

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

(ON BEHALF OF THE PATIENT PROTECTION COMMISSION)

PREFILED NOVEMBER 18, 2020

Referred to Committee on Health and Human Services

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

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

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

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

**Legislative Counsel’s Digest:**

1 Existing law: (1) defines the term “telehealth” to mean the delivery of services  
2 from a provider of health care to a patient at a different location through the use of  
3 information and audio-visual communication technology, not including standard  
4 telephone, facsimile or electronic mail; and (2) requires a provider of health care  
5 who is located in another state to hold a valid license or certificate in this State  
6 before using telehealth to provide certain services to a patient located in this State.  
7 (NRS 629.515) **Section 7** of this bill provides that for the purposes of certain  
8 policies of insurance related to industrial insurance, telehealth includes only  
9 synchronous interactions. **Section 8** of this bill provides that for certain other  
10 purposes telehealth includes both synchronous and asynchronous interactions.  
11 **Section 8** includes as telehealth the delivery of services from a provider of health  
12 care to a patient at a different location through an audio-only interaction, which  
13 may include the use of a standard telephone. **Section 8** expressly authorizes a  
14 provider of health care to establish a relationship with a patient through telehealth  
15 and authorizes the State Board of Health to adopt regulations governing the  
16 establishment of a relationship in that manner. **Section 1** of this bill requires the  
17 Department of Health and Human Services, to the extent that money is available, to



18 establish a data dashboard that allows for the analysis of data relating to access to  
19 telehealth by different groups and populations in this State.

20 Existing law establishes: (1) the Commission on Behavioral Health, which is  
21 comprised of certain providers and consumers of behavioral health services and  
22 members of the general public and which establishes policies relating to services  
23 for persons with certain behavioral health issues; (2) five regional behavioral health  
24 policy boards, each of which is comprised of a Legislator and various persons with  
25 knowledge and experience concerning behavioral health in five designated regions  
26 of this State and each of which gathers information and provides advice concerning  
27 behavioral health needs in the region served by the board; (3) the Patient Protection  
28 Commission, which is comprised of stakeholders in the health care industry and  
29 which studies issues related to the health care needs of residents of this State; and  
30 (4) the Legislative Committee on Health Care, which is comprised of legislators  
31 with knowledge of and experience with health care and studies issues related to  
32 health care during the interim period between regular legislative sessions. (NRS  
33 232.361, 433.428, 433.429, 433.4295, 439.908, 439.916, 439B.200, 439B.210,  
34 439B.220) If a data dashboard is established pursuant to **section 1, sections 2, 3, 5**  
35 **and 6** of this bill expand the duties of those bodies to include: (1) using the data  
36 dashboard to review access by different groups and populations in this State to  
37 services provided through telehealth; and (2) evaluating policies to make such  
38 access more equitable. **Sections 1 and 2** of this bill require the data dashboard, if  
39 established, to be accessible through Internet websites maintained by the  
40 Department and the Patient Protection Commission, respectively.

41 Existing law imposes certain requirements concerning coverage of telehealth  
42 services by insurers and certain other third-party payers. Those requirements: (1)  
43 include a requirement that an insurer or other third-party payer must cover services  
44 provided through telehealth to the same extent as if provided in person or by other  
45 means, regardless of the site at which the provider or patient is located; and (2)  
46 apply to health coverage, including Medicaid and health plans for state and local  
47 government employees, and workers' compensation coverage. (NRS 287.010,  
48 287.04335, 422.2721, 616C.730, 689A.0463, 689B.0369, 689C.195, 695A.265,  
49 695B.1904, 695C.1708, 695D.216, 695G.162) Because **section 8** includes services  
50 provided through audio-only interaction within the definition of "telehealth" for the  
51 purposes of those requirements, **section 8** makes those requirements applicable to  
52 services provided through audio-only interaction. However, **section 7** excludes  
53 services provided through audio-only interaction from the definition of "telehealth"  
54 for the purposes of industrial insurance, thereby excluding industrial insurance from  
55 those requirements governing coverage of services provided through audio-only  
56 interaction. **Sections 4, 9, 10, 11, 12, 13, 14, 15 and 16** additionally prohibit a  
57 third-party payer who is not an industrial insurer from: (1) refusing to pay for  
58 services provided through telehealth because of the technology used to provide the  
59 services; or (2) categorizing a service provided through telehealth differently for  
60 purposes relating to coverage or reimbursement than if the service had been  
61 provided in person or through other means. **Sections 4, 9, 10, 11, 12, 13, 14, 15**  
62 **and 16** also require a third-party payer who is not an industrial insurer to cover  
63 services provided through telehealth, except for services provided through audio-  
64 only interaction, in the same amount as services provided in person or by other  
65 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-**  
66 **14.9, 15.5, 16.1-16.3 and 17** of this bill: (1) expire that requirement, as it applies to  
67 services other than mental health services, by limitation 1 year after the termination  
68 of the emergency declared for COVID-19 or on June 30, 2023, whichever is earlier;  
69 and (2) expire that requirement, as it applies to mental health services, by limitation  
70 on June 30, 2023.



