

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:

1 Existing law: (1) defines the term “telehealth” to mean the delivery of services
2 from a provider of health care to a patient at a different location through the use of
3 information and audio-visual communication technology, not including standard
4 telephone, facsimile or electronic mail; and (2) requires a provider of health care
5 who is located in another state to hold a valid license or certificate in this State
6 before using telehealth to provide certain services to a patient located in this State.
7 (NRS 629.515) **Section 8** of this bill includes as telehealth the delivery of services
8 from a provider of health care to a patient at a different location through the use of
9 a standard telephone. **Section 1** of this bill requires the Department of Health and
10 Human Services to establish a data dashboard that allows for the analysis of data
11 relating to access to telehealth by different groups and populations in this State.

12 Existing law establishes: (1) the Commission on Behavioral Health, which is
13 comprised of certain providers and consumers of behavioral health services and
14 members of the general public and which establishes policies relating to services
15 for persons with certain behavioral health issues; (2) five regional behavioral health
16 policy boards, each of which is comprised of a Legislator and various persons with
17 knowledge and experience concerning behavioral health in five designated regions



18 of this State and each of which gathers information and provides advice concerning
19 behavioral health needs in the region served by the board; (3) the Patient Protection
20 Commission, which is comprised of stakeholders in the health care industry and
21 which studies issues related to the health care needs of residents of this State; and
22 (4) the Legislative Committee on Health Care, which is comprised of legislators
23 with knowledge of and experience with health care and studies issues related to
24 health care during the interim period between regular legislative sessions. (NRS
25 232.361, 433.428, 433.429, 433.4295, 439.908, 439.916, 439B.200, 439B.210,
26 439B.220) **Sections 2, 3, 5 and 6** of this bill expand the duties of those bodies to
27 include: (1) using the data dashboard to review access by different groups and
28 populations in this State to services provided through telehealth; and (2) evaluating
29 policies to make such access more equitable. **Sections 1 and 2** of this bill require
30 the data dashboard to be accessible through Internet websites maintained by the
31 Department and the Patient Protection Commission, respectively.

32 Existing law imposes certain requirements concerning coverage of telehealth
33 services by insurers and certain other third-party payers. Those requirements: (1)
34 include a requirement that an insurer or other third-party payer must cover services
35 provided through telehealth to the same extent as if provided in person or by other
36 means, regardless of the site at which the provider or patient is located; and (2)
37 apply to health coverage, including Medicaid and health plans for state and local
38 government employees, and workers' compensation coverage. (NRS 287.010,
39 287.04335, 422.2721, 616C.730, 689A.0463, 689B.0369, 689C.195, 695A.265,
40 695B.1904, 695C.1708, 695D.216, 695G.162) Because **section 8** includes services
41 provided using a standard telephone within the definition of "telehealth" for the
42 purposes of those requirements, **section 8** makes those requirements applicable to
43 services provided by telephone. **Sections 4, 7 and 9-16** additionally prohibit a
44 third-party payer from: (1) refusing to pay for services provided through telehealth
45 because of the technology used to provide the services; or (2) categorizing a service
46 provided through telehealth differently for purposes relating to coverage or
47 reimbursement than if the service had been provided in person or through other
48 means. **Sections 4, 7 and 9-16** also require a third-party payer to cover services
49 provided through telehealth, except for services provided using a standard
50 telephone, in the same amount as services provided in person or by other means.

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

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

3 ***1. The Department shall:***

4 ***(a) Establish a data dashboard that allows for the analysis of***
5 ***data relating to access to telehealth by different groups and***
6 ***populations in this State. The data dashboard must:***

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

10 ***(2) Allow for the user to sort data based on the race,***
11 ***ethnicity, ancestry, national origin, color, sex, sexual orientation,***
12 ***gender identity or expression, mental or physical disability, income***
13 ***level or location of residence of the patient, type of telehealth***



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

3 *(b) Make the data dashboard available on an Internet website*
4 *maintained by 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,*
8 *measuring, analyzing and extracting relevant information from*
9 *different sets of data; and*

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

12 *(b) "Telehealth" has the meaning ascribed to it in*
13 *NRS 629.515.*

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

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

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

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

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

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

33 (e) Reviewing the adequacy and types of providers of health
34 care who participate in networks established by health carriers in
35 this State and the geographic distribution of the providers of health
36 care who participate in each such network.

