4 political subdivisions, shall pay for the nonfederal share of expenses for services
5 provided to a person through telehealth to the same extent *and, except for services*
6 *provided through audio-only interaction, in the same amount* as though provided
7 in person or by other means; and

8 (b) A provision prohibiting the State from:

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

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

21 (3) Refusing to pay for services as described in paragraph (a) because of
22 ~~the~~:

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

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

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

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

32 2. The provisions of this section do not:

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

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

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

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

41 3. As used in this section:

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

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

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

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

46 **Sec. 4.3.** NRS 422.2721 is hereby amended to read as follows:

47 422.2721 1. The Director shall include in the State Plan for Medicaid:

48 (a) A requirement that the State, and, to the extent applicable, any of its
49 political subdivisions, shall pay for the nonfederal share of expenses for services
50 provided to a person through telehealth to the same extent and, *for mental health*
51 *services* except ~~for~~ *when such* services *are* provided through audio-only
52 interaction, in the same amount as though provided in person or by other means;
53 and

1 (b) A provision prohibiting the State from:

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

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

14 (3) Refusing to pay for services as described in paragraph (a) because of :

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

18 (II) The technology used to provide the services.

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

21 (5) Categorizing a service provided through telehealth differently for
22 purposes relating to coverage ~~for reimbursement~~ than if the service had been
23 provided in person or through other means.

24 (6) Categorizing a mental health service provided through telehealth,
25 other than through audio-only interaction, differently for purposes relating to
26 reimbursement than if the service had been provided in person or by 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. 4.6. NRS 422.2721 is hereby amended to read as follows:**

42 422.2721 1. The Director shall include in the State Plan for Medicaid:

43 (a) A requirement that the State, and, to the extent applicable, any of its
44 political subdivisions, shall pay for the nonfederal share of expenses for services
45 provided to a person through telehealth to the same extent ~~and, for mental health~~
46 ~~services except where such services are provided through audio-only interaction, in~~
47 ~~the same amount~~ as though provided in person or by other means; and

48 (b) A provision prohibiting the State from:

49 (1) Requiring a person to obtain prior authorization that would not be
50 required if a service were provided in person or through other means, establish a
51 relationship with a provider of health care or provide any additional consent to or
52 reason for obtaining services through telehealth as a condition to paying for
53 services as described in paragraph (a). The State Plan for Medicaid may require

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

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

8 (3) Refusing to pay for services as described in paragraph (a) because of:

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

12 (II) The technology used to provide the services.

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

15 (5) Categorizing a service provided through telehealth differently for
16 purposes relating to coverage than if the service had been provided in person or
17 through other means.

18 ~~[(6) Categorizing a mental health service provided through telehealth, other
19 than through audio-only interaction, differently for purposes relating to
20 reimbursement than if the service had been provided in person or by other means.]~~

21 2. The provisions of this section do not:

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

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

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

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

30 3. As used in this section:

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

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

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

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

35 **Sec. 4.9. NRS 422.2721 is hereby amended to read as follows:**

36 422.2721 1. The Director shall include in the State Plan for Medicaid:

37 (a) A requirement that the State, and, to the extent applicable, any of its
38 political subdivisions, shall pay for the nonfederal share of expenses for services
39 provided to a person through telehealth to the same extent ~~[and, except for services
40 provided through audio-only interaction, in the same amount]~~ as though provided in
41 person or by other means; and

42 (b) A provision prohibiting the State from:

43 (1) Requiring a person to obtain prior authorization that would not be
44 required if a service were provided in person or through other means, establish a
45 relationship with a provider of health care or provide any additional consent to or
46 reason for obtaining services through telehealth as a condition to paying for
47 services as described in paragraph (a). The State Plan for Medicaid may require
48 prior authorization for a service provided through telehealth if such prior
49 authorization would be required if the service were provided in person or through
50 other means.

51 (2) Requiring a provider of health care to demonstrate that it is necessary
52 to provide services to a person through telehealth or receive any additional type of

1 certification or license to provide services through telehealth as a condition to
2 paying for services as described in paragraph (a).

3 (3) Refusing to pay for services as described in paragraph (a) because of :

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

7 (II) The technology used to provide the services.

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

10 (5) Categorizing a service provided through telehealth differently for
11 purposes relating to coverage ~~for reimbursement~~ than if the service had been
12 provided in person or through other means.

13 2. The provisions of this section do not:

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

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

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

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

22 3. As used in this section:

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

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

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

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

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

28 433.314 1. The Commission shall:

29 (a) Establish policies to ensure adequate development and administration of
30 services for persons with mental illness, persons with intellectual disabilities,
31 persons with developmental disabilities, persons with substance use disorders or
32 persons with co-occurring disorders, including services to prevent mental illness,
33 intellectual disabilities, developmental disabilities, substance use disorders and co-
34 occurring disorders, and services provided without admission to a facility or
35 institution;

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

40 (c) *If a data dashboard is established pursuant to section 1 of this act, use the*
41 *data dashboard to review access by different groups and populations in this State*
42 *to behavioral health services provided through telehealth, as defined in NRS*
43 *629.515, and evaluate policies to make such access more equitable;*

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

45 ~~[(d)]~~ (e) Report at the beginning of each year to the Governor and at the
46 beginning of each odd-numbered year to the Legislature:

47 (1) Information concerning the quality of the care and treatment provided
48 for persons with mental illness, persons with intellectual disabilities, persons with
49 developmental disabilities, persons with substance use disorders or persons with co-
50 occurring disorders in this State and on any progress made toward improving the
51 quality of that care and treatment; and

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

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

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

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

9 ~~(e)~~ (f) Review and make recommendations concerning regulations submitted
10 to the Commission for review pursuant to NRS 641.100, 641A.160, 641B.160 and
11 641C.200.

