

Senate Bill No. 5–Committee on
Health and Human Services

CHAPTER.....

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) **Section 7** 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 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 Protection Commission, which is comprised of stakeholders in the health care industry and which studies issues related to the health care needs of residents of this State; and (4) the Legislative Committee on Health Care, which is comprised of legislators with knowledge of and experience with health care and studies issues related to health care during the interim period between regular legislative sessions. (NRS 232.361, 433.428, 433.429, 433.4295, 439.908, 439.916, 439B.200, 439B.210, 439B.220) If a data dashboard is established pursuant to **section 1, sections 2, 3, 5 and 6** of this bill expand the duties of those bodies to include: (1) using the data dashboard to review access by different groups and populations in this State to services provided through telehealth; and (2) evaluating policies to make such



access more equitable. **Sections 1 and 2** of this bill require the data dashboard, if established, to be accessible through Internet websites maintained by the Department and the Patient Protection Commission, respectively.

Existing law imposes certain requirements concerning coverage of telehealth services by insurers and certain other third-party payers. Those requirements: (1) include a requirement that an insurer or other third-party payer must cover services provided through telehealth to the same extent as if provided in person or by other means, regardless of the site at which the provider or patient is located; and (2) apply to health coverage, including Medicaid and health plans for state and local government employees, and workers' compensation coverage. (NRS 287.010, 287.04335, 422.2721, 616C.730, 689A.0463, 689B.0369, 689C.195, 695A.265, 695B.1904, 695C.1708, 695D.216, 695G.162) Because **section 8** includes services provided through audio-only interaction within the definition of "telehealth" for the purposes of those requirements, **section 8** makes those requirements applicable to services provided through audio-only interaction. However, **section 7** excludes services provided through audio-only interaction from the definition of "telehealth" for the purposes of industrial insurance, thereby excluding industrial insurance from those requirements governing coverage of services provided through audio-only interaction. **Sections 4, 9, 10, 11, 12, 13, 14, 15 and 16** additionally prohibit a third-party payer who is not an industrial insurer from: (1) refusing to pay for services provided through telehealth because of the technology used to provide the services; or (2) categorizing a service provided through telehealth differently for purposes relating to coverage or reimbursement than if the service had been provided in person or through other means. **Sections 4, 9, 10, 11, 12, 13, 14, 15 and 16** also require a third-party payer who is not an industrial insurer to cover services provided through telehealth, except for services provided through audio-only interaction, in the same amount as services provided in person or 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, 14.3-14.9, 15.5, 16.1-16.3 and 17** of this bill: (1) expire that requirement, as it applies to services other than mental health services, by limitation 1 year after the termination of the emergency declared for COVID-19 or on June 30, 2023, whichever is earlier; and (2) expire that requirement, as it applies to mental health services, by limitation on June 30, 2023.

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

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

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

1. To the extent that money is available for this purpose, the Department shall:

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



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

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

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

2. As used in this section:

(a) "Data dashboard" means a computerized tool that:

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

3. As used in this section:

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

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

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

Sec. 3. NRS 439B.220 is hereby amended to read as follows:
439B.220 The Committee may:

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

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

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

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

5. Examine hospitals to:

(a) Increase cooperation among hospitals;

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

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

6. Examine medical malpractice.

7. Examine the system of education to coordinate:

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

15. Evaluate, with the assistance of an advisory group, the feasibility of obtaining a waiver from the Federal Government to integrate and coordinate acute care services provided through



Medicare and long-term care services provided through Medicaid in this State.

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

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

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

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

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

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

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

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

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

(b) A provision prohibiting the State from:

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

(2) Requiring a provider of health care to demonstrate that it is necessary to provide services to a person through telehealth or



receive any additional type of certification or license to provide services through telehealth as a condition to paying for services as described in paragraph (a).

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

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

(II) The technology used to provide the services.

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

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

2. The provisions of this section do not:

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

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

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

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

3. As used in this section:

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

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

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

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

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

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

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

(b) A provision prohibiting the State from:



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

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

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

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

(II) The technology used to provide the services.

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

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

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

2. The provisions of this section do not:

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

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

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

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

3. As used in this section:

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



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

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

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

Sec. 4.6. NRS 422.2721 is hereby amended to read as follows:

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

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

(b) A provision prohibiting the State from:

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

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

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

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

(II) The technology used to provide the services.

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

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

~~[(6) Categorizing a mental health service provided through telehealth, other than through audio only interaction, differently for~~



~~purposes relating to reimbursement than if the service had been provided in person or by other means.]~~

2. The provisions of this section do not:

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

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

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

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

3. As used in this section:

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

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

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

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

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

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

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

(b) A provision prohibiting the State from:

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

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



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

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

(II) The technology used to provide the services.