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

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

44 (h) *Using the data dashboard established pursuant to section 1*
45 *of this act to review access by different groups and populations in*



1 *this State to services provided through telehealth and evaluating*
2 *policies to make such access more equitable.*

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

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

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

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

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

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

18 (5) Resolving problems relating to the billing of patients for
19 medical services;

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

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

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

29 ~~(l)~~ (l) Evaluating the degree to which the role, structure and
30 duties of the Commission facilitate the oversight of the provision of
31 health care in this State by the Commission and allow the
32 Commission to perform activities necessary to promote the health
33 care needs of residents of this State.

34 ~~(m)~~ (m) Making recommendations to the Governor, the
35 Legislature, the Department of Health and Human Services, local
36 health authorities and any other person or governmental entity to
37 increase the quality, accessibility and affordability of health care in
38 this State, including, without limitation, recommendations
39 concerning the items described in this subsection.

40 2. *The Commission shall make available on an Internet*
41 *website maintained by the Commission a hyperlink to the data*
42 *dashboard concerning telehealth established pursuant to section 1*
43 *of this act.*

44 3. As used in this section:



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

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

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

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

7 439B.220 The Committee may:

8 1. Review and evaluate the quality and effectiveness of
9 programs for the prevention of illness.

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

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

16 4. Examine the business of providing insurance, including the
17 development of cooperation with health maintenance organizations
18 and organizations which restrict the performance of medical
19 services to certain physicians and hospitals, and procedures to
20 contain the costs of these services.

21 5. Examine hospitals to:

22 (a) Increase cooperation among hospitals;

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

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

27 6. Examine medical malpractice.

28 7. Examine the system of education to coordinate:

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

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

33 8. Review competitive mechanisms to aid in the reduction of
34 the costs of medical care.

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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



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

4 ~~{18.}~~ **19.** Apply for any available grants and accept any gifts,
5 grants or donations to aid the Committee in carrying out its duties
6 pursuant to NRS 439B.160 to 439B.500, inclusive.

7 ~~{19.}~~ **20.** Direct the Legislative Counsel Bureau to assist in its
8 research, investigations, review and analysis.

9 ~~{20.}~~ **21.** Recommend to the Legislature as a result of its
10 review any appropriate legislation.

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

12 422.2721 1. The Director shall include in the State Plan for
13 Medicaid:

14 (a) A requirement that the State, and, to the extent applicable,
15 any of its political subdivisions, shall pay for the nonfederal share of
16 expenses for services provided to a person through telehealth to the
17 same extent *and, except for services provided using a standard*
18 *telephone, in the same amount* as though provided in person or by
19 other means; and

20 (b) A provision prohibiting the State from:

21 (1) Requiring a person to obtain prior authorization that
22 would not be required if a service were provided in person or
23 through other means, establish a relationship with a provider of
24 health care or provide any additional consent to or reason for
25 obtaining services through telehealth as a condition to paying for
26 services as described in paragraph (a). The State Plan for Medicaid
27 may require prior authorization for a service provided through
28 telehealth if such prior authorization would be required if the service
29 were provided in person or through other means.

30 (2) Requiring a provider of health care to demonstrate that it
31 is necessary to provide services to a person through telehealth or
32 receive any additional type of certification or license to provide
33 services through telehealth as a condition to paying for services as
34 described in paragraph (a).

35 (3) Refusing to pay for services as described in paragraph (a)
36 because of ~~{the}~~:

37 (I) *The* distant site from which a provider of health care
38 provides services through telehealth or the originating site at which
39 a person who is covered by the State Plan for Medicaid receives
40 services through telehealth ~~{}~~; *or*

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

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

44 (5) *Categorizing a service provided through telehealth*
45 *differently for purposes relating to coverage or reimbursement*



1 *than if the service had been provided in person or through other*
2 *means.*

3 2. The provisions of this section do not:

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

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

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

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

13 3. As used in this section:

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

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

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

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

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

21 433.314 1. The Commission shall:

22 (a) Establish policies to ensure adequate development and
23 administration of services for persons with mental illness, persons
24 with intellectual disabilities, persons with developmental
25 disabilities, persons with substance use disorders or persons with co-
26 occurring disorders, including services to prevent mental illness,
27 intellectual disabilities, developmental disabilities, substance use
28 disorders and co-occurring disorders, and services provided without
29 admission to a facility or institution;

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

34 (c) *Use the data dashboard established pursuant to section 1 of*
35 *this act to review access by different groups and populations in*
36 *this State to behavioral health services provided through*
37 *telehealth, as defined in NRS 629.515, and evaluate policies to*
38 *make such access more equitable;*