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

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

16 433.4295 1. Each policy board shall:

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

18 (1) The behavioral health needs of adults and children in the behavioral
19 health region;

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

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

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

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

32 (b) Promote improvements in the delivery of behavioral health services in the
33 behavioral health region.

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

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

39 (e) To the extent feasible, establish an organized, sustainable and accurate
40 electronic repository of data and information concerning behavioral health and
41 behavioral health services in the behavioral health region that is accessible to
42 members of the public on an Internet website maintained by the policy board. A
43 policy board may collaborate with an existing community-based organization to
44 establish the repository.

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

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

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

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

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

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

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

12 (2) A description of the methods used by the policy board to collect and
13 analyze data concerning the behavioral health needs and problems of the behavioral
14 health region and gaps in behavioral health services which are available in the
15 behavioral health region, including, without limitation, a list of all sources of such
16 data used by the policy board;

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

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

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

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

26 616C.730 1. Every policy of insurance issued pursuant to chapters 616A to
27 617, inclusive, of NRS must include coverage for services provided to an employee
28 through telehealth to the same extent as though provided in person or by other
29 means.

30 2. An insurer shall not:

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

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

39 (c) Refuse to provide the coverage described in subsection 1 because of the
40 distant site from which a provider of health care provides services through
41 telehealth or the originating site at which an employee receives services through
42 telehealth; or

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

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

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

52 (a) Ensure that covered services are available to an employee through
53 telehealth 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 insurer is not otherwise required by law to do so.

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

10 6. As used in this section:

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

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

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

14 (d) "Telehealth" ~~has the meaning ascribed to it in NRS 629.515.~~ *means the*
15 *delivery of services from a provider of health care to a patient at a different*
16 *location through ~~the use of~~ a synchronous interaction using information and*
17 *audio-visual communication technology, not including ~~standard telephone,~~*
18 *audio-only technology, facsimile or electronic mail. ~~The term includes, without~~*
19 *limitation, the delivery of services from a provider of health care to a patient at a*
20 *different location through the use of synchronous interaction or an*
21 *asynchronous system of storing and forwarding information.]*

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

23 629.515 1. Except as otherwise provided in this subsection, before a
24 provider of health care who is located at a distant site may use telehealth to direct or
25 manage the care or render a diagnosis of a patient who is located at an originating
26 site in this State or write a treatment order or prescription for such a patient, the
27 provider must hold a valid license or certificate to practice his or her profession in
28 this State, including, without limitation, a special purpose license issued pursuant to
29 NRS 630.261. The requirements of this subsection do not apply to a provider of
30 health care who is providing services within the scope of his or her employment by
31 or pursuant to a contract entered into with an urban Indian organization, as defined
32 in 25 U.S.C. § 1603.

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

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

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

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

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

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

48 4. *A provider of health care may establish a relationship with a patient*
49 *using telehealth when it is clinically appropriate to establish a relationship with a*
50 *patient in that manner. The State Board of Health may adopt regulations*
51 *governing the process by which a provider of health care may establish a*
52 *relationship with a patient using telehealth.*

53 5. As used in this section:

1 (a) “Distant site” means the location of the site where a telehealth provider of
2 health care is providing telehealth services to a patient located at an originating site.

3 (b) “Originating site” means the location of the site where a patient is receiving
4 telehealth services from a provider of health care located at a distant site.

5 (c) “Telehealth” means the delivery of services from a provider of health care
6 to a patient at a different location through the use of information and audio-visual
7 communication technology, not including ~~standard telephone,~~ facsimile or
8 electronic mail. *The term includes, without limitation, the delivery of services*
9 *from a provider of health care to a patient at a different location through the use*
10 *of:*

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

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

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

15 689A.0463 1. A policy of health insurance must include coverage for
16 services provided to an insured through telehealth to the same extent *and, except*
17 *for services provided through audio-only interaction, in the same amount* as
18 though provided in person or by other means.

19 2. An insurer 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 ~~to~~; *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 policy of health insurance must not require an insured to obtain prior
39 authorization for any service provided through telehealth that is not required for the
40 service when provided in person. A policy of health insurance may require prior
41 authorization for a service provided through telehealth if such prior authorization
42 would be required if the service were provided in person or by other means.

43 4. The provisions of this section do not require an insurer 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 insurer is not otherwise required by law to do so.

50 5. A policy of health insurance subject to the provisions of this chapter that is
51 delivered, issued for delivery or renewed on or after ~~July 1, 2015,~~ *October 1,*
52 *2021,* has the legal effect of including the coverage required by this section, and

1 any provision of the policy or the renewal which is in conflict with this section is
2 void.

3 6. As used in this section:

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

8 **Sec. 9.3. NRS 689A.0463 is hereby amended to read as follows:**

9 689A.0463 1. A policy of health insurance must include coverage for
10 services provided to an insured through telehealth to the same extent and, for
11 mental health services except ~~for~~ when such services are provided through
12 audio-only interaction, in the same amount as though provided in person or by other
13 means.

14 2. An insurer shall not:

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

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

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

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

27 (2) The technology used to provide the services;

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

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

33 (f) Categorize a mental health service provided through telehealth, other
34 than through audio-only interaction, differently for purposes relating to
35 reimbursement than if the service had been provided in person or by other means.

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

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

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

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

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

48 5. A policy of health insurance subject to the provisions of this chapter that is
49 delivered, issued for delivery or renewed on or after October 1, 2021, has the legal
50 effect of including the coverage required by this section, and any provision of the
51 policy or the renewal which is in conflict with this section is void.