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

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

2. The provisions of this section do not:

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

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

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

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

3. As used in this section:

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

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

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

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

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

433.314 1. The Commission shall:

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

(b) Set policies for the care and treatment of persons with mental illness, persons with intellectual disabilities, persons with



developmental disabilities, persons with substance use disorders or persons with co-occurring disorders provided by all state agencies;

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

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

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

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

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

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

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

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

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

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

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

433.4295 1. Each policy board shall:

(a) Advise the Department, Division and Commission regarding:
(1) The behavioral health needs of adults and children in the behavioral health region;

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



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

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

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

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

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

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

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

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

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

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

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

(h) Identify and coordinate with other entities in the behavioral health region and this State that address issues relating to behavioral



health to increase awareness of such issues and avoid duplication of efforts.

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

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

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

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

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

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

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

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

2. An insurer shall not:

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

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

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

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



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

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

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

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

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

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

6. As used in this section:

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

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

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

(d) "Telehealth" ~~has the meaning ascribed to it in NRS 629.515.~~ *means the delivery of services from a provider of health care to a patient at a different location through a synchronous interaction using information and audio-visual communication technology, not including audio-only technology, facsimile or electronic mail.*

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

629.515 1. Except as otherwise provided in this subsection, before a provider of health care who is located at a distant site may use telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient, the provider must hold a valid license or certificate to practice his or her profession in this State, including, without limitation, a special purpose license issued pursuant to NRS 630.261. The requirements of this subsection do not apply to a provider of health care who is providing services within the scope of his or her employment by or



pursuant to a contract entered into with an urban Indian organization, as defined in 25 U.S.C. § 1603.

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

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

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

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

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

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

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

5. As used in this section:

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

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

(c) "Telehealth" means 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. *The term includes, without limitation, the delivery of services from a provider of health care to a patient at a different location through the use of:*

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



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

Sec. 9. NRS 689A.0463 is hereby amended to read as follows:
689A.0463 1. A policy of health insurance must include coverage for services provided to an insured through telehealth to the same extent ***and, except for services provided through audio-only interaction, in the same amount*** as though provided in person or by other means.

2. An insurer shall not:

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

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

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

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

(2) The technology used to provide the services;

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

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

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

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

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

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



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

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

6. As used in this section:

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

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

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

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

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

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

2. An insurer shall not:

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

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

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

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

(2) The technology used to provide the services;

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

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



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

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

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

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

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

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

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

6. As used in this section:

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

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

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

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

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

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

2. An insurer shall not:

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



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

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

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

(2) The technology used to provide the services;

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

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

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

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

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

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

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

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

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

6. As used in this section:

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



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

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

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

Sec. 9.9. NRS 689A.0463 is hereby amended to read as follows:

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

2. An insurer shall not:

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

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

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

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

(2) The technology used to provide the services;

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

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

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

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

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



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

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

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

6. As used in this section:

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

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

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

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

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

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

2. An insurer shall not:

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

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

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

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

(2) The technology used to provide the services;

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



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

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

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

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

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

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

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

6. As used in this section:

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

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

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

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

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

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

2. An insurer shall not:

(a) Require an insured to establish a relationship in person with a provider of health care or provide any additional consent to or



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

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

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

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

(2) The technology used to provide the services;

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

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

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

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

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

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

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

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

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



6. As used in this section:

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

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

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

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

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

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

2. An insurer shall not:

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

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

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

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

(2) The technology used to provide the services;

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

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

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

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



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

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

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

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

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

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

6. As used in this section:

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

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

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

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

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

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

2. An insurer shall not:

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

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

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



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

(2) The technology used to provide the services;

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

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

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

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

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

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

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

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

6. As used in this section:

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

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

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

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

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

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



2. A carrier shall not:

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

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

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

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

(2) The technology used to provide the services;

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

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

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

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

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

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

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

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

6. As used in this section:

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



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

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

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

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

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

2. A carrier shall not:

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

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

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

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

(2) The technology used to provide the services;

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

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

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

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



4. The provisions of this section do not require a carrier to:
- (a) Ensure that covered services are available to an insured through telehealth at a particular originating site;
 - (b) Provide coverage for a service that is not a covered service or that is not provided by a covered provider of health care; or
 - (c) Enter into a contract with any provider of health care or cover any service if the carrier is not otherwise required by law to do so.