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

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

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

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

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

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

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

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

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

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

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

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

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

30       439.916 1. The Commission shall systematically review  
31 issues related to the health care needs of residents of this State and  
32 the quality, accessibility and affordability of health care, including,  
33 without limitation, prescription drugs, in this State. The review must  
34 include, without limitation:

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

44 ~~(k)~~ (k) Monitoring and evaluating proposed and enacted  
45 federal legislation and regulations and other proposed and actual



1 changes to federal health care policy to determine the impact of such  
2 changes on the cost of health care in this State.

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

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

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

18 3. As used in this section:

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

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

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

24 **Sec. 3.** NRS 439B.220 is hereby amended to read as follows:  
25 439B.220 The Committee may:

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

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

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

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

39 5. Examine hospitals to:

40 (a) Increase cooperation among hospitals;

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

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

45 6. Examine medical malpractice.



- 1 7. Examine the system of education to coordinate:
- 2 (a) Programs in health education, including those for the
- 3 prevention of illness and those which teach the best use of available
- 4 medical services; and
- 5 (b) The education of those who provide medical care.
- 6 8. Review competitive mechanisms to aid in the reduction of
- 7 the costs of medical care.
- 8 9. Examine the problem of providing and paying for medical
- 9 care for indigent and medically indigent persons, including medical
- 10 care provided by physicians.
- 11 10. Examine the effectiveness of any legislation enacted to
- 12 accomplish the purpose of restraining the costs of health care while
- 13 ensuring the quality of services, and its effect on the subjects listed
- 14 in subsections 1 to 9, inclusive.
- 15 11. Determine whether regulation by the State will be
- 16 necessary in the future by examining hospitals for evidence of:
- 17 (a) Degradation or discontinuation of services previously
- 18 offered, including without limitation, neonatal care, pulmonary
- 19 services and pathology services; or
- 20 (b) A change in the policy of the hospital concerning contracts,
- 21 ↪ as a result of any legislation enacted to accomplish the purpose of
- 22 restraining the costs of health care while ensuring the quality of
- 23 services.
- 24 12. Study the effect of the acuity of the care provided by a
- 25 hospital upon the revenues of the hospital and upon limitations upon
- 26 that revenue.
- 27 13. Review the actions of the Director in administering the
- 28 provisions of NRS 439B.160 to 439B.500, inclusive, and adopting
- 29 regulations pursuant to those provisions. The Director shall report to
- 30 the Committee concerning any regulations proposed or adopted
- 31 pursuant to NRS 439B.160 to 439B.500, inclusive.
- 32 14. Identify and evaluate, with the assistance of an advisory
- 33 group, the alternatives to institutionalization for providing long-term
- 34 care, including, without limitation:
- 35 (a) An analysis of the costs of the alternatives to
- 36 institutionalization and the costs of institutionalization for persons
- 37 receiving long-term care in this State;
- 38 (b) A determination of the effects of the various methods of
- 39 providing long-term care services on the quality of life of persons
- 40 receiving those services in this State;
- 41 (c) A determination of the personnel required for each method
- 42 of providing long-term care services in this State; and
- 43 (d) A determination of the methods for funding the long-term
- 44 care services provided to all persons who are receiving or who are
- 45 eligible to receive those services in this State.



1 15. Evaluate, with the assistance of an advisory group, the  
2 feasibility of obtaining a waiver from the Federal Government to  
3 integrate and coordinate acute care services provided through  
4 Medicare and long-term care services provided through Medicaid in  
5 this State.