52 6. As used in this section:

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

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

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

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

4 **Sec. 9.6. NRS 689A.0463 is hereby amended to read as follows:**

5 689A.0463 1. A policy of health insurance must include coverage for
6 services provided to an insured through telehealth to the same extent ~~and, for~~
7 ~~mental health services except where such services are provided through audio-only~~
8 ~~interaction, in the same amount~~ as though provided in person or by other means.

9 2. An insurer shall not:

10 (a) Require an insured 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 insured 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:

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

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

28 ~~— (f) Categorize a mental health service provided through telehealth, other than~~
29 ~~through audio-only interaction, differently for purposes relating to reimbursement~~
30 ~~than if the service had been provided in person or by other means.]~~

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

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

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

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

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

43 5. A policy of health insurance subject to the provisions of this chapter that is
44 delivered, issued for delivery or renewed on or after October 1, 2021, has the legal
45 effect of including the coverage required by this section, and any provision of the
46 policy or the renewal which is in conflict with this section is 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. 9.9. NRS 689A.0463 is hereby amended to read as follows:**

2 689A.0463 1. A policy of health insurance must include coverage for
3 services provided to an insured through telehealth to the same extent ~~and, except~~
4 ~~for services provided through audio-only interaction, in the same amount~~ as though
5 provided in person or by other means.

6 2. An insurer shall not:

7 (a) Require an insured 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 an insured 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 :

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

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

25 3. A policy of health insurance must not require an insured to obtain prior
26 authorization for any service provided through telehealth that is not required for the
27 service when provided in person. A policy of health insurance 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 insurer to:

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

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

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

37 5. A policy of health insurance subject to the provisions of this chapter that is
38 delivered, issued for delivery or renewed on or after October 1, 2021, has the legal
39 effect of including the coverage required by this section, and any provision of the
40 policy or the renewal which is in conflict with this section is void.

41 6. As used in this section:

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

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

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

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

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

47 689B.0369 1. A policy of group or blanket health insurance must include
48 coverage for services provided to an insured through telehealth to the same extent
49 ~~and, except for services provided through audio-only interaction, in the same~~
50 ~~amount~~ as though provided in person or by other means.

51 2. An insurer shall not:

52 (a) Require an insured to establish a relationship in person with a provider of
53 health care or provide any additional consent to or reason for obtaining services

1 through telehealth as a condition to providing the coverage described in subsection
2 1;

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

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

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

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

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

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

17 3. A policy of group or blanket health insurance must not require an insured
18 to obtain prior authorization for any service provided through telehealth that is not
19 required for that service when provided in person. A policy of group or blanket
20 health insurance may require prior authorization for a service provided through
21 telehealth if such prior authorization would be required if the service were provided
22 in person or by other means.

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

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

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

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

30 5. A policy of group or blanket health insurance subject to the provisions of
31 this chapter that is delivered, issued for delivery or renewed on or after ~~July 1,~~
32 ~~2015,~~ *October 1, 2021*, has the legal effect of including the coverage required by
33 this section, and any provision of the policy or the renewal which is in conflict with
34 this section is void.

35 6. As used in this section:

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

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

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

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

40 **Sec. 10.3. NRS 689B.0369 is hereby amended to read as follows:**

41 689B.0369 1. A policy of group or blanket health insurance must include
42 coverage for services provided to an insured through telehealth to the same extent
43 and, for mental health services except ~~for~~ when such services are provided
44 through audio-only interaction, in the same amount as though provided in person or
45 by other means.

46 2. An insurer shall not:

47 (a) Require an insured to establish a relationship in person with a provider of
48 health care or provide any additional consent to or reason for obtaining services
49 through telehealth as a condition to providing the coverage described in subsection
50 1;

51 (b) Require a provider of health care to demonstrate that it is necessary to
52 provide services to an insured through telehealth or receive any additional type of

1 certification or license to provide services through telehealth as a condition to
2 providing the coverage described in subsection 1;

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

4 (1) The distant site from which a provider of health care provides services
5 through telehealth or the originating site at which an insured receives services
6 through telehealth; or

7 (2) The technology used to provide the services;

8 (d) Require covered services to be provided through telehealth as a condition to
9 providing coverage for such services; ~~for~~

10 (e) Categorize a service provided through telehealth differently for purposes
11 relating to coverage ~~for reimbursement~~ than if the service had been provided in
12 person or through other means ~~for~~; or

13 (f) Categorize a mental health service provided through telehealth, other
14 than through audio-only interaction, differently for purposes relating to
15 reimbursement than if the service had been provided in person or by other means.

16 3. A policy of group or blanket health insurance must not require an insured
17 to obtain prior authorization for any service provided through telehealth that is not
18 required for that service when provided in person. A policy of group or blanket
19 health insurance may require prior authorization for a service provided through
20 telehealth if such prior authorization would be required if the service were provided
21 in person or by other means.

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

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

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

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

29 5. A policy of group or blanket health insurance subject to the provisions of
30 this chapter that is delivered, issued for delivery or renewed on or after October 1,
31 2021, has the legal effect of including the coverage required by this section, and
32 any provision of the policy or the renewal which is in conflict with this section is
33 void.

34 6. As used in this section:

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

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

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

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

39 **Sec. 10.6. NRS 689B.0369 is hereby amended to read as follows:**

40 689B.0369 1. A policy of group or blanket health insurance must include
41 coverage for services provided to an insured through telehealth to the same extent
42 ~~[and, for mental health services except where such services are provided through~~
43 ~~audio only interaction, in the same amount]~~ as though provided in person or by
44 other means.