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

40 ~~(d)~~ (e) Report at the beginning of each year to the Governor
41 and at the beginning of each odd-numbered year to the Legislature:

42 (1) Information concerning the quality of the care and
43 treatment provided for persons with mental illness, persons with
44 intellectual disabilities, persons with developmental disabilities,
45 persons with substance use disorders or persons with co-occurring



1 disorders in this State and on any progress made toward improving
2 the quality of that care and treatment; and

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

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

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

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

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

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

19 **Sec. 6.** NRS 433.4295 is hereby amended to read as follows:
20 433.4295 1. Each policy board shall:

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

22 (1) The behavioral health needs of adults and children in the
23 behavioral health region;

24 (2) Any progress, problems or proposed plans relating to the
25 provision of behavioral health services and methods to improve the
26 provision of behavioral health services in the behavioral health
27 region;

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

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

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

37 (b) Promote improvements in the delivery of behavioral health
38 services in the behavioral health region.

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

43 (d) Review the collection and reporting standards of behavioral
44 health data to determine standards for such data collection and
45 reporting processes.



1 (e) To the extent feasible, establish an organized, sustainable
2 and accurate electronic repository of data and information
3 concerning behavioral health and behavioral health services in the
4 behavioral health region that is accessible to members of the public
5 on an Internet website maintained by the policy board. A policy
6 board may collaborate with an existing community-based
7 organization to establish the repository.

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

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

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

18 (g) *Use the data dashboard established pursuant to section 1 of*
19 *this act to review access by different groups and populations in*
20 *this State to behavioral health services provided through*
21 *telehealth, as defined in NRS 629.515, and evaluate policies to*
22 *make such access more equitable.*

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

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

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

32 (2) A description of the methods used by the policy board to
33 collect and analyze data concerning the behavioral health needs and
34 problems of the behavioral health region and gaps in behavioral
35 health services which are available in the behavioral health region,
36 including, without limitation, a list of all sources of such data used
37 by the policy board;

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

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

43 2. A report described in paragraph ~~(h)~~ (i) of subsection 1 may
44 be submitted more often than annually if the policy board



1 determines that a specific behavioral health issue requires an
2 additional report to the Commission.

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

4 616C.730 1. Every policy of insurance issued pursuant to
5 chapters 616A to 617, inclusive, of NRS must include coverage for
6 services provided to an employee through telehealth to the same
7 extent *and, except for services provided using a standard*
8 *telephone, in the same amount* as though provided in person or by
9 other means.

10 2. An insurer shall not:

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

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

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

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

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

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

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

31 3. A policy of insurance issued pursuant to chapters 616A to
32 617, inclusive, of NRS must not require an employee to obtain prior
33 authorization for any service provided through telehealth that is not
34 required for the service when provided in person. Such a policy of
35 insurance may require prior authorization for a service provided
36 through telehealth if such prior authorization would be required if
37 the service were provided in person or by other means.

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

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

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

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



1 5. A policy of insurance subject to the provisions of chapters
2 616A to 617, inclusive, of NRS that is delivered, issued for delivery
3 or renewed on or after ~~July 1, 2015,~~ *October 1, 2021*, has the legal
4 effect of including the coverage required by this section, and any
5 provision of the policy or the renewal which is in conflict with this
6 section is void.

7 6. As used in this section:

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

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

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

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

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

15 629.515 1. Except as otherwise provided in this subsection,
16 before a provider of health care who is located at a distant site may
17 use telehealth to direct or manage the care or render a diagnosis of a
18 patient who is located at an originating site in this State or write a
19 treatment order or prescription for such a patient, the provider must
20 hold a valid license or certificate to practice his or her profession in
21 this State, including, without limitation, a special purpose license
22 issued pursuant to NRS 630.261. The requirements of this
23 subsection do not apply to a provider of health care who is
24 providing services within the scope of his or her employment by or
25 pursuant to a contract entered into with an urban Indian
26 organization, as defined in 25 U.S.C. § 1603.

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

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

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

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

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

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

45 4. As used in this section:



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

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

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

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

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

20 2. An insurer shall not:

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

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

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

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

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

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

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

41 3. A policy of health insurance must not require an insured to
42 obtain prior authorization for any service provided through
43 telehealth that is not required for the service when provided in
44 person. A policy of health insurance may require prior authorization
45 for a service provided through telehealth if such prior authorization



1 would be required if the service were provided in person or by other
2 means.

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

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

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

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

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

16 6. As used in this section:

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

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

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

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

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

25 689B.0369 1. A policy of group or blanket health insurance
26 must include coverage for services provided to an insured through
27 telehealth to the same extent *and, except for services provided*
28 *using a standard telephone, in the same amount* as though
29 provided in person or by other means.