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

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

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

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

22 ~~19.~~ 20. Direct the Legislative Counsel Bureau to assist in its  
23 research, investigations, review and analysis.

24 ~~20.~~ 21. Recommend to the Legislature as a result of its  
25 review any appropriate legislation.

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

27 422.2721 1. The Director shall include in the State Plan for  
28 Medicaid:

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

35 (b) A provision prohibiting the State from:

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



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

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

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

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

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

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

19 2. The provisions of this section do not:

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

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

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

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

29 3. As used in this section:

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

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

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

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

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

37 422.2721 1. The Director shall include in the State Plan for  
38 Medicaid:

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

45 (b) A provision prohibiting the State from:





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

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

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

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

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

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

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

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

32 2. The provisions of this section do not:

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

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

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

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

42 3. As used in this section:

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

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



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

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

4 **Sec. 4.6.** NRS 422.2721 is hereby amended to read as follows:  
5 422.2721 1. The Director shall include in the State Plan for

6 Medicaid:

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

13 (b) A provision prohibiting the State from:

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

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

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

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

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

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

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

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

44 2. The provisions of this section do not:



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

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

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

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

10 3. As used in this section:

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

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

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

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

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

18 422.2721 1. The Director shall include in the State Plan for  
19 Medicaid:

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

26 (b) A provision prohibiting the State from:

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

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

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

43 (I) The distant site from which a provider of health care  
44 provides services through telehealth or the originating site at which



1 a person who is covered by the State Plan for Medicaid receives  
2 services through telehealth; or

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

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

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

10 2. The provisions of this section do not:

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

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

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

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

20 3. As used in this section:

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

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

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

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

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

28 433.314 1. The Commission shall:

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

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

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



1 (d) Review the programs and finances of the Division;  
2 ~~(d)~~ (e) Report at the beginning of each year to the Governor  
3 and at the beginning of each odd-numbered year to the Legislature:

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

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

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

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

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

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

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

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

27 433.4295 1. Each policy board shall:

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

11 616C.730 1. Every policy of insurance issued pursuant to  
12 chapters 616A to 617, inclusive, of NRS must include coverage for  
13 services provided to an employee through telehealth to the same  
14 extent as though provided in person or by other means.

15 2. An insurer shall not:

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

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

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

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

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

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

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

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

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



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

6 6. As used in this section:

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

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

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

12 (d) "Telehealth" ~~has the meaning ascribed to it in NRS~~  
13 ~~629.515.]~~ *means the delivery of services from a provider of health*  
14 *care to a patient at a different location through a synchronous*  
15 *interaction using information and audio-visual communication*  
16 *technology, not including audio-only technology, facsimile or*  
17 *electronic mail.*

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

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

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

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

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

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

42 (a) Is subject to the laws and jurisdiction of the State of Nevada,  
43 including, without limitation, any regulations adopted by an  
44 occupational licensing board in this State, regardless of the location





1 from which the provider of health care provides services through  
2 telehealth.

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

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

11 5. As used in this section:

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

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

18 (c) "Telehealth" means the delivery of services from a provider  
19 of health care to a patient at a different location through the use of  
20 information and audio-visual communication technology, not  
21 including ~~[standard telephone,]~~ facsimile or electronic mail. *The*  
22 *term includes, without limitation, the delivery of services from a*  
23 *provider of health care to a patient at a different location through*  
24 *the use of:*

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

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

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

30 689A.0463 1. A policy of health insurance must include  
31 coverage for services provided to an insured through telehealth to  
32 the same extent *and, except for services provided through audio-*  
33 *only interaction, in the same amount* as though provided in person  
34 or by other means.

35 2. An insurer shall not:

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

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



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

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

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

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

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

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

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

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

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

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

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

32 6. As used in this section:

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

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

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

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

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

41 689A.0463 1. A policy of health insurance must include  
42 coverage for services provided to an insured through telehealth to  
43 the same extent and, *for mental health services* except ~~for~~ *when*  
44 *such* services *are* provided through audio-only interaction, in the  
45 same amount as though provided in person or by other means.