45 2. An insurer shall not:

46 (a) Require an insured to establish a relationship in person with a provider of
47 health care or provide any additional consent to or reason for obtaining services
48 through telehealth as a condition to providing the coverage described in subsection
49 1;

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

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

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

5 (2) The technology used to provide the services;

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

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

11 ~~(f) Categorize a mental health service provided through telehealth, other than~~
12 ~~through audio only interaction, differently for purposes relating to reimbursement~~
13 ~~than if the service had been provided in person or by other means.]~~

14 3. A policy of group or blanket health insurance must not require an insured
15 to obtain prior authorization for any service provided through telehealth that is not
16 required for that service when provided in person. A policy of group or blanket
17 health insurance may require prior authorization for a service provided through
18 telehealth if such prior authorization would be required if the service were provided
19 in person or by other means.

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

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

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

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

27 5. A policy of group or blanket health insurance subject to the provisions of
28 this chapter that is delivered, issued for delivery or renewed on or after October 1,
29 2021, has the legal effect of including the coverage required by this section, and
30 any provision of the policy or the renewal which is in conflict with this section is
31 void.

32 6. As used in this section:

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

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

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

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

37 **Sec. 10.9. NRS 689B.0369 is hereby amended to read as follows:**

38 689B.0369 1. A policy of group or blanket health insurance must include
39 coverage for services provided to an insured through telehealth to the same extent
40 ~~[and, except for services provided through audio only interaction, in the same~~
41 ~~amount]~~ as though provided in person or by other means.

42 2. An insurer shall not:

43 (a) Require an insured 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 insured 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 :

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

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

10 3. A policy of group or blanket health insurance must not require an insured
11 to obtain prior authorization for any service provided through telehealth that is not
12 required for that service when provided in person. A policy of group or blanket
13 health insurance may require prior authorization for a service provided through
14 telehealth if such prior authorization would be required if the service were provided
15 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 insured through telehealth
18 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 group or blanket health insurance subject to the provisions of
24 this chapter that is delivered, issued for delivery or renewed on or after October 1,
25 2021, has the legal effect of including the coverage required by this section, and
26 any provision of the policy or the renewal which is in conflict with this section is
27 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.

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

34 689C.195 1. A health benefit plan must include coverage for services
35 provided to an insured through telehealth to the same extent *and, except for*
36 *services provided through audio-only interaction, in the same amount* as though
37 provided in person or by other means.

38 2. A carrier 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 health benefit plan 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 health benefit plan 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 a carrier 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 carrier is not otherwise required by law to do so.

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

20 6. As used in this section:

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

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

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

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

25 **Sec. 11.3. NRS 689C.195 is hereby amended to read as follows:**

26 689C.195 1. A health benefit plan must include coverage for services
27 provided to an insured through telehealth to the same extent and, **for mental health**
28 **services** except ~~for~~ **when such** services **are** provided through audio-only
29 interaction, in the same amount as though provided in person or by other means.

30 2. A carrier shall not:

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

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

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

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

43 (2) The technology used to provide the services;

44 (d) Require covered services to be provided through telehealth as a condition to
45 providing coverage for such services; ~~for~~

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

49 **(f) Categorize a mental health service provided through telehealth, other**
50 **than through audio-only interaction, differently for purposes relating to**
51 **reimbursement than if the service had been provided in person or by other means.**

52 3. A health benefit plan must not require an insured to obtain prior
53 authorization for any service provided through telehealth that is not required for the

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

4 4. The provisions of this section do not require a carrier 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 carrier is not otherwise required by law to do so.

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

15 6. As used in this section:

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

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

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

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

20 **Sec. 11.6. NRS 689C.195 is hereby amended to read as follows:**

21 689C.195 1. A health benefit plan must include coverage for services
22 provided to an insured through telehealth to the same extent ~~and, for mental health~~
23 ~~services except where such services are provided through audio only interaction, in~~
24 ~~the same amount] as though provided in person or by other means.~~

25 2. A carrier shall not:

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

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

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

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

38 (2) The technology used to provide the services;

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

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

44 ~~(f) Categorize a mental health service provided through telehealth, other than~~
45 ~~through audio only interaction, differently for purposes relating to reimbursement~~
46 ~~than if the service had been provided in person or by other means.]~~

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

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

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

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

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

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

11 6. As used in this section:

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

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

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

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

16 **Sec. 11.9. NRS 689C.195 is hereby amended to read as follows:**

17 689C.195 1. A health benefit plan must include coverage for services
18 provided to an insured through telehealth to the same extent ~~and, except for~~
19 ~~services provided through audio only interaction, in the same amount~~ as though
20 provided in person or by other means.

21 2. A carrier shall not:

22 (a) Require an insured to establish a relationship in person with a provider of
23 health care or provide any additional consent to or reason for obtaining services
24 through telehealth as a condition to providing the coverage described in subsection
25 1;

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

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

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

34 (2) The technology used to provide the services;

35 (d) Require covered services to be provided through telehealth as a condition to
36 providing coverage for such services ; or

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

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

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

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

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

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

52 5. A plan subject to the provisions of this chapter that is delivered, issued for
53 delivery or renewed on or after October 1, 2021, has the legal effect of including

1 the coverage required by this section, and any provision of the plan or the renewal
2 which is in conflict with this section is void.

3 6. As used in this section:

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

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

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

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

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

9 695A.265 1. A benefit contract must include coverage for services provided
10 to an insured through telehealth to the same extent *and, except for services*
11 *provided through audio-only interaction, in the same amount* as though provided
12 in person or by other means.

13 2. A society 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 benefit contract must not require an insured to obtain prior authorization
33 for any service provided through telehealth that is not required for the service when
34 provided in person. A benefit contract may require prior authorization for a service
35 provided through telehealth if such prior authorization would be required if the
36 service were provided in person or by other means.