30 2. An insurer shall not:

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

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

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

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

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



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

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

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

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

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

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

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

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

27 6. As used in this section:

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

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

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

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

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

35 689C.195 1. A health benefit plan must include coverage for
36 services provided to an insured through telehealth to the same extent
37 *and, except for services provided using a standard telephone, in*
38 *the same amount* as though provided in person or by other means.

39 2. A carrier shall not:

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

44 (b) Require a provider of health care to demonstrate that it is
45 necessary to provide services to an insured through telehealth or



1 receive any additional type of certification or license to provide
2 services through telehealth as a condition to providing the coverage
3 described in subsection 1;

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

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

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

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

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

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

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

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

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

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

29 5. A plan subject to the provisions of this chapter that is
30 delivered, issued for delivery or renewed on or after ~~July 1, 2015,~~
31 *October 1, 2021*, has the legal effect of including the coverage
32 required by this section, and any provision of the plan or the renewal
33 which is in conflict with this section is 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
37 NRS 629.515.

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

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

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

42 695A.265 1. A benefit contract must include coverage for
43 services provided to an insured through telehealth to the same extent
44 *and, except for services provided using a standard telephone, in*
45 *the same 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
3 a provider of health care or provide any additional consent to or
4 reason for obtaining services through telehealth as a condition to
5 providing the coverage described in subsection 1;

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

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

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

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

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

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

22 3. A benefit contract must not require an insured to obtain prior
23 authorization for any service provided through telehealth that is not
24 required for the service when provided in person. A benefit contract
25 may require prior authorization for a service provided through
26 telehealth if such prior authorization would be required if the service
27 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
30 through telehealth at a particular originating site;

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

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

36 5. A benefit contract subject to the provisions of this chapter
37 that is delivered, issued for delivery or renewed on or after ~~July 1,~~
38 ~~2015,~~ *October 1, 2021*, has the legal effect of including the
39 coverage required by this section, and any provision of the contract
40 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
44 NRS 629.515.



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

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

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

6 695B.1904 1. A contract for hospital, medical or dental
7 services subject to the provisions of this chapter must include
8 services provided to an insured through telehealth to the same extent
9 *and, except for services provided using a standard telephone, in*
10 *the same amount* as though provided in person or by other means.

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

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

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

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

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

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

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

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

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

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

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



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

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

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

12 6. As used in this section:

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

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

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

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

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

21 695C.1708 1. A health care plan of a health maintenance
22 organization must include coverage for services provided to an
23 enrollee through telehealth to the same extent *and, except for*
24 *services provided using a standard telephone, in the same amount*
25 as though provided in person or by other means.

26 2. A health maintenance organization shall not:

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

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

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

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

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

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



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

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

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

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

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

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

20 5. Evidence of coverage subject to the provisions of this
21 chapter that is delivered, issued for delivery or renewed on or after
22 ~~July 1, 2015,~~ *October 1, 2021*, has the legal effect of including the
23 coverage required by this section, and any provision of the plan or
24 the renewal which is in conflict with this section is 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
28 NRS 629.515.

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

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

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

33 695D.216 1. A plan for dental care must include coverage for
34 services provided to a member through telehealth to the same extent
35 *and, except for services provided using a standard telephone, in*
36 *the same amount* as though provided in person or by other means.

37 2. An organization for dental care shall not:

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

42 (b) Require a provider of health care to demonstrate that it is
43 necessary to provide services to a member through telehealth or
44 receive any additional type of certification or license to provide



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

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

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

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

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

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

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

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

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

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

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

29 5. A plan for dental care subject to the provisions of this
30 chapter that is delivered, issued for delivery or renewed on or after
31 ~~July 1, 2015,~~ *October 1, 2021*, has the legal effect of including the
32 coverage required by this section, and any provision of the plan or
33 the renewal which is in conflict with this section is 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
37 NRS 629.515.

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

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

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

42 695G.162 1. A health care plan issued by a managed care
43 organization for group coverage must include coverage for services
44 provided to an insured through telehealth to the same extent *and,*



1 *except for services provided using a standard telephone, in the*
2 *same amount* as 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
5 a provider of health care or provide any additional consent to or
6 reason for obtaining services through telehealth as a condition to
7 providing the coverage described in subsection 1;

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

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

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

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

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

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

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

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

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

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

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

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

45 6. As used in this section:



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

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

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

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

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

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

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