1 2. An insurer shall not:

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

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

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

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

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

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

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

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

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

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

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

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

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

41 5. A policy of health insurance subject to the provisions of this  
42 chapter that is delivered, issued for delivery or renewed on or after  
43 October 1, 2021, has the legal effect of including the coverage  
44 required by this section, and any provision of the policy or the  
45 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. ~~;~~

~~—(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



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

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

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

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

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

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

16 6. As used in this section:

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

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

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

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

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

25 689A.0463 1. A policy of health insurance must include  
26 coverage for services provided to an insured through telehealth to  
27 the same extent ~~[and, except for services provided through audio-~~  
28 ~~only interaction, in the same amount]~~ as though provided in person  
29 or by other means.

30 2. An insurer shall not:

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

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

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

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

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



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

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

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

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

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

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

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

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

26 6. As used in this section:

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

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

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

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

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

35 689B.0369 1. A policy of group or blanket health insurance  
36 must include coverage for services provided to an insured through  
37 telehealth to the same extent *and, except for services provided*  
38 *through audio-only interaction, in the same amount* as though  
39 provided in person or by other means.

40 2. An insurer shall not:

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



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

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

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

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

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

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

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

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

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

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

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

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

38 6. As used in this section:

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

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

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

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



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

3     689B.0369 1. A policy of group or blanket health insurance  
4 must include coverage for services provided to an insured through  
5 telehealth to the same extent and, *for mental health services* except  
6 ~~for~~ *when such* services *are* provided through audio-only  
7 interaction, in the same amount as though provided in person or by  
8 other means.

9     2. An insurer shall not:

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

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

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

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

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

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

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

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

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

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

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

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





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

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

10 6. As used in this section:

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

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

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

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

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

19 689B.0369 1. A policy of group or blanket health insurance  
20 must include coverage for services provided to an insured through  
21 telehealth to the same extent ~~[and, for mental health services except~~  
22 ~~where such services are provided through audio-only interaction, in~~  
23 ~~the same amount]~~ as though provided in person or by other means.

24 2. An insurer shall not:

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

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

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

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

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

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

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



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

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

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

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

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

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

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

26 6. As used in this section:

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

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

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

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

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

35 689B.0369 1. A policy of group or blanket health insurance  
36 must include coverage for services provided to an insured through  
37 telehealth to the same extent ~~[and, except for services provided~~  
38 ~~through audio only interaction, in the same amount]~~ as though  
39 provided in person or by other means.

40 2. An insurer shall not:

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



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

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

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

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

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

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

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

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

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

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

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

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

38 6. As used in this section:

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

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

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

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



1       **Sec. 11.** NRS 689C.195 is hereby amended to read as follows:  
2       689C.195 1. A health benefit plan must include coverage for  
3 services provided to an insured through telehealth to the same extent  
4 *and, except for services provided through audio-only interaction,*  
5 *in the same amount* as though provided in person or by other  
6 means.

7       2. A carrier shall not:

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

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

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

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

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

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

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

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

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

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

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

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

42       5. A plan subject to the provisions of this chapter that is  
43 delivered, issued for delivery or renewed on or after ~~July 1, 2015,~~  
44 *October 1, 2021,* has the legal effect of including the coverage



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

3 6. As used in this section:

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

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

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

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

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

12 689C.195 1. A health benefit plan must include coverage for  
13 services provided to an insured through telehealth to the same extent  
14 and, *for mental health services* except ~~for~~ *when such* services *are*  
15 provided through audio-only interaction, in the same amount as  
16 though provided in person or by other means.

17 2. A carrier shall not:

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

16 6. As used in this section:

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

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

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

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

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

25 689C.195 1. A health benefit plan must include coverage for  
26 services provided to an insured through telehealth to the same extent  
27 ~~[and, for mental health services except where such services are~~  
28 ~~provided through audio only interaction, in the same amount]~~ as  
29 though provided in person or by other means.

30 2. A carrier shall not:

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

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

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

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

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



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

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

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

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

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

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

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

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

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

29 6. As used in this section:

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

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

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

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

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

38 689C.195 1. A health benefit plan must include coverage for  
39 services provided to an insured through telehealth to the same extent  
40 ~~[and, except for services provided through audio only interaction, in~~  
41 ~~the same amount]~~ as though provided in person or by other means.