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

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

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

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

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

48 6. As used in this section:

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

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

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

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

1 **Sec. 12.3. NRS 695A.265 is hereby amended to read as follows:**

2 695A.265 1. A benefit contract must include coverage for services provided
3 to an insured through telehealth to the same extent and, for mental health services
4 except ~~for~~ when such services are provided through audio-only interaction, in the
5 same amount as though provided in person or by other means.

6 2. A society shall not:

7 (a) Require an insured 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 an insured 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 :

16 (1) The distant site from which a provider of health care provides services
17 through telehealth or the originating site at which an insured 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; ~~for~~

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

25 (f) Categorize a mental health service provided through telehealth, other
26 than through audio-only interaction, differently for purposes relating to
27 reimbursement than if the service had been provided in person or by other means.

28 3. A benefit contract must not require an insured to obtain prior authorization
29 for any service provided through telehealth that is not required for the service when
30 provided in person. A benefit contract may require prior authorization for a service
31 provided through telehealth if such prior authorization would be required if the
32 service were provided in person or by other means.

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

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

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

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

40 5. A benefit contract subject to the provisions of this chapter that is delivered,
41 issued for delivery or renewed on or after October 1, 2021, has the legal effect of
42 including the coverage required by this section, and any provision of the contract or
43 the renewal which is in conflict with this section is void.

44 6. As used in this section:

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

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

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

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

49 **Sec. 12.6. NRS 695A.265 is hereby amended to read as follows:**

50 695A.265 1. A benefit contract must include coverage for services provided
51 to an insured through telehealth to the same extent ~~and, for mental health services~~
52 ~~except where such services are provided through audio only interaction, in the same~~
53 ~~amount~~ as though provided in person or by other means.

1 2. A society 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:

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 than if the service had been provided in person or through other
19 means. ~~1. or~~

20 ~~(f) Categorize a mental health service provided through telehealth, other than~~
21 ~~through audio only interaction, differently for purposes relating to reimbursement~~
22 ~~than if the service had been provided in person or by other means.]~~

23 3. A benefit contract must not require an insured to obtain prior authorization
24 for any service provided through telehealth that is not required for the service when
25 provided in person. A benefit contract may require prior authorization for a service
26 provided through telehealth if such prior authorization would be required if the
27 service were provided in person or by other means.

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

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

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

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

35 5. A benefit contract subject to the provisions of this chapter that is delivered,
36 issued for delivery or renewed on or after October 1, 2021, has the legal effect of
37 including the coverage required by this section, and any provision of the contract or
38 the renewal which is in conflict with this section is void.

39 6. As used in this section:

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

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

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

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

44 **Sec. 12.9. NRS 695A.265 is hereby amended to read as follows:**

45 695A.265 1. A benefit contract must include coverage for services provided
46 to an insured through telehealth to the same extent ~~[and, except for services~~
47 ~~provided through audio only interaction, in the same amount.]~~ as though provided in
48 person or by other means.

49 2. A society shall not:

50 (a) Require an insured to establish a relationship in person with a provider of
51 health care or provide any additional consent to or reason for obtaining services
52 through telehealth as a condition to providing the coverage described in subsection
53 1;

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

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

6 (1) The distant site from which a provider of health care provides services
7 through telehealth or the originating site at which an insured receives services
8 through telehealth; or

9 (2) The technology used to provide the services;

10 (d) Require covered services to be provided through telehealth as a condition to
11 providing coverage for such services ; or

12 (e) Categorize a service provided through telehealth differently for purposes
13 relating to coverage ~~{for reimbursement}~~ than if the service had been provided in
14 person or through other means.

15 3. A benefit contract must not require an insured to obtain prior authorization
16 for any service provided through telehealth that is not required for the service when
17 provided in person. A benefit contract may require prior authorization for a service
18 provided through telehealth if such prior authorization would be required if the
19 service were provided in person or by other means.

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

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

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

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

27 5. A benefit contract subject to the provisions of this chapter that is delivered,
28 issued for delivery or renewed on or after October 1, 2021, has the legal effect of
29 including the coverage required by this section, and any provision of the contract or
30 the renewal which is in conflict with this section is void.

31 6. As used in this section:

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

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

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

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

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

37 695B.1904 1. A contract for hospital, medical or dental services subject to
38 the provisions of this chapter must include services provided to an insured through
39 telehealth to the same extent *and, except for services provided through audio-only*
40 *interaction, in the same amount* as though provided in person or by other means.

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

43 (a) Require an insured 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 insured 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}~~ :

1 (1) *The* distant site from which a provider of health care provides services
2 through telehealth or the originating site at which an insured 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 ~~+~~; or

7 (e) *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 contract for hospital, medical or dental services must not require an
11 insured to obtain prior authorization for any service provided through telehealth
12 that is not required for the service when provided in person. A contract for hospital,
13 medical or dental services may require prior authorization for a service provided
14 through telehealth if such prior authorization would be required if the service were
15 provided in person or by other means.

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

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

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

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

24 5. A contract for hospital, medical or dental services subject to the provisions
25 of this chapter that is delivered, issued for delivery or renewed on or after ~~July 1,~~
26 ~~2015.~~ *October 1, 2021*, has the legal effect of including the coverage required by
27 this section, and any provision of the contract or the renewal which is in conflict
28 with this section is void.

29 6. As used in this section:

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

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

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

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

34 **Sec. 13.3. NRS 695B.1904 is hereby amended to read as follows:**

35 695B.1904 1. A contract for hospital, medical or dental services subject to
36 the provisions of this chapter must include services provided to an insured through
37 telehealth to the same extent and, for mental health services except ~~for~~ when
38 such services are provided through audio-only interaction, in the same amount as
39 though provided in person or by other means.