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

6. As used in this section:

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

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

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

2. A carrier shall not:

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

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

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

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

(2) The technology used to provide the services;



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

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

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

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

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

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

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

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

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

6. As used in this section:

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

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

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

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

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

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

2. A carrier shall not:



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

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

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

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

(2) The technology used to provide the services;

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

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

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

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

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

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

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

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

6. As used in this section:

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

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



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

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

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

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

2. A society shall not:

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

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

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

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

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

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

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

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

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

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

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



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

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

6. As used in this section:

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

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

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

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

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

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

2. A society shall not:

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

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

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

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

(2) The technology used to provide the services;

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

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



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

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

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

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

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

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

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

6. As used in this section:

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

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

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

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

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

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

2. A society shall not:

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



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

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

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

(2) The technology used to provide the services;

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

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

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

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

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

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

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

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

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

6. As used in this section:

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

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



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

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

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

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

2. A society shall not:

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

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

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

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

(2) The technology used to provide the services;

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

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

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

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

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

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



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

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

6. As used in this section:

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

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

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

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

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

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

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

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

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

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

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

(2) The technology used to provide the services;

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



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

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

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

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

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

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

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

6. As used in this section:

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

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

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

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

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

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

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



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

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

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

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

(2) The technology used to provide the services;

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

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

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

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

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

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

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

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

5. A contract for hospital, medical or dental services subject to the provisions of this chapter that is delivered, issued for delivery or



renewed on or after October 1, 2021, has the legal effect of including the coverage required by this section, and any provision of the contract or the renewal which is in conflict with this section is void.

6. As used in this section:

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

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

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

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

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

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

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

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

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

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

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

(2) The technology used to provide the services;

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

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

~~(f) Categorize a mental health service provided through telehealth, other than through audio only interaction, differently for~~



~~purposes relating to reimbursement than if the service had been provided in person or by other means.]~~

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

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

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

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

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

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

6. As used in this section:

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

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

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

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

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

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

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

(a) Require an insured to establish a relationship in person with a provider of health care or provide any additional consent to or



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

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

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

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

(2) The technology used to provide the services;

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

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

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

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

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

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

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

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

6. As used in this section:

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



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

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

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

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

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

2. A health maintenance organization shall not:

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

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

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

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

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

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

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

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

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



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

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

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

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

6. As used in this section:

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

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

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

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

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

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

2. A health maintenance organization shall not:

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

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

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

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

(2) The technology used to provide the services;



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

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

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

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

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

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

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

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

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

6. As used in this section:

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

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

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

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

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

695C.1708 1. A health care plan of a health maintenance organization must include coverage for services provided to an enrollee through telehealth ~~to the same extent and, for mental health services except where such services are provided through~~



~~audio-only interaction, in the same amount]~~ as though provided in person or by other means.

2. A health maintenance organization shall not:

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

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

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

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

(2) The technology used to provide the services;

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

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

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

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

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

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

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

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



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

6. As used in this section:

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

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

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

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

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

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

2. A health maintenance organization shall not:

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

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

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

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

(2) The technology used to provide the services;

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

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

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



service when provided in person. Such a health care plan may require prior authorization for a service provided through telehealth if such prior authorization would be required if the service were provided in person or by other means.

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

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

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

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

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

6. As used in this section:

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

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

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

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

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

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

2. An organization for dental care shall not:

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

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

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



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

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

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

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

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

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

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

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

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

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

6. As used in this section:

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

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

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

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

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

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

2. An organization for dental care shall not:



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

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

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

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

(2) The technology used to provide the services;

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

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

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

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

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

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

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

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

6. As used in this section:

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



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

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

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

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

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

2. A managed care organization shall not:

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

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

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

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

(2) The technology used to provide the services;

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

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

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

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

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



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

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

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

6. As used in this section:

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

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

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

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

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

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

2. A managed care organization shall not:

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

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

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

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

(2) The technology used to provide the services;

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



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

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

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

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

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

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

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

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

6. As used in this section:

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

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

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

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

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

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

2. A managed care organization shall not:



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

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

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

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

(2) The technology used to provide the services;

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

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

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

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

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

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

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

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

5. Evidence of coverage that is delivered, issued for delivery or renewed on or after October 1, 2021, has the legal effect of



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

6. As used in this section:

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

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

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

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

Sec. 16.3. NRS 695G.162 is hereby amended to read as follows:

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

2. A managed care organization shall not:

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

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

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

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

(2) The technology used to provide the services;

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

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

3. A health care plan of a managed care organization must not require an insured to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in person. Such a health care plan may require prior authorization for a service provided through telehealth if such prior



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

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

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

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

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

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

6. As used in this section:

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

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

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

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

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

2. As used in this section, "regulatory body" has the meaning ascribed to it in NRS 622.060.

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

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

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

(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.