42 2. A carrier shall not:

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



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

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

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

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

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

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

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

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

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

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

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

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

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

38 6. As used in this section:

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

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

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

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





1       **Sec. 12.** NRS 695A.265 is hereby amended to read as follows:  
2       695A.265 1. A benefit contract must include coverage for  
3 services provided to an insured through telehealth to the same extent  
4 *and, except for services provided through audio-only interaction,*  
5 *in the same amount* as though provided in person or by other  
6 means.

7       2. A society shall not:

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

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

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

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

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

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

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

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

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

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

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

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

42       5. A benefit contract subject to the provisions of this chapter  
43 that is delivered, issued for delivery or renewed on or after ~~[July 1,~~  
44 ~~2015,]~~ *October 1, 2021,* has the legal effect of including the



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

3 6. As used in this section:

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

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

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

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

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

12 695A.265 1. A benefit contract must include coverage for  
13 services provided to an insured through telehealth to the same extent  
14 and, *for mental health services* except ~~for~~ *when such* services *are*  
15 provided through audio-only interaction, in the same amount as  
16 though provided in person or by other means.

17 2. A society shall not:

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

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

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

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

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

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

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

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

42 3. A benefit contract must not require an insured to obtain prior  
43 authorization for any service provided through telehealth that is not  
44 required for the service when provided in person. A benefit contract  
45 may require prior authorization for a service provided through



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

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

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

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

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

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

16 6. As used in this section:

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

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

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

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

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

25 695A.265 1. A benefit contract must include coverage for  
26 services provided to an insured through telehealth to the same extent  
27 ~~[and, for mental health services except where such services are~~  
28 ~~provided through audio only interaction, in the same amount]~~ as  
29 though provided in person or by other means.

30 2. A society shall not:

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

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

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

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

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



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

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

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

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

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

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

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

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

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

29 6. As used in this section:

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

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

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

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

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

38 695A.265 1. A benefit contract must include coverage for  
39 services provided to an insured through telehealth to the same extent  
40 ~~[and, except for services provided through audio only interaction, in~~  
41 ~~the same amount]~~ as though provided in person or by other means.

42 2. A society shall not:

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



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

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

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

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

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

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

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

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

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

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

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

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

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

38 6. As used in this section:

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

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

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

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



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

3     695B.1904 1. A contract for hospital, medical or dental  
4 services subject to the provisions of this chapter must include  
5 services provided to an insured through telehealth to the same extent  
6 *and, except for services provided through audio-only interaction,*  
7 *in the same amount* as though provided in person or by other  
8 means.

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

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

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

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

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

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

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

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

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

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

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

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



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

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

10 6. As used in this section:

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

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

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

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

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

19 695B.1904 1. A contract for hospital, medical or dental  
20 services subject to the provisions of this chapter must include  
21 services provided to an insured through telehealth to the same extent  
22 and, *for mental health services* except ~~for~~ *when such* services *are*  
23 provided through audio-only interaction, in the same amount as  
24 though provided in person or by other means.

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

31 6. As used in this section:

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

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

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

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

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

40 695B.1904 1. A contract for hospital, medical or dental  
41 services subject to the provisions of this chapter must include  
42 services provided to an insured through telehealth to the same extent  
43 ~~and, for mental health services except where such services are~~  
44 ~~provided through audio-only interaction, in the same amount~~ as  
45 though provided in person or by other means.





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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

5 6. As used in this section:

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

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

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

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

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

14 695B.1904 1. A contract for hospital, medical or dental  
15 services subject to the provisions of this chapter must include  
16 services provided to an insured through telehealth to the same extent  
17 ~~[and, except for services provided through audio-only interaction, in~~  
18 ~~the same amount]~~ as though provided in person or by other means.

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

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

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

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

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

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

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

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

41 3. A contract for hospital, medical or dental services must not  
42 require an insured to obtain prior authorization for any service  
43 provided through telehealth that is not required for the service when  
44 provided in person. A contract for hospital, medical or dental  
45 services may require prior authorization for a service provided



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

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

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

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

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

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

19 6. As used in this section:

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

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

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

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

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

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

33 2. A health maintenance organization shall not:

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

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

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



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

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

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

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

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

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

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

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

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

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

31          6. As used in this section:

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

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

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

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

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

40          695C.1708 1. A health care plan of a health maintenance  
41 organization must include coverage for services provided to an  
42 enrollee through telehealth to the same extent and, *for mental*  
43 *health services* except ~~{for}~~ *when such* services *are* provided  
44 through audio-only interaction, in the same amount as though  
45 provided in person or by other means.