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

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

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

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

51 (1) The distant site from which a provider of health care provides services
52 through telehealth or the originating site at which an insured receives services
53 through telehealth; or

1 (2) The technology used to provide the services;

2 (d) Require covered services to be provided through telehealth as a condition to
3 providing coverage for such services; ~~and~~

4 (e) Categorize a service provided through telehealth differently for purposes
5 relating to coverage ~~for reimbursement~~ than if the service had been provided in
6 person or through other means ~~and~~; or

7 (f) Categorize a mental health service provided through telehealth, other
8 than through audio-only interaction, differently for purposes relating to
9 reimbursement than if the service had been provided in person or by other means.

10 3. A contract for hospital, medical or dental services must not require an
11 insured to obtain prior authorization for any service provided through telehealth
12 that is not required for the service when provided in person. A contract for hospital,
13 medical or dental services may require prior authorization for a service provided
14 through telehealth if such prior authorization would be required if the service were
15 provided in person or by other means.

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

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

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

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

24 5. A contract for hospital, medical or dental services subject to the provisions
25 of this chapter that is delivered, issued for delivery or renewed on or after October
26 1, 2021, has the legal effect of including the coverage required by this section, and
27 any provision of the contract or the renewal which is in conflict with this section is
28 void.

29 6. As used in this section:

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

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

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

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

34 **Sec. 13.6. NRS 695B.1904 is hereby amended to read as follows:**

35 695B.1904 1. A contract for hospital, medical or dental services subject to
36 the provisions of this chapter must include services provided to an insured through
37 telehealth to the same extent ~~and, for mental health services except where such~~
38 ~~services are provided through audio only interaction, in the same amount~~ as
39 though provided in person or by other means.

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

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

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

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

51 (1) The distant site from which a provider of health care provides services
52 through telehealth or the originating site at which an insured receives services
53 through telehealth; or

1 (2) The technology used to provide the services;

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

4 (e) Categorize a service provided through telehealth differently for purposes
5 relating to coverage than if the service had been provided in person or through other
6 means. ~~For~~

7 ~~(f) Categorize a mental health service provided through telehealth, other than~~
8 ~~through audio only interaction, differently for purposes relating to reimbursement~~
9 ~~than if the service had been provided in person or by other means.]~~

10 3. A contract for hospital, medical or dental services must not require an
11 insured to obtain prior authorization for any service provided through telehealth
12 that is not required for the service when provided in person. A contract for hospital,
13 medical or dental services may require prior authorization for a service provided
14 through telehealth if such prior authorization would be required if the service were
15 provided in person or by other means.

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

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

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

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

24 5. A contract for hospital, medical or dental services subject to the provisions
25 of this chapter that is delivered, issued for delivery or renewed on or after October
26 1, 2021, has the legal effect of including the coverage required by this section, and
27 any provision of the contract or the renewal which is in conflict with this section is
28 void.

29 6. As used in this section:

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

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

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

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

34 **Sec. 13.9. NRS 695B.1904 is hereby amended to read as follows:**

35 695B.1904 1. A contract for hospital, medical or dental services subject to
36 the provisions of this chapter must include services provided to an insured through
37 telehealth to the same extent ~~[and, except for services provided through audio only~~
38 ~~interaction, in the same amount]~~ as though provided in person or by other means.

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

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

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

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

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

53 (2) The technology used to provide the services;

1 (d) Require covered services to be provided through telehealth as a condition to
2 providing coverage for such services ; or

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

6 3. A contract for hospital, medical or dental services must not require an
7 insured to obtain prior authorization for any service provided through telehealth
8 that is not required for the service when provided in person. A contract for hospital,
9 medical or dental services may require prior authorization for a service provided
10 through telehealth if such prior authorization would be required if the service were
11 provided in person or by other means.

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

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

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

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

20 5. A contract for hospital, medical or dental services subject to the provisions
21 of this chapter that is delivered, issued for delivery or renewed on or after October
22 1, 2021, has the legal effect of including the coverage required by this section, and
23 any provision of the contract or the renewal which is in conflict with this section is
24 void.

25 6. As used in this section:

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

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

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

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

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

31 695C.1708 1. A health care plan of a health maintenance organization must
32 include coverage for services provided to an enrollee through telehealth to the same
33 extent *and, except for services provided through audio-only interaction, in the*
34 *same amount* as though provided in person or by other means.

35 2. A health maintenance organization shall not:

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

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

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

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

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

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

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

1 3. A health care plan of a health maintenance organization must not require an
2 enrollee to obtain prior authorization for any service provided through telehealth
3 that is not required for the service when provided in person. Such a health care plan
4 may require prior authorization for a service provided through telehealth if such
5 prior authorization would be required if the service were provided in person or by
6 other means.

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

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

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

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

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

20 6. As used in this section:

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

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

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

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

25 **Sec. 14.3. NRS 695C.1708 is hereby amended to read as follows:**

26 695C.1708 1. A health care plan of a health maintenance organization must
27 include coverage for services provided to an enrollee through telehealth to the same
28 extent and, **for mental health services** except ~~for~~ **when such** services **are**
29 provided through audio-only interaction, in the same amount as though provided in
30 person or by other means.

31 2. A health maintenance organization shall not:

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

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

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

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

44 (2) The technology used to provide the services;

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

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

50 **(f) Categorize a mental health service provided through telehealth, other**
51 **than through audio-only interaction, differently for purposes relating to**
52 **reimbursement than if the service had been provided in person or by other means.**

1 3. A health care plan of a health maintenance organization must not require an
2 enrollee to obtain prior authorization for any service provided through telehealth
3 that is not required for the service when provided in person. Such a health care plan
4 may require prior authorization for a service provided through telehealth if such
5 prior authorization would be required if the service were provided in person or by
6 other means.

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

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

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

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

15 5. Evidence of coverage subject to the provisions of this chapter that is
16 delivered, issued for delivery or renewed on or after October 1, 2021, has the legal
17 effect of including the coverage required by this section, and any provision of the
18 plan or the renewal which is in conflict with this section is void.

19 6. As used in this section:

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

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

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

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

24 **Sec. 14.6. NRS 695C.1708 is hereby amended to read as follows:**

25 695C.1708 1. A health care plan of a health maintenance organization must
26 include coverage for services provided to an enrollee through telehealth ~~[to the~~
27 ~~same extent and, for mental health services except where such services are provided~~
28 ~~through audio only interaction, in the same amount]~~ as though provided in person
29 or by other means.

30 2. A health maintenance organization shall not:

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

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

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

40 (1) The distant site from which a provider of health care provides services
41 through telehealth or the originating site at which an enrollee receives services
42 through telehealth; or

43 (2) The technology used to provide the services;

44 (d) Require covered services to be provided through telehealth as a condition to
45 providing coverage for such services; or

46 (e) Categorize a service provided through telehealth differently for purposes
47 relating to coverage than if the service had been provided in person or through other
48 means. ~~1. or~~

49 ~~—(f) Categorize a mental health service provided through telehealth, other than~~
50 ~~through audio only interaction, differently for purposes relating to reimbursement~~
51 ~~than if the service had been provided in person or by other means.]~~

52 3. A health care plan of a health maintenance organization must not require an
53 enrollee to obtain prior authorization for any service provided through telehealth

1 that is not required for the service when provided in person. Such a health care plan
2 may require prior authorization for a service provided through telehealth if such
3 prior authorization would be required if the service were provided in person or by
4 other means.

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

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

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

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

13 5. Evidence of coverage subject to the provisions of this chapter that is
14 delivered, issued for delivery or renewed on or after October 1, 2021, has the legal
15 effect of including the coverage required by this section, and any provision of the
16 plan or the renewal which is in conflict with this section is void.

17 6. As used in this section:

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

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

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

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

22 **Sec. 14.9. NRS 695C.1708 is hereby amended to read as follows:**

23 695C.1708 1. A health care plan of a health maintenance organization must
24 include coverage for services provided to an enrollee through telehealth to the same
25 extent ~~[and, except for services provided through audio only interaction, in the~~
26 ~~same amount]~~ as though provided in person or by other means.

27 2. A health maintenance organization shall not:

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

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

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

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

40 (2) The technology used to provide the services;

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

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

46 3. A health care plan of a health maintenance organization must not require an
47 enrollee to obtain prior authorization for any service provided through telehealth
48 that is not required for the service when provided in person. Such a health care plan
49 may require prior authorization for a service provided through telehealth if such
50 prior authorization would be required if the service were provided in person or by
51 other means.

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

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

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

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

7 5. Evidence of coverage subject to the provisions of this chapter that is
8 delivered, issued for delivery or renewed on or after October 1, 2021, has the legal
9 effect of including the coverage required by this section, and any provision of the
10 plan or the renewal which is in conflict with this section is void.

11 6. As used in this section:

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

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

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

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

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

17 695D.216 1. A plan for dental care must include coverage for services
18 provided to a member through telehealth to the same extent *and, except for services*
19 *provided through audio-only interaction, in the same amount* as though provided
20 in person or by other means.

21 2. An organization for dental care shall not:

22 (a) Require a member to establish a relationship in person with a provider of
23 health care or provide any additional consent to or reason for obtaining services
24 through telehealth as a condition to providing the coverage described in subsection
25 1;

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

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

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

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

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

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

40 3. A plan for dental care must not require a member to obtain prior
41 authorization for any service provided through telehealth that is not required for the
42 service when provided in person. A plan for dental care may require prior
43 authorization for a service provided through telehealth if such prior authorization
44 would be required if the service were provided in person or by other means.

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

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

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

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

1 5. A plan for dental care subject to the provisions of this chapter that is
2 delivered, issued for delivery or renewed on or after ~~July 1, 2015,~~ **October 1,**
3 **2021,** has the legal effect of including the coverage required by this section, and
4 any provision of the plan or the renewal which is in conflict with this section is
5 void.

6 6. As used in this section:

- 7 (a) "Distant site" has the meaning ascribed to it in NRS 629.515.
8 (b) "Originating site" has the meaning ascribed to it in NRS 629.515.
9 (c) "Provider of health care" has the meaning ascribed to it in NRS 439.820.
10 (d) "Telehealth" has the meaning ascribed to it in NRS 629.515.

11 **Sec. 15.5. NRS 695D.216 is hereby amended to read as follows:**

12 695D.216 1. A plan for dental care must include coverage for services
13 provided to a member through telehealth to the same extent ~~{and, except for~~
14 ~~services provided through audio-only interaction, in the same amount}~~ as though
15 provided in person or by other means.

16 2. An organization for dental care shall not:

17 (a) Require a member to establish a relationship in person with a provider of
18 health care or provide any additional consent to or reason for obtaining services
19 through telehealth as a condition to providing the coverage described in subsection
20 1;

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

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

26 (1) The distant site from which a provider of health care provides services
27 through telehealth or the originating site at which a member receives services
28 through telehealth; or

29 (2) The technology used to provide the services;

30 (d) Require covered services to be provided through telehealth as a condition to
31 providing coverage for such services ; or

32 (e) Categorize a service provided through telehealth differently for purposes
33 relating to coverage ~~{or reimbursement}~~ than if the service had been provided in
34 person or through other means.