1 2. A health maintenance organization shall not:

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

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

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

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

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

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

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

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

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

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

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

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

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

42 5. Evidence of coverage subject to the provisions of this  
43 chapter that is delivered, issued for delivery or renewed on or after  
44 October 1, 2021, has the legal effect of including the coverage



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

3 6. As used in this section:

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

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

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

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

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

12 695C.1708 1. A health care plan of a health maintenance  
13 organization must include coverage for services provided to an  
14 enrollee through telehealth ~~[to the same extent and, for mental~~  
15 ~~health services except where such services are provided through~~  
16 ~~audio only interaction, in the same amount]~~ as though provided in  
17 person or by other means.

18 2. A health maintenance organization shall not:

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

19 6. As used in this section:

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

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

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

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

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

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

33 2. A health maintenance organization shall not:

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

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

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



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

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

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

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

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

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

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

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

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

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

31 6. As used in this section:

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

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

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

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

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

39 695D.216 1. A plan for dental care must include coverage for  
40 services provided to a member through telehealth to the same extent  
41 *and, except for services provided through audio-only interaction,*  
42 *in the same amount* as though provided in person or by other  
43 means.

44 2. An organization for dental care shall not:





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

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

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

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

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

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

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

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

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

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

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

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

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

41 6. As used in this section:

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

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



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

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

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

6 695D.216 1. A plan for dental care must include coverage for  
7 services provided to a member through telehealth to the same extent  
8 ~~[and, except for services provided through audio only interaction, in~~  
9 ~~the same amount]~~ as though provided in person or by other means.

10 2. An organization for dental care shall not:

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

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

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

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

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

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

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

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

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

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

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

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



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

6 6. As used in this section:

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

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

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

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

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

14 695G.162 1. A health care plan issued by a managed care  
15 organization for group coverage must include coverage for services  
16 provided to an insured through telehealth to the same extent *and,*  
17 *except for services provided through audio-only interaction, in the*  
18 *same amount* as though provided in person or by other means.

19 2. A managed care organization shall not:

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

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

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

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

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

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

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

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



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

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

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

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

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

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

17 6. As used in this section:

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

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

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

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

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

26 695G.162 1. A health care plan issued by a managed care  
27 organization for group coverage must include coverage for services  
28 provided to an insured through telehealth to the same extent and, *for*  
29 *mental health services* except ~~for~~ *when such* services *are*  
30 provided through audio-only interaction, in the same amount as  
31 though provided in person or by other means.

32 2. A managed care organization shall not:

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

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

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



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

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

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

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

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

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

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

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

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

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

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

34 6. As used in this section:

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

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

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

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

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

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



1 ~~for mental health services except where such services are provided~~  
2 ~~through audio only interaction, in the same amount]~~ as though  
3 provided in person or by other means.

4 2. A managed care organization shall not:

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

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

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

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

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

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

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

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

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

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

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

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

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



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

5 6. As used in this section:

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

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

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

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

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

14 695G.162 1. A health care plan issued by a managed care  
15 organization for group coverage must include coverage for services  
16 provided to an insured through telehealth to the same extent ~~and,~~  
17 ~~except for services provided through audio only interaction, in the~~  
18 ~~same amount~~ as though provided in person or by other means.

19 2. A managed care organization shall not:

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

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

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

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

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

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

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

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



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

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

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

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

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

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

16 6. As used in this section:

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

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

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

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

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

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

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

31 2. Sections 1 to 4, inclusive, 5 to 9, inclusive, 10, 11, 12, 13,  
32 14, 15, 16 and 16.5 of this act become effective:

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

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

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

42 4. Sections 4.6, 9.6, 10.6, 11.6, 12.6, 13.6, 14.6 and 16.2 of this  
43 act become effective on July 1, 2023, only if the Governor  
44 terminates the emergency described in the Declaration of





1 Emergency for COVID-19 issued on March 12, 2020, before July 1,  
2 2022.

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

8 6. Section 15.5 of this act becomes effective on June 30, 2023,  
9 or 1 year after the date on which the Governor terminates the  
10 emergency described in the Declaration of Emergency for COVID-  
11 19 issued on March 12, 2020, whichever is earlier.