35 3. A plan for dental care must not require a member to obtain prior
36 authorization for any service provided through telehealth that is not required for the
37 service when provided in person. A plan for dental care may require prior
38 authorization for a service provided through telehealth if such prior authorization
39 would be required if the service were provided in person or by other means.

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

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

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

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

48 5. A plan for dental care subject to the provisions of this chapter that is
49 delivered, issued for delivery or renewed on or after October 1, 2021, has the legal
50 effect of including the coverage required by this section, and any provision of the
51 plan or the renewal which is in conflict with this section is void.

52 6. As used in this section:

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

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

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

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

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

5 695G.162 1. A health care plan issued by a managed care organization for
6 group coverage must include coverage for services provided to an insured through
7 telehealth to the same extent *and, except for services provided through audio-only*
8 *interaction, in the same amount* as though provided in person or by other means.

9 2. A managed care organization shall not:

10 (a) Require an insured 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 insured 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 insured 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 managed care organization must not require an
29 insured 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 managed care organization
35 to:

36 (a) Ensure that covered services are available to an insured 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 managed care organization is not otherwise required by law to do so.

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

46 6. As used in this section:

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

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

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

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

51 **Sec. 16.1.** NRS 695G.162 is hereby amended to read as follows:

52 695G.162 1. A health care plan issued by a managed care organization for
53 group coverage must include coverage for services provided to an insured through

1 telehealth to the same extent and, for mental health services except ~~for~~ when
2 such services are provided through audio-only interaction, in the same amount as
3 through provided in person or by other means.

4 2. A managed care organization shall not:

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

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

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

14 (1) The distant site from which a provider of health care provides services
15 through telehealth or the originating site at which an insured receives services
16 through telehealth; or

17 (2) The technology used to provide the services;

18 (d) Require covered services to be provided through telehealth as a condition to
19 providing coverage for such services; ~~for~~

20 (e) Categorize a service provided through telehealth differently for purposes
21 relating to coverage ~~for reimbursement~~ than if the service had been provided in
22 person or through other means. ~~It~~ ; or

23 (f) Categorize a mental health service provided through telehealth, other
24 than through audio-only interaction, differently for purposes relating to
25 reimbursement than if the service had been provided in person or by other means.

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

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

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

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

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

40 5. Evidence of coverage that is delivered, issued for delivery or renewed on or
41 after October 1, 2021, 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 conflict with this
43 section is void.

44 6. As used in this section:

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

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

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

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

49 **Sec. 16.2. NRS 695G.162 is hereby amended to read as follows:**

50 695G.162 1. A health care plan issued by a managed care organization for
51 group coverage must include coverage for services provided to an insured through
52 telehealth to the same extent ~~and, for mental health services except where such~~

1 ~~services are provided through audio only interaction, in the same amount~~ as
2 though provided in person or by other means.

3 2. A managed care organization shall not:

4 (a) Require an insured to establish a relationship in person with a provider of
5 health care or provide any additional consent to or reason for obtaining services
6 through telehealth as a condition to providing the coverage described in subsection
7 1;

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

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

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

16 (2) The technology used to provide the services;

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

19 (e) Categorize a service provided through telehealth differently for purposes
20 relating to coverage than if the service had been provided in person or through other
21 means. ~~to~~

22 ~~(f) Categorize a mental health service provided through telehealth, other than~~
23 ~~through audio only interaction, differently for purposes relating to reimbursement~~
24 ~~than if the service had been provided in person or by other means.]~~

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

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

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

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

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

39 5. Evidence of coverage that is delivered, issued for delivery or renewed on or
40 after October 1, 2021, has the legal effect of including the coverage required by this
41 section, and any provision of the plan or the renewal which is in conflict with this
42 section is 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. 16.3. 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 through audio only~~
52 ~~interaction, in the same amount~~ as though provided in person or by other means.

53 2. A managed care organization shall not:

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

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

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

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

13 (2) The technology used to provide the services;

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

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

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

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

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

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

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

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

37 6. As used in this section:

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

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

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

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

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

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

48 **Sec. 17. 1. This section becomes effective upon passage and approval.**

49 **2. Sections 1 to 4, inclusive, 5 to 9, inclusive, 10, 11, 12, 13, 14, 15, 16 and**
50 **16.5 of this act ~~becomes~~ become effective:**

51 ~~11~~ (a) Upon passage and approval for the purpose of performing any
52 preparatory administrative tasks that are necessary to carry out the provisions of
53 this act; and

~~12.4~~ (b) On October 1, 2021, for all other purposes.

3. Sections 4.3, 9.3, 10.3, 11.3, 12.3, 13.3, 14.3 and 16.1 of this act become effective 1 year after the date on which the Governor terminates the emergency described in the Declaration of Emergency for COVID-19 issued on March 12, 2020, only if the Governor terminates that emergency before July 1, 2022.

4. Sections 4.6, 9.6, 10.6, 11.6, 12.6, 13.6, 14.6 and 16.2 of this act become effective on July 1, 2023, only if the Governor terminates the emergency described in the Declaration of Emergency for COVID-19 issued on March 12, 2020, before July 1, 2022.

5. Sections 4.9, 9.9, 10.9, 11.9, 12.9, 13.9, 14.9 and 16.3 of this act become effective on June 30, 2023, only if the Governor terminates the emergency described in the Declaration of Emergency for COVID-19 issued on March 12, 2020, on or after July 1, 2022.

6. Section 15.5 of this act becomes effective on June 30, 2023, or 1 year after the date on which the Governor terminates the emergency described in the Declaration of Emergency for COVID-19 issued on March 12, 2020, whichever is earlier.